



A Methodology for Assessing the Effectiveness of RCAB Programs for Child Protection and Abuse Prevention

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I. Introduction

Since late 2002, the Archdiocese of Boston has implemented a comprehensive set of education and training programs for both adults and children. These programs, which can be described as complex, multi-level, and community-based address child abuse recognition, mandated reporting, child personal safety education, and abuse prevention strategies with a focus on the creation and maintenance of safe environments. Complementing this “whole community” approach to programs are a revised set of policies and procedures, a code of ministerial behavior, and an annual criminal records check for clergy, and for all employees and volunteers who work with minor children.

The scope of this safe environment undertaking, which involves literally hundreds of thousands of adults and children in hundreds of Catholic schools and parishes, was unprecedented. To ensure ongoing success, the need to assess in some way the ongoing quality and effectiveness of the effort, with openness to improvement, became apparent. The Archdiocese has engaged academic and professional help in crafting such an evaluative framework.

In early 2005, the Office of Child Advocacy (OCA) and its Implementation and Oversight Advisory Committee (IOAC) began a series of initial meetings with representatives of local universities and the business community to explore the “state of the art” as to how to evaluate the overall effects of these accomplishments. This led, in December 2005, to the establishment of an Effectiveness Subcommittee (ES) as a subcommittee of the IOAC (see Appendix A). Membership included local and national experts in child abuse prevention as well as experts drawn from higher education, child advocacy organizations, state government, the U.S. Conference of Catholic Bishops, private industry, and other relevant professions and agencies. The initial task of the Subcommittee was to develop an action plan to design and pilot a methodology that eventually could be used to assess the effects and outcomes of the Archdiocese’s programs and policies for child protection and abuse prevention. The OCA, IOAC, and ES also hoped that if a viable methodology could be developed, it would prove helpful to other dioceses and organizations attempting to assess similar child abuse prevention program implementation and effectiveness.

The Subcommittee has met monthly (with few exceptions) since that time and published reports of its progress every six months. Its initial report presenting the action plan was published on April 7, 2006 and is available, as are the updates, on the RCAB website (See: www.rcab.org/ChildAdvocacy/EffectivenessAssessment-060407.pdf). The action plan identified the goals and objectives of the Archdiocese’s safe environment initiatives and an initial set of questions regarding program effectiveness that the methodology might be designed to address. Also included were a listing of the data already available, a short literature review, and a description of three predominant types of program evaluation methodologies, namely: input evaluation, process (or implementation) evaluation, and outcome evaluation (Tomison, 2000).

As complex, multi-level, community-based interventions to prevent child abuse are implemented, as is the case in the Archdiocese of Boston, more comprehensive evaluative frameworks are required to assess their effect. Any comprehensive evaluation requires the development of an understanding about how a program’s structure influences the process of program delivery, and how that delivery ultimately influences desired

outcomes over time (Pietrzak, Ramler, Renner, Ford, Gilbert, 1990). A single measurement framework or event may not be adequate to this task. Some researchers, therefore, propose an emphasis on a more developmental approach in which effectiveness, rather than being a one-time evaluation, is undertaken as a progressive series of analyses that build upon each other and in which equal emphasis is placed on input, process, and outcome evaluation (McBride, 1999). This systems-level model proposes that when used together, these methods can provide a more comprehensive assessment of program performance and effect.

Factors that add to the complexity of effectiveness evaluation (particularly in the case of the Archdiocese) are the lack of any baseline (in our case, pre-2002) data to which to compare any data the study might collect, and the inability to impose experimental, laboratory-style control in which certain variables are kept constant and unvarying while the behavior of one or more dependent variables of interest is/are observed and measured. This type of control simply does not exist when one is trying to conduct such measurement outside of the laboratory. Thus, effectiveness research attempts to evaluate interventions and programs in real world conditions with actual service providers and service recipients.

Recognizing all of the above, the Effectiveness Subcommittee proposed that the methodology the Archdiocese is seeking to create derives from the questions it wants answered. Although it would require a much larger study or an eventual series of studies to answer more global questions about effectiveness, the group's first task was to help refine and focus the questions the methodology could be used to address. A pilot study could then be designed to test an initial methodology including data collection techniques, instruments, and analysis methods, and to refine that methodology based on the lessons learned.

The Center for Catholic Education at the Lynch School of Education of Boston College took the role of providing a principal investigator (Dr George Madaus, a senior researcher and teacher in the area of educational testing, program evaluation, and educational policy); a co-principal investigator (Dr Claire Foley, whose background includes experience in qualitative research design, structured interviews, and data analysis) and two graduate students to accomplish the pilot analysis. This group, along with Dr James McSherry, a private consultant with expertise in measuring executive effectiveness and corporate innovation, and Dr Kathleen Rhoades, a specialist in qualitative data analysis, comprised the study team (see Appendix B). The Evaluation Administrator for the Office of Child Advocacy, Suzanne Piening, Ph.D., who oversees the office's evaluation and measurement efforts, served as OCA's representative on the study team.

Also recognizing the value of independent oversight of the study team itself, the Archdiocese met with Professor Lorraine Klerman, PhD, and her staff from the Heller School for Social Policy and Management at Brandeis University and asked them to conduct an independent meta-evaluation of the pilot study. A meta-evaluation is an independent evaluation of the technical integrity and accuracy of an evaluation methodology, its data collection instruments, procedures, analysis and conclusions. It was agreed that the Heller School would provide periodic auditing of the pilot evaluation – i.e., that they would provide senior faculty consultants to the effort who would not be members of the Effectiveness Subcommittee, but who would provide an independent

assessment of the pilot study plan, data collection methodology, analysis and conclusions – both for technical integrity and accuracy – before, during, and at the end of the project. The oversight team from Brandeis met with the study team at the beginning of the research effort. Subsequently, it provided written feedback on six critical parts of the project. The membership and credentials of the oversight team are summarized in Appendix C.

Again, the focus of this entire effort was to develop and pilot a methodology that could be used to evaluate the effectiveness of the Archdiocese’s comprehensive programs and policies for the protection of children and the prevention of abuse. In the past two years, the Effectiveness Subcommittee has moved from 1) development of an action plan to 2) design of a methodology to 3) conducting a pilot study, i.e., in this case, to piloting the methodology. The pilot study of the methodology developed by the Effectiveness Subcommittee combines elements of both pre-testing the methodology and judging its feasibility.

In short, and explained in more detail below, the pilot methodology employed a combination of quantitative and qualitative data collection and analyses of data representing both past and present issues pertaining to safe environment program implementation and functioning. Historical data (2002-2006) on safe environment training, the initial roll out of the prevention programs for adults and children, the numbers of individuals trained to facilitate the programs, and the timing between training and implementation at the parish level were some of the data selected and analyzed from a random sample of 10% of the parishes. In addition, a smaller sample of five parishes was selected for visitation by the study team, and extensive interviews of those responsible for program implementation were conducted on-site. Content analysis of the interview data was conducted and identified multiple factors and lessons learned pertinent to future studies.

II. Literature Review

Child Sexual Abuse Prevention Programs

Child sexual abuse (CSA) is a multi-dimensional phenomenon (Portwood, 2006; Wurtele & Miller-Perrin, 1992). Effective prevention models must also be multi-faceted in order to address the various causes while at the same time integrating strategies for the varied contexts in which abuse may occur (Wurtele & Miller-Perrin, 1992; Renk, Liljequist, Steinberg, Bosco & Phares, 2002; Kaufman, Mosher, Carter & Estes, 2006; Portwood, 2006). Unlike other forms of child abuse where risk factors can be identified, child sexual abuse is endemic in most social groups and, therefore, it is extremely difficult to target prevention efforts at the most likely victims, offenders, or offending situations (Melton, 1992). For these reasons, CSA prevention programs in the Archdiocese of Boston have taken a whole community approach with efforts aimed at clergy, adults, children, teachers and parents to create safe environments for children.

From a situational crime prevention perspective, programs that target a wider audience are more likely to affect environmental awareness and change than those that target children alone. For example, an informed community is more likely to identify situational factors that promote or allow opportunities for CSA and make necessary situational changes – such as reducing opportunities for a potential perpetrator and a child

to be alone, or increasing vigilance that increases the likelihood of detection (Clark & Homel, 1997). While this approach engages the community in a multi-level prevention effort, it also presents an enormous challenge to the evaluation of such programs.

Professionals involved in this new and developing kind of knowledge have yet to determine what conclusively constitutes effectiveness in CSA programs. The literature reports that rigorous evaluations of large-scale community initiatives have been hampered by design and methodological challenges (Tomison, 2000). However, evaluations of current programs aimed at children have shown positive preventive outcomes in children themselves in terms of awareness and skill acquisition, especially those programs that contain the following core elements (MacIntyre & Carr, 2000; Finkelhor, 2007; Finkelhor & Strapko, 1992; Davis & Gidycz, 2000):

- Sufficient dosage of relevant content administered over time;
- Content that is developmentally appropriate;
- Use of interactive teaching methods and a variety of materials;
- Practical, experiential learning opportunities;
- Methods for fostering strong positive relationships; and
- Targeting of multi-systems rather than children alone.

The methodology described below is the result of a significant effort to develop and pilot test a methodology to evaluate a multi-faceted CSA prevention program implemented in a large, diverse organization/community.

Organizational Change

In assessing organizational change, it is vital to keep in mind that *change is a process, not an event* (Hall & Hord, 2006). Change takes time, occurs in stages and is the result of the interaction of various factors – some unique to the organization – that determines the rate and degree of change. Various actors in the organizational change process may have their own ideas or attitudes about how change ought to take place (Bartholomew, Parcel, Kok, & Gottlieb, 2001).

The literature on change consistently refers to similar themes across the organizational, personal, and program levels. One theme is that there must be significant indication that there is a need for change and that change will have more advantages than disadvantages. This is true on the individual as well as the organizational level. Another theme on both these levels is that change occurs in stages and that the stages do not necessarily flow in a linear direction. For programs, the stages have more to do with the tension between fidelity to the program and adaptation of the program to a particular situation. It takes time to find the right adaptation for a particular situation without compromising fidelity. For individuals, the stages of change have to do with the acknowledgement of a problem, consideration of various action plans, and maintaining change once it has begun (Prochaska, Norcross & DiClemente, 1992).

Evaluation is another theme across the three categories. Organizations and individuals contemplating change undertake an evaluation process before, during and after a change is adopted. This process, conducted in an open, participative, supportive environment, can have enormous impact on the success of faithful program implementation.

Adoption of New Programs

Members of organizations who are expected to adopt new programs are characteristically wary of new ideas and methods they have not helped to develop. Their wariness can delay or impede program adoption and implementation if not addressed by those in charge (Rohrbach, Grana, Sussman, & Valente, 2006). An individual's decision about adopting an innovative program is heavily influenced by other members of the organization or system (Orr, 2003). Hall & Hord (2001) aver that two important keys to adoption rates (diffusion) are: the amount of communication that occurs about an innovation, and the number of people involved in the communication. Therefore, open and extensive lines of communication ensure that more people know about an innovation sooner. The more accurate the communication the more likely it will influence adoption in a positive way (Rogers, 1995). Adoption of innovative, evidence-based programs will be enhanced when efforts to engage individuals in the change process are tailored to their particular stage of change rather than assuming a one-size-fits-all approach (Hall & Hord, 2006; Prochaska et al., 1992; Rohrbach et al. 2006).

Organizational stages in adoption of new programs.

Several authors have described the stages of the diffusion of innovation process. Understanding these stages can assist an organization in evaluating the extent and success of change efforts. Greenlough, Robert, MacFarlane, Bate & Kyriakidou (2004) refer to the stages of diffusion, dissemination, implementation, and sustainability or institutionalization. According to them diffusion is a process of passive distribution rather than active seeking and planning. Diffusion was at work for example, when parishes and schools chose to implement a safety program on their own prior to any Archdiocesan directive. Dissemination of programs involves active and deliberate efforts – such as those undertaken by the Office of Child Advocacy (OCA) in its training efforts – to persuade target groups and group leaders to adopt an innovation. Persuasion and influence have a central role in dissemination, as does decision-making on the part of potential adopters (Greenlough et al., 2004). The implementation stage involves planned efforts to incorporate an innovation into the normal processes and procedures of the organization. Implementation can be gauged on the parish and school level by the extent to which adults and children have received the requisite safe environment training, whether safe environment policies are understood and adopted school- and parish-wide, and the degree to which safe environment practices and policies have become part of the fabric of everyday parish and school life. Once an innovation becomes assimilated and routine throughout the organization it will be sustained or institutionalized until it becomes obsolescent (Rohrbach, et al., 2006; Greenlough, et al., 2004).

Individual stages in adoption of new programs.

Hall and colleagues (Hall, 1980; Hord & Hall, 1986; Hall & Hord, 2006) focus on the “Levels of Use” to discern the status of an innovation. They point out that the implicit assumption about change has been that if training and materials were provided, teachers would use them as they were intended. Research and experience has shown that this is an incorrect assumption. Research supports the notion that users and non-users of a new program actually display different behaviors incorporated in their concept of Levels of Use (Hall & Hord, 2006). When a change is introduced to everyone in an organization,

some will grasp the new way immediately (innovators) and some will avoid change for a long time even if it's mandated (laggards) (Hall & Hord, 2006). Leaders need to be able to devise ways to facilitate change at the individual level by understanding feelings and perceptions about change (Stages of Concern) and by assessing the Levels of Use (or nonuse) of an innovative program by individuals in the organization. Hall & Hord (2006) contend that these measures provide leadership with important information on where and how to intervene to increase program implementation and assimilation.

Facilitators.

There are organizational, individual implementer, and program characteristics that promote adoption of innovative programs (Rohrbach, et al. 2006; Rohrbach, D'Onofrio, Backer & Montgomery, 1996; Dusenbury & Hansen, 2004; Greenlough et al., 2004). At the organizational level strong leadership, effective communication, participative decision-making, and openness to varying points of view are crucial to effecting and sustaining organizational change. Individuals who succeed at adopting new programs are open and motivated, have an adequate degree of self-efficacy and confidence about making the change, and, at least eventually, have strong positive feelings about the program. They also receive adequate training, time for preparation, and have good technical assistance available as they undertake implementation.

Programs that are simple and well laid out are more easily adopted (Dusenbury & Hansen, 2004). Achievement of these seemingly opposed directives – simple and well laid out - present a challenge to CSA prevention programs that must balance the push for simplicity with the need to incorporate the core elements of best practices outlined earlier. However, since more complicated programs that can easily be broken into manageable components are also more easily adopted, the balance can be achieved. Other factors include the program's positive reputation; the program's demonstrated advantage; and the use of the program by respected colleagues (Dusenbury & Hansen, 2004; Rogers, 1995). Attractive and easy-to-use materials and materials that make use of a teacher's existing repertoire of teaching techniques also make it easier for a program to be implemented by existing staff (Rohrbach et al., 1996). Greenlough et al. (2004) emphasize that one of the most potent forces in adoption is the *interaction* among the context (organization), the potential adopters (individuals) and the program. Hall & Hord (2006) assert that it takes at least 3-5 years to implement an innovation that is significantly different from current practice.

Barriers.

Barriers to successful adoption /implementation of a new program throughout a system exist on the organizational, personal, and program levels. Some barriers can be inferred from the above material on facilitators; the absence of the necessary facilitators is obviously a barrier. Members of the organization (the innovators and early adopters) must step forward to guide, promote, educate, and support adoption efforts. Mandates alone are insufficient to move a program through the adoption phases (Dusenbury & Hansen, 2004).

Fidelity and program integrity.

There is inevitable tension between fidelity to a program as designed and practical needs for adaptation of program elements for particular situations. Adaptation is acceptable as long as the core elements of a program are retained (Kalafat, Illback & Sanders, 2007). If the core elements of a program have been modified excessively in the local adaptation process, one cannot be sure that program participants have received an adequate dose of the program or the essential components that have been shown to make the program effective (Rohrbach et al., 2006). The role of ongoing training and support for implementers is also crucial to maintaining program integrity. Without ongoing training and implementation support, an innovation that is passed from adopter to adopter can easily fall prey to unintended changes or adaptations that threaten its core elements and value. Organizational tactics that can reduce threats to fidelity include providing formal opportunities for program implementers to share experiences and techniques in delivering the program and providing ongoing technical assistance, booster training sessions, and retraining for implementers (Pentz, 2004; Dusenbury & Hansen, 2004).

In addition to gauging the program dosage at any given site, program fidelity can be determined in several ways by looking at the quality of program delivery; examining participant reactions to and acceptance of the program; assessing the level of buy-in of program providers; and determining if the program is reaching the target population (Rohrbach, et al., 2006).

Program Evaluation

In order to evaluate a large-scale system change effort like the Archdiocese's safe environment programs, one must take a multi-modal approach and be prepared to evaluate change and progress on many levels – individual, small system (e.g. the parish), and whole system.

Rigorous evaluations of any large-scale prevention program are by nature complex and challenging. They require a developmental sequencing of evaluation efforts that matches evaluation activities to the stage of program implementation, which includes sufficient time for working out program kinks (Tomison, 2000). Evaluation evidence is incremental in nature – it emerges as a program develops and crosses various implementation hurdles. Consistent documentation of program activity is absolutely critical to adequate evaluation (Tomison, 2000).

Programs must be committed to maintaining accurate records of activities, changes, participants, providers, as well as significant environmental impacts. Process/formative evaluations provide invaluable feedback on the barriers and facilitators to program implementation, consumer satisfaction, and program adaptations that will ease implementation and improve fidelity. Multiple methods - quantitative, qualitative, and observational - are most effective in capturing the data necessary to evaluate program implementation and fidelity before program effectiveness is addressed. Only when the program is implemented stably and running smoothly with adequate fidelity and dosage can impact and outcomes be properly measured (Hall & Hord, 2006).

There are various definitions of effectiveness that can drive evaluations of CSA prevention programs. Ainsworth (1998) asserts that “a program that makes a positive difference is effective” (p. 40). Tomison (2000) avers that experimental rigor in isolation should no longer be the gold standard for a majority of program evaluations – particularly

those focused on child maltreatment. These perspectives allow for a broader definition of program effectiveness and keep the focus on the ultimate purpose of the program.

The emphasis on rigorous outcome and effectiveness studies as the standard for program evaluation has deflected attention from another critical form of evaluation for innovative programs – implementation evaluation (Owen & Rogers, 1999). Both implementation and outcome evaluations are crucial in establishing the worth of new programs and the legitimate variations that programs take as they are adapted to local contexts and needs. Together they should be viewed as stages in the study of impact, not as two entirely independent entities. Evaluators must be certain that the innovative program is being delivered in adequate doses using an acceptable variation of core elements of the program in order to validly and reliably measure outcome and effectiveness (Hord & Hall, 1986). Before program outcomes can be accurately determined, evaluators must be able to provide evidence that the treatment group received an acceptable variation of a program and that the comparison group did not (Hall & Hord, 2006). Thus implementation evaluation is a necessary segment of any outcome or effectiveness investigation.

Implementation evaluation is valuable for another reason. When a prevention program is instituted without the administration of baseline measures (pre-tests) implementation progress can serve as a measure of the dissemination of an innovative program within an identified system. In such an evaluation the baseline is the time when no formal program was being used. Thus periodic measures of the extent of implementation provide valuable data about the saturation of the program within the system.

Program impact studies can take various forms based on the approach adopted to determine impact. The classic approach to determining impact is the empirical, randomized, control group method that yields efficacy findings about a program. Another approach, which may be more appropriate to evaluating large-scale CSA prevention programs, such as that adopted by the Archdiocese of Boston, is to take as an end-point or outcome the extent of implementation of the program at a specified level of fidelity. In this type of impact study implementation becomes the dependent variable and the expected processes, environmental characteristics and other key variables that impact implementation are measured along with implementation characteristics (Owen & Rogers, 1999).

III. Methodology

The Archdiocese of Boston was guided by the above principles in developing a methodology for evaluating its child safe environment programs. The methodology described here has been piloted at the parish level and the suggested improvements/changes to the methodology are described in the “Lessons Learned” section below.

The methodology consisted of the analysis of quantitative data that already existed in the Office of Child Advocacy, and the collection and analysis of qualitative data by a study team from Boston College Lynch School of Education.

Quantitative Methodology

Data sources

The unit of analysis for this segment of the study is the parish. The Office of Child Advocacy (OCA) records from 2002 to the present were the primary source of data for this analysis. The data consists of: sign-in sheets for trainings in the three programs at the Archdiocesan level; sign-in sheets submitted by parishes whenever a Protecting God's Children (PGC) adult training was conducted in the parish; audit surveys sent to pastors, principals, and – in 2007- Directors of Religious Education; in-office data maintained by the OCA technical assistance expert; annual directories of the parishes in the Archdiocese of Boston; and an Archdiocesan record of parish size and income data.

Sample Selection

In order to make the analysis manageable, the study team used data from a randomly selected sample of 30 parishes (10%) from the list of 295 active parishes in the Archdiocese of Boston.

Parish Demographics

Archdiocesan directories and databases were used to collect demographics on the sample parishes. Demographics gathered from these sources were: average Sunday Mass attendance and the median household income in the census tract where the parish is located. In addition, Office of Religious Education questionnaires were consulted to determine the number of children registered for religious education in each parish. All demographic data was not available for all parishes for all years (2003 – 2006). Missing data did not prevent the generation of averages for the total sample for each year in each category.

Training and Implementation Data

Two levels of training occurred for each program – PGC, the program for adults, and Talking About Touching (TAT), the program for young children. Keeping Children Safe (KCS), the program for older children, was not included in this analysis because it is relatively new. The Archdiocese assumed responsibility for training individuals who would then return to their individual parishes and train the appropriate groups in PGC and TAT. All clergy, staff and any volunteers (both parish and school) whose ministry put them in contact with children on a regular basis were required to attend PGC training at the parish level. All teachers in Pre-K – Grade 3 in Catholic schools were required to receive training in TAT so that they could implement the program in their individual classrooms. Every parish religious education program was expected to devise a plan for implementing TAT in the religious education program, and the TAT facilitators trained by the Archdiocese were expected to train them in the TAT and KCS programs.

The OCA maintains records of all individuals who have completed training for PGC and TAT at the Archdiocesan level. These records include the name of the trainee, the type of training completed, the date training was completed, the parish the trainee was representing at the time of the training, and the trainee's role in the parish. This data is a reasonably reliable record of who was trained when and in what program. Child Abuse Prevention (CAP) team members who conduct PGC training in their parishes are required

to submit sign-in sheets that indicate the date and place of the training, the names and parishes of the trainees, and the role of the trainees in their respective parishes. Files containing all submitted sign-in sheets for PGC training are maintained for each parish. These records were used to generate data for this pilot study.

As mentioned above, the OCA records include the names of all individuals that completed Archdiocesan-level training in TAT. These were used to determine when individuals were trained to be TAT trainers in each parish. Audit questionnaires submitted by pastors in 2005, 2006 and 2007; and by DRE's in 2007 were used to determine the extent of TAT implementation in the parish religious education programs. In addition, yearly surveys collected by the Office of Religious Education of the Archdiocese, annual TAT implementation plans submitted to the OCA, and notes from phone calls and parish visits made by the TAT Master Trainer/Technical Advisor in the OCA were used to determine the initial date of implementation of TAT and the general quality of the implementation. The study team does not have the same confidence in the reliability of data that was not collected by the OCA through direct contact – although interesting and useful – as with the PGC data.

Procedure

The following data on each parish in the sample was organized in an *Excel*® spreadsheet for easy transfer into a statistical analysis program.

- Demographic data consisting of:
 - Parish size (based on reported Sunday Mass attendance in 2006)
 - Median income of households in the parish (determined from census tract data)
 - Presence of a parish school.
- The date by which at least two parishioners were trained as PGC facilitators (CAP team members). If only one parishioner was trained then the date that person completed training
- The number of parishioners that completed Archdiocesan-level PGC training between 10/2002 and 3/2003
- The date of the first PGC training completed at the parish level by the CAP team/PGC facilitators.
- Number of months from the time a parish CAP team received facilitator training to the first training the CAP team conducted in the parish.
- Number of years CAP team has conducted training in PGC at the parish level.
- Number of trainings in each individual year – 2002-2003; 2004; 2005; 2006; 2007.
- Total number of parishioners trained by CAP team. (This number includes only those parishioners who were trained in PGC at their home parish).
- Total number of parish-level PGC trainings held – 2002- June 2007.
- Number of groups represented in the PGC trainees in addition to staff, clergy and employees.
- Percentage of parishioners trained in PGC (# trained/ reported attendance).
- Number of students in religious education program
- Date representative of religious education program trained in TAT.
- School year in which TAT reportedly was taught for the first time in religious education.
- Rating of quality of TAT plan as submitted to OCA

Data Analysis

Data in the spreadsheet was used to generate descriptive statistics, charts and diagrams that display various aspects/trends in the implementation of programs. The spreadsheet data above was checked and rechecked for accuracy and then was loaded into a SPSS (Statistical Package for the Social Sciences) database for statistical analysis. The analysis was designed to answer questions regarding the rate of implementation of programs and the variables associated with the rate of implementation.

Qualitative Methodology

Because of the exploratory nature of the pilot study, the methodology for parish interviews was qualitative. The design aimed to uncover a wide range of factors that might be worth exploring in a systematic study of implementation, and to uncover some ways to probe these factors.

Study Questions

To meet the aims of the Archdiocese, the team sought qualitative data related to several core questions:

- What has the experience been like for those who have implemented the programs? Specifically, what has helped implementation of the programs, and what has hindered it?
- How have people in parishes and schools responded to the programs?
- Do people in parishes and schools feel that children are safer, equally safe, or less safe as a result of implementation of the programs?

To gather qualitative data regarding these questions, the study team conducted in-depth interviews with people in five parishes.

Sample Selection

The plan for the study called for one parish to be selected as a test site for the development of all instruments and procedures. Four additional parishes formed the sample for the actual data collection. At the outset, two general selection criteria were established: the presence or absence of a school; and the extent or quality of program implementation.

Procedures and Instruments

The qualitative data was collected during interviews with people from the four participating parishes and (where applicable) the schools affiliated with the parishes. All interviews took place in person at the parishes except interviews with parents, which were to be conducted by phone.

Two key instruments were developed for the interviews: an interview guide appropriate for people filling a wide variety of roles in parishes and schools, and an interview guide for parents. The project was approved by Boston College's Committee for the Protection of Human Subjects.

Data Collection

For each candidate parish, the pastor was contacted by the OCA and invited to participate in the study. An introductory visit was made to the parish by a representative

of the OCAIO and by one or two representatives of the study team. The purpose of the introductory visit was to explain in person the goals of the study and the plan for data collection.

Following the pastor's acceptance, the team corresponded with the pastor by email or phone to identify people in particular roles in the parish and to determine the best way to set up individual interviews. The study team provided a basic list of people who might be interviewed, which was intended to be refined for each particular parish:

- Pastor
- Other priests (either in residence or with a central role in the parish)
- Deacons and religious sisters with a central role in the parish
- Parish secretary or administrator, and office staff members
- Child Abuse Prevention (CAP) team member(s)
- Parish council members
- Director of religious education (DRE)
- Several religious education teachers
- Several parents of children in religious education classes

If the parish has a school:

- School principal
- Several teachers
- Several parents

The study team requested in-person interviews with all parish and school personnel except parents. The team requested the names and phone numbers of parents for telephone interviews. Unfortunately, parents proved very difficult to reach by phone. The study team traveled to the parish as many times as needed to complete in-person interviews. Each interview began with an introduction to the study and of the informed consent procedure. All participants were given as much time as they wanted to review the informed consent document, ask questions, and sign the document. Each participant was given a copy of the informed consent document to keep.

All interviews were conducted with the help of the structured interview guides described above. Most interviews of the study participants were conducted by two members of the project team. Often, the lead interviewer asked the open-ended questions designed to elicit a wide range of responses, and the second interviewer monitored the interview guide to make sure the full range of topics that applied to the interviewee had been covered. Interviewers followed the participant's lead if the participant wished to comment more extensively on a particular dimension of program implementation.

In the course of parish interviews, the research team was shown and/or offered copies of several kinds of material that documented various dimensions of program implementation, discussed below.

Data Collection by Phone

The plan called for the team to interview several parents from each school and several parents from each religious education program. Data collection by phone from parents proved to be possible in only one parish.

Data Analysis

The interview transcripts were analyzed using a qualitative data analysis software program. Codes were developed to reflect the main themes of the interviews and interviews were then coded accordingly.

IV. Lessons Learned

There are numerous lessons that the study team learned throughout the process of developing and piloting the above methodology. Some are specific to the context of the Archdiocese of Boston, but many are more general and may be of use to others seeking to examine their own child safe environment programs and efforts.

Baseline Measures

It was impossible to gather baseline measures of attitudes, behaviors and skills prior to the institution of the safe environment programs. Since, in response to the abuse scandal and crisis, there was a need to implement programs on the local level as quickly as possible, there was no time to carefully plan a thoughtful evaluation that included baseline “pre-treatment” measures.

As mentioned above, however, the fact that no archdiocesan-sponsored programs were in place prior to 2002 provides a baseline against which to measure implementation and dissemination or saturation of programs at the parish level. This can serve as the first step in an outcome study that looks at the extent and quality of implementation of programs that meet preset fidelity requirements (precisely delineated core elements). Since programs that meet the core elements requirements stated in the literature have been shown to have a positive outcome on children’s knowledge and skills, it is possible to assume that such programs, when implemented with fidelity, will continue to have a positive outcome.

Data

As mentioned in the literature, any evaluation of the implementation of effective programs relies on reliable, accurate, pertinent data. Well-designed data collection instruments can provide valuable information about program dissemination and implementation. They can reveal which parishes and ethnic communities have made the programs a routine part of their mission, and which are struggling with implementation and need further training and/or technical assistance.

Care and caution should be exercised whenever existing data are used. The quality of the data will determine the reliability and validity of the findings generated by that data. The most reliable data are objective, easily verified, and provide concrete information. The inferences drawn from this type of quantitative data are valuable in answering evaluation questions such as the extent and rate of program adoption.

Example: RCAB maintains records of each attendee’s name, the date of training, and the name of their parish for every Archdiocesan training for “Protecting God’s Children” (PGC) facilitators. Every time a PGC training is conducted at the parish level the facilitator is required to submit to the OCA a sign-in sheet with the date and place of the training; the names and signatures of attendees; the name of attendees’ home parish; and the role each attendee fulfills in his/her parish. This data helped us determine how many people from each individual parish

participated in the original trainings (2002-2003) for PGC facilitators and how long it took them to conduct their first PGC training at the parish level. We used this as a measure of buy-in for the PGC program. Findings indicated that 100% of the parishes in the study sample had sent at least one person to the initial PGC trainings, and that nearly two-thirds (2/3) of those facilitators conducted their first training within two months or less of their own training. This indicated a high level of buy-in and dissemination of the program.

Example: Using the same sign-in sheets it was possible to determine how frequently trainings were held at individual parishes, how many individuals were trained in PGC at various parishes and the range of roles attendees filled in the parish. This information is also useful in inferring buy-in since it can be assumed that parishes with a firm commitment to safe environments train new volunteers and staff regularly, that they train people who fill a variety of roles in the parish – not just those directly responsible for children – and that they provide training to the various ethnic communities active in a parish.

Data collected from self-report surveys is less reliable because of its subjectivity and non-verifiability. If survey data is used, it should be spot-checked by on-site observation, follow-up phone calls, or other instruments that are less subjective.

Example. The OCA sent survey questionnaires in 2007 to all Directors of Religious Education (DRE) in the Archdiocese asking them to describe the status of the “Talking About Touching” (TAT) and the “Keeping Children Safe” (KCS) curriculum implementation – the implementation model used, number of sessions conducted, who teaches the program, and participant, teacher and parent responses to the program. Although the surveys provide some benchmark of activity, there are several issues that make the data they provide less ideal than on-site interviews.

Quantitative and qualitative data together provide a more complete understanding of the process and state of adoption and implementation. When survey instruments are used with a large sample, they should be carefully constructed and vetted by experienced survey researchers. It is crucial to complement them with in-person or phone interviews for an in-depth understanding of the status of implementation, the barriers, and the facilitators to full implementation of programs. We found that in-depth qualitative interviews with individuals at the parish level provided the most reliable indicators of behavior, feelings, struggles, attitudes and skills.

Example: The study team conducted in-person interviews at a small number of parishes and followed an informed consent protocol that was clearly explained and detailed for each interviewee. The assurance that what was discussed would remain confidential resulted in detailed, heartfelt answers to questions about program implementation, the safety of children, and the individual’s experience with the clergy sex abuse crisis. Some of this material would not have been shared in a focus group or in a joint interview with one other person, much less on a survey form.

Sample

It is standard practice in program evaluation to conduct studies using representative samples of program recipients. If samples are carefully selected the results can be generalized to the population of the group of interest. In a large Archdiocese such as Boston, where there is considerable diversity in ethnicity; social class; size of parish; location of parish – urban, suburban, rural; presence of a parish school; languages spoken at the parish, and so forth, any study of program implementation and impact should use a carefully selected, stratified random sample so that all groups are proportionally represented.

Respondent Selection

Classes of respondents (for surveys and interviews) should be carefully selected to ensure that the experiences of all the major players in the implementation effort are considered. This may vary from parish to parish.

Example: The study team found that the pastors in some parishes were extremely knowledgeable about the programs and their implementation. In other parishes some other staff person was the *de facto* manager of the implementation of the programs. This person may have been the parish secretary, the Director of Religious Education, the head of the parish Child Abuse Prevention (CAP) team or some other volunteer.

Additional considerations in the selection of respondents and gathering of data – whether for surveys or interviews – are the following:

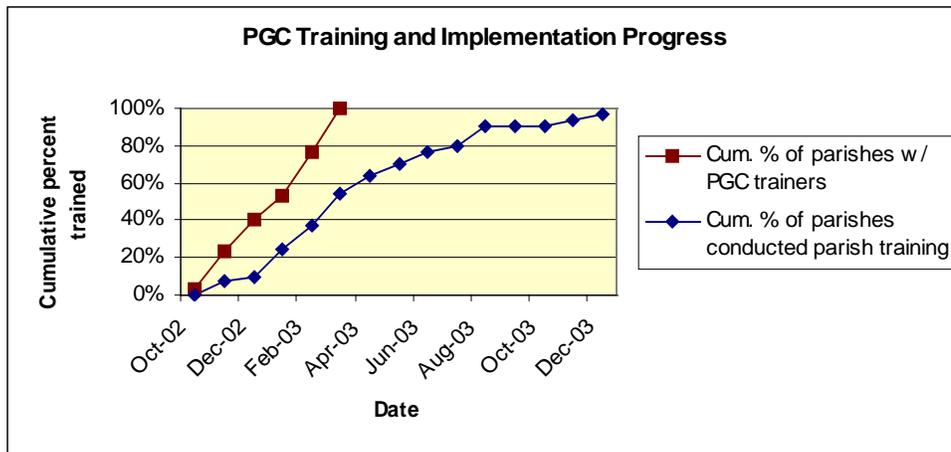
- Length of time the respondent has been in his/her position and in the parish;
- Respondent's familiarity with programs;
- Adequate representation of all ethnic groups in a parish;
- Direct access to respondents rather than relying on one person to speak for a group (i.e., school principal respond for all teachers; DRE respond for all catechists).

Data Analysis

As stated above, we recommend the use of both qualitative and quantitative data in a study of implementation and impact of safe environment programs.

Quantitative data can provide descriptive statistics, charts, and inferential findings regarding the relationship between and among variables of interest. The size of the sample and the number of variables being studied will determine the type of statistical tests that can be used. Interval and ratio level data for a sufficient sample size can be used for inferential tests that reveal more detail about variable relationships. Categorical data, while less precise, can yield general information about the parishes as a group and the associations among variables in different groups.

Example of Quantitative Data



Qualitative data provides richer description and an enhanced understanding of the experiences, concerns and challenges that program implementers face. We recommend the use of qualitative analysis software in analyzing qualitative data. This does not necessarily reduce the coding and analytic burden on the evaluators, but it does provide a necessary check on precision and reliability of the coding and interpretation.

Example of Qualitative Data: It is easy to interpret a parish's slow adoption of the programs for children as resistance and disinterest in keeping children safe. But this may not be true. The study team found that these were not the reasons for slow adoption in some parishes, but, in fact, the opposite was true. The staff charged with implementation wanted the program to be of good quality, well integrated into religious education, and appropriately introduced to parents and catechists. Their insistence on quality and care delayed implementation, and their goal was not avoidance but a meaningful, solid program.

Additional lessons learned include the following:

- While it is ideal to purposefully collect accurate data with the study questions in mind, it is possible to learn a lot and make inferences from data or records that already exist. Sign-in sheets for trainings, parish bulletin announcements, religious education lesson plans, and existing interview transcripts regarding safe environment programs proved to be rich sources of data that were collected prior to any specific evaluation effort.
- Any large-scale representative study of effectiveness should include the use of both quantitative (surveys, existing demographic data, etc.) as well as qualitative data – ideally gathered in person or in phone interviews. Surveys may contain structured, response-limited questions as well as open-ended questions that allow for participant reflections and comments not otherwise covered in the survey. We found that individual interviews were the most reliable means of gauging interviewees' attitudes and feelings. Interviews involving more than one person presented confidentiality risks as well as the risk of "regression toward the mean" – the tendency of those whose opinions differ from the majority to endorse the majority opinion rather than

maintain and defend their own. This can defeat efforts to illuminate the range of opinions and reactions.

- Parish members engaged in the implementation of the safe environment programs were eager to share their experiences and viewpoints and appreciated the opportunity to do so with a team of professionals. While scheduling interviews at the parish level was quite time-consuming and complicated, the interviews themselves were enormously rich and informative.
- Effectiveness should be considered a developmental concept that can be measured and monitored in various ways. Program impact cannot be evaluated until the program is fully implemented. However, data on the status, extent, quality, etc. of program implementation can provide valuable information on the progress and achievements in terms of full compliance with programs. Periodic process or formative evaluations are very useful in gauging the needs of implementers, in proposing solutions to common implementation problems, and in documenting the evolution and saturation of the programs throughout a diocese.
- There are numerous factors related to the Archdiocese and to parish life that may affect the full adoption/ implementation of safe environment programs including the following:
 - Size and median income of the study parishes (should reflect the demographics of the diocese as a whole)
 - Turnover in leadership positions in the study parishes
 - Parish school mergers or closings
 - Cultural diversity at the parish level – including how the training and program needs of different ethnic groups are addressed
 - Size and structure of the Child Abuse Prevention team in each parish
 - Parish-level child protection policies: their evolution and their enactment
 - Administration and enforcement of adult training (PGC) at the parish level – including scheduling; frequency; materials used; and duration of the sessions
 - Nature of parish leadership and its effect on program implementation
 - Nature of enforcement of programs, policies and procedures at the Archdiocesan level
 - Communication between archdiocesan-trained program facilitators and the facilitators they train at the local level – including methods, frequency, clarity
 - Facilitators and barriers to timely implementation of programs at the parish level with a description of the evolution of program implementation (steps taken)
 - Delineation of physical environment changes made to improve child safety, e.g., windows placed in doors or doors left open; connecting doors kept locked
 - Changes in procedures and adult behavior related to child safety

V. Summary

The evaluation of large-scale child abuse prevention programs is complex and demanding. It requires multiple levels and types of professional expertise and should be guided by carefully developed questions. The introduction of child sexual abuse prevention programs into the everyday life of the Catholic Church represents a significant change in many organizational aspects of the Church. A significant number of active Church members have played a critical role in establishing safe environments for children

within their parish and school communities. Change has occurred because individuals within the Church, as well as the organization itself, have been able to adapt and move forward with a positive attitude.

The literature on child sexual abuse prevention, organizational change, the diffusion and adoption of innovative programs, and various approaches to program evaluation provide the background for understanding what is involved in establishing safe environments and how to study the implementation and impact of programs. The methodology proposed here was pilot tested on data existing in the Office of Child Advocacy (quantitative) and on data collected through direct interviews with clergy, educators, and parishioners involved in the implementation effort (qualitative).

Other dioceses and large entities wishing to conduct a similar evaluation of safe environment programs can use this document as a guide in developing their study. Since no two groups are alike, each group conducting a study will determine the specific purpose, aims, and objectives of their own study. For this reason, this document does not include specific questions or recommended interview protocols. Ensuring quality program implementation and sustainability is our goal, and periodic evaluations will be crucial in achieving that goal.

APPENDIX A

Subcommittee Membership:

Suzin Bartley, LICSW, Executive Director, MA Children's Trust Fund
Gary Calhoun, PhD, Assistant Professor, Graduate Department of Social Work,
Bridgewater State College
MJ Doherty, PhD, Special Assistant to the President, Regis College; Chair,
Implementation and Oversight Advisory Committee
Joan Cole Duffell, Director of Partnership Development, Committee for Children
David Finkelhor, PhD, Director, Crimes Against Children Research Institute, University
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Sherry Jenkins Little, Esq., Assistant General Counsel & Corporate Responsibility
(Compliance) Officer, Homesite Insurance Group
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Mary Walsh, PhD, Kearns Professor, Department of Counseling and Developmental
Psychology, Lynch School of Education, Boston College
Donald Wertlieb, PhD, Professor of Child Development, Tufts University
Deacon Anthony P. Rizzuto, PhD, Director, Office of Child Advocacy, Implementation
and Oversight
Suzanne Piening, PhD, LICSW, Evaluation Administrator, Office of Child Advocacy,
Implementation and Oversight

Staff Support:

Robert Kelley, LICSW, Special Assistant to Deacon Rizzuto

New Members Added:

Ted Cross, PhD, Consultant, RTI International
Robert Consalvo, PhD, Program Evaluation and Planning Consultant

Affiliates:

Sheila Kelly; Deputy Director, Office of Child and Youth Protection, U.S. Conference of
Catholic Bishops
Teresa Kettelkamp, Director, Office of Child and Youth Protection, U.S. Conference of
Catholic Bishops

(Note: Donald Wertlieb, Robert Consalvo, and Ted Cross were unable to continue as
members due to personal and professional commitments).

APPENDIX B

Brief biographies of the pilot study team members

The study team includes six researchers affiliated with the Center for Catholic Education at Boston College and one from the Office of Child Advocacy

Dr. Claire Foley, Co-Principal Investigator

Dr. Foley is a linguist whose background includes experience in qualitative research design, structured interviews, and data analysis. She is an adjunct faculty member in the program in linguistics at Boston College.

Dr. James McSherry, Lead Interviewer

Dr. McSherry is a counseling psychologist with a background in education. He has over fifty years' experience consulting in both industrial and non-profit settings on executive effectiveness and corporate innovation. He has extensive experience in conducting interviews and deriving recommendations from qualitative data.

Dr. George Madaus, Principal Investigator

Dr. Madaus is a researcher and teacher in the area of educational testing, program evaluation, and educational policy. His books and published articles span several decades. His professional contributions have included the program evaluation standards developed by the Joint Committee on Standards for Educational Evaluation. He now holds the title of Professor Emeritus in Boston College's Lynch School of Education.

Dr. Kathleen Rhoades, Consultant

Dr. Rhoades is a researcher in the Lynch School of Education. One of her areas of expertise is qualitative data analysis, and she has conducted large-scale analyses using content analysis software.

Ms. Andrea Lynch, Graduate Intern

Ms. Lynch is a graduate student in counseling psychology at Boston College. Her research background includes research design, data collection and the use of content analysis software.

Ms. Jennifer Sousa, Graduate Intern

Ms. Lynch is a graduate student in counseling psychology at Boston College. Her professional background includes both research and counseling, including extensive work with parents of young children.

Dr. Suzanne Piening, Evaluation Administrator

Dr. Piening is a social worker with a background in program evaluation, clinical social work, and teaching. She has conducted numerous program evaluations, primarily in the field of child welfare.

APPENDIX C

Brief biographies of the meta-evaluation team members

The meta-evaluation team includes researchers from the Heller School for Social Policy and Management at Brandeis University.

Dr. Marji Erickson Warfield

Dr Erikson Warfield is a senior scientist and interim director of the Nathan and Toby Starr Center for Mental Retardation at Brandeis University. Her research interests and experience include the development of children with disabilities and the experience of their families. She has directed evaluations of programs in education, healthcare and support services.

Dr. Lorraine Klerman

Dr Klerman is a professor and director of the Institute on Children, Youth and Families at Brandeis University. She is trained in public health, and her extensive research and policy work center on the well-being of children and on preventative measures for their protection.

Dr. Connie Horgan

Dr Horgan is a professor and director of the Institute for Behavioral Health at Brandeis University.

Dr. Christopher Tompkins

Dr Tompkins is an associate professor at the Heller School with scholarly interests and expertise in health care policy and evaluation.

APPENDIX D
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