Evaluation of the Monique Burr Foundation for Children's

MBF Child Safety Matters® Curriculum in Georgia

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Abstract

This project employed a randomized-control design to evaluate the effectiveness of the *MBF Child Safety Matters® (C S M)* curriculum. Six Georgia schools were identified across 3 counties and provided 136 classrooms which were randomized to either receive the CMS curriculum or be a wait-list control and to receive the curriculum after the evaluation. In total, 2,414 students participated at pre-test including 1195 intervention students and 1219 control students. Surveys were collected from all students once prior to the delivery of the CSM curriculum and again approximately a month later to measure knowledge gains related to child safety. Intervention students displayed a greater increase in knowledge for the information taught in the CSM program as compared to students who did not receive the intervention (d = .29).

Background

Child maltreatment is a significant public health problem in the United States and worldwide (Hammond, Whitaker, Lutzker, Mercy, Chin, 2006; Krug, Dahlberg, Mercy, Zwi, Lozano, 2002). National survey data suggest that as many as one in seven children experience maltreatment in any given year (Finkelhor, Ormrod, Turner, Hamby, 2005). Child maltreatment directly leads to childhood injury and fatality, and to many long term physical and mental health consequences including an increased likelihood of later chronic diseases, negative developmental impacts, and an increased risk for violence, drug and alcohol use, and sexual risk behavior (U.S. Department of Health and Human Services, 2011; Lanier, Jonson-Reid, Stahlschmidt, Drake, Conantino, 2010; Felitti, Anda, Nordenberg, Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S., 1998; Wegman, Stetler, 2009; Jonson-Reid, Kohl, Drake, 2012; Erickson, Egeland, 2002; De Bellis, 2005; Kent, 1976; Fox, Long, Langlois, 1988; Widom, Hiller-Sturmhofel, 2001; Widom, Kuhns, 1996). Several school-based programs have been developed to combat this issue and prevent the negative impacts of child maltreatment. Walsh and colleagues (2018) highlight that education systems are an ideal environment for implementing such programs as they allow for widespread dissemination at a low cost and support established health-focused agendas (Walsh, Zwi, Woolfenden, Shlonsky, 2018).

The first school-based programs designed to address maltreatment were specifically focused on child sexual abuse (CSA) prevention whereas, over 75% of child-welfare reports are due to neglect. Therefore, more comprehensive programs that included psychological and neglect topics were developed (Walsh, et al. 2018; U.S. Department of Health and Human Services, 2010; Brassard, 2015). Since then, bullying and internet abuse and victimization among young children have become prevalent and prevention curricula to combat these topics have also been incorporated in school-based programs (Polanin, Espelage & Pigott, 2012; Mishna, Cook, Saini, Wu, & MacFadden, 2011).

The logic model behind school-based prevention programs has proven effective in many youth and child focused areas including bullying prevention and promoting bystander intervention and child abuse (Polanin, et a., 2012; Walsh et al., 2015; 2018; Kenny, Capri, Thakkar-Kolar, Ryan, & Runyon, 2008; Zwi et al., 2007; Davis & Gidycz, 2000; MacIntyre & Carr, 2000). The most effective curricula typically focus on teaching students how to identify and avoid abuse and the importance of telling a trusted adult when abuse occurs (Walsh 2018). In a review of manualized evidence-based school abuse prevention programs, Brassard and Fiorvanti (2015) point out that in the successful programs, behavioral training skills were used including active practice and participation with follow-up modeling and reinforcement. In addition, programs were more successful when they covered a variety of focus areas (sexual abuse, neglect, bullying, etc.) and utilized a variety of engaging teaching strategies. While there have been studies in the U.S. that show that child-based programs focusing on CSA can decrease abuse occurrence, more research is needed to identify which programs are most comprehensive in areas including content and training strategies as well as age-appropriateness and grade-span (Walsh, et al., 2015, Finkelhor, et al., 2005).

It is encouraging that states are now identifying the need and unique opportunity they have to combat CM in the education system. In 2018, Georgia became the 35th state to pass legislation, commonly referred to as

Erin's law, which requires public schools to implement sexual abuse and prevention curricula in grades K-9. Since this mandate does not require certain curricula or suggest which programs are most appropriate for which age group, more research is needed to identify effective programs to use in Georgia. Recently, an evaluation of the CSM curriculum was conducted in Florida elementary schools which showed that children in the treatment group, who received the *MBF Child Safety Matters*® curriculum, increased their knowledge for the information included in the program, and that this knowledge increased significantly compared to the control (delayed treatment) group of children, who did not receive the program (Finkelhor, Bright, Sayehul Huq, & Miller, 2018). With Georgia public schools required to implement age appropriate sexual abuse and assault awareness and prevention education for students in grades K-9, there is a clear need to identify effective curricula that can be used in this state. The project plan was to study the effectiveness of the Monique Burr Foundation for Children's *MBF Child Safety Matters* curriculum (CSM) across a diverse group of Georgia schools. Utilizing a randomized control design, we measured student knowledge of child safety topics taught in the CSM curriculum.

Method

Design and Sample

In this study, six Georgia elementary (K-5) schools participated in an evaluation of the *MBF Child Safety Matters* curriculum (CSM) in order to measure its effectiveness with regards to student knowledge acquisition and implementation fidelity. School recruitment for this study was led by members of the Georgia Center for Child Advocacy's (GCCA) Prevention Department who have been working with schools across Georgia since 2006 to provide education and training on how to prevent, recognize and react responsibly to child sexual abuse, as well as mandated reporter training. Since the passing of Erin's Law in Georgia, GCCA provided education via conferences, webinars and presentations to decision makers within school districts across the state on how to comply with this mandate using best practice. Carol Neal Rossi provided direct prevention education to schools in the Atlanta metro area as part of her role as GCCA Regional Prevention Coordinator and was able to leverage some of these good working relationships to provide more information, introductions and encourage participation. GCCA staff was simultaneously trained in the MBF Child Safety Matters program so they could better facilitate this process and support other schools throughout the state (not participating in the study) in how to implement this program, and others, with fidelity. A total of nine schools using the Child Safety Matters curriculum agreed to participate in the evaluation conducted by Georgia State University. One district, however, decided to not continue with data collection in its three participating schools due to parental objection to the evaluation questions. Only baseline data was collected from these three schools and was not included in this report.

Schools were eligible to participate in the project if they were a Georgia elementary school with at least two classrooms per grade K-5 that were not currently using the CSM curriculum. With two or more classrooms per grade, we randomly assigned each classroom to either receive the CSM curriculum or serve as a control and not receive the curriculum. The design of the evaluation and timing of implementation (at the end of the school year) allowed for the control group to receive treatment during the following school year. The schools that participated in the evaluation included five public schools (one of those a charter school) and one private school. As reported by the Georgia Department of Education, the characteristics of each participating school are shown below in Table 1 (2019).

Table 1. School Demographics

	Student-teacher ratio	Free or discounted lunch	Race/Ethnicity				
			White	African America	Asian	Two+ races	Hispanic
School 1 (charter)	12.8	0.6%	77.5%	8.40%	2.5%	2.2%	9.1%
School 2 (private)	7.2	0%	79.8%	7.40%	4.4%	3.1%	1.3%

School 3 (public)	14.8	64.1%	22%	63.9%	1.6%	4.6%	7.5%
School 4 (public)	19.6	99.1%	1.6%	95.5%	0.1%	1.1%	1.5%
School 5 (public)	15.8	99%	3.2%	84.9%	0%	2.2%	9.5%
School 6 (public)	19.1	99%	5.1%	80.3%	0.5%	2.6%	11.3%

In all, we included 6 schools, with a total of 137 classrooms randomized, 69 to intervention and 68 to control. There were approximately equal numbers of classrooms from each of kindergarten to 5th grade (N's range from 22 to 25 classrooms). The sample size of students consisted of 2414 students at pre-test (1195 intervention, 1219 control), and 2260 at post-test (1159 intervention and 1101 control).

Procedure

After each identified school was deemed eligible for the project, approval was obtained by district administrators as well as the school principal and the staff identified to serve as the facilitator. Next, an implementation timeline was developed that outlined when opt-out forms would be sent out, when pre-testing would occur, when curriculum delivery would take place, and when to conduct post-testing. Opt-out forms were sent home with all students in the participating classrooms (intervention and control) and at least one week was allowed for parents to return the form before pre-testing took place. The form allowed parents to opt-out for their children separately the receipt of the curriculum and participation in the evaluation pre/post-test. As is typical of standard CSM delivery, if guardians returned the opt-out forms indicating they did not want their children to participate in the curriculum, evaluation, or both, the children were removed from the classroom during those activities. In one of the six schools, an opt-in letter was used which required guardians to return letters granting students participation in the pre/post-test and curriculum. All study procedures were approved by the Georgia State University's Institutional Review Board (IRB).

The table below shows participants enrolled at the six schools at baseline by gender, along with participation rates for each school (number of students participating divided by total number of students on roster). All participation rates were over 88% except for the one school that used an opt-in consent procedure, which yielded a 54.4% participation rate. There were very few students whose parents opted out of their participation; most non-participation was due to student absences.

Table 2. Baseline sample size by school and gender, and participation rate.

	Girls	Boys	Other	Total N	N on roster	Participation rate (%)
School 1 (charter)	145	144	3	295	329	89.7
School 2 (private)	102	88	2	199	216	92.1
School 3 (public)	118	112	1	232	264	87.9
School 4 (public)	261	265	3	551	625	88.2
School 5 (public)	331	382	1	747	828	90.2
School 6 (public)	215	171	2	392	720	54.4

Note: 70 cases are missing gender and thus girls, boys, and other do not sum to total N.

Curriculum

The CSM curriculum is designed to be implemented with K-5 students in the classroom by trained facilitators, often school counselors. Facilitators receive access to an on-line training portal where they are able to complete a 2.5 hour video training and have access to electronic copies of all implementation materials and resources. The schools in this study also received free hard copies of the CSM curriculum including a Facilitator Manual and power point scripts, classroom and school posters and banners, student reinforcement materials and take-home information for parents as well as flash-drives with Power Point presentations for each lesson. CSM lessons are structured to allow facilitators to present the curriculum in

2-4 sessions with each lesson taking 20-55 minutes depending on the total number implemented. It is also suggested that the duration between each lesson be 2-6 weeks apart. In this study, facilitators were provided 4-8 weeks to implement the curriculum and were allowed flexibility in the total number of lessons delivered to best accommodate their school's scheduling needs.

Measures

Student assessment

In the original Florida study, a 14-item, researcher-created assessment based on both previous curriculum evaluation studies (Tutty, 1995) and the CSM curriculum was used to evaluate student knowledge. The original measure was found to have moderate reliability at alpha = .56 with ceiling effects at pre-test with 80% or more of participants correctly answering nine of the 14 items. Additionally, it was determined that some of the items were either leading/biased (e.g., asking children about *safe* adults) or confusing for children to understand (e.g., having a double negative in a sentence). For this study, the items were revised to reduce bias and increase internal reliability resulting in a 21-25-item assessment depending on the grade—1st & 2nd received 25 questions and all other grades received 21 questions. The knowledge assessment was given both before and after implementation. In the classroom, the researcher provided an electronic response device (iClicker remote) to each child, read the questions aloud from a Power Point presentation, and had students indicate their responses on the remote.

The assessment first asked whether the student was a boy, girl, or other, and then included the following 24 items.

1. People you know can sometimes touch you in ways that feel weird.
2. An adult tells you that they lost their puppy. It is okay to help them find the puppy.
3. Your aunt wants to give you a hug. It is okay to say "No, thank you."
4. Strangers can hurt you, but people you know can also hurt you.
5. A grown up kisses and hugs you in ways you do not like. You should tell an adult.
6. Your friend says that they know a shortcut to school through the woods. You should follow them.
7. Your Safe Adult can only be your dad or mom.
8. If you do not feel safe, then it is okay to wait and hope things get better.
9. Abuse means someone is hurting you on purpose with words or somewhere on your body.
10. A baby sitter takes a picture of you in the bath. You should tell someone.
11. Someone touches you in a weird way. No matter what, this is not your fault.
12. You have a right to decide who can touch you.
13. Someone hurts your friend. Your friend says it's a secret. You should tell someone anyway.
14. Someone hurts you. They say that you will get in trouble if you tell. You should NOT tell.
15. Your friend calls another kid names as a joke. It's OK to laugh.
16. You see someone being bullied or hurt. You should help them.
17. A kid online asks for your name and where you go to school. It is okay to tell them.
18. An adult hurt you a long time ago. It's too late to tell an adult about it now.
19. If someone hurts you, it's okay to tell your friend instead of an adult.
20. Boys do not have to worry about someone touching their private parts.

Four additional items were used with 1st and 2nd graders only:
21. You get lost and can't find your family. An adult you don't know wants to help you. It is okay to go with them to look for your family.
22. Someone you don't know knocks on the door. It's okay to answer the door by yourself if your parents are home.
23. A friend's dad touches your private body parts. He says it's a game. You should tell someone.
24. You made someone mad. It is NOT your fault if they hurt or bully you.

For the 24-item assessment, reliability and item analyses were conducted with the baseline data. Four of the items were presented to only 1st and 2nd graders only, and thus, the reliability analysis that included all item only includes 1st and 2nd graders because all other students have missing data for those items.

Table 3 below shows the mean of each of the items scored as 0=incorrect and 1=correct. Using this scoring system, the mean represents the percentage of students answering the question correctly in decimal format (e.g., the mean of .575 indicated that 57.5% of student answered correctly). The item-total correlation represents the correlation between the item and the mean of all of the items in the scale.

Using the 20 common items, the overall alpha was .62, and using all 24 items (and thus only 1st and 2nd graders in the analyses), the overall alpha was .64. Table 3 shows that poor fitting items from the analyses of the 20 common items were numbers 1, 3, 11. Removing those items from the reliability analysis improved alpha to .68. Based on the minimal increase in alpha when eliminating the poorly loading items, we used a mean of the all 24 items as the primary dependent variables. Means for individual items are also presented and changes over time in individual items are examined.

Table 3. Item Analyses from baseline data

Item	Mean	Item-Total Correlation
1. People you know can sometimes touch you…	.575	-.06
2. An adult tells you that they lost their puppy…	.411	.35
3. Your aunt wants to give you a hug…	.577	-.002
4. Strangers can hurt you…	.698	.21
5. A grown up kisses and hugs you in ways you do not like…	.792	.25
6. Your friend says that they know a shortcut to school…	.827	.31
7. Your Safe Adult can only be your dad or mom.	.471	.30
8. If you do not feel safe…	.542	.31
9. Abuse means someone is hurting you on purpose…	.815	.25
10. A baby sitter takes a picture of you in the bath…	.813	.28
11. Someone touches you in a weird way…	.742	.08
12. You have a right to decide who can touch you.	.750	.23
13. Someone hurts your friend. Your friend says it's a secret…	.800	.19
14. Someone hurts you. They say that you will get in trouble…	.783	.33
15. Your friend calls another kid names as a joke…	.705	.20
16. You see someone being bullied or hurt…	.883	.15
17. A kid online asks for your name…	.757	.39
18. An adult hurt you a long time ago…	.607	.25
19. If someone hurts you, it's okay to tell your friend…	.798	.36
20. Boys do not have to worry…	.759	.26
21. You get lost and can't find your family…*	.688	.29
22. Someone you don't know knocks on the door…*	.772	.21
23. A friend's dad touches your private body parts…*	.753	.22
24. You made someone mad. It is NOT your fault…*	.581	-.11

*Note: * indicates items, mean scores and item-total correlations were only from 1st and 2nd graders.*

<u>Facilitator and teacher survey</u>

Following the completion of the post-test data collection, a web-based survey was sent to the facilitators and the teachers at each of the participating schools. The questions asked to facilitators, control-teachers, and intervention-teachers varied and were tailored to their role. There were eight questions asked to all facilitators and teachers related to knowledge and understanding of their schools current policies:

- I know Georgia Laws on Child Abuse.
- I understand Georgia Laws on Child Abuse.
- I understand my responsibilities as a mandated reporter.
- I know my school's anti-bullying policy.
- I understand my school's anti-bullying policy.
- I know my school's corporal punishment policy.
- I understand my school's corporal punishment policy.
- I understand the 2018 GA Mandate to provide age appropriate sexual abuse awareness and prevention in education in grades K-9.

In addition, all roles were asked whether any children had disclosed unsafe situations to them since the CSM program was started at their school.

Facilitators and intervention-teachers were also asked if the CSM program helped their school meet the GA mandate to provide sexual abuse awareness and prevention education. Control-teachers were not asked this question because they were not exposed to the CSM program.

Lastly, facilitators only were asked the following questions:

- Did all students participate in the CSM lessons?
- How much time did you spend preparing for a Child Safety Matters lesson?
- About how long was last session?

<u>Assessing fidelity</u>

During implementation, a research assistant observed the implementation of two lessons in each school. Following implementation, a research assistant collected post-test data (i.e., student knowledge assessment) from children in both the treatment and control conditions at the same time.

Results

Implementation

Across the six schools, eight facilitators were trained to implement the curriculum. Facilitators were given access to the online training and completed it on their own. Facilitators were told which classrooms were randomized to be intervention classrooms and that they could implement the program any time after the pre-test was completed. See Figure 1 for the average length of evaluation activities.

Figure 1. Average length of evaluation activities

| Pre-test to First Lesson: 16.1 days (Range: 5.5--28.3 days) | First Lesson to Last Lesson: 5.6 days (Range: 1.0--15.4 days) | Last Lesson to Post-test: 16.2 days (Range: 1.0-62.8 days) |

Pre-test to Post-test: 37.3 days (19.0—91.0 days)

Across all schools and classrooms, facilitators implemented the curriculum in two sessions. Fidelity was observed two times at each school using an 11-item checklist. The observation checklist included items such as "Completed all class activities," "Delivered the Safety Rules and motions with enthusiasm," and "Distributed materials at the end." In School 1 and School 5, two facilitators implemented each lesson together and one observation checklist was used. Mean fidelity across all facilitators was 86% with a range from 81% to 100%.

Analyses of pre-post changes

To examine changes from pre-test to post-test, we conducted generalized linear mixed modeling. The dependent variable was the percent of correct responses for each student. The model included Treatment Condition (whether the student was in a treatment or control classroom), Assessment Time Point (pre- or post-test), and School, Grade, and Gender were included as control variables. The model specified that students were nested within classrooms, which were nested within schools to account for any within classroom correlation in responses. A treatment effect would be indicated by an interaction between treatment and time, indicating that the change in scores was different across treatment conditions. The key analyses included all schools, and controlled for Gender, Grade and School. In this analysis, the significant effects were found for Time, $F(1, 70) = 197.85$, $p < .001$, Treatment, $F(1, 63) = 23.14$, $p < .001$, and the Time x Treatment interaction, $F(1, 57) = 28.81$, $p < .001$. The time effect showed that overall, student scores improved from pre- to post-test, and the Treatment effect showed that overall, intervention students scored higher than control students. ***However, as shown by the means in the means, students receiving the intervention improved more (.078) than students in control classroom (.031).*** The effect size for the intervention was $d = .29$, which is in the small-to-medium range.

Table 4. Pre and post-test means for intervention and control students and results of mixed modeling.

	Intervention		*Control*		*Test statistics for treatment by time interaction*
	Pre M (sd)	*Post M (sd)*	*Pre M (sd)*	*Post M (sd)*	
Percent correct	.704 (.158)	.782 (.167)	.704 (156)	.734 (.163)	F (1, 57) = 28.81, p < .001

We then examined whether Gender, Grade, or School moderated the impact of the intervention. That is, did the intervention work better (or worse) for boys vs. girls, older vs. younger children, or at different schools? These tests involved repeated the main analyses and examining three way interactions between Time, Treatment, and either Gender, Grade, or School. Table 5 shows the pre- and post-test means for intervention and control students by Gender, Grade, and School. None of the three-way interactions reached statistical significance: Gender, F (1, 54) = .09, p = .77; Grade, F (5, 52) = 1.28, p = .28; School, F (5, 52) = 1.74, p = 14. ***Thus, there was no evidence that the CSM curriculum had a differential impact on boys vs. girls, older vs. younger students, or by school.***

Table 5. Pre and post-test means for by intervention, student Gender, Grade, and School.

	Intervention		*Control*		*Differential change (Intervention– control)*
	Pre	*Post*	*Pre*	*Post*	
Girls only	.729	.806	.736	.768	0.045
Boys only	.681	.760	.671	.708	0.042
Kindergarten	.552	.606	.562	.585	0.031
1st grade	.622	.708	.628	.662	0.052
2nd grade	.695	.784	.714	.741	0.062
3rd grade	.744	.851	.745	.800	0.052
4th grade	.793	.852	.779	.790	0.048
5th grade	.792	.844	.785	.832	0.005

School 1 (charter)	.701	.850	.719	.784	0.084
School 2 (private)	.817	.896	.796	.833	0.042
School 3 (public)	.755	.838	.745	.746	0.082
School 4 (public)	.687	.758	.684	.710	0.045
School 5 (public)	.675	.730	.692	.709	0.038
School 6 (public)	.697	.770	.672	.715	0.030

Item level changes

Finally, we examined item level changes, primarily to understand which items were most sensitive to change. Table 6 shows the item level information for the initial percent correct (items with a very high percent correct at baseline may have little room for improvement), the overall change (improvement from pre-test to post-test), change for intervention and control groups, and the differential change which represents the relative change over time for the intervention group minus the control group (computed by subtracting the control group change from intervention group change).

As shown in the table, items that were particularly sensitive to change were items 2, 3, 7, 17, and 23 (all above .10). The first column shows the overall percentage correct at baseline, and the following three columns show the increase (or decrease if numbers are negative) from pre-test to post-test overall and for the intervention and control. Items with the greatest differential change were items 4, 7, 11, 15, 17, and 23 (all above .07). Items that showed very little change (or worsening) over time across intervention and control groups were 9, 11, 12, 20, 21, 22, and 24. These are perhaps items that should be dropped or modified in future evaluations.

Table 6. Item level changes and differential change between intervention and control

	Initial % correct	Overall Change	Change intervention	Change control	Diff change
1. People you know can sometimes touch you…	.575	0.079	0.099	0.056	0.043
2. An adult tells you that they lost their puppy…	.411	**0.217**	0.242	0.19	0.052
3. Your aunt wants to give you a hug…	.577	**0.108**	0.138	0.076	0.062
4. Strangers can hurt you…	.698	0.035	0.076	-0.009	**0.085**
5. A grown up kisses and hugs you in ways you do not like…	.792	0.051	0.061	0.038	0.023
6. Your friend says that they know a shortcut to school…	.827	0.040	0.064	0.014	0.05
7. Your Safe Adult can only be your dad or mom.	.471	**0.101**	0.137	0.064	**0.073**
8. If you do not feel safe…	.542	0.062	0.072	0.051	0.021
9. Abuse means someone is hurting you on purpose…	.815	0.007	0.023	-0.009	0.032
10. A baby sitter takes a picture of you in the bath…	.813	0.051	0.063	0.038	0.025
11. Someone touches you in a weird way…	.742	0.021	0.057	-0.017	**0.074**
12. You have a right to decide who can touch you.	.750	0.017	0.008	0.026	-0.018
13. Someone hurts your friend. Your friend says it's a secret…	.800	0.059	0.077	0.039	0.038
14. Someone hurts you. They say that you will get in trouble…	.783	0.057	0.084	0.028	0.056
15. Your friend calls another kid names as a joke…	.705	0.033	0.07	-0.006	**0.076**

16. You see someone being bullied or hurt…	.883	0.049	0.064	0.1	-0.036
17. A kid online asks for your name…	.757	**0.103**	0.17	0.035	**0.135**
18. An adult hurt you a long time ago…	.607	0.038	0.057	0.019	0.038
19. If someone hurts you, it's okay to tell your friend…	.798	0.038	0.063	0.012	0.051
20. Boys do not have to worry…	.759	-0.006	0.023	-0.034	0.057
21. You get lost and can't find your family…	.688	0.023	0.042	0.007	0.035
22. Someone you don't know knocks on the door…	.772	-0.005	0.003	-0.014	0.017
23. A friend's dad touches your private body parts…	.753	**0.110**	0.150	0.070	**0.080**
24. You made someone mad. It is NOT your fault…	.581	-0.035	-0.018	-0.054	0.036

Note: Numbers in bold represent largest overall change or differential change

Results from survey of CSM facilitators and teachers

The majority of facilitators participated in the survey (88%), however, teachers participated at a lower rate (control-teachers: 26%; intervention teachers: 22%). Table 7 summarizes participations rates across all schools for each role. Of those that participated in this survey, 91% were female, median age was 39, 53% were African American/Black, 33% were Caucasian/White, and 14% were another race.

Table 7. Facilitator and teacher survey response rates

	Control Teacher Participation Rate	Intervention Teacher (Participation Rate)	Facilitator (Participation Rate)
School 1 (charter)	17% (n=1)	33% (n=2)	100% (n=1)
School 2 (private)	29% (n=2)	29% (n=2)	100% (n=2)
School 3 (public)	100% (n=6)	33% (n=2)	100% (n=1)
School 4 (public)	17% (n=3)	29% (n=5)	50% (n=1)
School 5 (public)	18% (n=3)	6% (n=1)	100% (n=1)
School 6 (public)	21% (n=3)	20% (n=3)	100% (n=1)

Among all respondents, 81% reported to know GA laws on child abuse and 84% reported they understood GA laws on child abuse. Almost all respondents (97%) indicated that they understood their responsibilities as a mandated reporter. In regards to their schools bullying and punishment policy, 89%-92% indicated that they knew and understood both policies. When asked whether respondents understood the GA mandate, 75% reported agreed that they did, 14% disagreed, and 11% neither agreed nor disagreed. Lastly, when all respondents were asked, 16% reported that at least one child had disclosed (29% of facilitators experienced a disclosure).

When asked whether the Child Safety Matters program helped their school meet the mandate to provide sexual abuse awareness and prevention education, 83% of the facilitators indicated that it did. The lone facilitator that did not agree with this statement was the facilitator from the private school, and are not subject to the state mandate. Of the intervention-teachers that were asked this question, 64% reported that CSM did meet the mandate and 36% were unsure. Due to the fact that intervention-teachers were not required to stay in the room during while their class participated in the CSM lessons, it is likely that many were not familiar with the curriculum. Control-teachers were not asked this question as they were not exposed to the CSM curriculum.

The majority of facilitators, 85%, reported that all students participated during the CSM lessons. All but one facilitator (n=6) indicated that lessons lasted 30-45 minutes which matched the training expectation. The

majority of respondents (n=5) also indicated that preparing for the lessons took 'a moderate amount' of time while two participants indicated it took 'a great deal' of time.

Discussion/Summary

The CSM program was implemented in six Georgia schools and classrooms at each school were randomized to receiving the program or not. Over 2000 children participated in pre/post-tests to assess knowledge gains and to understand the impact of the CSM curriculum. Findings indicated that children receiving the *MBF Child Safety Matters*® curriculum showed greater increases in knowledge than children not receiving the curriculum, and those increases were small-to-medium in size ($d = .29$). Importantly, there was no differential gain in knowledge by child sex, by grade, or by school. Thus, the knowledge gains appear robust across types of students and implementations. The gains observed here were obviously short term gains and it remains unclear from this study whether such gains would be maintained over time.

Facilitators implemented the program primarily in two sessions. Selected observations indicated that most of the curriculum content was covered at most schools. Two of the seven facilitators reported that at least one child reported an unsafe situation to them following the curriculum. This is encouraging given that the assessment results tap student knowledge gains, and it is always an open question as to whether knowledge gains will translate into behavioral changes. Here, at least in a few cases, they did.

Several aspects of the study design and implementation are worth noting in considering the results. First, it should be noted that student responses were not linked from pre- to post-test. That is, in order to maintain anonymity, no identifying information was collected from students, and thus the pre- and post-test data collection were treated as independent samples. This makes the statistical tests more conservative, so biases analyses away from finding an intervention effect.

Second, at three of the schools, implementation of the curriculum (and thus the post-test) was very close to the end of the year, occurring on the last two weeks of the school year. Thus, the implementation may have been rushed as teachers and students were winding down the school year, and there was very little time for students to report any unsafe behaviors to facilitators or teachers. As a teacher at one of these three schools expressed via survey feedback, "Great program but it needs to [be] completed towards the beginning of the school year for our school. The end of the school year is a very busy time for the counselors preparing for honors celebration…and end of the year field trips."

Third, in this implementation of CSM, because classrooms within schools were randomized to conditions and not schools, the "whole school" aspects of the intervention, such as displaying posters in the hallway were not implemented. Any impact of this part of the curriculum would not be reflected in the current data.

Fourth, many of the items used in the student assessment had not been previously tested and validated. The overall alpha for the scale was not high and several items did not correlate with the scale total, therefore, additional work may be needed to create a more reliable and valid scale. There was substantial variability in the percentage of students that answered an item correctly at baseline (41% to 88%) and variability in change over time (increase of 22% to decrease of 3%). Further work on assessment items is needed to better assess student gains in knowledge over time. Items for which too high a percentage of students answer correctly at baseline will not be sensitive to change.

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