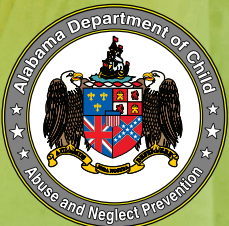


2022-2023

Alabama Department of  
Child Abuse & Neglect Prevention

# Evaluation Report

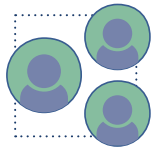
*40 Years of Preventing  
Child Maltreatment*



The Children's Trust Fund  
Sallye R. Longshore, M.S. ED.S., Director

# 2022-2023 By the Numbers

The Alabama Department of Child Abuse and Neglect Prevention under the leadership of Sallye R. Longshore, Director, has documented a broad distribution of resources and outreach to the citizens of Alabama through a large number of community-based agencies and organizations. These efforts have enhanced protective factors that are associated with the reduction of child maltreatment risks and the significant economic and human costs of child abuse and neglect in our state.



ADCANP has a **40 year history** of collaborating with community-based agencies and organizations that serve children and families in Alabama.



**Nearly 13 million** has been awarded through a competitive grant process to community-based agencies to support prevention programs.

**112,202 total adults & youth** were served by ADCANP/CTF funded programs.

**\$9,722,250** was awarded for programs serving parents.



**\$3,219,700** was awarded for programs serving youth.

**152,236,619 citizens**



viewed prevention information through various media outlets.

**23,229 adults** participated in multi-session programs.



**88,973 youth** participated in multi-session programs.

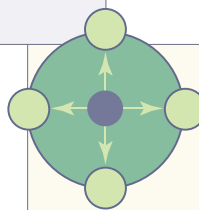
**778,970 individuals** impacted by public awareness activities.

**173 prevention programs** for youth and parents were provided across the state of Alabama.

**250+ grantee agency staff** are involved annually around the state in providing prevention programs and services.

**All 7 districts** participated in and 100% of counties in Alabama were directly impacted by prevention program resources provided by ADCANP.

**Over 150 different agencies** around the state have been funded to provide prevention programs in their communities.



**4 Primary funding streams**

1. Community Based Child Abuse Prevention (CBCAP)
2. Children First Trust Fund (CFTF)
3. Education Trust Fund (ETF)
4. Department of Human Resources /Temporary Assistance for Needy Families (DHR/TANF)

**Potential Costs vs. Investment in Prevention**

**\$368,416** Average taxpayer cost in services in Alabama per child abused or neglected.\*

\* Report from the University of Alabama released 2021. aub.ie/uastudy

**\$15** Average cost of prevention program per ADULT.\*\*

\*\* Based on amounts of grants awarded and number of adult participants

**\$15** Average cost of prevention program per YOUTH.\*\*\*

\*\*\* Based on amounts of grants awarded and number of youth participants

ADCANP/CTF is explicitly focused on educating Alabama communities in the Strengthening Families™ framework – a vital component in preventing child maltreatment. The Protective Factors Framework emphasizes key, research-based factors for strengthening families and reducing risks for children and prescribes prevention program target outcomes and objectives.

## The Five Protective Factors:

The Foundation of the Strengthening Families™ Framework

### *What are the Five Protective Factors?*

**The Five Protective Factors are the foundation of the Strengthening Families™ approach. Extensive evidence supports the commonsense notion that when these Protective Factors are present and robust in a family, the likelihood of abuse and neglect diminishes. Research also shows that these are the factors that create healthy environments for the optimal development of all children.**

#### 1. *Parental Resilience*

No one can eliminate stress from parenting but building parental resilience can affect how a parent deals with stress. Parental resilience is the ability to constructively cope with and bounce back from all types of challenges. It is about creatively solving problems, building trusting relationships, maintaining a positive attitude, and seeking help when it is needed.

#### 2. *Knowledge of Parenting and Child Development*

Having accurate information about raising young children and appropriate expectations for their behavior help parents better understand and care for children. It is important that information is available when parents need it, that is, when it is relevant to their life and their child. Parents whose own families used harsh discipline techniques or parents of children with developmental or behavior problems or special needs require extra support in building this Protective Factor.

#### 3. *Social and Emotional Competence of Children*

A child's ability to interact positively with others, to self-regulate, and to effectively communicate his or her emotions have a great impact on the parent-child relationship. Children with challenging behaviors are more likely to be abused, so early identification and working with them helps keep their development on track and keeps them safe. Also, children who have experienced or witness violence need a safe environment that offers opportunities to develop normally.

#### 4. *Social Connections*

Friends, family members, neighbors, and other members of a community provide emotional support and concrete assistance to parents. Social connections help parents build networks of support that serve multiple purposes: they can help parents develop and reinforce community norms around childrearing, provide assistance in times of need, and serve as a resource for parenting information or help solving problems. Because isolation is a common risk factor for abuse and neglect, parents who are isolated need support in building positive friendships.

#### 5. *Concrete Support in Times of Need*

Parents need access to the types of concrete supports and services that can minimize the stress of difficult situations, such as a family crisis, a condition such as substance abuse, or stress associated with lack of resources. Building this Protective Factor is about helping to ensure the basic needs of a family, such as food, clothing, and shelter, are met and connecting parents and children to services, especially those that have a stigma associated with them, like domestic violence shelter or substance abuse counseling, in times of crisis.

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Information provided by: Strengthening Families™, a project of the Center for the Study of Social Policy: [www.strengtheningfamilies.net](http://www.strengtheningfamilies.net)

US Department of Health and Human Services Administration for Children and Families/Strengthening Families™ and Communities 2009 Resource Guide: [www.acf.hhs.gov/programs/cb](http://www.acf.hhs.gov/programs/cb)



## 2022-2023 Evaluation Report

### ***History:***

**The Alabama Department of Child Abuse and Neglect Prevention - The Children's Trust Fund - was established in 1983 (40th year anniversary) to address the state's problem of child neglect and maltreatment. While several state agencies addressed the consequences of child abuse, none focused on combatting the issue, raising awareness, and educating communities before it occurred.**

ADCANP/CTF remains the only state agency actively engaged in providing community-based prevention programs focused on promoting protective factors in families. As a member of the National Alliance of Children's Trust and Prevention Funds, as well as Prevent Child Abuse America, the ADCANP/CTF works to strengthen ALL families and to surround them with supportive communities, services, and systems. ADCANP/CTF is the only state agency designated to prevent child maltreatment by building family strengths.

### ***Outreach And Impact***

As evidenced through hard work, strong collaboration, and effective leadership, the ADCANP/CTF continues to be at the forefront in the nation for supporting and evaluating prevention and family strengthening programs.

ADCANP/CTF is consistently recognized for its partnerships, outreach, and evaluation efforts by federal partners. In the last project year, Director Longshore and the evaluation team have presented at the following national conferences and webinars:

- International Symposium of National Children's Advocacy Council - March 2023
- Youth Thrive - National Peer Program - March 2023
- Women's Commission - April 2023
- Opioid Initiative to Attorney General Marshall - January 2023
- SDE MEGA Conference - July 2023

# Evaluation Methods

Research suggests several key activities as useful for the prevention of child maltreatment: raising public awareness, providing education and supports for parents – particularly those facing special challenges (e.g., low resources, special needs children), facilitating positive parent involvement, and promoting youth’s own awareness, knowledge, and skills related to resilience.

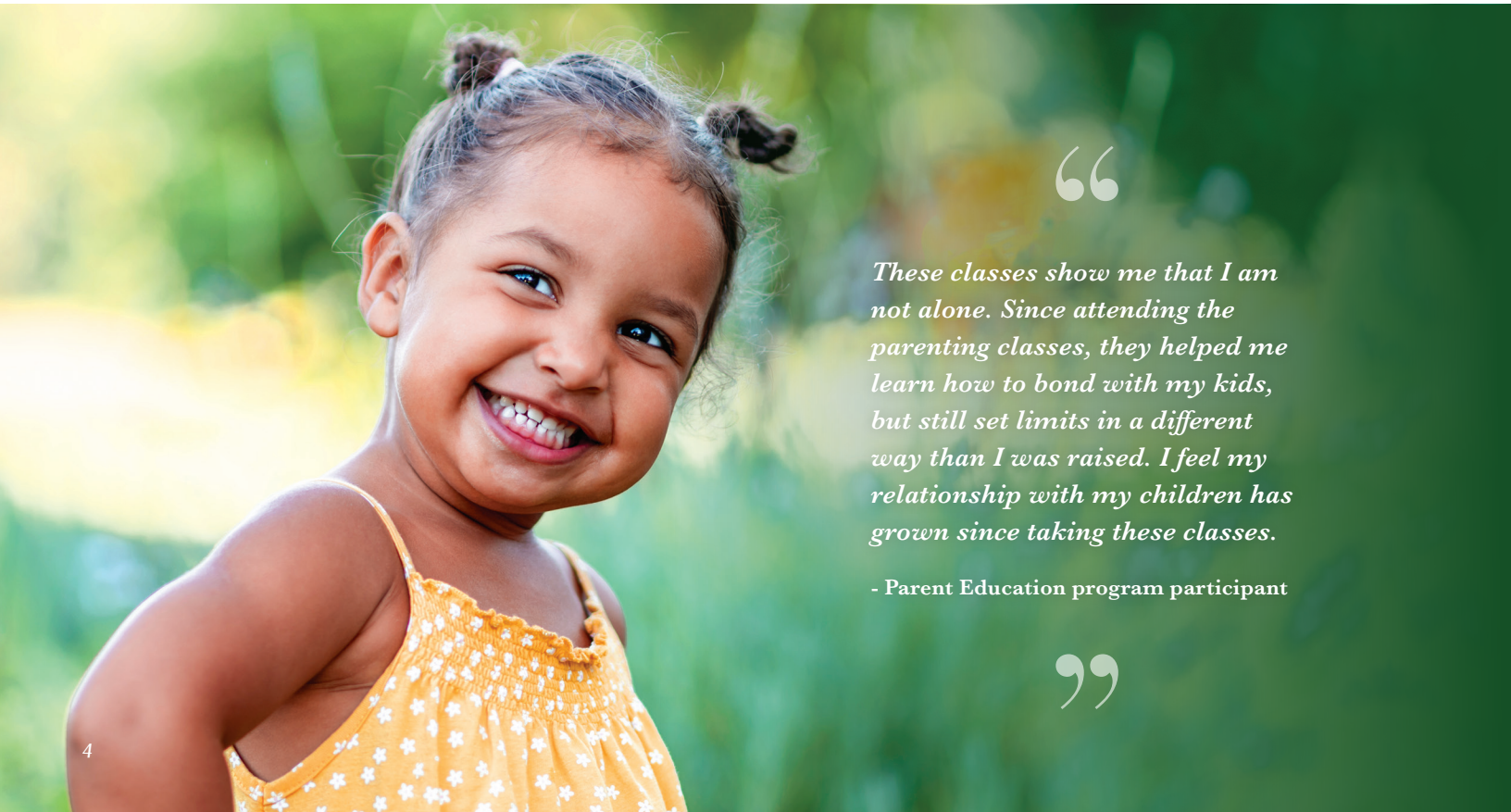
Therefore, the types of programs ADCANP/CTF funded include:

- Parent Education and Support
- Home Visiting Programs
- Respite Care Programs
- Youth School-Based
- Non School-Based/After-School Mentoring Programs
- Public Awareness and Training Programs

Although each program varies in approach, curriculum, and delivery method, common objectives are shared by programs in each area of emphasis. All programs have objectives that center on reducing risk factors for child maltreatment and promoting protective factors outlined at the beginning of this report.

Data were collected between October 2022 and September 2023 from program participants, using uniform surveys within each program type. This allows for the aggregation of data within program categories and results in meaningful information regarding the experiences of the average participant in each program area. This systematic empirical assessment of prevention programs throughout the state is one of few such efforts in the United States.

Because of the large number of citizens served, survey research methods were utilized for those participating in multi-session programs. Adult and youth participants responded to questions regarding their background and demographics. Upon program completion, participants responded to a questionnaire that used a validated and efficient method of gathering baseline and post-program levels of skills, knowledge, and attitudes. Each question asked participants to reflect on a score for each target outcome at program start and after completion. Paired sample *t*-tests were conducted on each measure (some are global, singular items; some are multi-item scores) to identify statistically significant changes from pre-program mean levels to post-program mean levels. Effect sizes that assess the magnitude of the changes were calculated using the appropriate formula for paired data.

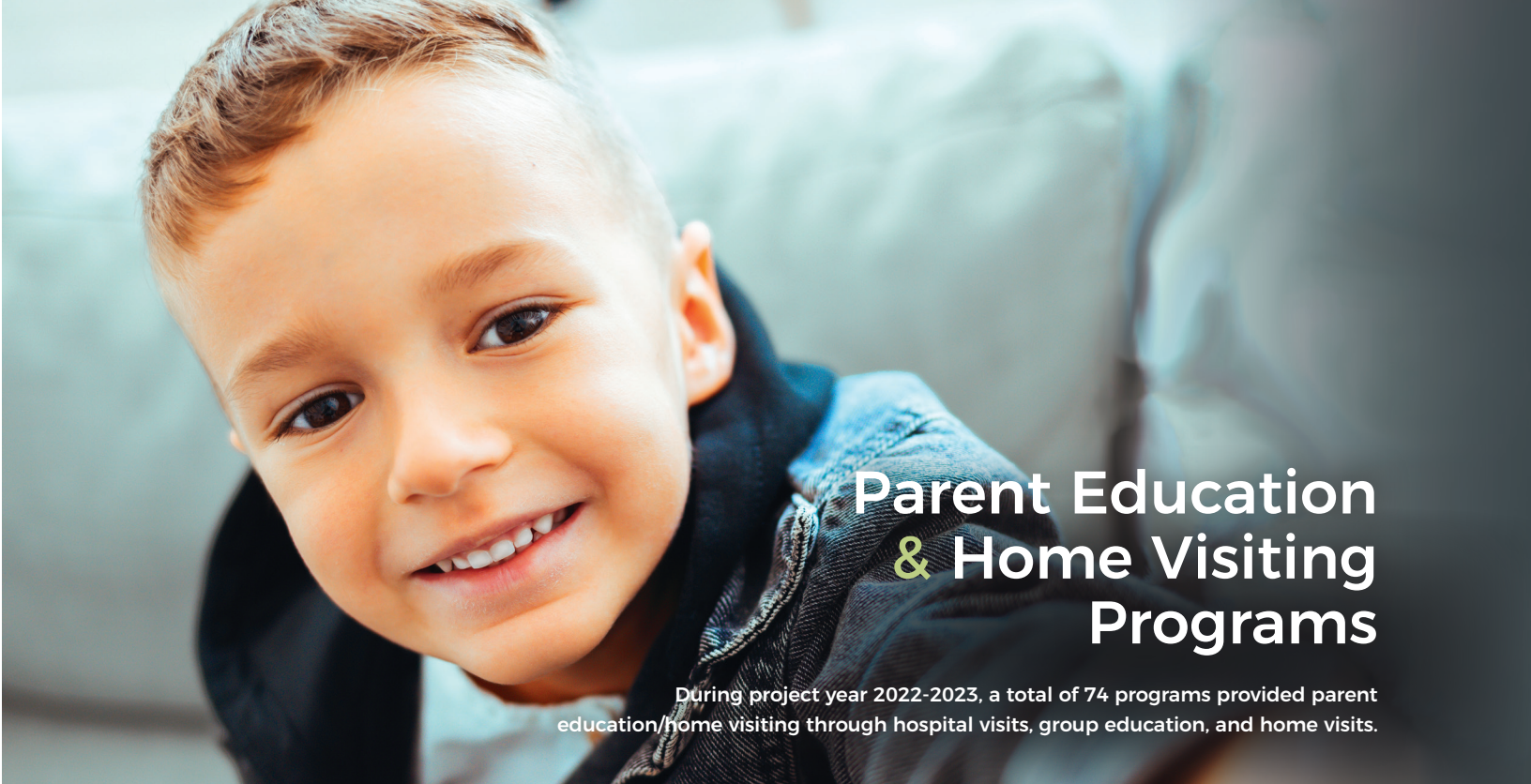


“

*These classes show me that I am not alone. Since attending the parenting classes, they helped me learn how to bond with my kids, but still set limits in a different way than I was raised. I feel my relationship with my children has grown since taking these classes.*

- Parent Education program participant

”



# Parent Education & Home Visiting Programs

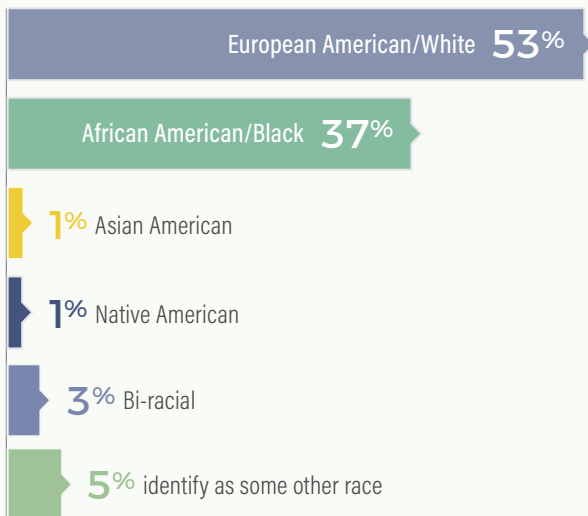
During project year 2022-2023, a total of 74 programs provided parent education/home visiting through hospital visits, group education, and home visits.

## Parent Education & Home Visiting Program Demographics

Parents in Parent Education classes and Home Visiting programs are predominantly European American/White or African American/Black and predominantly of lower socio-economic status, based on work status, education level, and income reported. Participants are predominantly women.

**Average Age: 36**

### Race & Ethnicity:



8% identified as Hispanic/Latino

Common goals of these education programs noted in their proposals center on participant improvement in:

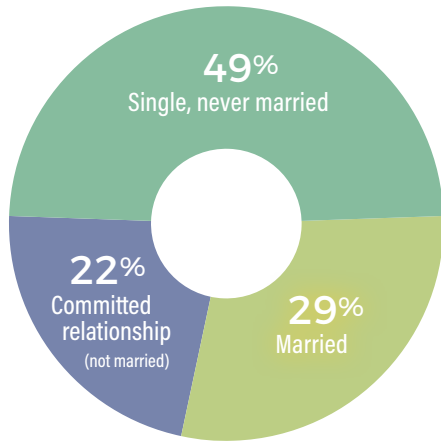
- stress management skills
- skills to manage maltreatment risk
- understanding various forms of child maltreatment
- medical care commitment
- parenting skills and child development knowledge
- knowledge of and commitment to use support services
- use of informal support networks

These goals promote elements of several protective factors emphasized by the “Strengthening Families™” framework (see results for this information).

### Gender:



## Relationship Status

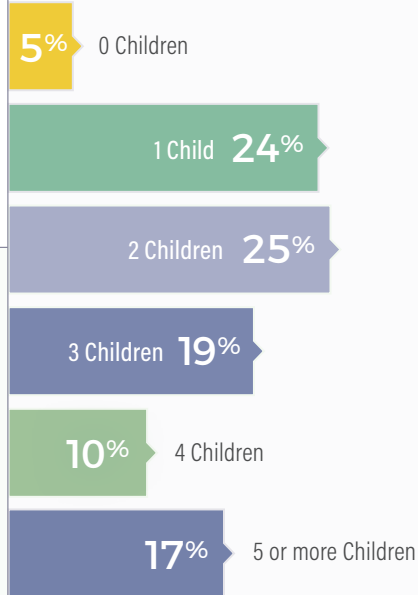


Additionally:  
28% have been divorced

## Incarceration

13% are currently incarcerated

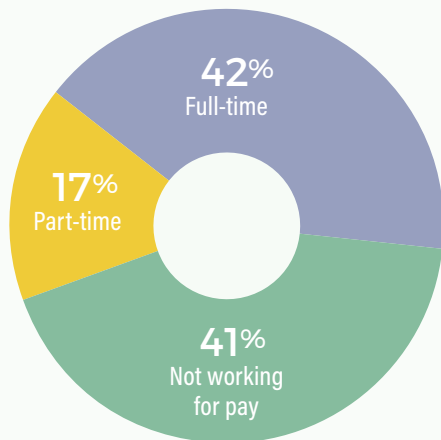
## Number of Children\*



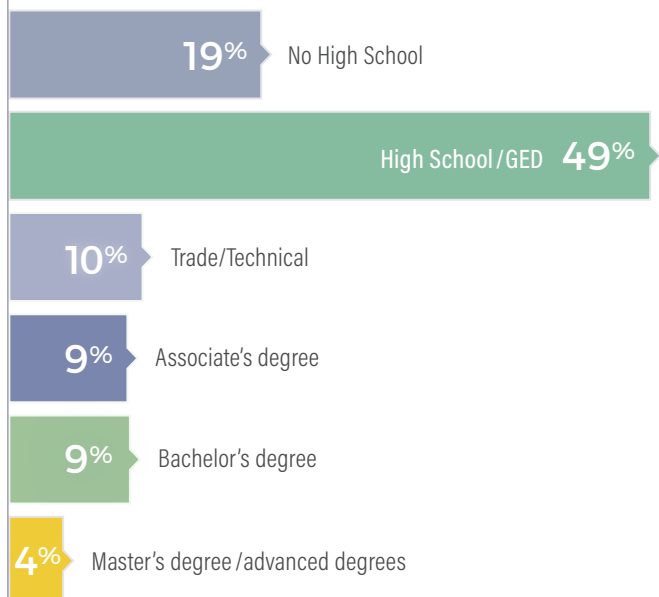
\*Includes biological, step, adopted, foster, and grandchildren

Of those who reported having children, 20% indicated having at least one child with special needs.

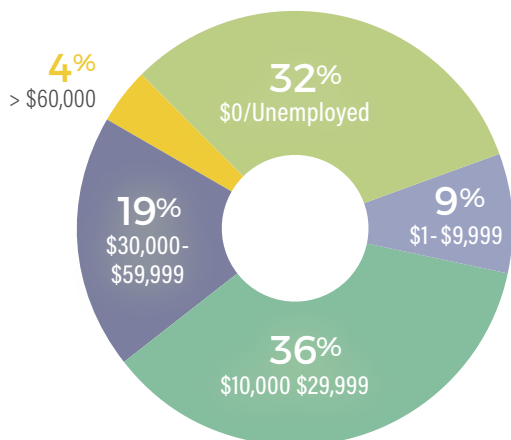
## Work Status \*\*



## Level of Education\*\*



## Annual Income Level \*\*



\*\* For participants (excluding students) over the age of 18.



“

*My home visitor is amazing when it comes to doing her job. She is attentive, listens, and makes me feel like I am heard. As a working mom I often forget to take time out for myself but with her encouragement and suggested strategies, I have found ways to ensure that I self-care.*

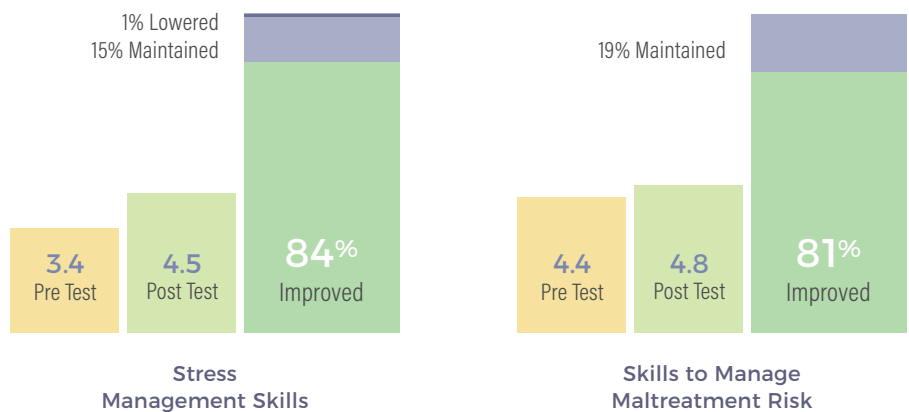
- Home Visiting program participant

”

A sample of Parenting Program participants ( $n = 4,389$ ) responded to an assessment of 7 goals (i.e., target outcomes) using a scale of 1 – 5. Analyses of measures (some using multi-item scores; reliabilities [Cronbach's  $\alpha$ ] range from .82 - .90) using paired sample  $t$ -tests revealed statistically significant ( $p < .001$ ) improvements for the average participant in ALL targeted areas from pre-program to post-program. The effect sizes ranged from .45 to 1.15. The average magnitude of the effect sizes for these improvements was .79 and can be considered moderately large (i.e., .25 small effect, .50 moderate effect, .75 large effect).

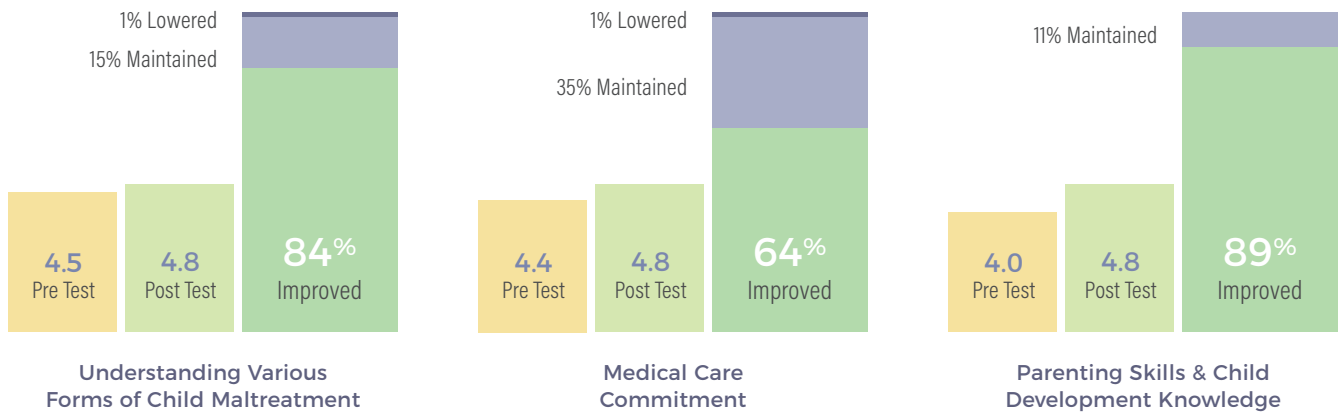
Descriptive analyses also were examined to provide a clearer picture of the numbers of participants who experienced changes. Of those who could improve, we calculated the percentage of participants who reported improvement in their individual scores from pre-program to post-program, maintained their score, or lowered. Consistently, a large portion rated themselves as improved in each area assessed. The graphs below reflect the average scores of all measures at baseline and at program completion, as well as the percentages of people who had higher, lower, or the same score from pre-program to post-program.

**Protective Factor**  
**Parental Resilience**

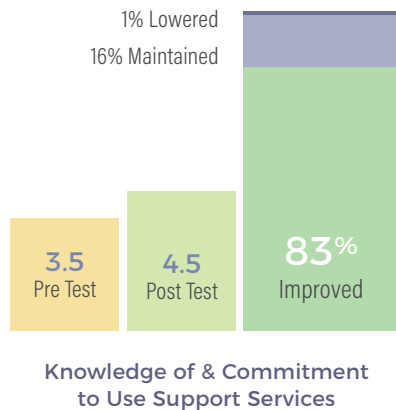




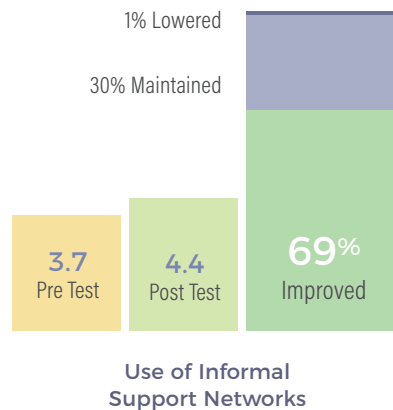
**Protective Factor**  
**Knowledge of Parenting & Child Development**



**Protective Factor**  
**Concrete Support in Times of Need**



**Protective Factor**  
**Social Connections**



Footnote: Paired sample *t*-test tables with results for testing mean score differences from pre-program to post-program for those who began the program not at the highest score are located on page 18 in the appendix.



“

*Parenting my son with autism is one of the hardest things I have ever known. I have to speak for him. The world doesn't understand him, but I am learning to. It has taken a toll on me, but I feel stronger because of what I am learning.*

- Respite program participant

”

# Respite Care Programs

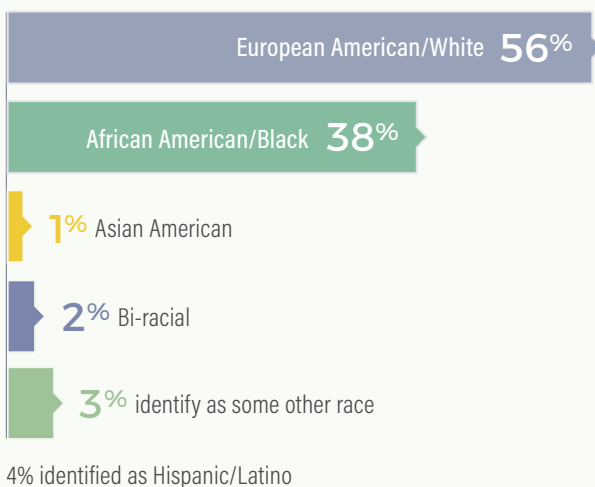
During project year 2022-2023, a total of 8 programs provided respite care services and parent information for parents and children with special needs.

## Respite Care Program Demographics

Parents in Respite Care programs are predominantly European American/White or African American/Black and predominantly of lower socio-economic status, based on work status, education level, and income reported. Participants are predominantly women.

**Average Age: 39**

### Race & Ethnicity:



Common goals of respite programs noted in their proposals center on participant improvement in:

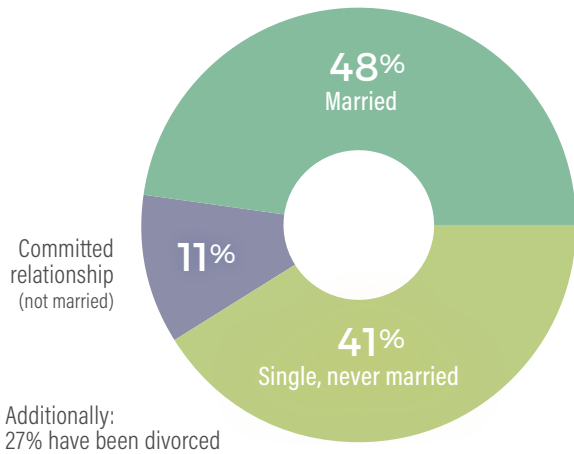
- stress level
- positive view of the child
- knowledge of & commitment to use support services
- use of informal support networks

These goals promote elements of several protective factors emphasized by the "Strengthening Families™" framework (see results for this information).

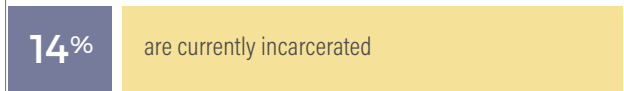
### Gender:



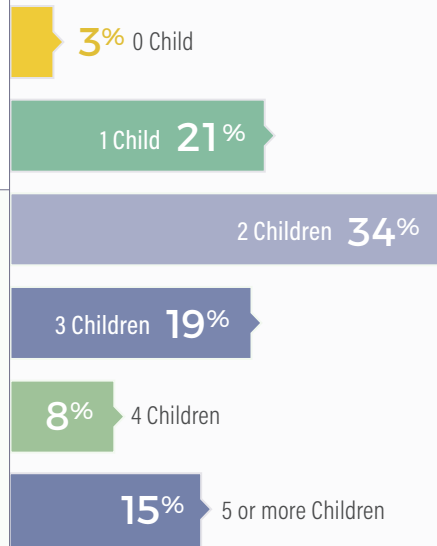
## Relationship Status



## Incarceration



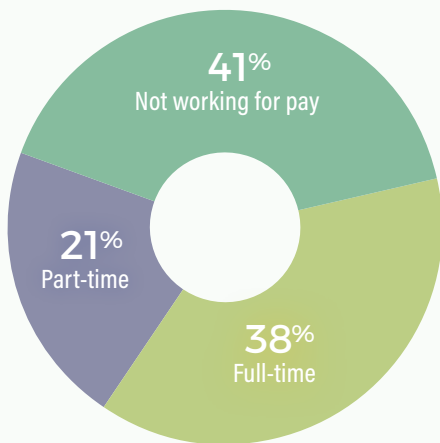
## Number of Children\*



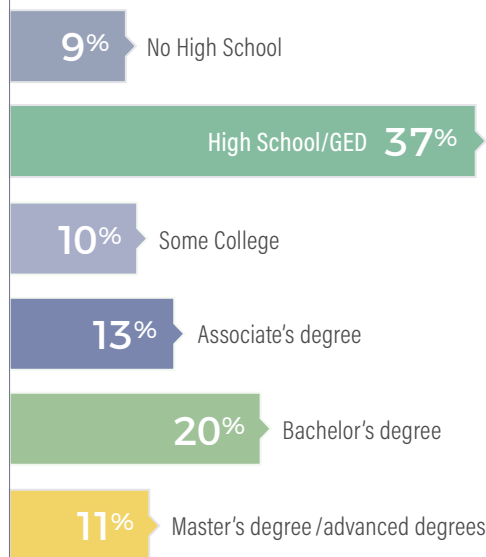
\*Includes biological, step, adopted, foster, and grandchildren

Of those who reported having children, 81% indicated having at least one child with special needs.

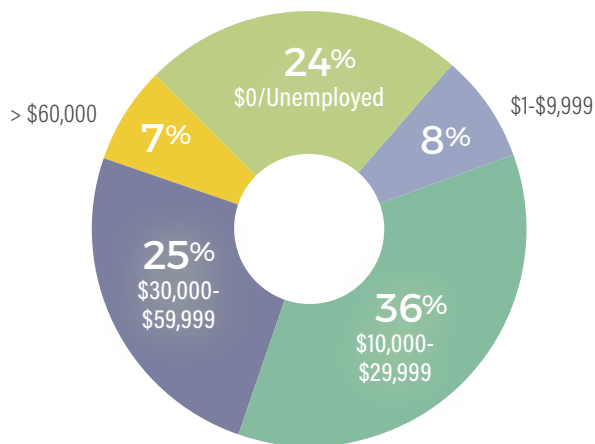
## Work Status \*\*



## Education Level \*\*



## Annual Income Level \*\*

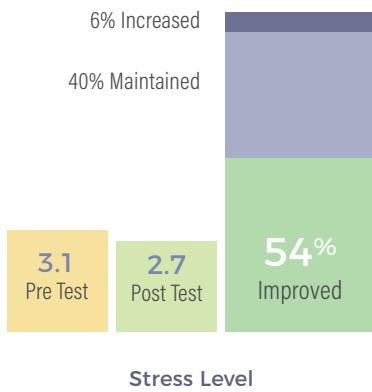


\*\* For participants (excluding students) over the age of 18.

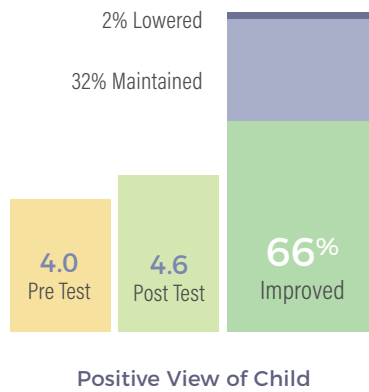
A sample of Respite Care program participants ( $n = 551$ ) responded to an assessment of 4 goals (i.e., target outcomes) using a scale of 1 – 5. Analyses of measures (some using multi-item scores; reliabilities [Cronbach's  $\alpha$ ] range from .69 - .87) using paired sample  $t$ -tests revealed statistically significant ( $p < .001$ ) improvements for the average participant in ALL targeted areas from pre-program to post-program. The effect sizes ranged from .59 to .89. The average magnitude of the effect sizes for these improvements was .74 and can be considered moderately large (i.e., .25 small effect, .50 moderate effect, .75 large effect).

Descriptive analyses also were examined to provide a clearer picture of the numbers of participants who experienced changes. We calculated the percentage of participants who reported improvement in their individual scores from pre-program to post-program, maintained their score, or declined. Consistently, a large portion rated themselves as improved in each area assessed. The graphs below reflect the average scores of all measures at baseline and at program completion, as well as the percentages of people who had higher, lower, or the same score from pre-program to post-program.

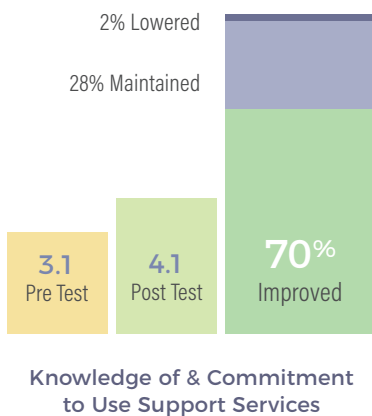
### Protective Factor Parental Resilience



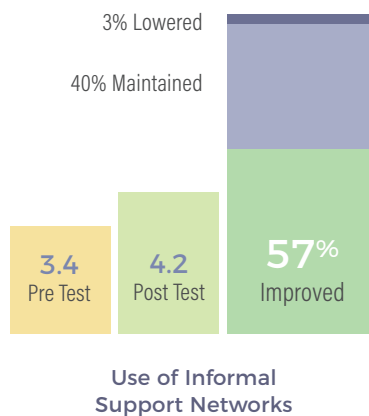
### Protective Factor Knowledge of Parenting & Child Development



### Protective Factor Concrete Support in Times of Need



### Protective Factor Social Connections



“  
Just having a little time to myself helps to reduce my stress and come back ready to spend quality time with my children and family.  
”

- Respite program participant

Footnote: Paired sample  $t$ -test tables with results for testing mean score differences from pre-program to post-program for those who started the program not with the highest score are located on page 18 in the appendix.

# Youth Programs

## 3rd – 5th Grade

Youth in 3rd-12th grade around the state were served through 48 programs that included a variety of school-based, non-school-based/after school, and mentoring programs. These programs varied in their emphasis, but all were focused on reducing risks for children and enhancing their well-being by promoting the protective factor: social and emotional competence of children.



## 3rd – 5th Grade Demographics

Data on youth demographics from school-based, non-school based/after school, and mentoring programs offered to children in 3rd- 5th grade indicate that participants are predominantly African American/Black or European American/White and balanced in gender. Note: Youth who participated only in community awareness programs did not provide demographic information.

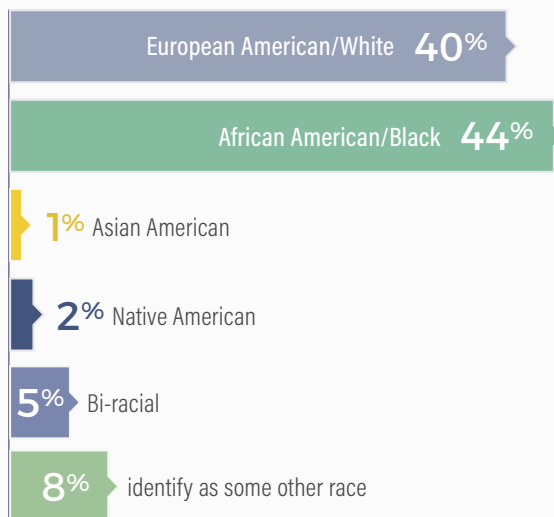
### Number of Siblings:

- 35% 0-1 Siblings
- 53% 2-4 Siblings
- 12% 5 or More

### Lives with Most of the Time:

- 31% Single-Parent
- 48% Biological 2-parent
- 21% Step-family

### Race & Ethnicity:



11% identified as Hispanic/Latino

Common goals of programs noted in their proposals for youth in 3rd-5th grade center on participant improvement in:

- social skill development
- improved abuse awareness
- self confidence
- emotion identification and regulation
- enhanced assertiveness
- cooperative behavior

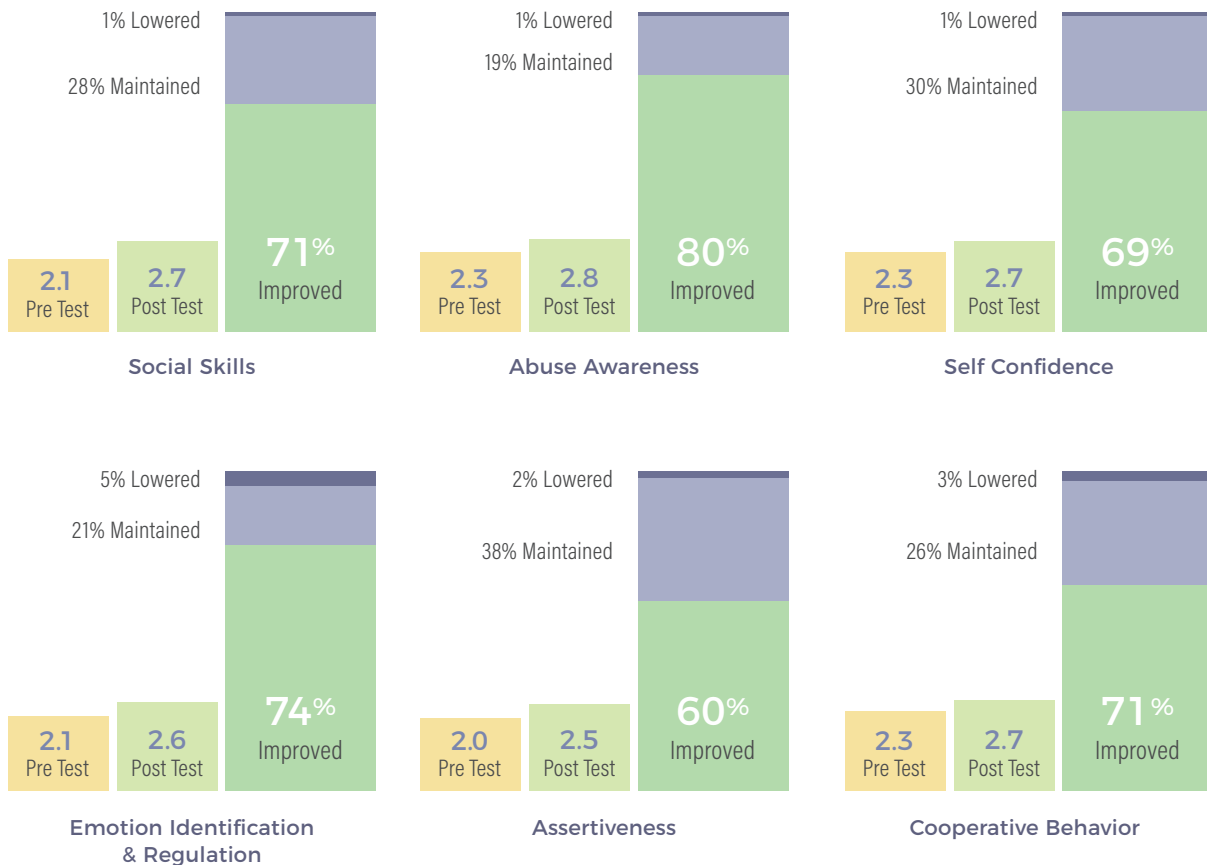
### Gender:



A sample of 3rd – 5th grade participants ( $n=3,585$ ) responded to an assessment of 6 goals (i.e., target outcomes) using a scale of 1 – 3. Analyses of measures (some using multi-item scores; reliabilities [Cronbach's  $\alpha$ ] range from .57 - .67) using paired sample  $t$ -tests revealed statistically significant ( $p<.001$ ) improvements for the average participant in ALL targeted areas from pre-program to post-program. The effect sizes ranged from .57 to .87. The average magnitude of the effect sizes for these improvements was .70 and can be considered moderately large (i.e., .25 small effect, .50 moderate effect, .75 large effect).

Descriptive analyses also were examined to provide a clearer picture of the numbers of participants who experienced changes. We calculated the percentage of participants who reported improvement in their individual scores from pre-program to post-program, maintained their score, or declined. Consistently, a large portion rated themselves as improved in each area assessed. The graphs below reflect the average scores of all measures at baseline and at program completion, as well as the percentages of people who had higher, lower, or the same score from pre-program to post-program.

**Protective Factor**  
***Social & Emotional Competence of Children***



Footnote: Paired sample  $t$ -test tables with results for testing mean score differences from pre-program to post-program for those who began the program not at the highest score are located on page 19 in the appendix.

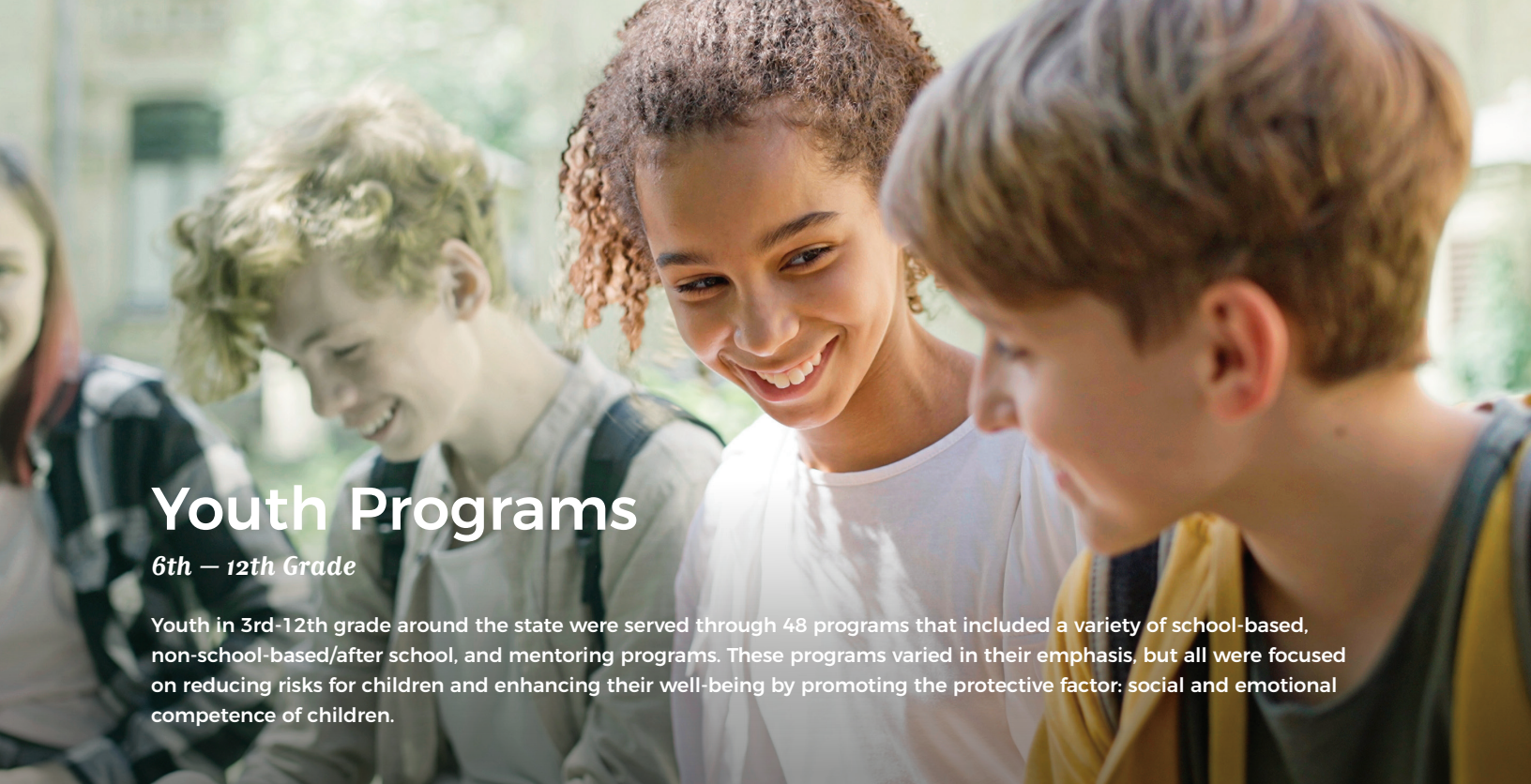
“

*I learned that no matter what happens to me it's not my fault, and I always go to a safe adult to talk about red flags or about anything going wrong in my life. I had fun today.*

- Youth program participant

”





# Youth Programs

6th – 12th Grade

Youth in 3rd-12th grade around the state were served through 48 programs that included a variety of school-based, non-school-based/after school, and mentoring programs. These programs varied in their emphasis, but all were focused on reducing risks for children and enhancing their well-being by promoting the protective factor: social and emotional competence of children.

## 6th – 12th Grade Demographics

Youth demographics from in school-based, non-school based/ after school, and mentoring programs offered to children in 6th-12th grade indicate that participants are predominantly African American/Black or European American/White and balanced in gender. Note: Youth who participated only in community awareness programs did not provide demographic information.

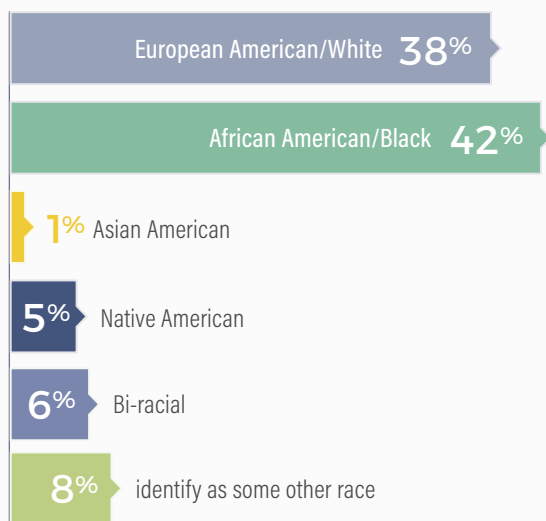
## Number of Siblings:

- 35% 0-1 Siblings
- 52% 2-4 Siblings
- 13% 5 or More

## Lives with Most of the Time:

- 33% Single-Parent
- 42% Biological 2-parent
- 25% Step-family

## Race & Ethnicity:

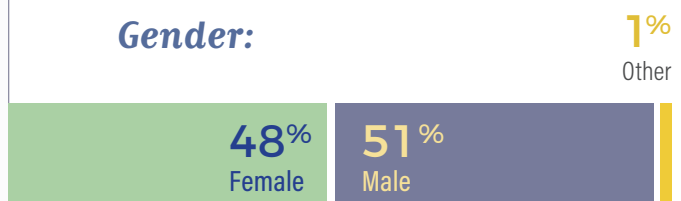


9% identified as Hispanic/Latino

Common goals of programs noted in their proposals for youth in 6th-12th grade center on participant improvement in:

- emotion knowledge
- self confidence
- social competence
- commitment to avoid risky & delinquent behavior
- cooperative behavior
- abuse awareness & resourcefulness

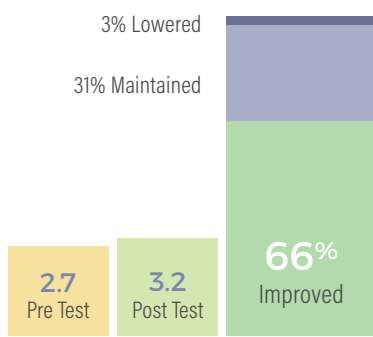
## Gender:



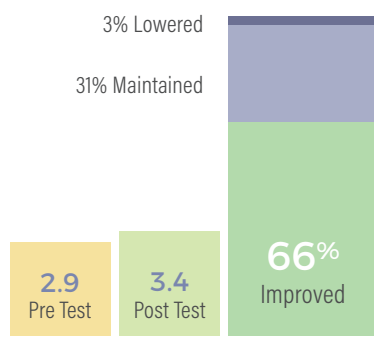
A sample of 6th-12th grade participants ( $n = 4,879$ ) responded to an assessment of 7 goals (i.e., target outcomes) using a scale of 1 - 4. Analyses of measures (some using multi-item scores; reliabilities [Cronbach's  $\alpha$ ] range from .63 - .79) using paired sample  $t$ -tests revealed statistically significant ( $p < .001$ ) improvements for the average participant in ALL targeted areas from pre-program to post-program. The effect sizes ranged from .59 to .80. The average magnitude of the effect sizes for these improvements was .71 and can be considered moderately large (i.e., .25 small effect, .50 moderate effect, .75 large effect).

Descriptive analyses also were examined to provide a clearer picture of the numbers of participants who experienced changes. We calculated the percentage of participants who reported improvement in their individual scores from pre-program to post-program, maintained their score, or declined. Consistently, a large portion rated themselves as improved in each area assessed. The graphs below reflect the average scores of all measures at baseline and at program completion, as well as the percentages of people who had higher, lower, or the same score from pre-program to post-program.

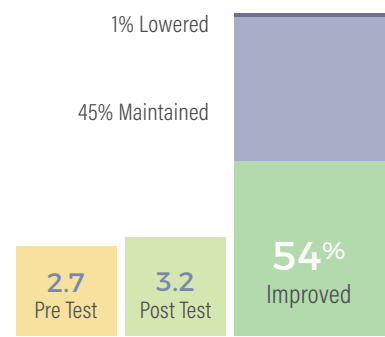
**Protective Factor**  
**Social & Emotional Competence of Children**



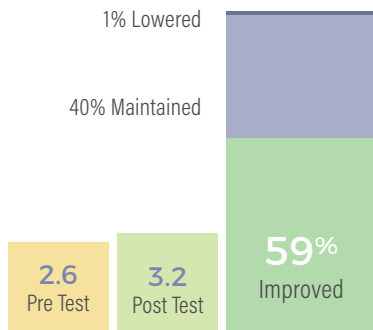
**Social Competence**



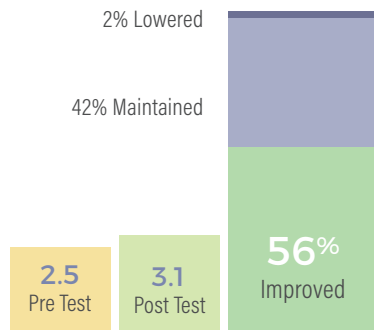
**Abuse Awareness & Resourcefulness**



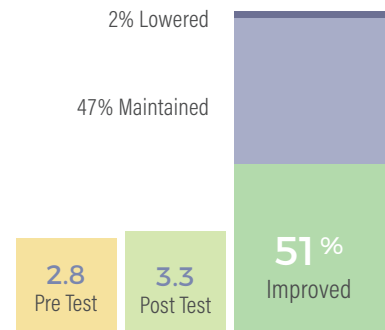
**Self Confidence**



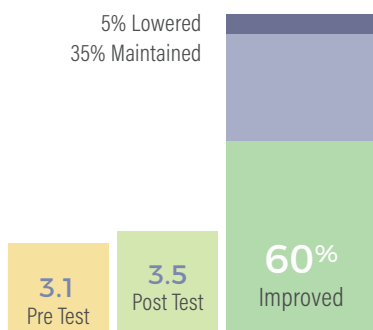
**Emotion Knowledge of Self**



**Emotion Knowledge of Others**



**Cooperative Behavior**



**Commitment to Avoid Risky & Delinquent Behavior**

Footnote: Paired sample  $t$ -test tables with results for testing mean score differences from pre-program to post-program for those who began the program not at the highest score are located on page 19 in the appendix.

“

*I like coming to [this after school program]. It is fun and I get a chance to learn about respect and body safety.*

- Youth program participant

”



# Public Awareness & Training Programs

There were 23 programs funded to specifically conduct Public Awareness activities. These programs provided information to professionals and community members on child abuse and neglect to raise awareness and increase 1) the likelihood of reporting suspected child abuse and neglect and 2) the use of services provided for family support and child abuse and neglect situations. Public Awareness and Training activities also address common risks identified as barriers to health and success (i.e., preventing tobacco use and/or tobacco cessation for youth).

Additionally, many of the Youth, Parent Education and Home Visiting, and Respite programs also made efforts to raise community awareness about community resources and child abuse and neglect and documented their efforts.

Due to the large numbers attending public awareness and training programs, individual surveys were not administered to these participants. Staff tracked the number of face-to-face encounters and reported these to the evaluation team monthly and quarterly.

*Public Awareness and Training programs/ presentations directly served a total of 778,970 individuals.*

Staff also tracked exposures to other community and public awareness efforts implemented within communities through various media outlets, such as billboards, radio and newspaper ads, agency websites, and social media (Facebook, Instagram, and Snapchat).

*152,236,619 exposures/impressions were documented.*

“

---

*As parents and educators, we can rest easy knowing that our children are well-prepared to navigate the digital landscape responsibly, thanks to this outstanding program. I wholeheartedly recommend it to any school or organization looking to prioritize internet safety education for our youth.*

- Public Awareness program participant

---

”



## Parent Education & Home Visiting Programs

Table 1. Paired Sample *t*-test for mean change over time (*n*=4,389).

	Pre-Test		Post-Test				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	Cohen's <i>d</i>
<b>Parental Resilience</b>							
Stress Management Skills	3.39	1.03	4.46	.61	4337	-76.01***	1.15
Skills to Manage Maltreatment Risk	4.37	.89	4.83	.48	4302	-37.95***	.58
<b>Knowledge of Parenting and Child Development</b>							
Understanding of Various Forms of Child Maltreatment	4.46	.75	4.84	.41	4339	-39.87***	.61
Medical Care Commitment	4.44	.88	4.75	.62	4275	-29.72***	.45
Parenting Skills & Child Development Knowledge	4.01	.89	4.77	.45	4328	-62.62***	.95
<b>Concrete Support in Times of Need</b>							
Knowledge of & Commitment to Use Support Services	3.48	1.10	4.47	.67	4328	-66.34***	1.01
<b>Social Connections</b>							
Use of Informal Support Networks	3.67	1.19	4.43	.86	4308	-50.08***	.76

\*\*\**p*<.001. Cohen's *d* reported in absolute values.

## Respite Care Programs

Table 2. Paired Sample *t*-test for mean change over time (*n*=551).

	Pre-Test		Post-Test				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	Cohen's <i>d</i>
<b>Parental Resilience</b>							
Stress Level <sup>^</sup>	3.15	1.07	2.70	.78	545	18.11***	.78
<b>Knowledge of Parenting and Child Development</b>							
Positive View of Child	4.05	.94	4.55	.78	530	-13.53***	.59
<b>Concrete Support in Times of Need</b>							
Knowledge of & Commitment to Use Support Services	3.14	.98	4.07	.78	534	-20.51***	.89
<b>Social Connections</b>							
Use of Informal Support Networks	3.37	1.17	4.18	.91	531	-15.96***	.69

\*\*\**p*<.001. Cohen's *d* reported in absolute values. <sup>^</sup>reductions are desired for these measures.

### 3rd - 5th Grade

Table 3. Paired Sample *t*-test for mean change over time (*n*=3,585).

	Pre-Test		Post-Test				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	Cohen's <i>d</i>
<b>Social and Emotional Competence of Children</b>							
Social Skills	2.14	.72	2.66	.55	3404	-42.75***	.73
Abuse Awareness	2.29	.77	2.77	.52	3362	-36.96***	.64
Self Confidence	2.31	.74	2.70	.54	3327	-33.07***	.57
Emotion Identification & Regulation	2.10	.50	2.55	.42	3479	-51.39***	.87
Assertiveness	2.00	.76	2.48	.67	3333	-38.75***	.67
Cooperative Behavior	2.29	.63	2.70	.47	3435	-40.24***	.69

\*\*\**p*<.001. Cohen's *d* reported in absolute values.

### 6th - 12th Grade

Table 4. Paired Sample *t*-test for mean change over time (*n*=4,879).

	Pre-Test		Post-Test				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	Cohen's <i>d</i>
<b>Social and Emotional Competence of Children</b>							
Emotion Knowledge of Self	2.55	.85	3.16	.73	4686	-53.69***	.78
Emotion Knowledge of Others	2.47	.85	3.05	.77	4667	-51.21***	.75
Self Confidence	2.68	.88	3.21	.78	4639	-46.53***	.68
Social Competence	2.74	.67	3.23	.59	4748	-55.18***	.80
Commitment to Avoid Risky & Delinquent Behavior	3.13	.70	3.47	.57	4752	-40.59***	.59
Cooperative Behavior	2.81	.88	3.25	.78	4503	-40.42***	.60
Abuse Awareness & Resourcefulness	2.87	.77	3.37	.63	4719	-50.82***	.74

\*\*\**p*<.001. Cohen's *d* reported in absolute values.

# Reflections

As we celebrate the Alabama Department of Child Abuse and Neglect Prevention-the Children's Trust Fund Children's Trust Fund's 40th anniversary of funding community-based programs, we are thrilled to complete another successful year of program evaluation. We, the Auburn University Evaluation Team, reflect on the hundreds of people throughout the State of Alabama who are working with the programs funded by ADCANP. We have the utmost respect and appreciation for Director Sallye R. Longshore, for entrusting us with this important responsibility. Under her leadership, the number of programs funded has grown substantially! In her tenure as Director, Sallye leads by example and empowers her staff, the Board, and collaborative partners to make a difference. As John Quincy Adams said:

*“If your actions inspire others to dream more, learn more, do more, and become more, YOU are a leader.”*

We also would like to acknowledge the hard work and dedication of the community agency staff all around the state reflected in this report. Clearly, the story in this evaluation report belongs to them. We are privileged to give voice to the citizens in our communities that benefit from these programs. While our job centers on reporting the numbers and analytic results of program effectiveness assessments, we never lose sight of the powerful, collective story we witness every day. The work is truly awe-inspiring. Lives are changed every day – and the evidence continues to mount to validate the investments in these programs.

Adults and youth participants in the programs are learning, growing, and feeling more connected and hopeful about ensuring a strong and loving family, thus strengthening families and ensuring reduced risks for children. As researchers in human development and family sciences, we have no doubt that the benefits we are seeing will have positive ripple effects for generations to come.

We, the Auburn University Evaluation Team, have no doubt that the impact made in each community is an extraordinary one. While we are scientists when collecting and analyzing and reporting the data, we are fellow community members, first and foremost, who are encouraged and inspired when we see the value of this work. We believe strongly in the promise of prevention programming and are excited to see these successful efforts in reducing the risk of child maltreatment across Alabama. We are grateful to be part of an effort to overwhelm our great state with resources that strengthen families and children.

*“Through this program, I have grown to identify unhealthy cycles and resources available to stop the cycle and make a more healthy environment for my children and myself. Overall, the program has been life changing.”*

- Program participant





# PY 2022-2023 Report

submitted in January 2024 by:

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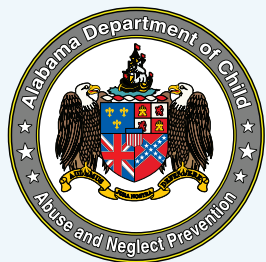
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