

The Effects of the Kidpower Everyday Safety Skills Program on Third Grade Children in Santa Cruz County

Research Summary

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Table of Contents

| | |
|--|----|
| Highlights | 1 |
| Introduction to Kidpower | 2 |
| The Kidpower Research Study | 3 |
| Methods..... | 5 |
| Results | 8 |
| Discussion | 13 |
| References | 15 |
| Appendix..... | 16 |
| A. Road to Professional Recognition and Accreditation | |
| B. Risk and Protective Factors by Life Domain | |
| C. Kidpower School-Based Workshop Logic Model | |
| D. An Evaluation of Kidpower’s Everyday Safety Skills School Workshop Program – Qualitative and Quantitative Survey Report (with three surveys) | |
| E. Report of Fidelity and Adaptations | |
| F. Teacher Assessment Form | |

The Effects of the Kidpower Everyday Safety Skills Program on Third Grade Children in Santa Cruz County

Research Summary

Highlights

This study presents evidence of effectiveness of the Kidpower Everyday Safety Skills Program derived from a quasi-experimental study on a population of 238 third grade children in Santa Cruz County in 2010. The Kidpower school-based workshop and follow up “booster” sessions were designed to help youth build self-esteem and learn how to prevent bullying, harassment, and violence, thus reducing the risk of victimization and lessening their likelihood of becoming perpetrators during their lifetimes. The findings demonstrated that the 2-hour training and reinforcement activities positively contributed to an immediate increase in children's safety skills knowledge and that the effect was retained three months after the workshop.

The research study, directed by Julie Shattuck, Principal of Shattuck Applied Research & Evaluation, was conducted between January and May 2010. The study examined the effectiveness of the program in impacting children’s behaviors and skill development in protective factors associated with preventing and stopping most bullying, molestation, violence, and abduction. The researcher utilized a quasi-experimental, time series research design with a matched comparison group. Treatment groups (N=128) received a pretest, a 2-hour workshop, and an immediate posttest, followed by ten classroom “booster” sessions and weekly parent-child homework. A three-month posttest was then administered to examine the sustained effects of the program. Comparison groups (N=110) completed the pretest and the 3-month posttest and did not receive the training. The study compared pretest and 3-month posttest survey scores of the children who received the Kidpower training with the comparison group.

The findings demonstrated that children in the treatment group increased their safety skills knowledge in 4 core competency areas that were not present in the study’s control group. These results supported our hypothesis that children's safety knowledge was enhanced significantly by the Kidpower Everyday Safety Skills program. This study extends the evidence that a school-based safety skills program can enhance protective factors associated with preventing and stopping most bullying, molestation, violence, and abduction.

Introduction to Kidpower

Statistics on bullying, child victimization, and abuse are staggering and are troubling public health issues of our time. Literature suggests that children have very little knowledge of self-protection skills or sexual abuse, and many may actually regard sexual touching as acceptable (Wutele, S. and Owens, J., 1997). Personal safety skills or abuse-response skills may decrease the likelihood that children are victimized by increasing their ability to recognize and respond safely to dangerous situations. To achieve the best results, self-protection programs should incorporate parental involvement, opportunities for practice, repeated exposure, and concepts such as identification of potentially abusive situations, age-appropriate sex-education, and body safety skills (Kenny, M., Capri, V., Thakkar-Kolar, R., Ryan E., Runyon, M., 2008).

Kidpower is a national and international leader in the field of “strengths-based” personal safety training, empowering people of all ages to recognize and stop most problems before they get dangerous. With a broad vision of creating cultures of caring, respect, and safety for everyone, everywhere in the world, Kidpower has extended its reach to 21 countries. Over 1.2 million children, teens, and adults worldwide have been impacted by Kidpower through their training, services, and publications since 1989.

One of Kidpower’s most widely endorsed workshops for providing a safe, age-appropriate, and fun method for teaching is their Everyday Safety Skills Program for children. Everyday Safety Skills enable children to communicate effectively, build healthy relationships, and advocate strongly for themselves and others throughout their lives. The Kidpower Everyday Safety Skills Program is “strengths-based” in that it focuses on positive youth development methods to prepare children to stay emotionally and physically safe in all the environments they are in, including at home, in school, in their communities, and online.

The 2-hour training program and follow up activities teach children positive, practical, and effective ways to think, move, and speak to stay safe in personal safety situations. The core concepts taught in the program include:

- How to be and act aware, calm, and confident to help prevent being chosen as a victim.
- How to create effective safety plans for everywhere you go.
- How to take charge of a situation if it starts to become dangerous.
- How to effectively get help and persist in getting help when needed.
- How to set clear and appropriate boundaries
- How to stop unwanted touching and teasing
- How to advocate for oneself and others

Kidpower uses success-based techniques to make learning fun and not scary or intimidating to children. Kidpower's Positive Practice Teaching Method creates role-plays that specifically address the needs and concerns of the child or group and breaks skills down into achievable steps. This method is especially powerful because it gives children the opportunity to learn and rehearse safety skills multiple times in situations that are relevant to their lives.

Activities are led by certified Kidpower trainers and are hands-on and developmentally tailored to young age groups. Kidpower trainers:

- Lead interactive age-appropriate role plays with expert skills, kindness, and humor
- Create opportunities to “learn by doing” while having fun
- Teach children how to be both respectful and powerful in asking for what they want
- Focus on positive, practical solutions that they can use to stop or get away from trouble as quickly as possible
- Allow children to practice skills on how to handle potentially threatening situations with strangers, bullies, and people they know.
- Use upbeat language that is skills-based, not fear-based

The Kidpower Research Study

This research summary presents the evidence of effectiveness derived from a quasi-experimental study of the Everyday Safety Skills Program in a population of third grade children in Santa Cruz County in 2010. An independent research firm, Shattuck Applied Research & Evaluation was contracted by Kidpower to design and direct the study.

The goals of the study were threefold: (1) to generate scientific evidence that the Kidpower Everyday Safety Skills Program is effective in empowering youth with lasting preventative, personal safety, and communication strategies; (2) to enable Kidpower to meet the rigorous standards to become nationally recognized as a research-based, best practice program in youth development, violence prevention and intervention fields; and (3) to help Kidpower become a more competitive candidate for funding from school districts, foundations, as well as state and federal agencies.

The research study measured the critical components of the Kidpower Everyday Safety Skills Program that are hypothesized as necessary for averting bullying, harassment, molestation, assault, and abduction. Many grants provided by the federal government, larger foundations, and many school districts are now only available for purchasing interventions that are scientifically proven as an “effective program and practice” through rigorous research. Furthermore, “gold standard” certification programs such as the National Registry of Effective Programs and Practices and Blueprints for Success require that a program’s

results of effectiveness be published in a peer-reviewed journal to be listed as a science-based, best practice program with their organizations. See Kidpower's Roadmap to Professional Recognition and Accreditation developed by Shattuck Applied Research & Evaluation in Appendix A.

Current prevention theory focuses on risk and protective factors as a unifying and predictive framework for programs designed to address problems with substance abuse and violence (Atkinson, A. 2003). Recent research has demonstrated that risks to youth can be predicted by certain factors. A *risk factor* is an attitude, behavior, belief, situation, or action that may put an individual, family, group, or community at risk for violence and substance abuse problems. A *protective factor* is an attitude, behavior, belief, situation, or action that builds resilience in these individuals and groups. Therefore, prevention programs should be designed to minimize risk factors that make youth vulnerable to victimization and abuse and enhance known protective factors. See Appendix B for Kidpower's Risk and Protective Factors by Life Domain document. The premise of risk-focused prevention is to identify problem behaviors and then implement strategies to reduce the risks. For example:

- Address risk factors at the appropriate developmental stage and as early as possible
- Target programs to those exposed to multiple risk factors
- Deliver programs to reach the diverse racial and cultural groups in a community
- Work together with other people and organizations to address multiple risk factors
- Address the risk factors most prevalent in a particular community

Study Hypotheses

The following hypotheses were tested in the Kidpower research study. The study sought to document that the outcomes for the treatment group would be significantly greater at a p value of .01 than the control group.

Hypothesis 1: Through the Everyday Safety Skills Program, children will acquire and demonstrate knowledge of personal actions and self-advocacy skills that will help them make safe choices in situations with other children, familiar adults, and strangers.

Hypothesis 2: Three months after participating in the Everyday Safety Skills Program, children will retain the skills and knowledge for making safe choices in situations with other children, familiar adults, and strangers.

Main Outcomes Measured in the Study

Youth will acquire and demonstrate knowledge and skills through an experiential approach and role play to help them make safe choices in situations with other youth, familiar adults, and strangers. See Kidpower School-Based Workshop Logic Model in Appendix B. The research study will demonstrate significant improvement in competency areas that youth are more likely to:

- Take charge of their personal safety and the safety of others
- Show awareness, calm, and confidence in potentially unsafe situations
- Know how to yell, leave, and get help if they are scared
- Know how to set clear, appropriate boundaries with people they know such as family, friends, and peers
- Know where to get help and how to persist in getting help when a safety problem arises
- Demonstrate an understanding of the safety rules regarding strangers
- Know their safety plan if they are lost or having an emergency
- Demonstrate an understanding of what a “stranger” is
- Demonstrate an understanding of the safety rules regarding strangers

Methods

Study Population

The Kidpower study included 14 elementary school classrooms with comparable demographics that were recruited from elementary schools in Santa Cruz County. The study sample included 14 classroom teachers and 238 third grade children. We assigned classrooms to either a treatment or a control group. There were 58 (45.3%) girls and 70 (54.7%) boys in the treatment group and 53 (48.2%) girls and 57 (51.8%) boys in the control group. Careful attention was given to selecting treatment and control groups with similar demographics and English language capabilities. None of the classrooms had prior exposure to Kidpower.

Development of Survey Instruments

After extensive research into other survey instruments available, we found that there were no valid instruments that measured the understanding and behavior changes addressed by Kidpower. We took questions that Kidpower had been using in their regular evaluation reports from adults and adapted these to be child-

oriented, multiple-choice, or yes/no answer questions that would be measurable and understandable to children who had not had the Kidpower training.

To ensure that children understood the survey, we field-tested the questions with children in Kidpower parent-child workshops and also made changes based on feedback from Research Consultant, Christina Borbely, Center for Applied Research Solutions. Finally, we field-tested the survey with 40 children and their teachers in third grade classrooms at Bayview Elementary School who were not part of the study.

Methodology

The researcher utilized a quasi-experimental, time series research design with a matched comparison group to gauge the effectiveness of the Kidpower Everyday Safety Skills Program on the study population. Children in eight of the elementary classrooms were assigned to the treatment group and children in six elementary classrooms served as the control group. The design notation for the study is shown below where S represents the survey and its number and X represents the Kidpower two-hour training workshop.

Treatment Group: S1, X, S2, S3
 Comparison Group: S1, S2, X

The treatment group completed a pre training survey (Survey #1), an immediate post training survey (Survey #2), and a three-month post training survey (Survey #3). The control group completed a pre survey (Survey #1) and a 3-month post survey (Survey #3). The control group did not receive Survey #2 because they did not receive the Kidpower training until the study was concluded (a complimentary service provided by Kidpower). The pre surveys were distributed to the treatment and control groups in January 2010 and early February 2010. The immediate posttest was distributed to the treatment group immediately after the 2-hour training program. The 3-month posttest was distributed to both the treatment and control groups in April 2010.

Figure 1. 2010 Data Collection Schedule

| | Survey 1 <i>Pretest</i> | Survey 2 <i>Posttest</i> | Booster Sessions | Survey 3 <i>3-Month Posttest</i> |
|-----------|----------------------------|-----------------------------|---------------------|---|
| | Jan-Feb | Jan-Feb | Jan-Apr | Apr-May |
| Treatment | ✓ | ✓ | ✓ | ✓ |
| Control | ✓ | | | ✓ |

1. Treatment and Control Groups Receive Pretest

- Children in the *treatment* and *control* groups were administered a pretest survey in January and February 2010. To ensure uniform implementation of the instrument across all study groups the survey administrators followed a rehearsed script and administered the instrument verbally to assure uniform implementation and fairness to children of different language and literacy abilities.

2. Treatment Groups Receive Kidpower Workshop

- Children in the *treatment* group received a 2-hour Everyday Safety Skills workshop in their classrooms facilitated by a certified Kidpower trainer.

3. Treatment Groups Receive Immediate Posttest

- Children in the *treatment* group received a posttest immediately following the workshop. It was administered verbally by a survey administrator using the same protocol as the pretest.

4. Treatment Groups Receive Weekly Classroom “Booster” Sessions and Parent-Child Homework Assignments

- Children in the *treatment* group also received ten, 15-minute follow up Kidpower skills practice lessons over the 3-month period following the workshop. Conducted by each classroom teacher, these “booster” lessons were designed to give children additional time to practice the primary skills learned in the workshop. Kidpower also provided ten take home parent-child homework assignments distributed by teachers in each classroom to encourage parents together with their children to discuss and practice each of the core skills introduced in the workshop.

5. Treatment and Control Groups Receive Posttest

- *Treatment* and *control* groups received a posttest approximately three months after the pretest.

6. Control Groups Receive Complimentary Kidpower Workshop

- Upon completion of the study, Kidpower provided equivalent training to all children in the comparison groups, along with their classroom teachers, to uphold its organizational mission of promoting safety for all.

The study compared pretest and three-month posttest scores of the children who received the Kidpower training with the comparison group. Several statistical tests were performed to evaluate the significance of any longitudinal changes between the initial and subsequent survey administrations. The tests were aimed at answering the question for the group that received the Kidpower workshop: "Was the change between the pretest and the posttest [Survey 1 and Survey 2] significant?" and "Was the change sustained in the treatment group after 3 months [Survey 1 and Survey 3]? and finally, "Was there a statistically significant difference between the treatment and control group scores?"

Results

The study results supported our hypothesis that children's safety competencies were enhanced by the Kidpower Everyday Safety Skills program. Elementary school children who participated in the three-month Kidpower Everyday Safety Skills program in Santa Cruz County schools showed an increase in their safety skills knowledge in 4 key competency areas that were not present in the study's control group.

The findings showed that the 2-hour workshop and series of ten weekly follow up classroom and home-based "booster" sessions contributed to an immediate increase in children's safety knowledge and the effect was retained three months after the workshop. There is a significant Group \times Time interaction effect ($p < .001$). Paired-samples t tests indicate that children in both groups improved significantly from Time 1 to Time 3 ($ps < .001$), but to different magnitudes.

Significant Findings

The study revealed that were 4 competency areas that had positive, sustained effects validating Kidpower's effectiveness that were not evident in the control group in the 3-month posttest. Significant findings at the .01 significance level by competency area are detailed below along with a summary of pretest to 3-month posttest gains. Results show the percentage of children in the treatment groups that had the answer correct in the pretest and at the 3-month posttest.

Knows how to yell, leave, and get help when feeling scared

- If a person does something that makes you feel scared, what would you do?
Results: 38.3% to 54.7%, a 16.4% gain

Sets clear, appropriate boundaries with familiar people such as family, friends, and peers

- If someone you like a lot wants to give you a hug, but you do not feel like a hug, what would you do?
Results: 33.6% to 63.3%, a 29.7% gain
- If someone you like a lot feels upset or sad because you do not want to be hugged or kissed, what would you do?
Results: 39.8% to 66.4%, a 26.6% gain

Knows where to get help and how to persist in getting help when a safety problem arises

- If a person you liked a lot asked you to keep a problem a secret, what would you do?
Results: 14.8% to 63.3%, a 45.5% gain
- If you have a safety problem and your grownups are busy, what would you do?
Results: 18% to 81.3%, a 63.3% gain

Understands the safety rules regarding strangers

- Suppose your grownup is talking on the phone and a woman in a uniform with a delivery truck wants to deliver a package to your house. What would you do?
Results: 51.6% to 80.5%, a 28.9% gain
- Suppose you are on your own and someone you do not know picks up your bike and asks you to come and get it. What would you do?
Results: 53.9% to 84.4%, a 30.5% gain

Data Tables with Significant Findings

This section includes pretest (Time 1), posttest (Time 2), and three-month posttest (Time 3) surveys results by survey item number. The significant items are noted in bold.

9. If someone you like a lot wants to give you a hug, but you do not feel like a hug, what would you do?

| Treatment group | Time 1 | sig | Time 2 | sig | Time 3 |
|---|----------------------|------------------------|----------------------|------------------------|----------------------|
| A) Give the person a hug even though I do not want to, because he or she is a nice person | 67 (52.3%) | | 44 (34.4%) | | 32 (25.0%) |
| B) Wish really hard that the person would not hug me | 4 (3.1%) | | 7 (5.5%) | | 0 |
| C) Tell the person that I do not want a hug | 43 (33.6%) | Y .01 | 70 (54.7%) | Y .01 | 81 (63.3%) |
| D) I am not sure what I would do | 14 (10.9%) | | 7 (5.5%) | | 15 (11.7%) |
| No Response | 0 | | 0 | | 0 |

10. If someone you like a lot feels upset or sad because you do not want to be hugged or kissed, what would you do?

| Treatment group | Time 1 | sig | Time 2 | sig | Time 3 |
|--|----------------------|------------------------|----------------------|------------------------|----------------------|
| A) Be nice to this person I like a lot by giving them a hug or a kiss anyway | 40 (31.3%) | | 32 (25.0%) | | 24 (18.8%) |
| B) Tell this person that I am sorry he or she is sad, but I do not want a hug or kiss | 51 (39.8%) | Y .01 | 75 (58.6%) | Y .01 | 85 (66.4%) |
| C) Be quiet and look away | 8 (6.3%) | | 8 (6.3%) | | 5 (3.9%) |
| D) I am not sure what I would do | 29 (22.7%) | | 13 (10.2%) | | 14 (10.9%) |
| No Response | 0 | | 0 | | 0 |

11. If a person you like a lot asked you to keep a problem a secret, what would you do?

| Treatment group | Time 1 | sig | Time 2 | sig | Time 3 |
|--|----------------------|------------------------|----------------------|------------------------|----------------------|
| A) Tell my grownup | 19 (14.8%) | Y .01 | 90 (70.3%) | Y .01 | 81 (63.3%) |
| B) Try to forget about the problem | 35 (27.3%) | | 16 (12.5%) | | 32 (25.0%) |
| C) Keep the problem a secret because I like them a lot | 59 (46.1%) | | 9 (7.0%) | | 10 (7.8%) |
| D) I am not sure what I would do | 15 (11.7%) | | 13 (10.2%) | | 4 (3.1%) |
| No Response | 0 | | 0 | | 1 (0.8%) |

12. If you have a safety problem and your grownups are busy, what would you do?

| Treatment group | Time 1 | sig | Time 2 | sig | Time 3 |
|---|---------------|------------------------|----------------|------------------------|----------------|
| A) Figure it out for myself | 53 (41.4%) | | 9 (7.0%) | | 7 (5.5%) |
| B) Wait and tell them later | 37 (28.9%) | | 8 (6.3%) | | 7 (5.5%) |
| C) Interrupt them and keep asking until I get help | 23 (18.0%) | Y .01 | 107 (83.6%) | Y .01 | 104 (81.3%) |
| D) I am not sure what I would do | 15 (11.7%) | | 4 (3.1%) | | 10 (7.8%) |
| No Response | 0 | | 0 | | 0 |

13. Suppose your grownup is talking on the phone and a woman in a uniform with a delivery truck wants to deliver a package to your house. What would you do?

| Treatment group | Time 1 | sig | Time 2 | sig | Time 3 |
|---------------------------------------|---------------|------------------------|----------------|------------------------|----------------|
| A) Open the door and take the package | 40 (31.3%) | | 6 (4.7%) | | 8 (6.3%) |
| B) Go tell my grownup | 66 (51.6%) | Y .01 | 111 (86.7%) | Y .01 | 103 (80.5%) |
| C) Ignore her | 11 (8.6%) | | 7 (5.5%) | | 13 (10.2%) |
| D) I am not sure what I would do | 10 (7.8%) | | 4 (3.1%) | | 4 (3.1%) |
| No Response | 1 (0.8%) | | 0 | | 0 |

14. Suppose you are on your own and someone you do not know picks up your bike and asks you to come and get it. What would you do?

| Treatment group | Time 1 | sig | Time 2 | sig | Time 3 |
|---|---------------|------------------------|----------------|------------------------|----------------|
| A) Go and grab it quickly and do not talk to the person | 16 (12.5%) | | 10 (7.8%) | | 10 (7.8%) |
| B) Politely walk up to the person, take it, and say thank you | 30 (23.4%) | | 3 (2.3%) | | 5 (3.9%) |
| C) Find my grownup and check with him or her first | 69 (53.9%) | Y .01 | 110 (85.9%) | Y .01 | 108 (84.4%) |
| D) I am not sure what I would do | 11 (8.6%) | | 5 (3.9%) | | 5 (3.9%) |
| No Response | 2 (1.6%) | | 0 | | 0 |

15. If a person does something that makes you feel scared, what would you do?

| Treatment group | Time 1 | sig | Time 2 | sig | Time 3 |
|--|---------------|------------------------|---------------|------------------------|---------------|
| A) Look straight at the person to show I am not scared | 40 (31.3%) | | 23 (18.0%) | | 21 (16.4%) |
| B) Run to my grownup | 49 (38.3%) | Y .01 | 77 (60.2%) | Y .01 | 70 (54.7%) |
| C) Look away from the person and try not to be scared | 26 (20.3%) | | 23 (18.0%) | | 27 (21.1%) |
| D) I am not sure what I would do | 12 (9.4%) | | 5 (3.9%) | | 10 (7.8%) |
| No Response | 1 (0.8%) | | 0 | | 0 |

Knowledge About Everyday Safety Issues

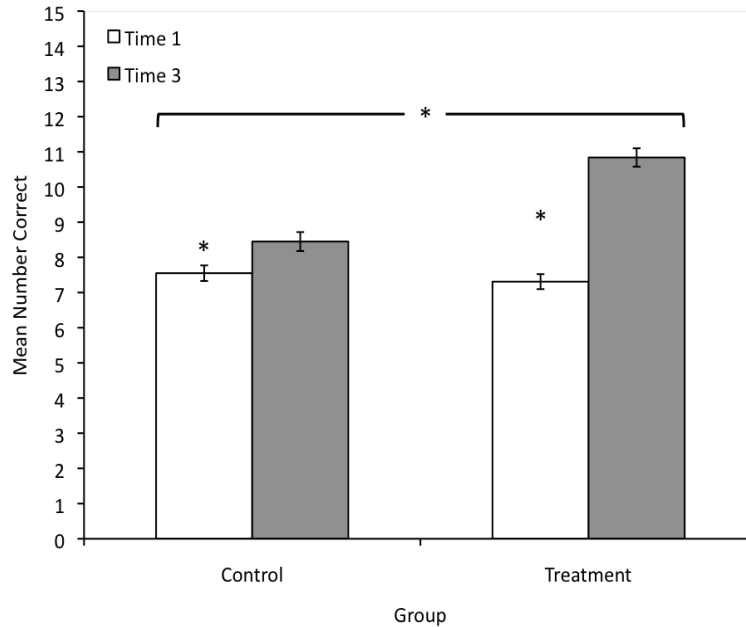
At pretest (Time 1) and the 3 month posttest (Time 3), all children responded to 15 questions related to the safety issues in everyday situations. The Qualitative and Quantitative Survey Report with all three instruments is contained in Appendix D. Within the control and the treatment groups, a series of preliminary Analyses of Variance (ANOVA) showed that there were no significant interactions involving school, classroom, or sex so the data were collapsed across these three variables in all subsequent analyses.

To test our hypothesis that the Kidpower training workshop would increase children's knowledge about handling everyday safety issues, we analyzed children's scores using a 2×2 mixed model ANOVA, with group (control or treatment) as a between-subjects factor and time (Time 1 or Time 3) as a within-subjects factor. A main effect for time was found, $F(1, 234) = 166.39, p < .001, \eta^2 = .36$, along with a main effect for group, $F(1, 234) = 12.88, p < .001, \eta^2 = .05$; these effects were qualified by a significant Time \times Group interaction, $F(1, 234) = 58.53, p < .001, \eta^2 = .13$. Paired-samples t tests with Bonferroni corrections indicated that children in the treatment group improved their scores significantly from Time 1 to Time 3 ($M_s = 7.31$ and 10.84 , respectively), $t(127) = 13.72, p < .001, d = 0.40$. To a lesser extent (smaller effect size), children in the control group also improved their scores from Time 1 to Time 3 ($M_s = 7.55$ and 8.45 , respectively), $t(109) = 4.13, p < .001, d = 1.22$.

For the treatment group, an additional one-way repeated measures ANOVA was performed to examine the changes in children's scores over the three times of testing; the within-subjects factor was time, and the three levels were Time 1 (pretest), Time 2 (immediate posttest), and Time 3 (three-month posttest). Mauchly's test indicated that the assumption of sphericity had been violated ($\chi^2 = 7.38, p = .03$), therefore degrees of freedom were corrected using Huynh-Feldt estimates of sphericity (epsilon = 0.54). The results showed that children's scores across time differed significantly, $F(1.92, 243.85) = 170.34, p < .001, \eta^2 = .57$. Paired-samples t tests with Bonferroni corrections indicated that children's scores at Time 2 ($M = 11.20$) and Time 3 ($M = 10.84$) were both significantly higher than those at Time 1 ($M = 7.31$), $t(127) = 16.91$ and $13.72, p_s < .001, d_s = 1.50$ and 1.22 , respectively; however, scores at Time 2 and Time 3 did not differ significantly, $t(127) = 1.76, p = .08, d = 0.15$. Thus, the training workshop contributed to an immediate increase in children's safety knowledge, and the effect was retained three months after the workshop.

There is a significant Group \times Time interaction effect ($p < .001$). Paired-samples t tests indicate that children in both groups improved significantly from Time 1 to Time 3 ($p_s < .001$), but to different magnitudes as can be seen in this figure. Error bars represent standard errors of means (Figure 2).

Figure 2. Mean percent correct on the knowledge items by group



A further analysis of individual performances revealed that the proportions of children who improved over time differed significantly between the control and the treatment groups. Whereas 62 of the 110 children (56%) in the control group improved their scores over time, 111 of the 128 children (87%) in the treatment group improved, $\chi^2 = 27.46$, $p < .001$, $\phi_c = .34$.

In Figure 3, computed χ^2 values for McNemar's Test of Correlated Proportions (with $df=1$) reflect the statistical significance of the pre-post change(s) on the proportion of children who selected the correct vs. the incorrect answer on the survey items indicated. A computed χ^2 value equal to or greater than 3.84 is statistically significant at the .05 level, while a value of 6.64 or greater is statistically significant at the .01 level. The 7 items that were statistically significant for the treatment group at the .01 level are shaded below.

Figure 3. Computed χ^2 values for pre-post comparisons

| Survey item # | Treatment group | | | | | | Control group | | |
|---------------|------------------|----------|-------|------------------|----------|-------|------------------|----------|-------|
| | Time 1 to Time 2 | | | Time 1 to time 3 | | | Time 1 to time 3 | | |
| | n | χ^2 | p | n | χ^2 | p | n | χ^2 | p |
| 5 | 127 | 0.00 | 1.000 | 127 | 0.09 | 1.000 | 110 | 0.29 | .791 |
| 6 | 128 | 0.89 | .481 | 128 | 0.05 | 1.000 | 107 | 5.40 | .035 |
| 7 | 127 | 14.53 | .000 | 127 | 20.51 | .000 | 110 | 11.31 | .001 |
| 8 | 125 | 18.24 | .000 | 125 | 3.33 | .099 | 108 | 0.62 | .557 |
| 9 | 128 | 17.78 | .000 | 128 | 27.77 | .000 | 110 | 2.08 | .200 |
| 10 | 128 | 15.16 | .000 | 128 | 22.23 | .000 | 110 | 3.60 | .079 |
| 11 | 128 | 30.04 | .000 | 127 | 56.53 | .000 | 110 | 0.93 | .442 |
| 12 | 128 | 78.40 | .000 | 128 | 77.19 | .000 | 110 | 4.50 | .050 |
| 13 | 127 | 34.57 | .000 | 127 | 24.00 | .000 | 110 | 0.03 | 1.000 |
| 14 | 126 | 33.80 | .000 | 126 | 28.88 | .000 | 109 | 3.80 | .071 |
| 15 | 127 | 15.51 | .000 | 127 | 7.69 | .008 | 110 | 0.03 | 1.000 |
| 16 | 127 | 1.96 | .230 | 126 | 0.12 | .864 | 110 | 0.04 | 1.000 |
| 20 | 127 | 14.53 | .000 | 127 | 20.45 | .000 | 109 | 12.60 | .001 |
| 21 | 127 | 46.62 | .000 | 127 | 42.64 | .000 | 108 | 6.82 | .014 |
| 22 | 127 | 21.60 | .000 | 128 | 2.88 | .119 | 110 | 1.67 | .302 |

Discussion

These results supported our hypothesis that children's safety skills knowledge would be enhanced significantly by the Kidpower Everyday Safety Skills program. This study extends the evidence that a school-based safety skills program can enhance protective factors associated with preventing and stopping most bullying, molestation, violence, and abduction.

This study was an important first step in advancing Kidpower to a science-based program and for meeting the rigorous standards for acknowledgement and certification at the national level. A team comprised of faculty and researchers at the University of California and the University of Maryland, along with the principal investigator from Shattuck Applied Research & Evaluation are currently preparing a manuscript for submission to a peer-reviewed journal. Kidpower is seeking a partner and funding to conduct a follow-up study with a larger population of youth to accumulate additional evidence of the program's effectiveness. Additional studies with broader populations can be conducted on differences in between girls and boys and among individuals from varied economic, social, and ethnic backgrounds.

It is important to note that the study also incorporated a Report of Fidelity and Adaptations from each site to document any modifications to the research protocol and the Kidpower workshop. The instrument is contained in Appendix E. A benefit of science-based prevention programs is that they are empirically proven to garner positive impacts. That is, proven to work if they are implemented with fidelity to the original model that was studied. Therefore, careful monitoring of the uniformity and fidelity of the program's implementation across was essential to the success of this study. A preview of the reports

showed a high level of fidelity in the survey administration procedures, the delivery of the Everyday Safety Skills workshop, and “booster” sessions. There was some unevenness across treatment sites in the amount of homework that was signed and returned by parents. A fidelity and adaptations analysis will be contained in the final research summary. Teachers also completed a Teacher Assessment Form to assess their perceptions of the extent to which most of their children gained mastery (i.e. show strong knowledge, skill, and/or abilities) in the skills taught in the Kidpower workshop and reinforcement activities. A preliminary examination of the data shows a high level of pretest to 3-month posttest gains across all skill levels as documented by the study’s treatment classroom teachers. A summary will be included in the final research report. The instrument is contained in Appendix F.

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Appendix

- A. Kidpower Road to Professional Recognition and Accreditation
- B. Risk and Protective Factors by Life Domain
- C. Kidpower School-Based Workshop Logic Model
- D. An Evaluation of Kidpower's Everyday Safety Skills School Workshop Program – Qualitative and Quantitative Survey Report (with three surveys)
- E. Report of Fidelity and Adaptations
- F. Teacher Assessment Form