

INTERNATIONAL CENTER FOR ASSAULT PREVENTION

REGIONAL TRAINING CENTERS 2019



DESCRIPTION, SURVEY SUMMARY, & RECOMMENDATIONS

PREPARED BY THE ICAP ADVISORY BOARD APRIL 2020

ICAP Regional Training Centers 2019

Description, Survey Summary, & Recommendations

There is no other program like this one. It's timeless.

- Melanie Morong, Coordinator of Educational Services
YWCA Chicago

ICAP Overview

The Child Assault Prevention (CAP) program model was developed in 1978 under the auspices of the National Center in Columbus, Ohio. Since the early 1980s, 22 U.S. states and 16 other countries have been certified to implement the CAP curriculum, empowering millions of children, teachers, and parents globally to reduce childhood trauma and to support the rights of all children to be *safe, strong, and free*.

The administration and oversight of the CAP program was formally transferred to New Jersey in 1993, forming the International Center for Assault Prevention (ICAP). Every Regional Training Center (RTC) around the world receives training and consultation from ICAP to implement the CAP program. ICAP develops curricula and programming and works with the RTC to incorporate cultural adaptations as needed for local contexts. The RTC may then become certified to offer CAP programs by contracting with ICAP.

In addition, the New Jersey RTC operates the CAP program in all of the state's 21 counties. The NJ programs serve as a model from which cultural adaptations are made among RTCs around the world.

In 2019, ICAP created a comprehensive survey to better understand the nature and level of services provided by each RTC, with follow-ups conducted in early 2020 to clarify survey responses. All RTCs that were operational in the 2018-2019 school year were asked to complete this survey, anchoring each answer to that school year. The following report is a summary of the survey results completed by twenty-seven RTCs: fourteen US-based RTCs, and thirteen international RTCs serving nine additional countries.ⁱ

This survey summary is in three parts:

Part 1 - describes the CAP program content and services that RTCs provide and how the program helps address child welfare issues through interfacing with child protective systems.

Part 2 - reports on the service delivery level - how many students, parents and schools were involved in the program, and the degree to which RTC services conformed to the CAP program model and structure.

Part 3 - addresses a few of the important implications of the survey data for the effort to stabilize and expand the CAP program internationally and discusses the future of ICAP.

Part I – Programs and Services

As one student said,

“It is stuff you need to know but are too embarrassed to ask.”

Children love the interactive nature of the workshops. Safe Strong and Free becomes part of student’s language.

- Kate Shillaker, CEO
CAP United Kingdom

Program Content and Delivery Highlights

Using role-plays or scenarios and guided group discussion, CAP classroom workshops train children and young people to recognize and deal with experiences and situations that might cause them harm. CAP emphasizes prevention strategies of self-assertion, peer support, and communicating with safe adults. All student workshops are centered on the rights of children and young people to be *Safe, Strong and Free!*

Adult workshops precede the children’s programming. They include staff in-service trainings and parent workshops, and they also cover the prevention and empowerment strategies given in the children’s workshops. In addition, the adult workshops offer suggestions for the most effective ways to support those strategies at home, school and in the community.

Survey highlights:

- In almost 80 % of CAP curriculum workshop sessions, students were actively engaged in learning through role plays and active questioning.
- Eighty-four % of the RTCs reported that schools in their service area asked CAP project staff for advice or assistance regarding child abuse, neglect, and bullying issues.
- All RTCs reported providing information about community services, including available child protective services, through parent workshops conducted in conjunction with schools.
- All RTCs train and use local people as workshop facilitators. Half of the RTCs indicated they were using facilitators who represented the diversity of their local communities. Others, operating in communities of great diversity, had difficulty representing all communities in their facilitator pool. And some cited difficulty finding male facilitators, in part because the positions are voluntary.
- As indicated in Part 2 of this survey summary, compliance with delivery of the standardized curriculum was very high across all RTCs.

Child Development Issues

A majority of RTCs identified the following as the main issues affecting healthy child development and children’s human rights in their country or service area:

- Bullying (including cyberbullying)
- Domestic violence
- Poverty
- Drug and Alcohol Abuse and Addiction

Close to a majority of respondents rated these issues as significant concerns:

- Harsh parenting styles
- Homelessness

Early Intervention

Last year we had 4,148 individual conversations at Review Time. We problem solved with 931 children; passed 284 situations on to the class teacher to support, and 127 conversations were passed on as a referral to the child protection team in school and 3 situations were referred to social care.

- Kate Shillaker, CEO
CAP UK

As a result of CAP's Review Time, our children's lives have been bettered- they have had an opportunity to voice their thoughts and feelings, to know that they will be heard, believed, and get the help that they have so needed.

- Velma Joseph-Moses, Director
Dominica CAP, Eastern Dominica Federation on Children's
Services

During all CAP programs, there is a component called ‘Review Time’ in which students are provided the opportunity to talk briefly one-to-one with a CAP facilitator (who just delivered the program) about anything they want to share on an individual basis. This component is a critical pathway between the prevention orientation of the curriculum and early intervention for children who are suffering painful, traumatic, or threatening experiences in school, at home, or in the community.

We asked the RTCs to identify the most significant issues students raised during Review Time, and while bullying topped the list, their responses showed a different profile of students’ other concerns. RTC’s reporting that students discussed these problems during Review Time:

- | | |
|--|-----|
| • Bullying/School Violence/Classroom Conflicts | 82% |
| • Child Abuse/Physical Abuse/Reportable Offenses | 35% |
| • Family Problems (e.g., sibling conflict and domestic violence) | 24% |
| • Sexual Assault /Abuse or abuse from strangers | 18% |

In the New Jersey RTC, as just one example, more than 9,700 utilized CAP strategies to problem solve identified issues, and 800 children were referred to school staff or child protective services following Review Time during the 2018-2019 school year.

Child Protective Services

The human rights and healthy child development topic areas covered by the CAP student workshops, school staff orientations, information sessions for parents, and the student review-time component all contribute to creating an environment that fosters identification of cases of child maltreatment. Some of these cases are significant enough to warrant immediate intervention by child protective services (CPS).

ICAP acknowledges and prepares for the fact that not all countries or service areas have well-structured, reliable, or capable child protective services. When RTCs are being trained to be CAP project centers, the status and working relationships between the schools, CPS resources, and the RTC affiliate are discussed in detail.

The survey findings indicated that:

- The majority of RTCs reported that formal child protective services were available in their service areas. Some cited service providers such as social workers, hospitals, and the police as either additional or primary sources of assistance.

In terms of quality of child protective services, while 58% of RTCs indicated that the services were adequate to meet the needs identified through the CAP program, the remaining 42% said they were not.

Health of the ICAP Service System

Given the support available from the ICAP central office over the past few years and the language barriers to an English survey, the level of responsiveness to survey participation is a testament to:

- 1) the strengths of the well-tested process and procedures used to establish RTCs;
- 2) the richness and cultural adaptability of the CAP model in meeting the needs of a very diverse set of countries and cultures; and
- 3) the staying power of the CAP program over time.

For example, the Quebec, Croatia and New Jersey programs have been providing services for more than 20 years with high client satisfaction, indicating that CAP meets the need for evidence-informed, locally-organized and delivered, human-rights-based child abuse and neglect prevention services.

Service delivery and evaluation will be addressed in Part II of this report

Part II - Service Delivery and Evaluation

Since 1996 we have served approximately 118,000 Colorado children and adolescents. During the last 23 years, FRCAP has been involved in 537 reports to school administration and legal authorities. We have an amazing reputation in the schools we serve and frequently receive emails and phone calls for assistance.

- Victoria Strong, Executive Director
Front Range Center for Assault Prevention

As indicated in Part 1, the following is a presentation of specific findings resulting from a survey of the Regional Training Centers (RTCs) operating services under the authority and direction of ICAP in the fall 2019, as one task in a grant-funded review of the status and promise of the Child Assault Prevention (CAP) program.

Description of ICAP Service Delivery Parameters and Purpose of this Study

RTCs may adapt the CAP program model within certain parameters in order to accommodate cultural differences and local institutional/governmental regulations and laws pertaining to the definition, identification, and reporting of child-abuse allegations (adaptations must be approved by ICAP). For example, 39 % of the RTCs stated that the child protective services available in their region were inadequate to meet the identified needs of the children who received CAP services, and 57 % of the RTCs were concerned that the children they reported as having been abused would continue to be victimized. This fear is likely due to the inadequacies in the institutional child protective system in which each RTC is embedded.

One way to address cultural norms that vary from the original program model developed in the United States is to ensure that the staff reflects the diversity of the children they serve. This mirroring of the diversity likely improves the RTCs ability to change iatrogenic mores with regard to child abuse. These issues are further discussed below.

In addition to the 2019 global ICAP survey mentioned in Part 1 above, NJ CAP administrators completed a survey for CAP delivery in all counties in NJ for the same 2018-2019 school year. We summarize below the survey data regarding the level and nature of services provided. In addition, we present and discuss a summary of the degree to which the other RTCs operated with fidelity to the NJ CAP model. While the CAP model is not evidence-based according to strict scientific standards, its robust service history, positive client service feedback, and independent evaluations over forty years encouraged us to ask survey questions that would provide an important source of information regarding each RTC's level of commitment to providing services that comply with the structure, principles and practices of the model.

Level and Nature of Services Provided

Table 1 includes data on the level of services provided by the RTCs.ⁱⁱ Two data points best illustrate the scope of the programs for the whole service system: the number of schools served, and the number of students served. In the 2018-2019 school year, NJ CAP worked in 462 schools, and 79,225 students attended CAP workshops. ICAP’s twenty-six additional RTCs provided services in 1,996 schools, and 221,128 students attended workshops.

Globally, over 70,000 adults and 300,000 students were served.

Table 1: Level of Services Provided by the RTCs

	CAP Workshops Conducted by NJCAP (number served)	CAP Workshops Conducted by ICAP RTCs, excluding NJCAP (number of participants served)
Schools Served	462	1,996
Teacher/Staff Workshops	417 (10,527)	806 (13,180)
Parent Workshops	104 (2,679)	1,286 (28,235)
Community Adult Workshops (in Japan includes orphanage staff, foster parents, and college students)	32 (755)	581 (17,028)
Student Workshops	4,216 (79,225)	9,622 (221,128)

Fidelity Measures - Adherence to CAP Requirements

The survey we are analyzing in this report is, essentially, a process evaluation, i.e., an assessment of how well the practices undertaken by the RTCs were implemented as required by the training manual and as well as the NJCAP fidelity standardsⁱⁱⁱ. Questions about each standard were included in the survey.

Assessments of fidelity are needed to fully evaluate program outcomes, i.e., we need to know what components of a program are implemented to know what we are assessing. There are no universal standards to determine what level of fidelity is needed to ensure that a program is effective. National studies of the fidelity of other school-based programs have demonstrated that fidelity to a program model is oftentimes very low, which is not the case here. Generally speaking, the higher the fidelity to an evidence-informed program, the more effective it is, so this finding provides motivation for conducting additional outcome-oriented evaluations of the CAP model.^{iv}

For this study of RTC fidelity to the CAP program model, the measures include the following:

- Facilitator obligations (e.g., did facilitators attend the required initial 3-day training conducted by ICAP): Table 2;
- Curricular elements (e.g., did the RTCs utilize role-playing techniques in the student workshops): Table 3; and
- Programmatic components (e.g., Review Time sessions): Table 4.

The levels of fidelity revealed by the survey responses are, for the most part, excellent, particularly in the area of curricular compliance with 87 to 100 % compliance.

Similarly, the RTCs generally did quite well in implementing the required program components, ranging from 83 to 96 % (see Table 4). The only recommended standard for which reported compliance fell below 80 percent was the standard that three facilitators should oversee each of the student workshops. Nevertheless, 74 percent of the RTCs did fulfill this standard. The slightly lower compliance rate with this standard is likely due to less-than-optimal staffing among some of the RTCs, requiring some adaptation when necessary. The RTCs reported less than desired compliance in implementing some of the recommended facilitator-training obligations (see Table 2), ranging from 48 to 70 % compliance. Not all RTCs offered adult workshops, accounting for the 48% figure. Still, 91 % of the RTCs conducted classroom observations of their facilitators.

Table 2: Facilitator Training Obligations: Percent of compliance by RTCs

Conducted classroom observations of facilitators	91%
Attended initial 3-day training	70%
Observed 1 Children’s Workshop	65%
Participated in 8 hours of workshop rehearsals	57%
Completed formal background check ^v	56%
Observe 1 Adult Workshop	48%

Table 3: Curricular Compliance: Percent of compliance by RTCs

Utilized role plays with students	100%
Presented human rights perspective	96%
Informed adult workshop participants in how to identify child abuse	96%
Classroom setup (social setting)	87%

Table 4: Adoption of Required Program Components: Percent of compliance by RTCs

Made Review Time available following presentations	96%
Conducted parent workshops	91%
Conducted teacher workshops	83%
Conducted administrative set-up meetings	83%
Utilized required number of presenters	74%

Given that the RTCs received less than optimal supervision and oversight because of ICAP staffing limitations, the RTCs successfully implemented the CAP program with remarkable adherence to the model.

Final Thoughts

The small number of limitations found in the survey results regarding the implementation of the CAP program with fidelity was, as noted above, likely due factors such as: less than limited levels of supervision capacity available by the ICAP staff, limitations in resource capacity of the RTCs, and organizational and structural circumstances of individual RTCs.

As noted briefly above, several of the RTCs struggled in overcoming the paucity of regulations, laws, and institutional structures in their regions in responding to reports of child abuse revealed by the Review Time component of the program. The impact of these structural limitations is unknown at this time, although it does not appear to have dampened the commitment of the RTCs or the school staff they work with for continuing program services. Nonetheless, this is an important concern that needs further examination

Finally, the overall findings of successful implementation of the CAP model by the RTCs suggest that funding to address identified challenges and to conduct initial outcome studies is merited.

The management of the ICAP system and the promise of expansion in the future will be addressed in Part 3.

Part III - Survey Implications for the Future of ICAP

We want ICAP to ask for CAP network cooperation.

- Yumiko Hase, Secretariat
CAP Center Japan

The purpose of the third part of this report is to review the implications of the 2019 RTC survey for the future of ICAP. Because the organizational status of ICAP is in transition, it is important to be as clear as possible about the current and potential functions of the formal hub of the program, ICAP headquarters.

What the RTCs Say They Need from ICAP

The survey asked RTCs, “*What kind of support from the ICAP Center would be helpful now or in the future for sustaining and growing your program?*”

The responses demonstrated the wide range of assistance a more robust ICAP could assist in delivering:

- Half the responding RTCs responded that they would like:
 - ✓ Guidance and advice on fundraising, and
 - ✓ Opportunities for more networking with other RTCs.

- 40% of the RTCs indicated they could use help in the following areas:
 - ✓ Managing, problem-solving, and improving existing programs
 - ✓ Assistance with appropriate cultural adaptations
 - ✓ Advice and support on engaging parents
 - ✓ Collecting Data

- 30% of the RTCs said they could use:
 - ✓ Help developing written materials or website content, and
 - ✓ Training for additional CAP programs that they are not currently approved to deliver.

- Respondents also identified the following issues or needs specific to their RTCs:
 - ✓ Mentoring and guidance
 - ✓ Greater accessibility to technical assistance from ICAP central
 - ✓ Assistance working with school administrators and staff
 - ✓ Program evaluation
 - ✓ Updating program materials
 - ✓ Help recruiting schools

How ICAP Can Address the RTCs Current Identified Needs

Assisting the RTCs to develop their services and increase their effectiveness is well within the capability of the proposed new ICAP. The following are ways in which a stable headquarters devoted to the ICAP mission can provide the support RTCs need:

- **Communication Infrastructure**

It is clear from the survey data and comments the RTCs offered that the lack of regular contact and support from an ICAP Center has had made it difficult for all but the most robust RTCs to grow to their full potential. Indeed, while new RTCs have been added in the past ten years (for example, China and Dominica), others have fallen by the wayside due to a multitude of factors including inadequate local funding and changes in local program priorities. A stronger ICAP Center with an enhanced support network could likely have saved some of these programs (examples are France, Estonia, Ohio, and Virginia).

Given 21st century technology and adequate consultation, there are a range of possible solutions to the communication problem:

- 1) Full use of web-based and digital communication with embedded translation software on a regular basis.
- 2) Identifying paid and pro bono consultation services that will greatly enhance ICAP communications capabilities and assist RTCs to successfully interact with staff in a structured manner.
- 3) Developing a more robust management structure, including reporting and monitoring procedures as a required part of participating in the ICAP network, using NJCAP's well-developed administrative model.
- 4) The recognition and use of best practices from established CAP projects for the growth of younger projects which can also be mentored by the flourishing RTCs.

- **Increased Networking**

We would like more communication and connectivity among RTCs.

- Rebecca LeBeau, Executive Director-

Child Assault Prevention Project of Washoe County, Nevada

Nearly half of the RTCs indicated that networking among programs is needed to improve their operations. Networking development options include:

- 1) Providing regular webinars and information forums with translation capability to highlight CAP best practices.

- 2) Enhancing the information on the ICAP website so that it is responsive to identified issues and needs, using problem-solving examples from experienced RTCs to aid new or struggling RTCs.
- 3) Identifying the most successful recruiting strategies for onboarding CAP facilitators.
- 4) Sharing ideas how to affect cultural mores that may inhibit reporting of child abuse and addressing the need for a robust response to such reports, e.g., ignorance of the impact of child abuse among students and their parents.
- 5) Discussing best practices regarding how programs have been adapted to specific cultures, as well as addressing common needs. Topics could include translation for immigrant or indigenous students and families, offering community programs for foster parents and orphanages as is already done in Japan, engaging fuller parental participation in workshops, developing and sharing useful service surveys, effective use of the web and handouts, online programming and more.
- 6) Creating a plan for social change utilizing CAP education in areas lacking in child welfare infrastructures.
- 7) Providing CAP guidance to assist RTCs in responding to regional, national, and international disasters, such as the COVID-19 pandemic (see Appendix A for an initial view of how ICAP is beginning its response to the pandemic), hurricanes, and fires. In the past ICAP demonstrated this capability in assisting the Japan RTCs after the 2011 earthquake and tsunami, and the Dominica RTC in response to hurricanes Maria (2017) and Erica (2015).

- **Program Development and Fund Raising Assistance**

Guidance and support for fund raising was one of the top needs identified by the RTCs. This goes hand-in-hand with program development as well as sustainability. Fully developed communication and networking systems outlined above would provide the platforms for assisting RTCs, and in addition the following steps are needed:

- 1) Professional development for ICAP staff in fundraising and development-related skills.
- 2) Convening a series of virtual meetings of successful RTCs to identify best-practice fundraising strategies for sharing.
- 3) Develop and implement a plan for expanding the number of CAP programs RTCs offer (for example, the pre-school, teen, bullying-prevention, special needs programming and anti-trafficking programs).

- 4) Identify potential funding strategies that other children-services nonprofits have used to support local service expansion (for example, social media testimonials of lives saved through CAP, with options for support).

What Is a Vision for ICAP Going Forward?

There are more and more teachers, school counsellors and school directors who are aware of the importance of primary prevention and want to conduct CAP workshops in their schools...

- Mateja Stirn, Director
ISA Institut, Slovenia

ICAP's mission is ***“to improve the quality of life for all children worldwide by reducing the level of interpersonal violence against them through the use of primary prevention education and specifically the use of the Child Assault Prevention® (CAP) program in their community.”***

This central mission of ICAP will stay the same and be renewed within a changed organizational context. The ICAP central office will continue to provide and expand the following services:

- 1) Through supporting and energizing the RTC system of projects, ICAP will strengthen the existing loosely-structured network, increase the RTCs' access to resources and expand the number of schools and children receiving CAP services.
- 2) Capitalizing on the strengthened network, ICAP will support the RTCs being trained and certified to offer additional CAP programs (e.g., Preschool and Special Needs CAP).
- 3) Using the autonomy of a new administrative structure, ICAP will respond to current pending requests for new RTC start-ups (for example, Kenya, Australia, and Macedonia) and reinvigorate RTCs that require renewed support (for example, France and Oregon).
- 4) By introducing state-of-the-art marketing methods, and successful grant applications, ICAP will create new revenue streams and build the capacity of the RTCs to expand program services.
- 5) Through social media, an enhanced web-based presence, appearance at national and international conferences and events, ICAP will expand the number of active and robust RTCs by 25% by 2025.
- 6) In association with a major university, a revitalized ICAP will develop an evaluation and research agenda that will include innovative approaches to measuring program outcomes in a manner sensitive to social and cultural contexts. This will assist RTCs in playing a vigorous role in effective advocacy for child protective services in their host countries.

What ICAP Needs to Support that Vision

The current organizational setting for ICAP at Camden County College is no longer tenable because the accrediting agency, The Middle States Commission on Higher Education, has informed the college that ICAP's international scope is outside the college's narrower mission to serve the residents of Camden County, New Jersey.

Therefore, the following steps are in process to preserve and enhance ICAP's leadership role in managing the RTC system of CAP services:

- ICAP is actively pursuing options for its new administrative home located in an international teaching and research institution or large nonprofit organization which shares a common human-rights empowerment philosophy with CAP. ICAP is also exploring creating its own nonprofit entity for long-term stability and growth.
- Sufficient transitional grant funding is needed to provide for an administrative capacity to manage the change in organizational structure, provide assistance to the current RTC system, and seek and find sustainable funding. The current estimate of the amount needed for July 1, 2020 to June 30, 2021 is \$250,000. Paid and pro bono consultants are researching and facilitating contact with potential funders committed to preventing child abuse.
- The ICAP Advisory Board, with input from the RTCs, is refining a strategic plan to provide a clear vision of ICAP strengths and growing capacity to serve more schools, children, parents, and to assist the RTCs in advocating for increasingly effective child protective services in their local contexts.

Why ICAP Is Worth Saving

The (CAP) message of safety and empowerment can be understood all across any cultural differences. I have not observed otherwise in this community.

-RTC Director

- **The problem is great**

The World Health Organization (WHO) defines *child abuse* and *child maltreatment* as "all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."^{vi}

International studies estimate that a quarter of all adults report having been physically abused as children. One in five women and one in thirteen men report having been sexually abused as a child. Additionally, many children are subject to emotional abuse.

Child maltreatment is a global problem, an adverse childhood experience, with serious life-long consequences. In addition to immediate adverse physical effects, child abuse can result in

both physical and psychological development problems, leading to lowered life expectancy and continued generational cycles of maltreatment. Maltreated children may grow up to be maltreating adults (*Middlebrooks and Audage, 2008*)^{vii}. And, resources for child-protection services are often too limited. According to Hosin (2007)^{viii}, "a considerable number of traumatized abused children do not gain access to protective child-protection strategies."

- **Effective programs can make a difference**

According to the WHO, preventing child maltreatment requires a multisectoral approach. Effective programs are multi-component interventions which support parents and have educational components that include:

- ✓ body ownership
- ✓ the difference between safe and unsafe touch
- ✓ how to recognize abusive situations
- ✓ how to say "no"
- ✓ how to disclose abuse to a trusted adult.

Such programs are effective at strengthening protective factors against child abuse and sexual assault. These components are all part of the CAP curriculum.

- **ICAP contributes to the solution**

For many years, CAP has been introduced by health centers in a city where abused deaths occurred. In recent years, the CAP program has been offered to local citizens in addition to providing programs to faculty, parents, and children.

-Yumiko Hase, Secretariat
CAP Center, Japan

Included in the 537 reports to school administration and legal authorities we've made over the past 23 years are reports that resulted in, for example, preventing an attempted abduction from a schoolyard in 1998, a large-scale investigation and conviction of a sexual predator in 2000; ending sexual violation of a young girl by her piano teacher in 2013, identification of a plan for school violence in 2015 and ending sexual assaults on two elementary aged sisters by an older brother in 2017.

- Victoria Strong, Executive Director,
Front Range (Colorado) CAP

The 2019 fall RTC survey has demonstrated the vitality of the RTC system, serving nearly 300,000 children and over 70,000 adults in 10 states and 9 other countries. The longevity of the program in countries as diverse as Canada, Croatia and Japan affirms the proof of the CAP concept.

The survey also provides ample evidence that the RTCs follow the CAP program model, another sign that the curriculum and service framework is evidence informed, well- structured and effective in reaching children and parents with a powerful message. The twelve studies

evaluating CAP conducted over 34 years underscore how useful the program is for the service providers and recipients alike.^{ix}

Clearly, there is the need for the kind of human-rights based approach to child abuse and neglect that is at the heart of CAP, a prevention program with an early intervention component that works cross-culturally to empower children, educate parents and school staff. ICAP's experience underscores the argument that only when lower-levels of violence against children cease to be culturally tolerated will there be reductions in victimization and increased civil protection of children.

ICAP's network of Regional Training Centers have historically demonstrated the ability to mobilize parents, schools and communities in supporting the rights of children, reducing adverse childhood experiences, and empowering their children. With the sustenance of a strong centralized office, their work can be expanded to ensure that future generations worldwide can be *Safe, Strong, and Free*.

APPENDIX A

ICAP in the Time of COVID-19

As a result of COVID-19, many schools have been shut down in countries around the world to reduce the spread of the virus. For children in difficult home situations, the stress of lockdown increases risk while at the same time decreasing access to trusted adults outside the family. Not only are children's regular routines interrupted, but so are their access to schools and the possible protection and support of other caring adults outside the family. Many children who experience risk in the home face greater challenges than ever, with domestic tension and violence on the rise as parents and children under high stress shelter in place.

According to research on *Stress and Parenting during the Coronavirus Pandemic* conducted in the US in late March by the University of Michigan School of Social Work, "since the Coronavirus pandemic, parents reported more conflicts with children (25%), yelled and screamed more often (19%), increased discipline (15%), used harsh words more often (9%) and spanked or hit more often (5%)."^x

In the face of the pandemic, networking and support for Regional Training Centers is critical. The ICAP network provides the hub for RTCs to share information, strategies, and support as Coordinators cope with the challenges of helping students be Safe, Strong, and Free at this time of global social disruption and family tension. With additional funding, ICAP can help RTCs, develop appropriate programming and outreach resources to youth and parents, and continue to provide workshops and innovative routes for access to child protection and reporting.

In particular, RTCs can be trained and certified to offer additional current CAP programs and explore options for how to address the challenges of parental and school involvement during workshop delivery, learn about new virtual mechanisms for providing for confidential and private Review Time for students, share information about dealing with challenging funding conditions, and brainstorm ideas for navigating plans and contracts for upcoming years in these uncertain times.

To provide initial support and information in navigating the impact of COVID-19, ICAP Directors Cheryl Mojta and Jeannette Collins, Advisory Board Chair Phil Brown, and project consultant Ariel Lublin, conducted a virtual meeting with 13 of the North American CAP Regional Training Centers (RTCs) on April 9, 2020 for an to discuss the impact of the pandemic on the schools and students served by their programs. The virtual convening was very well received, with active participation from all RTC directors. A second meeting is scheduled for April 16 with the 5 active European RTCs (Belgium, Croatia, France, Slovenia, and the UK). A third meeting is scheduled with the 5 Asian RTCs as well (South Korea, China, Fountain Land Training School in Kunming, China, southern Japan, and northern Japan).

This new information dissemination and networking structure will continue with an additional meeting scheduled for May 7 to include all the global RTCs together. Managing challenges of translation and time zone differences for the Asian RTCs in particular is under

discussion by ICAP to attempt to bridge gaps and provide a supportive network and sharing among all the RTCs worldwide.

In this time of international crisis, and its related impact on children, the leadership and guidance of a strong central office is more important than ever for advising and supporting the 27 Regional Training Centers in facing this global challenge. Together we can help others be safe, strong, and free.

ⁱ Twenty-seven of the currently-active 28 RTCs participated in the survey. The Estonia RTC was reached too late to complete the survey in time to participate in the survey or subsequent data collection.

ⁱⁱ All of the RTCs were trained in the CAP primary school program. In addition, some RTCs were trained in other CAP modules, e.g., 21% were trained in the bullying prevention program and 26% were trained in the special needs curricula. At this time, we cannot tease out which responses applied to which program model. That said, the fidelity measures analyzed in this Report are identical for all of the CAP program modules. In general, the fidelity measures analyzed in this report are required regardless of which module was conducted.

ⁱⁱⁱ The training manual is available upon request, as are the NJCAP Fidelity Standards.

^{iv} Fagan, Abigail A., & Mihalic, Sharon. (2003). Strategies for enhancing the adoption of school-based prevention programs: Lessons learned from the blueprints for violence prevention replications of the Life Skills Training program. *Journal of Community Psychology*, 31(3), 235-253; Payne, Allison. (2009). Do Predictors of the Implementation Quality of School-Based Prevention Programs Differ by Program Type? *Prevention Science*, 10(2), 151-167; and Henggeler, Scott W., Pickrel, Susan G., & Brondino, Michael J. (1999). Multisystemic Treatment of Substance-Abusing and -Dependent Delinquents: Outcomes, Treatment Fidelity, and Transportability. *Mental Health Services Research*, 1(3), 171-184.

^v Not all countries require background checks.

^{vi} Child abuse and neglect by parents and other caregivers PDF. World Health Organization. p. 3. Archived (PDF) from the original on 4 March 2016. Retrieved 8 March 2016; Preventing child maltreatment: a guide to taking action and generating evidence. International Society for Prevention of Child Abuse and Neglect, 2006 WHO Press.

^{vii} Middlebrooks, J.S.; Audage, N.C. (2008). The Effects of Childhood Stress on Health Across the Lifespan (PDF). Atlanta, Georgia (USA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Archived from the original (PDF) on 5 February 2016.

^{viii} Hosin, A.A., ed. (2007). *Responses to traumatized children*. Basingstoke: Palgrave Macmillan. p. 211. ISBN 978-1-4039-9680-0

^{ix} These two studies, for example:

2006- – LaMastro, Ph.D. (Rowan University) - Content analysis of reports submitted by 88 schools across NJ representing 7,396 students as well as 250 staff and parents participating in the CAP Bullying Prevention Program. Of those children involved in the workshops, 21% disclosed peer harassment with 12 % being racially based, 11% being religiously based and 10% being sexually based. All of these concerns were addressed by the CAP program in concert with the local school.

2018- 19 – Feric, Ph.D, Trbus, Juranic, Bandic (University of Zagreb, Croatia) collaboration with Croatia CAP at Step by Step Parents Association and University of Zagreb, conducting pre and posttest of 169 students and 187 parents at four middle schools to determine the effectiveness of TeenCAP. Students gained knowledge of safety rights, power and control in peer and dating relationships and willingness to report violence to self and others as a result of participating in TeenCAP program.

^x Lee, S.J., & Ward, K.P. Research Brief: *Stress and parenting during the Coronavirus pandemic*, March 6, 2020. Parenting in Context Research Laboratory, University of Michigan, p.4.
