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DEVELOPMENT AND FORMATIVE EVALUATION OF THE SPEAK7 AFRICAN AMERICAN CHILD SEXUAL ABUSE PREVENTION PROGRAM

DISSERTATION

A dissertation submitted in partial fulfillment of the
requirements for the degree of Doctor of Philosophy in the
College of Education
at the University of Kentucky

By

MiKeiya Morrow

Lexington, Kentucky

Co-Directors: Pamela Remer, Ph.D., Professor Emerita
Jeff Reese, Ph.D., Professor of Counseling Psychology

Lexington, Kentucky

2017

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ABSTRACT OF DISSERTATION

DEVELOPMENT AND FORMATIVE EVALUATION OF THE SPEAK7 AFRICAN AMERICAN CHILD SEXUAL ABUSE PREVENTION PROGRAM

Child sexual abuse (CSA) is a complex issue among African American children, who experience significantly higher rates of CSA (Sedlak et al., 2012). Despite this, a dearth of research has examined CSA prevention among African American children. Moreover, there are no established culturally sensitive prevention programs targeted at addressing CSA among this demographic. This study addressed a significant gap in the literature by developing and evaluating the Speak7 African American Child Sexual Abuse Prevention Program (Speak7). Speak7 is a culturally sensitive, adult-focused CSA prevention program that aims to enhance the CSA prevention competence of adults who provide for African American children. Speak7 was developed by the principal investigator of this study using the National Standards for the Primary Prevention of Sexual Assault through Education (Carmody et al., 2009). Speak7 was evaluated using a formative approach to assess and enhance the acceptability of this intervention for African American adults. A qualitative design consisting of a pilot intervention with a focus group and key informant interviews was adopted to enable a detailed exploration of African American adults' perceptions of Speak7's program design, strengths, weaknesses, cultural congruence, and value. Qualitative data were analyzed using thematic content analysis (Braun & Clarke, 2006). Nine themes emerged from the data: (1) acceptable design, (2) identified strengths, (3) identified weaknesses, (4) culturally appropriate, (5) valued by targets, (6) recommendations, (7) appropriate for targets, (8) dynamic engagement, and (9) views of CSA. Findings reveal critical insights into participants' perspectives regarding the acceptability of Speak7 and inform program revisions.

KEYWORDS: Child Sexual Abuse, Prevention, African American, Cultural Sensitivity, Program Development, Formative Evaluation

MiKeiya Morrow

May 8, 2017

DEVELOPMENT AND FORMATIVE EVALUATION OF THE SPEAK7 AFRICAN AMERICAN CHILD SEXUAL ABUSE PREVENTION PROGRAM

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May 8, 2017

Dedicated to my grandmothers, Mrs. Lillian Bowie Morrow and Mrs. Billie Todd.

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Chapter One: Introduction

Child sexual abuse (CSA) is a complex issue among African American children, who are sexually abused at a rate that is nearly twice that of White children and significantly higher than the rate for Hispanic children (CSA; Sedlak et al., 2012). Despite this, there is a dearth of research examining CSA prevention among African American children. Moreover, there are no established culturally sensitive prevention programs targeted at addressing CSA among this demographic. This study addressed a significant gap in the literature by developing and evaluating the Speak7 African American Child Sexual Abuse Prevention Program (Speak7). Speak7 is a culturally sensitive, adult-focused CSA prevention program that aims to enhance the CSA prevention competence of adults who provide for African American children. Speak7 was developed by MiKeiya Morrow, M.A., Ed.S., a doctoral candidate in Counseling Psychology at the University of Kentucky and the principal investigator (PI) of the current study. Speak7 was evaluated using a formative approach to assess and enhance the acceptability of this intervention for African American adults. A qualitative design consisting of a pilot intervention with a focus group and key informant interviews was adopted to enable a detailed exploration of African American adults' perceptions of Speak7's program design, strengths and weaknesses, culturally congruence, and value. Findings from this formative evaluation were used to identify potential improvements and to revise Speak7 to better accommodate African American adults and maximize the success of this intervention.

Child Sexual Abuse

CSA is a widespread public health concern that undermines the collective health and wellbeing of children, families, and communities. The U.S. Department of Health and Human Services (2012) reports that nearly 63,000 children are sexually abused annually in the Unites States. This figure is derived from data submitted by the 50 states and the District of Columbia, and reflects substantiated cases among known CSA victims. This figure does not account for unsubstantiated or unreported CSA incidents, nor does this figure account for unknown CSA victims. As an exclusive indicator of substantiated cases among known CSA victims, this figure likely underestimates the full scope of the CSA epidemic.

CSA has no universally accepted definition, with researchers and institutions varying widely in defining this construct. CSA generally refers to a broad range of sexual crimes and offenses perpetrated against persons under the age of 18 years (Finkelhor, 2009). CSA may be perpetrated in contact or non-contact form, and with or without the use of cohesion or force (Finkelhor, 2009). Males or females may perpetrate CSA although research support that over 90 percent of known perpetrators are male (Finkelhor, 2009). An adult or a minor may also perpetrate CSA with juveniles accounting for 35% of known CSA perpetrators (Finkelhor, 2009).

In the United States, states reserve the power to regulate child maltreatment within their own jurisdictions. Still, the federal government influences child maltreatment laws and policies through the Child Abuse Prevention and Treatment Act (CAPTA; 42 U.S.C. §5101). CAPTA as amended by the CAPTA Reauthorization Act of 2010 is a key piece of federal legislation that was originally enacted in 1974 and most

recently reauthorized in 2010 to address child abuse and neglect in the United States. CAPTA allocates federal funding to states, public agencies and nonprofit organizations that define and respond to child maltreatment in compliance with minimum standards set in the legislation. These standards outline policies and procedures regarding the prevention, assessment, treatment, investigation and prosecution of child maltreatment. CAPTA also outlines the role of the federal government in supplementary activities, including data collection, research, evaluation and technical assistance.

CAPTA identifies four major categories of child maltreatment, which include physical abuse, sexual abuse, emotional abuse and neglect. State governments and territories are required to recognize these four major categories of child maltreatment, but are otherwise permitted to define additional categories of child abuse and neglect. CAPTA explicitly defines sexual abuse as:

> The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct [or] the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other forms of sexual exploitation of children, or incest with children (42 U.S.C. §5101, p. 31).

CAPTA defines a child as a person under the age of 18 years; however, this legislation permits states and territories to specify age-related criteria for CSA. As such, definitions of child abuse vary widely, contingent upon such factors as the nature of the offense, the age of the victim and/or age differences between the victim and perpetrator.

Child Sexual Abuse Risks

CSA is a borderless epidemic that affects children across all sociodemographic groups (Kenny & McEachern, 2000). By virtue of this construct, all CSA victims are minors (under the age of 18 years). CSA victims are otherwise a diverse group that shares no single characteristic. As such, there is no single descriptor of CSA victims besides the age range >18.

While children across all sociodemographic groups are vulnerable to CSA, research reveals disparities in CSA rates among certain groups of children (Black et al., 2003; Sedlak et al., 2010). Groups with significantly elevated or reduced CSA rates are identified by their shared sociodemographic characteristics (Chu, Pineda, DePrince, & Freyd, 2011; Fleming, Mullen, & Bammer, 1997). Employing an interdisciplinary public health approach, these characteristics are separated into risk and protective factors (Powell, Mercy, Crosby, Dahlberg, & Simon, 1999). Risk factors are characteristics that are associated with an increased probability for negative outcomes, while protective factors are characteristics that are associated with a decreased probability for negative outcomes (Jonzon & Lindblad, 2006; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Risk and protective factors are correlated with outcomes unless otherwise noted (Kraemer et al., 2005, SAMHSA, 2015). As correlates, risk and protective factors influence vulnerabilities and resiliencies for pathological health and behavioral outcomes but do not cause or prevent outcomes. Identifying and understanding risk and protective factors is critical in the prevention of complex public health problems such as CSA (Wurtele, 2009).

The Fourth National Incidence Study of Child Abuse and Neglect (NIS–4; Sedlak et al., 2010) is a critical source of data that is key in identifying risk and protective factors for CSA and other forms of child maltreatment. The NIS-4 is a national research initiative that is congressionally mandated by The Keeping Children and Families Safe Act of 2003 (P.L. 108-36). This research initiative is managed by the United States Department of Health and Human Services, which collects data on all reported and validated incidences of child maltreatment from a nationally representative sample of 122 counties. The principal objective of the NIS-4 is to provide accurate estimates and measure changes in child maltreatment in the United States. The NIS-4 is arguably the most credible and reliable source of child maltreatment statistics in the United States.

The NIS-4 identified four risk factors for CSA, including sex, socioeconomic status (SES), family structure and race/ethnicity. This study specifically found significantly higher rates of CSA among girls, children of low SES families, children residing with a single parent or non-biological parent, and African American children. Race/ethnicity is noticeably salient to African American children who are the population of interest in the current study; however, all four risk factors for CSA identified by the NIS-4 have critical implications for African American children.

The NIS-4 recognized sex as a risk factor for CSA and, in fact, the overall greatest predictor of CSA, with girls being the high-risk group. Per the NIS-4, girls are sexually abused at rate of 3 per 1,000 (Sedlak et al., 2010). This rate is 5 times the rate for boys, who are sexually abused at a rate of .6 per 1,000 (Sedlak et al., 2010). As the greatest overall predictor of CSA, sex has critical implications for African American girls.

SES is the strongest overall predictor of child maltreatment in general and the second greatest overall predictor of CSA per the NIS-4 (Sedlak, et al., 2010). SES refers to the relative position of a family or individual on a hierarchical social structure, based on their control over or access to wealth, prestige and power (Mueller & Parcel, 1981). This construct encompasses both economic characteristics such as income and material wealth, and non-economic characteristics such as education and social prestige. The NIS-4 combined household income, parents' highest education level and participation in a poverty program into a general measure of SES, delineating low SES families as those making below $15,000 a year, parents with less than a high school education, or any household member participating in a poverty program such as food stamps, public housing, or subsidized school meals. The NIS-4 reports that children of low SES families are sexually abused at a rate of 1.7 per 1,000, which is nearly 3 times that of children in higher socioeconomic standings (Sedlak et al., 2010). Per U.S. census data, African Americans have the highest poverty rates and the lowest family income of all racial and ethnic groups in the United States (U.S. Census Bureau, 2011). Thus, SES is a risk factor for CSA that has critical implications for African American children who are disproportionately represented among low-income families.

Family structure is also a risk factor for CSA and the third strongest overall predictor of CSA per the NIS-4 (Sedlak, et al., 2010). The NIS-4 reports that children who reside with a single parent with a cohabitating partner are sexually abused at a rate of 9.9 per 1,000. This is significantly higher than the rates for children living with stepparents or adoptive parents (4.3 per 1,000), children living with a single parent without a cohabiting partner (2.4 per 1,000), and children living with two married

biological parents (0.5 per 1,000; Sedlak et al., 2010). Thus, the rate of CSA among children living with a single parent with a cohabitating partner is nearly 20 times greater than that of children residing with both biological parents. U.S. Census data indicates that African American children residing with single parents and non-biological parents are sexually abused at significantly higher rates than children of all other racial/ethnic backgrounds (U.S. Census Bureau, 2012). Thus, family structure has critical implications for African American children who reside with parents dating partners and non-biological parents at significantly higher rates.

Finally, the NIS-4 identified race as a risk factor for CSA (Sedlak, et al., 2010). Race is identified as the fourth strongest predictor of CSA, with African American children being identified as a high-risk population. The NIS-4 reports that African American children are sexually abused at a rate of 2.6 per 1,000. This rate is nearly twice the rate of White American children (1.4 per 1,000) and significantly higher than the rates for Hispanic children (1.8 per 1,000; Sedlak, et al., 2010). Thus, race/ethnicity is established as a risk factor for CSA as the NIS-4 found marked disparities in CSA rates among children of different racial/ethnic groups. This risk factor is specifically salient to African American children, being the racial/ethnic group who were determined to have the highest CSA rates.

In sum, African American children occupy a unique social constellation that places them at the nexus of multiple risk factors for CSA. In addition to race/ethnicity and gender (which is particularly salient to African American girls), this social constellation includes a disproportionate representation among families of low SES and greater residence with single dating parents and non-biologically related adults. Research

on co-occurring risk and protective factors suggests that the presence of multiple risk factors or protective factors has a greater impact on outcomes than a single factor (Appleyard et al., 2005). Consequently, children who face multiple risk factors for CSA, such as African American children, are at an aggravated risk for negative outcomes.

While African American children are an identified high-risk group for CSA, it is imperative to note that race/ethnicity does not cause CSA. Race/ethnicity is merely a readily identifiable sociodemographic characteristic that is shared among this group. As previously indicated, risk and protective factors are generally presumed to be correlates, which are variables that are associated with outcomes but bear a non-causal relationship with those outcomes. Risk and protective factors should not be inferred to indicate a causal pathway in the relationship between variables unless explicitly noted.

All four risk factors for CSA identified by the NIS-4 are correlates that cannot be inferred to cause CSA. Instead, these risk factors are proxies or convenient indicators for other variables that directly affect CSA outcomes. These identified risk factors are located parallel to direct indicators that may better account for disparate CSA outcomes, but are likely more complex and difficult to measure. For example, sex or being a girl may be a proxy for a patriarchal system of male dominance, which legitimizes the objectification of women and girls' bodies and the use of violence towards women and children. Low SES may be a proxy for factors such as extended family living arrangements or a decreased direct supervision of children due to parent's need to work multiple jobs or a greater number of hours. Similarly, family structure is likely a proxy for children's increased exposure to non-biological parents, who pose an increased risk for CSA perpetration. Finally, race/ethnicity may be a proxy for conditions or practices

among African Americans that affect risks for CSA perpetration and/or victimization such as intergenerational patterns of sexual violence or a lack of sufficient knowledge or healthy discourse regarding CSA. The elevated rates of CSA among African American children could also be explained in terms of the individual or combined effects of other direct indicators related to gender, SES and family structure.

Child Sexual Abuse Prevention Programs

CSA prevention programs are important tools in CSA prevention. CSA prevention programs are educational initiatives that use various approaches to heighten awareness and reduce incidence of CSA. CSA prevention programs were introduced during the late 1970s and early 1980s as new insights emerged regarding the prevalence and consequences of CSA (Bolen, 2003; Wurtele, 2009). Feminist scholars lead these developments, conceptualizing the CSA epidemic as a product of patriarchy and sexism (Bolen, 2003; Hanisch & Moulding, 2011; Whittier, 2002). Consequently, early CSA prevention programs were grounded in feminist theory and modeled after early rape prevention initiatives (Angelides, 2004; Bolen, 2003; Plummer, 2001). Feminist thought and praxis continues to play a major role in the prevention and treatment of sexual violence (Carmody et al., 2009). CSA prevention programs currently reflect diverse theories and objectives and continue to be instrumental in combating the CSA epidemic.

CSA prevention programs, along with offender management strategies, are among the primary means of CSA prevention in the United States (Bolen, 2003; Finkelhor, 2009). Dozens of CSA prevention programs are currently available in the United States, including *Talking about Touching: A Personal Safety Curriculum* (Committee for Children, 2013), *Body Safety Training* (Wurtele, 2007) and Stewards *of Children*

(Darkness to Light, 2003). These programs are primarily facilitated in schools and aim to teach children to recognize CSA, resist perpetrators and disclose CSA (Bolen, 2003; Finkelhor, 2009; Kenny, Capri, Thakkar-Kolar, Ryan, & Runyon, 2008; Wurtele, 2009). Numerous evaluative studies have demonstrated that CSA prevention programs are effective at increasing children's knowledge of CSA prevention concepts and skills (Davis, & Gidycz, 2000; Finkelhor & Dziuba-Leatherman, 1994; Topping & Barron, 2009).

Despite their widespread use, CSA prevention programs have drawn considerable criticism in recent years (Bolen, 2003; Finkelhor, 2009; Gibson and Leitenberg, 2000; Wurtele, 2009; Wurtele & Kenny, 2010). One criticism pertains to the development of predominantly child-focused CSA prevention programs, which target children exclusively as the subjects of intervention and include no adult-specific components or involvement (Fontes, Cruz. & Tabachnic, 2010; Wurtele & Kenny, 2010). Another criticism pertains to the predominate development of monocultural CSA prevention programs that are presumed to be value-neutral but are implicitly grounded in a Eurocentric cultural framework. The development of predominantly child-focused and monocultural CSA prevention programs are critical limitations that are addressed in the current research study.

Child-focused limitation. Limited CSA prevention programs have been developed for adults or that include both adult and child components (Wurtele & Kenny, 2010). Instead, most CSA prevention programs target children as the subjects of intervention, aiming to enhance their ability to prevent their own victimization (Bolen, 2003; Finkelhor, 2009; Wurtele & Kenny, 2010). Although children play a critical role

in CSA prevention, researchers contend that a child-focused approach likely overestimates children's ability to protect themselves from more powerful child sexual perpetrators (Bolen, 2003; Finkelhor, 2009). Researchers also argue that a child-focused approach unfairly places the burden of CSA prevention onto children (Bolen, 2003; Daro, 1994). These critiques highlight the importance of expanding CSA prevention programs beyond the predominant child-focused approaches.

Educating children about CSA prevention is important as informed children are more likely to recognize and resist CSA perpetration (Davis, & Gidycz, 2000; Gibson and Leitenberg, 2000; Zwi, 2007). Still, CSA prevention is an important and complex responsibility that requires a sophisticated understanding of perpetrator tactics and children's' vulnerabilities. As such, adults in society most appropriately maintain the primary responsibilities for CSA prevention. Adults may be more proficient than children at recognizing and managing CSA risks. Adults also maintain more power in society and have a greater capacity to challenge and change toxic beliefs and practices that foster CSA. Given the roles and responsibilities of adults in society and the degree of knowledge and skill that is necessary to adequately understand and prevent CSA, Speak7 was developed as an adult-focused CSA prevention program. Speak7 targets adults as the subject of intervention to enhance their CSA prevention competence and to teach adults to work with children and systems to prevent CSA.

Monocultural limitation. Limited CSA prevention programs have been developed for culturally diverse groups (Fontes et al., 2001; Kenny, 2010; Kenny & McEachern, 2000). Instead, most CSA prevention programs are developed for a monocultural or culturally homogenous population. Despite being marketed as generic,

universal or value-neutral, the theoretical underpinnings of existing CSA preventions program are largely compatible with the cultural values and interests of White Americans as the majority racial/ethnic group in the United States (Fontes, Cruz, & Tabachnick, 2010; Kumpfer, Alvardo, Smith, & Bellamy, 2002). Thus, these monocultural programs are most appropriately suited to meet the CSA prevention needs of White American children, families and communities.

CSA prevention is an important and achievable goal that requires the development of culturally sensitive CSA prevention programs for diverse and underserved groups. Cultural sensitivity is a process that involves “employing one’s knowledge, consideration, understanding, respect, and tailoring after realizing awareness of self and others and encountering a diverse group or individual” (Foronda, 2008, p. 210). Cultural sensitivity is vital to the development of CSA prevention programs as addressing concerns in a manner that is congruent with the values and needs of targets enhances the quality of health and behavioral interventions (Fontes et al., 2001; Pitman, Wilson, Adams-Taylor, & Randolph, 1992). Tailoring prevention programs to meet the specific needs of diverse populations may improve recruitment and retention and lead to better outcomes with culturally diverse groups (Kumpfer et al., 2002).

African American children experience significantly higher rates of CSA (Sedlak et al., 2012). Despite this, culturally sensitive CSA prevention programs have not been developed for this population. Given the complexities of CSA among African American children and the implications of cultural sensitivity in the development of CSA prevention programs, Speak7 was developed as a culturally sensitive CSA prevention program that reflects the interests, needs and cultural values of African Americans.

Purpose of the Study

African American children must no longer be invisible in CSA prevention research and developments. The purpose of this study is to develop and evaluate the Speak7 African American Child Sexual Abuse Prevention Program. Speak7 is a culturally sensitive, adult-focused CSA prevention program that aims to enhance the CSA prevention competence of adults who provide for African American children (i.e., parents, caregivers, educators). CSA prevention competence is operationally defined as knowledge, attitudes, and self-efficacy regarding CSA prevention. Speak7 is a single session, 4-hour group intervention that underscores seven core themes and 35 competencies that are fundamental to understanding and preventing CSA among African American children. Speak7 was advanced to foster a greater awareness of the scope and complexity of CSA among African American children and to empower African Americans to exercise transformative agency to prevent child sexual abuse within their own communities.

Speak7 was developed by MiKeiya Morrow, M.A., Ed.S., a doctoral candidate in Counseling Psychology at the University of Kentucky and the principal investigator (PI) of the current study. The PI proposed the development of an African American CSA prevention program to address the crisis of CSA among African American children and the paucity of culturally sensitive prevention programs targeted at addressing CSA among this demographic. Speak7 was subsequently developed through a review of the literature, an informal needs assessment, a preliminary pilot with graduate students and extensive consultation. Speak7 was developed using the National Standards for the Primary Prevention of Sexual Assault through Education (Carmody et al., 2009).

Speak7 was evaluated using a formative approach to explore the acceptability of this intervention for African American adults and to inform program revisions. Acceptability is operationally defined as participants' perceptions of Speak7's program design, strengths, weaknesses, cultural congruence, and value. A qualitative design consisting of a pilot intervention with a focus group and key informant interviews was adopted to enable a detailed exploration of African American adults' perceptions of the program design, strengths, weaknesses, cultural congruence, and value. Data in this study consisted of transcripts from a post-intervention focus group interview with African American adults and expert reviews submitted by African American key informants. The focus group interview was audio recorded and transcribed verbatim and data were analyzed using thematic content analysis (Braun & Clarke, 2006). Key informants participated in phone interviews and submitted written evaluations of Speak7. Two researchers independently analyzed the data for emergent ideas and themes conveyed across participants prior to coming to a consensus while the PI's faculty advisor supervised the data analysis. Findings from this formative evaluation were used to identify potential improvements and to revise Speak7 to better accommodate African American adults and maximize the success of this intervention.

Research Questions

A. What are African American adults' perceptions of the acceptability of the Speak7 African American Child Sexual Abuse Prevention Program?

    1. What are participants' perceptions of Speak7's program design?
    2. What are participants' perceptions of Speak7's strengths and weaknesses?
    3. What are participants' perceptions of Speak7's cultural relevance?

4. What are participants' perceptions of Speak7's value?

5. What are participants' recommendations to improve Speak7?

B. What can be learned from this formative evaluation to enhance the acceptability of the Speak7 African American Child Sexual Abuse Prevention Program for African American adults?

6. What potential program improvements can be identified from this formative evaluation?

7. How can Speak7 be revised to better accommodate African American adults and maximize the success of this intervention?

Significance of the Study

The development of culturally sensitive CSA prevention programs is vital to defeating the CSA epidemic and improving the quality of life of diverse and underserved groups such as African American children. This study addressed a significant gap in the literature by developing and evaluating Speak7. As a culturally sensitive, adult-focused CSA prevention program, Speak7 aims to enhance the CSA prevention competence of adults who provide for African American children. Speak7 was explicitly developed to address the CSA prevention needs and experiences of African American children.

Speak7 represents a major transition from the predominantly child-focused and monocultural CSA prevention interventions, which are two important directions for CSA prevention research and developments. Speak7 is an innovative intervention that re-centers the primary responsibility for CSA prevention with adults and is congruent with the interests, needs and cultural values of African Americans. Speak7 is the only known CSA prevention program that was explicitly developed to address the child sexual abuse

prevention needs and experiences of African American children. Given the complexity of CSA among African American children and the marginalization of African Americans in CSA prevention research and developments, Speak7 makes an important contribution to the child maltreatment and African American Studies literature.

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Chapter Two: Literature Review

Chapter 2 of this dissertation study provides a review of the literature relevant to the development and formative evaluation of the Speak7 African American Child Sexual Abuse Prevention Program (Speak7). This includes an overview of the sociohistorical context of African American sexual exploitation and the development of Speak7 using the National Standards for the Primary Prevention of Sexual Assault through Education (Carmody et al., 2009). Definitions are also provided.

Sociohistorical Context of African American Sexual Exploitation

The dearth of public and intellectual discourse regarding the crisis of CSA among African American children is concerning given the rates and complexities of sexual violence among this population. Yet, the lack of discourse regarding CSA among African Americans mirrors a long tradition of silence and suppression amid unremitting sexual violence. African Americans (term inclusive of Africans transported to and born in the United States) endured egregious human rights violations in the United States, including decades of institutionalized and systemic sexual exploitation (Roberts, 1997; West, 2006). This sexual exploitation was further exacerbated by a tradition of silence and suppression, whereby African Americans were prohibited from acknowledging or redressing their victimization (Bridgewater, 2001; Wyatt, 1997). African Americans coped with and survived this sexual exploitation through a distinct set of responses that have been described as the *culture of silence* (West, 2006). Vestiges of the culture of silence may be transmitted intergenerationally and currently compromise the sexual safety of African American children (Stone, 2004). Complex issues such as the crisis of CSA among African American children must be analyzed within their appropriate

sociohistorical context to be appropriately understood and addressed. Thus, a review of African American sexual exploitation and the culture of silence is warranted.

The African American experience has been marred by institutionalized and systemic sexual exploitation since the inauguration of the transatlantic slave trade and American chattel slavery (Collins, 2008; Roberts, 1997; West, 2006). Sexual exploitation denotes "any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another" (Annan, 2003, p. 2). Expounding upon this construct, institutionalized sexual exploitation is that which is supported by law, custom, policies and/or practices that cultivate and sustain exploitative dynamics. Furthermore, systemic denotes that sexual exploitation is wide-ranging and pervasive, impacting an entire group or system.

American chattel slavery. Enslaved Africans were subjected to abominable forms of sexual exploitation throughout the institution of American chattel slavery. Enslaved Africans were forced to endure humiliating public exhibitions whereby their nude bodies were displayed before masses of spectators (West, 2006). During these public exhibitions, interested parties took the liberty to visually and physically inspect the bodies of enslaved Africans in the interest of determining their fitness for labor and/or reproductive capacities (Bridgewater, 2001).

Enslaved Africans were also forced to endure "slave breeding" or forced reproduction (Bridgewater, 2001; Foster, 2011; Roberts, 1997). European/White enslavers systematically bred enslaved Africans to supply slave labors for the plantation sector. Sexual acts were also forced upon or between enslaved Africans to selectively

produce offspring with desired traits (Foster, 2011; West, 2006). The practice of forced reproduction increased in 1808 after the United States banned the transatlantic slave trade and would persist until the abolition of legal slavery in 1863 (Bridgewater, 2001; Roberts, 1997; West, 2006).

Rape was a common experience for enslaved Africans, who were systematically denied autonomy and agency over their own bodies (Bridgewater, 2001; Foster, 201; Roberts, 1997). Enslaved African women (term inclusive of women and girls) were routinely raped without recourse using coercion, bribery, threat and/or force (Bridgewater, 2001; Roberts, 1997; Sommerville, 2004). Scholars estimate that nearly 60% of enslaved African women between the ages of 15 and 30 years were raped by their legal enslavers (Hine, 1989). Enslaved African women were also raped by persons who retained no legal rights of ownership over them, including White men and other Africans (Sommerville, 2004). Enslaved African women were also prostituted or sold as concubines or “fancy girls” explicitly for the purpose of sexual exploitation (Bridgewater, 2001). Enslaved African women resisted rape and other forms of sexual violence but were virtually powerless under the institution of American chattel slavery (Bridgewater, 2001; Sommerville, 2004).

Although the preponderance of literature regarding the rape of enslaved Africans during American chattel slavery concentrates on the experiences of enslaved African American women, it should be noted that enslaved African American men (term inclusive of men and boys) were also subjected to rape and other forms of sexual exploitation (Foster, 2011). The rape of African American men by white enslavers is documented in various archives, including court records, newspaper articles, abolitionist

literature, the journals of enslavers and the recorded testimonies and autobiographies of formally enslaved Africans (Foster, 2011). Sodomy laws in the United States prohibited sexual acts beyond heterosexual intercourse; however, these laws afforded little protection to enslaved African men, who were coercively and violently raped by White men. In some instances, the rape of enslaved African men was employed as punishment (Foster, 2011).

White women also sexually exploited enslaved African men over the course of American chattel slavery (Foster, 2011; Sommerville, 2004). Sexual encounters between White women and enslaved African men were socially taboo but not uncommon (Mankiller et al., 1998). These sexual encounters were noted to range from "affectionate to violent," with enslaved African men being ordered and threatened into submission (Foster, 2011, p. 459). White women concealed sexual encounters with enslaved African men and resorted to fabricating rape allegations to avert social humiliation and ostracism (Sommerville, 2004). These conditions created a paradox for enslaved African men who were subject to the legal authority of white enslavers and also risked punishment for either defying or complying with the sexual advances of White women. Sexual encounters between enslaved African men and White women during American chattel slavery are most appropriately characterized as sexually exploitive as they transpired under exceedingly hostile and oppressive conditions that undermined the agency and autonomy of enslaved African men.

Jim Crow rape and lynching. The abolition of legal slavery in 1863 did little to protect African Americans from sexual exploitation. Throughout the Jim Crow era, rape and lynching were amongst the primary means used to terrorize African Americans in the

United States (McGuire, 2011; Roberts, 1997). African American women and girls as young as 7 years old were kidnapped from their homes and communities by White vigilantes who beat and raped them with impunity (McGuire, 2011). Rape laws during the turn of the 20th century were race-specific, explicitly defining rape as an infraction against White women (West, 2006). Irrespective of the law, the social convictions permitted African American women to be raped without social constraint or legal recourse (Sommerville, 2004). While the rape of African American women was marginalized, thousands of African American men were lynched for alleged sexual infractions against White women (Jackson, 2006; Sommerville, 2004).

U.S. domestic labor sector. The sexual exploitation of African American women continued throughout legal segregation in the United States. Structural inequalities, including racism, sexism and economic oppression, lead to the sexual exploitation of African American women in the domestic labor sector (Roberts, 1997; West; 2006). Throughout the Civil Rights era, large numbers of African American women were employed outside of their homes as domestic laborers. In their service as day or live-in maids and field workers, African American women were coercively and violently raped on the job (Hine, 1989). White men exploited African American women with impunity, taking advantage of the social privileges afforded to them and systematically denied to African American women. The legal system afforded little protection to African American women who were forcefully raped without social or legal recourse. African American women were pressured to acquiesce to the sexual demands of White men at the risk of losing their jobs. Although African American women have

made considerable strides, the intersections of race, class and gender continues to impact African American women's vulnerabilities for sexual exploitation (Collins, 2008).

Eroticization of the Black body and the myth of hypersexuality. The Black body has long been regarded by White Americans with a mixture of fascination and contempt (Foster, 2001; Hooks, 2004). White enslavers marveled over the stature, complexion and anatomy of enslaved Africans while also framing the Black body as beastly, ugly and vile. Throughout American chattel slavery and the Jim Crow era, White Americans projected their interest and disdain into the Black male phallus with genital mutilation and castration serving as a means of social control and punishment (Foster, 2001; Hooks, 2004).

The myth of Black hypersexuality also emerged during American chattel slavery, initiating an ongoing assault on Black sexuality (Collins, 2008). In addition to being portrayed as primitive and inferior, African Americans were instrumentally framed as immoral, sexually permissive and insatiably driven by sexual desires (Collins, 2008; Jackson, 2006; Roberts, 1997). The myth of hypersexuality was constructed to justify forced reproduction among enslaved Africans and to facilitate the maintenance of slavery (Bridgewater, 2001).

The myth of Black hypersexuality also gave rise to several damaging gender-specific stereotypes or tropes that shaped perceptions of African Americans and reinforced structural inequalities (Collins, 2008; Stephens & Phillips, 2003; West, 2008). These tropes were used to justify and conceal sexual violence against African Americans (Bridgewater, 2001; Collins, 2008). Among the tropes of African American women were (a) *Mammy,* the obedient servant whose rape was obscured by her asexuality and

unattractiveness; (b) *Jezebel,* the “whore” who is believed to be incapable of being raped by virtue of her promiscuous nature; and (c) *Sapphire,* the domineering matriarch who needs to be controlled due to her aggressiveness and emasculating tendencies (Collins, 2008; Stephens & Phillis, 2003; West, 2008). Similarly, the *Black brute* trope depicted African American men as hypersexual, animalistic, savage, dangerous and violent (Jackson, 2006). The *Black brute* or myth of the menacing Black rapist was invented after the abolition of legal slavery to protect the interest of White men, being White women (Sommerville, 2004). This trope perpetuated the notion that African American men posed a significant threat to the chastity of White women and was used to justify the lynching of African American males (Jackson, 2006). Prior to the abolition of legal slavery, the *coon* or *Sambo* trope prevailed which depicted African American men as child-like, lazy, irresponsible, dependent and obedient (Jackson, 2006). The *coon*/*Sambo* trope was instrumentally overturned by the invention of the *Black brute* trope.

The culture of silence. African American sexual exploitation has long been coupled with a tradition of silence and suppression. While suffering brutal and heinous forms of sexual violence, enslaved Africans were forbidden from acknowledging or redressing their victimization (Bridgewater, 2001; Wyatt, 1997). During American chattel slavery, rape was both a legal right and social privilege granted to White enslavers who maintained absolute and complete power over the bodies and lives of enslaved Africans (Bridgewater, 2001; Foster, 2001; Roberts, 1997). In addition to enduring ongoing sexual exploitation, enslaved Africans were forced to ignore and conceal their abuses at the expense of further punishment ranging from the contempt of White women to death (Roberts, 1997). This tradition of silence and suppression would extend

American chattel slavery, persisting through the Jim Crow era where African Americans were raped and lynched without legal recourse and the civil right era where African American woman were forced to withstand sexual exploitation in the domestic labor sector (Hine, 1989; McGuire, 2011).

African Americans coped with decades of institutionalized and systemic sexual exploitation by engaging in what has been described as the culture of silence (West, 2006). The culture of silence refers to a distinct set of psychological and behavioral responses that emerged during American chattel slavery and helped enslaved Africans cope with and survive sexual violence. The culture of silence enabled African Americans to distance themselves from the emotional and psychological burden of their victimization (Wyatt, 1997).

Wyatt (1997) writes that the psychological and behavioral responses that were later described by West (2006) as the culture of silence consisted of three main adaptations. The first adaptation involved masking or giving the impression that one was content despite psychological distress. Enslaved Africans learned to appear happy, submissive and complacent to lull suspicions and protect themselves and fellow enslaved Africans. Through masking enslaved Africans convinced their enslavers that they were subservient and uninterested in their own health or freedom. The practice of masking lead to the presumption that enslaved Americans were "strong" and relatively unaffected by violence and oppression.

The second adaptation consisted of refraining from disclosing or discussing experiences of sexual violence (Wyatt, 1997). Silence and restraint were critical to the survival of enslaved Africans as there was no recourse for their victimization and

disclosing sexual violence experiences would likely warrant further punishment (Bridgewater, 2001; Roberts, 1997). In the absence of alternatives, silence and restraint were considered signs of strength and fortitude. By remaining silent, enslaved Africans believed that they had not allowed themselves to be mentally overtaken by their victimization. Enslaved Africans maintained silence and composure under such hostile conditions but undoubtedly experienced traumatic stress and adverse health consequences in response to sexual violence.

The third and final adaptation consisted of maintaining a sense of dignity despite experiences of sexual violence (Wyatt, 1997). Enslaved Africans endeavored to hold their heads high, maintain decency and attend to life's blessings amid despair. Like masking distress and concealing sexual violence, maintaining a sense of dignity required that enslaved Africans detach from the reality of their lived experiences and overlook their own pain and suffering. These three adaptations are unquestionably maladaptive by today's standards as they undermine the ability of individuals and groups to address and recover from traumatic experiences. Still, the culture of silence was adaptive within the context of American chattel slavery as enslaved Africans were systematically denied protection and these responses helped enslaved Africans cope with and survive sexual violence.

Contemporary manifestations. Stone (2004) suggests that African American cultural adaptations emanating from American chattel slavery continue to be transmitted intergenerationally among African Americans. She argues that many of these beliefs and practices were adaptive within the context of American chattel slavery but currently function to threaten the sexual safety of African American children. She further

identifies eight themes that highlight harmful practices and their origins in American chattel slavery. There is little empirical research to support the nature or prevalence of these eight themes proposed by Stone (2004). Still, these themes may be consistent with the lived experiences of many African Americans. While an empirical investigation of these proposed cultural adaptations is beyond this scope of this research study attention to these themes is warranted.

Theme 1. The first theme, *our bodies are not our own* refers to the practice of dictating what happens to children's bodies (Stone, 2004). Stone (2004) notes that African American children may not be permitted to determine what happens to their bodies. They may be mandated to physically embrace adults with little regarded for their personal preferences. Furthermore, they may be spanked or otherwise punished for defying adults. Such practices may send the message to children that they have no control over what happens to their bodies and that their own need for comfort and security are secondary to adult's needs and/or authority.

Theme 2. The second theme, *Blacks are hypersexual*, concerns the myth of hypersexuality (Stone, 2004). As previously noted, the myth of Black hypersexuality emerged during American chattel slavery, serving to justify and conceal sexual violence against enslaved Africans (Bridgewater, 2001; Collins, 2008). This myth initiated an assault on Black sexuality that persisted for generations and continues to influence the way African Americans are regarded by others and perceive themselves (Collins, 2008; Stephens & Phillips, 2003). Stone (2004) suggests that the fear of conforming to the hypersexual stereotype may hinder African American parents from talking to their children about sex.

Theme 3. The third theme, *Black women can tolerate suffering*, refers to the belief that African American women are relatively unaffected by adversity (Stone, 2004). The myth of the strong Black woman emanates from the strength exemplified by enslaved Africans woman despite oppressive and dehumanizing conditions (West, 2008). Stone (2004) suggests that erroneous beliefs regarding Black women's superior abilities to tolerate suffering perpetuates the notion that CSA can be tolerated and is the victim's burden to bear.

Theme 4. The fourth theme, *race matters*, refers to the practice of protecting the reputation and honor of the African American race at the expense of individual African Americans (Stone, 2004). Stone (2004) notes that sexual misconduct allegations against Black males have frequently led to the castigation of Black women (i.e., Anita Hill, Desiree Washington) and that issues of guilt or innocence were often secondary to dishonoring Black men. Stone (2004) writes that as long as African Americans "keep silent about sexual abuse, we will continue to sacrifice those who have been victimized for the sake of protecting the race" (p. 29).

Theme 5. The fifth theme, *we are family*, refers to the salience of extended kinship ties among African Americans (Stone, 2004). The splitting of families during American chattel slavery led enslaved Africans to redefine the notion of family and extend this concept beyond those with blood ties. Extended kinship networks may be prominent among African American families who extend their homes to extended family and associates. Stone (2004) suggests that the increase presence of individuals in the home increases African American children vulnerabilities for sexual violence.

Theme 6. The sixth theme, *one for all*, refers to the practice of prioritizing the interest of the collective before the individual (Stone, 2004). Consistent with global African populations, African Americans generally exhibit a collectivistic orientation, which emphasizes interdependence, cooperation and the collective wellbeing of the group (Belgrave & Allison, 2014). Collectivism is highly adaptive but not without cost as sexual violence victims may be silenced in the interest of protecting the collective. Stone (2004) suggests that the practice of preventing victims from disclosing or redressing their abuses for the supposed good of the family undermines sexual violence survivor's emotional health and serves to weaken family bonds and isolate victims from their families.

Theme 7. The seventh theme, *ain't nobody's business*, refers to a general distrust of outsiders (Stone, 2004). Stone (2004) notes that many African Americans may be fearful of exposing sensitive information to persons and systems who have historically mistreated them and that this fear may result in a reluctance to seek professional help. Stone (2004) suggests that the reluctance to trust or work with outsiders leaves African American sexual violence victims without the critical support they need and limits their capacities to hold abusers accountable for their actions.

Theme 8. The eighth and final theme, *we're too busy for healing*, refers to the neglect of one's emotional and psychological health (Stone, 2004). Stone (2004) suggests that the confluence of racial and economic oppression created an enduring cycle of poverty for African Americans. She added that these factors conditioned African Americans to prioritize work and survival over psychological health and healing.

The Standards

Speak7 was developed by the PI using the National Standards for the Primary Prevention of Sexual Assault through Education (The Standards; Carmody et al., 2009). The Standards is a best practice framework that outlines six standards that guide the development, implementation and evaluation of educational programs that focus on primary prevention of sexual violence. The Standards was established to increase the capacity of program developers to deliver high quality sexual violence prevention programs for culturally diverse groups. Each standard includes a general objective and a series of indicators that stipulate how these standards may be achieved.

The Standards (Carmody et al., 2009) was used to guide the development of Speak7 being that this best practice framework provides a sound basis for making informed judgments about essential program components. The Standards provided direction for conceptualizing the CSA epidemic, explaining the process of human behavior change, attending to culture and integrating cultural sensitivity, and developing a clear, concise, logical and comprehensive CSA prevention intervention. Standards 1-4 were applied in the development of Speak7 and are described here. Standards 5 and 6 are not applicable at this stage of Speak7's development.

Standard 1. *Coherent Approaches to Program Design* concerns the explicit use of a comprehensive conceptual or theoretical framework in the development of sexual violence prevention programs (Carmody et al., 2009). The objective of Standard 1 is to articulate a theoretical approach upon which sexual violence prevention programs are founded. The Social Ecological Model (Dahlberg & Krug, 2002) was used to guide the development of Speak7.

Social Ecological Model. The Social Ecological Model (SEM; Dahlberg & Krug, 2002) as adapted by the Centers for Disease Control and Prevention (CDC) is a comprehensive theoretical framework that is useful for understanding the social determinants of health and behavior. SEM has been used to address CSA (Kenny &Wurtele, 2012) and other complex social problems including HIV risk behaviors (Larios, 2009), youth violence (Umemoto et al., 2009), child obesity (Lytle, 2009), and bullying (Swearer, Espelage, Vaillancourt, & Hymel, 2010). SEM posits that individuals are nested within and influenced by increasing social context. SEM further holds that violence has multiple causes and is explained by the dynamic interplay of individual and contextual factors across multiple levels of the social ecology (Dahlberg & Krug, 2002). These factors are believed to influence risks for violence perpetration and victimization.

SEM posits that violence is best prevented through the implementation of comprehensive and coordinated strategies that are designed to address the determinants of violence across multiple levels of the social ecology (Dahlberg & Krug, 2002). SEM proposes a four-level model that is used to organize the determinants of violence and guide prevention activities. Violence prevention initiatives may aim to impact change across a single level or multiple levels of the social ecology.

The four levels of SEM include the individual, relational, community and societal levels (Dahlberg & Krug, 2002). The individual level includes biological and personal factors that affect health and behavioral outcomes. Individual persons are the targets of interest at this level of the social ecology. Individual factors include an array of sociodemographic characteristics such as age, gender, race, disability status, education, or abuse history.

The relational level includes proximal relationship factors that affect health and behavioral outcomes (Dahlberg & Krug, 2002). The primary units of interest at this level are family members, spouses/partners, friends or associates. Relational factors may include characteristics such as marital status, relationship quality, parenting style/practices, association with unlawful persons, or the presence of interpersonal violence.

The community level includes the community context in which groups and individuals live (Dahlberg & Krug, 2002). Neighborhoods, schools, places of employment and places of worship are among the primary units of interest at this level. Community factors may include population density, unemployment rates, poverty rates, levels of community violence, levels of substance abuse and the availability of resources.

Finally, the societal level encompasses broad societal factors that affect health and behavioral outcomes (Dahlberg & Krug, 2002). The primary units of interest at this level are social and cultural norms, and practices and policies that operate to impact the economic and social positioning of groups within society. Examples of social factors that may be examined for their impact on health and behavioral outcomes are discrimination, economic disparities, attitudes towards violence, the availability of firearms, social messages and media exposure.

Application of the Social Ecological Model. SEM (Dahlberg & Krug, 2002) was utilized in the development of Speak7. SEM provides a useful and comprehensive framework for conceptualizing the etiology and prevention of CSA. Employing SEM, Speak7 conceptualized CSA as a harmful social epidemic that is fostered by the dynamic

interplay of individual and contextual factors that influence CSA risks. As previously noted, the NIS-4 identified sex, SES, family structure and race as risk factors for CSA (Sedlak et al., 2010). Race and sex are individual level risk factors while SES and family structure are relational level risk factors. SES may also be organized at the community level if this factor is being used to refer to social standing or the class of a larger group. Sex, SES, family structure and race all have critical implications for the prevention of CSA among African American children and are therefore explicitly addressed in Speak7.

SEM holds that broader social and cultural factors play a significant role in affecting violence outcomes and have critical implications for violence prevention (Sedlak et al., 2010). Still, a dearth of research attends to societal level determinants of violence. Like many other studies, the NIS-4 only examined individual and relational level factors to the exclusion of community and society level factors. This oversight may be related to the difficulty in measuring the impact of societal level determinants on health and behavioral outcomes.

Despite the lack of attention to societal level determinants, scholars have argued that CSA outcomes are influenced by broader societal factors, including structural or social inequalities and harmful cultural norms (Lyles, Cohen, & Brown, 2009). Specifically, employing a social ecological framework, Lyles, Cohen, and Brown (2009) note that "child sexual abuse and exploitation arise out of a complex interplay of individual, interpersonal, social, political, cultural, and environmental factors" and that "sexism, racism, homophobia, classism, patriarchy, and other forms of oppression shape societal and community factors that in turn influence relationships and individuals" (p.

3). Lyles and colleagues further identify five damaging social norms that contribute to CSA:

> *"1. Traditional male roles, where society promotes domination, exploitation, objectification, control, oppression, and dangerous, risk-taking behavior in men and boys, often victimizing women and girls;*
>
> *2. Limited female roles, where from a young age females are often encouraged, through subtle and overt messages, to act and be treated as objects, used and controlled by others. This includes the sexualization of childhood, where young people are sexualized through media and marketing starting at an early age, thus blurring the age of consent, encouraging girls to see themselves as sexual objects, and allowing boys to see themselves as the users and takers;*
>
> *3. Power, where value is placed on claiming and maintaining control over others. Traditional power expectations promote the notion that children should be seen and not heard, making them an especially vulnerable population;*
>
> *4. Violence, where aggression is tolerated and accepted as normal behavior and can be used as a way to solve problems and get what one wants, and;*
>
> *5. Privacy, where norms associated with individual and family privacy are considered so sacrosanct that secrecy and silence is fostered, sexual violence against children is stigmatized, and those who witness violence are discouraged from intervening. Though changing, this value placed on privacy enables people in a shame-based culture to perpetuate the abuse, rendering victims and their families immobile in the face of public shame and stigma." (Lyles, Cohen, & Brown, 2009, p. 5).*

Examining and changing broader social norms that threaten the health and safety of children is fundamental to CSA prevention. Therefore, Speak7 explicitly addresses the role of societal factors in fostering CSA.

Standard 2. *A Theory of Change* concerns the clear use of a theory of change that articulates how attitude, skill, and behavior change is achieved (Carmody et al., 2009). The objective of Standard 2 is to maximize the congruence between program aims and program strategies used in sexual violence prevention programs. Social Cognitive Theory (Bandura, 1989) is a widely accepted learning theory that was used to

guide the development of Speak7. SEM in combination with SCT are ideal for this study as "the principles of social ecological models are consistent with social cognitive theory concepts which suggest that creating an environment conducive to change is important to making it easier to adopt healthy behaviors" (Glanz, Rimer, & Lewis, 2008, p. 14).

Social Cognitive Theory. Social Cognitive Theory (SCT; Bandura, 1989) is a comprehensive theoretical framework that describes factors that influence human behavior and the process through which learning occurs. Albert Bandura first introduced Social Learning Theory to explain learning within a social context, proposing that people learned through observing others (Bandura, 1977). Bandura subsequently modified his ideas to accommodate his growing understanding of human information processing capacities and the influence of experience, observation and symbolic communication on human behavior (McAlister, Perry, & Parcel, 2008). Bandura's retitled his theoretical perspective Social Cognitive Theory (SCT) to emphasize the role of cognitive factors in learning and to distinguish his theory from other social learning theories (Bandura, 1986).

Unlike other theoretical perspectives that emphasize the role of either internal forces or environmental stimuli in driving human behavior, SCT explains human behavior in terms of interactions between people and their environments (McAlister, Perry, & Parcel, 2008). Reciprocal determinism is a key construct of SCT that describes the dynamic interplay of personal, behavioral and environmental factors, and the influence of these factors on the initiation and maintenance of human behavior (Bandura, 1989). SCT holds that personal factors consist of cognitive, affective and biological events, while behavioral factors consist of observable behaviors performed by a person and environmental factors consist of both physical and sociostructural environments

(Bandura, 1989). These factors are theorized to bidirectionally influence one another. Thus, SCT recognizes the influence of environments on persons and their behavior, as well as the ability of persons (individuals and groups) to alter their environments to suit their own purposes.

Bandura proposed nine key constructs that are central to SCT (McAlister, Perry, & Parcel, 2008). Along with reciprocal determinism, these constructs include outcome expectations, self-efficacy, collective efficacy, observational learning, incentive motivation, facilitation, self-regulation and moral disengagement. These nine constructs are organized into five categories, which include psychological determinants of behavior, observational learning, environmental determinants of behavior, self-regulation and moral disengagement. Self-efficacy and outcome expectations have been recognized as strong predictors of behavior (Bandura, 1986).

Knowledge, attitudes (which are constructed as outcome expectations in SCT), and self-efficacy are core components of Speak7 and key concepts in SCT. Behavioral capability is a construct of SCT that denotes a person's ability to actually perform a behavior (Simons-Morton, McLeroy, & Wendel, 2011). Knowledge and skills are key components of behavioral capability as SCT holds that a person's ability to successfully perform a behavior is contingent upon having the relevant knowledge and practical skills to do so. Behavioral capability functions to enhance motivation and behavior performance. While an essential component, behavioral capability alone is insufficient to guarantee behavior performance (Simons-Morton, McLeroy, & Wendel, 2011). Self-efficacy and outcome expectations are believed to play a greater role in influencing behavior.

Bandura (1986) recognized self-efficacy to be the most important determinant of behavior change. Perceived self-efficacy is defined as a person's "beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives" (Bandura, 1994, p. 71). SCT holds that people are more likely to attempt behaviors for which they have high self-efficacy, as they believe they will be effective at producing desired effects through their behavior (Bandura, 1986). Conversely, people are less likely to attempt behaviors for which they have low self-efficacy. Various behavioral elements are influenced by self-efficacy, including the courses of action pursued, the amount of effort a person expends, perseverance amidst difficulties, the nature of a person's thought patterns (i.e. encouraging or self-deprecating), and the amount of stress experienced in demanding situations (Bandura, 1977). Self-efficacy has emerged as a highly effective predictor of human behavior and the most prominent construct of SCT (Simons-Morton, McLeroy, & Wendel, 2011).

Outcome expectations are also important determinants of behavior change. Outcome expectations are beliefs about the consequences of behavior choices (Bandura, 1986). SCT holds that people evaluate the consequences of their actions prior to engaging in behaviors and that anticipated consequences influence the activities that people pursue and avoid. Bandura (1997) noted "people take action when they hold efficacy beliefs and outcome expectations that make the effort seem worthwhile. They expect given actions to produce desired outcomes and believe that they can perform those actions" (p. 24). SCT holds that self-efficacy and outcome expectations are both enhanced through performance attainment, vicarious experience, verbal persuasions and psychological arousal (Bandura, 1994).

Application of Social Cognitive Theory. SCT (Bandura, 1989) was used in the development of Speak7. SCT was explicitly used to describe how human behavior change and learning are achieved and to guide program objectives. Speak7 was advanced to enhance CSA competence among African American adults and to prevent CSA among African American children. Consistent with SCT, it is believed that enhancing CSA prevention performance (i.e., engagement in appropriate and effective CSA prevention strategies) is contingent upon increasing knowledge, shaping attitudes, and enhancing self-efficacy regarding CSA prevention. Thus, Speak7 explicitly aims to help adults who provide for African American children enhance their CSA prevention competence, which includes knowledge, attitudes, and self-efficacy regarding CSA prevention.

CSA prevention knowledge is operationally defined as information regarding CSA prevention that is gained through education and experience and enhances CSA prevention performance. CSA-supportive attitudes are defined as harmful beliefs regarding CSA and CSA prevention that compromise children's sexual safety. CSA supportive attitudes foster CSA by minimizing the effects of CSA on children, families and communities, diminishing adult responsibilities in CSA prevention, and holding children accountable for their own victimization and protection. Finally, CSA prevention self-efficacy is defined as confidence in the ability to enact CSA prevention measures that function to reduce CSA risks and prevent CSA. An examination of CSA prevention knowledge, CSA-supportive attitudes, and CSA prevention self-efficacy among adults who provide for African American children is vital as these factors have important implications for CSA prevention and have not been previously examined among this population.

SCT was also explicitly utilized to guide the selection of Speak7 program activities. As previously noted, SCT holds that self-efficacy and outcome expectations may be enhanced by performance attainment, vicarious experience, verbal persuasions and psychological arousal (Bandura, 1994). Thus, Speak7 incorporates reflection, lecture, guided discussion, role-play, group demonstration, mixed media, guided readings and journaling to underscore 7 core areas that are fundamental to the prevention of CSA among African American children. Speak7 aims to increase CSA prevention knowledge by emphasizing the importance of knowledge in CSA prevention, helping participants evaluate their CSA prevention performance, and providing participants with research-supported information regarding CSA prevention. Speak7 aims to enhance CSA prevention attitudes by emphasizing the influence of attitudes in motivating human behavior, providing participants with the opportunity to share their attitudes, and receive constructive criticism regarding the effectiveness of CSA prevention strategies, and by helping participants develop realistic and favorable expectations regarding CSA prevention. Finally, Speak7 aims to enhance CSA prevention self-efficacy by emphasizing the influence of attitudes in motivating human behavior, providing participants with opportunities to observe, practice and process CSA prevention concepts and techniques, and helping participants build confidence in their ability to engage in appropriate and effective CSA prevention strategies.

Standard 3. Standard 3, *Undertaking Inclusive, Relevant, and Culturally Sensitive Practice*, concerns efforts to ensure cultural sensitivity in the development of sexual violence prevention programs (Carmody et al., 2009). The objective of Standard 3 is to ensure that the development of sexual violence prevention programs is informed by

the culture and needs of the targets for which programs are designed. The seven defining dimensions of the Africentric worldview as identified by Belgrave and Allison (2014) served as the guiding cultural framework in the development of Speak7.

Africentric worldview. A worldview is a set of beliefs and assumptions about life and reality that exert a powerful influence on human cognition and behavior (Koltko-Rivera, 2004). Worldviews manifest in culturally dependent and largely subconscious mental schemas that predispose individuals to think, feel and act in predictable ways (Cobern, 1997). These mental schemas are constructed through exchanges between individuals and their environments and are influenced by an array of factors, including cultural values, family systems, sociohistorical context, religious orientation and societal dynamics (Eigbadon & Abioye, 2014). Worldviews influence how individuals and groups perceive their reality and make sense of the life problems that they encounter (Ivey, D'Andrea, Ivey, & Simek-Morgan, 2007). As such, awareness and sensitivity to the worldviews of diverse cultural groups is critical to effectively understanding their experiences and enhancing their wellbeing.

The Africentric (or Afrocentric) worldview is a global cultural ideology that forms the foundation of African American identity and culture (Cokley, 2005). The Africentric worldview is defined as "a set of beliefs, values, and assumptions that is founded on African cultural traditions and that relate to definitions of the self, others, and the relationship of the self with the environment" (Constantine, Alleyne, Wallace, & Franklin-Jackson, 2006, p. 142). This cultural ideology originated in Africa and is expressed in the daily lives and experiences of persons of African descent (Akbar, 1994;

Belgrave et al., 1994). The Africentric worldview shapes the epistemology (knowledge), ontology (reality), and axiology (values) of persons of African descent (Akbar, 2004).

The Africentric worldview reflects and affirms the cultural values of persons of African descent (Constantine et al., 2006; Myers, 1993). Cultural values that are consistent with the Afrocentric worldview are described as Africentric (Cokley, 2005). Africentric values are adopted among African populations on the continent of Africa and throughout the diaspora (Myers, 1993). It should be noted that these cultural values are not exclusive to persons of African descent and may be adopted by other cultural groups Cokley, 2005). Furthermore, adherence to Africentric values varies widely among persons of African descent, who are a non-monolithic group with differing racial identity attitudes and levels of acculturation (Belgrave & Allison, 2006).

Several Africentric scholars have proposed Africentric values or cultural dimensions that frame the Africentric worldview (Akbar, 2004; Belgrave & Allison, 2014; Constantine et al., 2006; Myers, 1993). Belgrave and Allison (2014) identify seven defining cultural dimensions of the Africentric worldview, which include spirituality, collectivism, time orientation, orality, sensitivity to affect and emotional cues, verve and rhythm, and balance and harmony with nature. These cultural dimensions have critical implications for the development of health and behavioral interventions for African Americans as they influence the values, beliefs and behaviors of this demographic (Corneille, Ashcraft, & Belgrave, 2005). Accordingly, the seven defining dimensions of the Africentric worldview as identified by Belgrave and Allison (2014) served as the guiding cultural framework in the development of Speak7. The application of these six defining cultural dimensions is outlined below.

Application of the Africentric worldview. Belgrave and Allison (2014) identify spirituality as a defining dimension of the Africentric worldview. Spirituality refers to a relationship with a transcendent force that manifest in a recognition of the sacredness of all things and a continuous commitment to live a virtuous life (Mattis & Watson, 2008). Spirituality is believed to be a key survival mechanism for African Americans that help to promote psychological health and wellness (Boyd-Franklin, 2008). Speak7 recognizes spirituality as a vital identity and important resource for many African Americans. Speak7 does not directly incorporate the beliefs and practices of any particular religious tradition; however, attendants are encouraged to apply their spiritual systems in personally meaningful ways.

Collectivism is the second defining dimension of the Africentric worldview identified by Belgrave and Allison (2014). Collectivism refers to a relational orientation that is characterized by interdependence, cooperation and collective survival (Belgrave & Allison, 2014). Collectivism is incorporated into Speak7 through the deliberate development of a group intervention that utilizes a collaborative learning model. Speak7 recognizes that attendants bring valuable knowledge and wisdom that is relevant to CSA prevention. Attendants are invited to share their knowledge and experiences and to collaboratively participate in the process of knowledge construction and meaning making. Collectivism is also incorporated into Speak7 through the programs attention to African American interconnectedness and interdependence. Speak7 emphasizes the collective responsibility of African American caregivers, families and communities in CSA prevention. Although Speak7 explicitly targets African American adults to enhance their CSA prevention competence, this program endeavors to create change across all

levels of the social ecology by enhancing attendants' capacities to effectively educate African American children and collaborate with adults in their families and communities to prevent CSA. Thus, Speak7 works within the collective relational framework to empower African American adult attendants to become change agents within their own cultural systems.

Time orientation is the third defining dimension of the Africentric worldview identified by Belgrave and Allison (2014). Time orientation in African cultures is described as cyclical, which is a perspective that reflects a concurrent past, present and future orientation (Belgrave & Allison, 2014). This is distinct from a Western time orientation, which is linear and future oriented. Speak7 incorporates a cyclical time orientation by analyzing the CSA epidemic within a sociohistorical context and by advancing a culturally sensitive model of prevention. Speak7 acknowledges the influence of social processes and historical oppression on the development and intergenerational transmission of beliefs and practices that compromise the sexual safety of African American children. Speak7 offers a comprehensive overview of the CSA epidemic and presents a conceptual framework for the prevention of CSA among African American children. Speak7 underscores seven core themes and 35 competencies that are designed to enhance CSA prevention competence among African American adults. Attendants are equipped with the necessary knowledge and skills to challenge harmful messages that foster CSA and recognize and disrupt cycles of sexual violence.

Orality is the fourth defining dimension of the Africentric worldview identified by Belgrave and Allison (2014). Orality refers to a preference to receive stimuli and information orally (Belgrave & Allison, 2014). Orality is reflected in the African cultural

tradition of storytelling (Banks-Wallace, 2002). Speak7 incorporates orality through a conversational style and the oral delivery of program content. Speak7 was deliberately designed as a conversation in which all voices are valid and attendants and facilitators all participate fully and equitably. Speak7's conversational style diverts from a lecture in which trained instructors provide all relevant information and their perspectives are given priority. Also, Speak7 program content is delivered in an oral format although attendants are provided with a printed handbook.

Sensitivity to affect and emotional cues is the fifth defining dimension of the Africentric worldview identified by Belgrave and Allison (2014). Sensitivity to affect and emotional cues refers to an acknowledgement of the emotional and affective states of self and others, as well as an emphasis of emotional receptivity and expression (Belgrave & Allison, 2014). Speak7 incorporates sensitivity to affect and emotional cues through the creation of emotional safety and the encouragement of healthy emotionality. Speak7 strives to foster a climate of emotional safety by outlining expectations and encouraging attendants to establish their own guidelines at the onset of the intervention. This climate of emotional safety is intended to enhance attendants' willingness to take risks and be vulnerable and to permit attendants to forge emotional connections and support one another. Speak7 also provides attendants with explicit instruction on attending to and coping with their holistic experience. Attendants are encouraged to be aware of their thoughts, feelings and behaviors and to appropriately acknowledge and express their emotions throughout the intervention.

Verve and rhythm is the sixth defining dimension of the Africentric worldview identified by Belgrave and Allison (2014). Verve and rhythm refer to an orientation

towards rhythmic and creative stimuli, with verve being a preference for stimuli that is multifaceted and energetic and rhythm being reoccurring patterns that enhance energy and the meaning of one's experiences (Belgrave & Allison, 2014). Speak7 incorporates verve and rhythm through active processes and program activities. As previously noted, Speak7 is an active and inviting intervention that combines collaborative learning and conversational approaches. The approaches invite active and full participation in the intervention. Speak7 also offers diverse program activities, including guided discussion, visual media, role-play, group demonstration, personal reflection and affirmation. These program activities are designed to be energetic and engaging.

Finally, balance and harmony with nature the last of seven defining dimension of the Africentric worldview identified by Belgrave and Allison (2014). Balance and harmony with nature refers to synchrony with one's mental, physical and spiritual states and accord with nature (Belgrave & Allison, 2014). Speak7 incorporates balance and harmony with nature through the promotion of honest self-reflection and acceptance. Attendants are encouraged to reflect on their own thoughts, beliefs, values and practices, to be honest about their own lived experiences, and to acknowledge the severity of the crisis of CSA among African American children. Speak7 also encourages balance and harmony with nature through the emphasis of collective health and wellness and the promotion mental health treatment.

Standard 4. Standard 4, *Program Development and Delivery*, concern critical decision making processes in the development and delivery of sexual violence prevention programs (Carmody et al., 2009). The objective of Standard 4 is to develop and implement sexual violence prevention programs that are grounded in the best available

research and practice knowledge. Carmody and colleagues (2009) encourage the developers of sexual assault prevention education programs to make informed decisions regarding the design of programs. Critical questions for program developers include: *Who* is involved in programs (targets and facilitators)? *What* is the design of programs (content and activities)? *Where* will programs be delivered (setting and location)? *When* will programs be delivered (program duration and runtime)? These decisions are often informed by *why* programs are developed (purpose, philosophy, and available resources). Decisions regarding the development and delivery of Speak7 are outlined below and organized based on these questions.

Why was Speak7 developed? Speak7 was developed by MiKeiya Morrow, M.A., Ed.S., a doctoral candidate in Counseling Psychology at the University of Kentucky and the PI of the current study. The PI proposed the development of an African American CSA prevention program to address the crisis of CSA among African American children and the paucity of culturally sensitive prevention programs targeted at addressing CSA among this demographic. Speak7 was subsequently developed as a culturally sensitive, adult-focused CSA prevention program that aims to enhance the CSA prevention competence of adults who provide for African American children (i.e., parents, caregivers, educators). Speak7 was advanced to foster a greater awareness of the scope and complexity of CSA among African American children and to empower African Americans to exercise transformative agency to prevent child sexual abuse within their own communities.

Who is involved in Speak7? Speak7 is designed for African American adults and is implemented by African American mental health professionals. Speak7's intended

targets are African American adults who provide for African American children in either a personal or professional capacity. This program was developed to enhance the CSA prevention competence of African American adults. Speak7 attendants may include but are not limited to parents, caregivers, educators, health professionals, faith congregants and community leaders.

Speak7 was designed to be facilitated by culturally competent African American mental health professionals. Facilitators should have knowledge and experience serving the mental health needs of African Americans. The role of facilitators is to implement and guide the intervention, foster discussion, provide information, capture innovative ideas and to the maintain safety of the group. Co-facilitators may be utilized in the facilitation of Speak7. The recommended group size is 6-12 with one facilitator for every six attendants.

What is the design of Speak7? Program design was an important consideration in the development of Speak7. Program design refers to both the content (subject matter) and processes (activities and structure) of programs. Speak7's program content consists of 35 competencies, which are fundamental to understanding and preventing CSA among African American children. These 35 competencies are intended to enhance attendants' CSA prevention competence, being knowledge, attitudes, and self-efficacy regarding CSA prevention. Speak7's 35 competencies are organized into seven core themes which include: (1) Recentering Adult Responsibilities, (2) Empowering Our Children, (3) Creating Safe Communities, (4) Understanding Child Sexual Perpetrators, (5) Receiving Child Sexual Abuse Disclosures, (6) Examining Cultural and Social Systems, and (7) The Courage of Conviction. These core themes offer a comprehensive overview of the CSA

epidemic and present a conceptual framework for preventing CSA among African American children.

Speak7 identifies five sexual violence-supportive practices, which are operationally defined as harmful practices that inadvertently foster sexual violence and create a hostile climate for African American children. These five sexual violence-supportive practices include: (1) not discussing sexual violence, (2) disempowering individuals, families and communities, (3) silencing sexual violence survivors, (4) harboring sexual violence perpetrators, and (5) negating sexual violence healing and recovery. Speak7 also identifies 5 sexual safety-affirmative values, which are operationally defined as healthy values that contribute to the sexual safety and wellbeing of children and adults in society. These five sexual-affirmative values include: (1) open and honest dialogue, (2) education and empowerment, (3) survivor integrity, (4) perpetrator accountability, and (5) collective healing and recovery.

Speak7's program processes consist of similarly structured modules and diverse program activities. Speak7 is organized into seven core modules and a brief introduction and debriefing. Speak7 is structured so that each module includes a unique theme, five competencies and a skill building activity. This structure is intended to help African American adults build essential knowledge and skills in CSA prevention. Speak7's program activities consist of guided discussion, visual media, role-play, group demonstration, personal reflection and affirmation. These activities are designed to be energetic and engaging. Each module also includes a post-intervention continued engagement section that permits attendants to further examine and enhance their child sexual abuse prevention competence beyond the intervention.

Where will Speak7 be implemented? Speak7 is implemented in a group setting and across diverse locations. Speak7 is implemented for groups of 6-12 attendants with one facilitator for every six attendants. Small and cohesive groups are recommended to permit attendants to openly share their perspectives and embrace new ideas. Speak7 is implemented in private and comfortable settings with minimal distractions. Speak7 is not limited to any particular organization type or geographic location and may be facilitated in diverse settings. For example, this intervention could be implemented at a community center or faith institution, or with educators as part of an in-service teacher training.

When will Speak7 be implemented? Speak7 is brief intervention and will be implemented on an ongoing basis. Speak7 is a single session intervention that is facilitated in 4-hours (240 minutes) duration. Each core module is 30 minutes in duration while the orientation and debriefing are each 15 minutes. While some health and behavioral intervention are a shorter duration for practical reasons, Speak7 is a comprehensive intervention that incorporates a broad array of information and activities and requires sufficient time to facilitate. Speak7 is designed to be flexibly adapted and may be delivered in multiple sessions; however, the implementation of the full intervention is necessary to be most effective. Speak7's implementation is not limited to any particular time period and will be offered on an ongoing basis. Speak7 may be updated to incorporate innovative information and ideas.

Definitions

Africentric Worldview. "A set of beliefs, values, and assumptions that is founded on African cultural traditions and that relate to definitions of the self, others, and

the relationship of the self with the environment" (Constantine, Alleyne, Wallace, & Franklin-Jackson, 2006, p. 142).

Child sexual abuse (CSA). "The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct [or] the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other forms of sexual exploitation of children, or incest with children" (Child Abuse Prevention and Treatment Act Reauthorization Act of 2010 [CAPTA], 2010, p. 31).

Child sexual abuse prevention. "A process of reducing risk factors and building protective factors in the potential perpetrator, potential victim and his or her family, and in the environment in which they all exist" (Wurtele, 2009, p. 7).

CSA prevention competence. Essential knowledge, attitudes, and self-efficacy regarding CSA prevention that increases a persons capacity to engage in appropriate and effective CSA prevention measures.

Cultural sensitivity. An awareness of cultural differences (knowledge); recognition of one's own background, values, and biases and how they impact perceptions of others (consideration); an openness to the importance of others beliefs and experiences (understanding); appreciation and regard for others experiences and values (respect); and changing or adapting one's worldviews to consider or meet others' needs (tailoring; Kubokawa & Ottaway, 2009).

Social Cognitive Theory (SCT). A comprehensive theoretical framework proposed by Albert Bandura that "explains how people acquire and maintain certain

behavioral patterns, while also providing the basis for intervention strategies” (Bandura, 1997).

Social Ecological Model (SEM). An adaptive theoretical framework, based on Bronfenbrenner’s Ecological System Theory (Bronfenbrenner, 1979), that highlights the multiple causes of violence and the interaction of risk factors across the various levels of the ecological model and provides a conceptual basis for violence prevention (Dahlberg & Krug 2002).

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Chapter Three: Methodology

Speak7 was evaluated using a formative approach to assess and enhance the acceptability of this intervention for African American adults. Chapter 3 summarizes the research methodology used in the formative evaluation of Speak7. This includes a detailed overview of the research design, participants, recruitment, measures, data collection and data analysis.

Research Design

This study used a qualitative design with a phenomenological approach, consisting of a pilot intervention with a focus group and key informant interviews, to enable a detailed exploration of African American adults' perceptions of the acceptability of Speak7. Qualitative research is a form of scientific inquiry that is used to examine complex social processes, understand the subjective perspectives and experiences of those being studied, and to uncover the beliefs, values and motivations that underlie behaviors (Curry, Nembhard, & Bradley, 2009). Qualitative inquiry is an inductive process that aims to explore and describe phenomena, form patterns, categories and themes, and generate modes or theory (Creswell, 2013). This differs from a deductive process that aims to systematically measure or observe variables, test hypothesis, and verify theory. Qualitative research is particularly useful for investigating the depth, richness and complexity of new and unknown phenomenon (Patton, 2014).

A qualitative design was deemed to be appropriate this formative evaluation, which aimed to explore the acceptability of Speak7 for African American adults. A qualitative paradigm is the method of choice for research that seeks to explore and understand the lived experiences of individuals and groups, and to generate insights into

the process by which people construct meanings and understand social problems (Creswell, 2013). This study is undertaken to explore and achieve a rich and in-depth understanding of African American adults' perceptions of acceptability of Speak7 and to use this data to inform revisions to this intervention. A qualitative design was also indicated given the dearth of existing knowledge and research related to African American adults use and acceptance of CSA prevention programs.

A qualitative approach was ideal for this study as the PI sought to honor the experiences and perspectives of African American adults and to leverage the energies and resources of this population to inform their own solutions and healing. Qualitative research approaches are recommended for examining health disparities among ethnically diverse populations as this approach to research inquiry allows ethnically diverse populations to actively engage in the research process and help generate creative and effective solutions (Napoles-Springer & Stewart, 2006). Lyons, Bike, Johnson, and Bethea (2012) specifically encourage the use of qualitative research approaches with African Americans on the because they (a) allow for holistic representation of individuals from underrepresented backgrounds, (b) enable the identification of questions, constructs, and experiences relevant to target individuals and communities, (c) provide individuals and communities a chance to participate in and enhance research and, (d) allow research to be presented in a manner that is familiar to participants.

Speak7 was evaluated using a formative approach. A formative evaluation is a "rigorous assessment process designed to identify potential and actual influences on the progress and effectiveness of implementation efforts" (Stetler et al., 2006, p. 1). Formative evaluations may be conducted before or during the implementation of

interventions to assess and enhance their quality and effectiveness (Patton, 2014). During the process of program development, formative evaluations enable researchers to assess targets' perceptions of the urgency and importance of interventions (early stages), as well as the acceptability of intervention materials (later stages), both of which are critical for developing effective interventions (Ayala & Elder, 2011). A formative evaluation was conducted to explore the acceptability of Speak7 for African American adults and to inform program revisions.

Acceptability is a key criterion in the development, implementation, and evaluation of health and behavioral interventions (Sekhon, Cartwright, & Francis, 2017). Acceptability refers to "how well an intervention will be received by the target population and the extent to which the new intervention or its components might meet the needs of the target population and organizational setting" (Ayala & Elder, 2011, p. 1). Collaborating with targets to assess the acceptability of interventions may be especially critical in the development of quality and effective health and behavioral interventions for culturally diverse and underserved groups. Again, this formative evaluation was conducted to explore and enhance the acceptability of Speak7 for African American adults. For this study, acceptability is operationally defined as participants' perceptions of Speak7's program design, strengths, weaknesses, culturally congruence, and value.

Focus group interviews and key informant interviews are qualitative research techniques that are used in program development to assess the acceptability of interventions (Ayala & Elder, 2011). Focus group interviews are focused and in-depth discussions with five to eight subjects who are purposefully selected to provide insights on a phenomenon of interest (Patton, 2014). Focus groups are guided by a trained

moderator who uses carefully designed yet flexible questions to elicit participants' perspectives (Creswell, 2013). Focus group interviews are a valuable tool in program development and evaluation that can be used to evaluate targets' perceptions of programs or interventions and to generate ideas for enhancing programs (Krueger & Casey, 2009).

Key informant interviews are a qualitative research method that is used to gain key information on a topic of interest (Patton, 2014). Key informant interviews entail in-depth, one-on-one interviews with individuals who have an in-depth understanding of a specific topic or cultural group and are likely to provide needed information and insights (Ayala & Elder, 2011). Key informants are thoughtfully and purposefully identified to share their ideas and insights about a topic of interest due to their knowledge, expertise, and/or position within a community. Key informant interviews are a particularly useful tool in program development and evaluation.

Participants

Participants in this study were all African American adults who participated in a focus group and key informant interview. Focus group participants were laypersons who were recruited using a purposeful sampling method. Purposeful sampling is a nonprobability sampling technique that involves identifying participants who meet specific inclusion criteria and are most likely to benefit the study (Creswell, 2012; Patton, 2014). The goal of this sampling method is to allow researchers to select participants who share characteristics of interest and who can provide information pertinent to the research question(s) and purpose of the study. A purposeful sampling method was indicated in this study, as the sampling objective was to select African American adult participants who could provide relevant and descriptive information about the

acceptability of Speak7. The inclusionary criteria for focus group participants were African American adults, age 18 years and older, who provide for African American children in either a personal or a professional capacity (i.e., parents, caregivers, educators). Exclusionary criteria in this study included non-African American, persons under the age of 18 years, and persons who do not endorse providing for African American children in either a personal or professional capacity.

Key informants were professionals who were recruited using a purposeful sampling method. Key informants are persons who are regarded as particularly knowledgeable about a phenomenon of interest and are purposefully selected to provide information and insights in a research study (Creswell, 2012). Key informants were selected by the PI in consultation with her faculty advisor. Key informants were identified based on their professional training and expertise. The inclusionary criteria for key informants in this study was (a) African American, (b) hold a graduate degree in social or behavioral sciences, education, or a closely related field, and (c) expertise in African American culture and/or child maltreatment. Key informant interviews were conducted to evaluate Speak7 and to elicit data related to the acceptability of Speak7 for African American adults.

Measures

Demographic Survey. A demographic survey was used to collect participants' descriptive data (see Appendix E). This demographic survey was developed by the PI in collaboration with her faculty advisor and employed a forced-choice format to provide consistency in responses. The demographic survey contained items that assessed participants' age, race/ethnicity, relationship to African American children (personal or

professional), gender, relationship status, number of children in household, education level, employment status, household income, religious affiliation, and city and state of residence.

Semi-Structured Interview Protocol. A semi-structured interview protocol (see Appendix G) was used to guide focus group and key informant interviews. This semi-structured interview protocol was developed by the PI in conjunction with her faculty advisor to ensure the clarity and consistency of questions across interviews. The semi-structured interview protocol includes six open-ended questions that explored participants' perceptions of Speak7's program design, strengths, weaknesses, culturally congruence, and value, as well as recommendations for improvement. The semi-structured interview protocol was designed to be conversational and flexible. This design permits participants to share their experiences and perspectives as they emerge and permits the PI to adapt to participants, ask probing questions and clarify perspectives, pursue unanticipated yet relevant content, and to collect a greater depth and range of data.

Procedures

Recruitment. Focus group participants were recruited from a social networking website and community-based venues using the Recruitment Flyer (see Appendix A). This flyer was posted to Facebook and distributed through predominantly African American community-based venues in Oklahoma City, OK with the help of community stakeholders. Community stakeholders were initially contacted by the PI using the Recruitment Email (see Appendix B). This email informed community stakeholders of the purpose of the study and solicit their support in recruiting participants. The flyer instructed potential participants to contact the PI by phone or email. Upon contacting the

PI, potential participants were provided with detailed information on the study and screened for inclusionary criteria using the Phone Screening Script (see Appendix C). The PI provided participants who met the inclusion criteria with a hard copy of the Study Consent Form (see Appendix D). Those who did not meet the inclusion criteria were thanked for their interests and excluded from further participation in this study. The PI later contacted focus group participants to provide information on the date, time, and location of the Speak7 pilot intervention and focus group interview.

Key informants were recruited to participate in this study by email. This email informed key informants of the purpose of the study and instructed them to contact the PI regarding their interest in evaluating Speak7. Upon contacting the PI and agreeing to evaluate Speak7, the PI scheduled a phone interview and provided key informants with a copy of the Speak7 Facilitator's Guide and semi-structured interview protocol (see Appendix G). The PI contacted key informants at a mutually agreed upon date and time to review Speak7 and answer questions. Key informants were asked to submit a written evaluation to the PI at their earliest convenience.

Informed consent. Upon arriving for the intervention, focus group participants were provided with a hard copy of the informed consent form, which provided detailed information about who is invited to participate in the study, the purpose of the study, potential risks and benefits, incentives, study procedures, voluntary participation and the right to with draw, confidentiality and data management, and contact information for the PI, supervising faculty, and authorizing institution. The PI reviewed the consent form with participants and provided them with the opportunity to ask questions prior to agreeing to participate in the study. Consenting participants signed a copy of the study

consent form and completed the demographic survey. Participants were provided with a copy of the Resource Information Sheet (see Appendix F), which listed local and national organization that participants may contact to receive support or to learn about CSA reporting.

Intervention. All focus group participants submitted consent forms and demographic surveys prior to their participation in the study. After all study documents were obtained, Speak7 was piloted with focus group participants. The Speak7 pilot was facilitated by MiKeiya Morrow, the developer of Speak7 and the PI of this study. The facilitator provided a brief overview of the agenda and a rationale for the development of Speak7. The facilitator provided focus group participants with copies of the Speak7 Facilitator's Guide (module objectives, core competencies, and handouts only), as well as paper and writing utensils to take notes. The facilitator then administered Speak7 using the Speak7 Facilitator's Guide. The Speak7 pilot intervention lasted approximately 3.5 hours.

A focus group interview was conducted immediately following the Speak7 pilot intervention. The focus group interview was also moderated by MiKeiya Morrow. The moderator informed focus group participants of the start of the focus group interview and reminded them that the interview would be recorded. The moderator used two separate audio recorders to ensure that the focus group interview was properly recorded. The moderator then conducted the focus group interview using the semi-structured interview protocol. During the focus group interview, the moderator played an active role in actively listening, asking questions, summarizing participants' perspectives, encouraging full participation and observing interactions. The post-intervention focus group interview

lasted approximately 50 minutes in duration. The moderator took detailed field notes during and immediately after the completion of the focus group interview.

Key informant interviews were also conducted by the PI of this study. Key informants were contacted by phone at the mutually agreed upon date and time to review and discuss Speak7. The PI set the agenda and provided a rationale for the development of Speak7. Key informants were encouraged to attend to the questions outlined in the semi-structured interview protocol and provide general feedback as they saw fit. The PI reviewed Speak7 using the Speak7 Facilitator's Guide. Key informants were also encouraged to interject at any time to comment or ask questions. Upon fully reviewing Speak7, key informants were encouraged to submit a written evaluation to the PI at their earliest convenience. They were also invited to contact the PI with any further questions or concerns.

Protection of Human Subjects. The PI obtained the approval of the Institutional Review Board (IRB) of University of the Kentucky (UK) prior conducting this study. The UK IRB is an official committee that is responsible for reviewing research proposals and ensuring that they are in compliance with university policy and federal regulations that are established to ensure participant safety and ethical conduct

Data Analysis

The PI's faculty advisor, Dr. Pamela Remer, Professor Emerita in the Department of Education, School, and Counseling Psychology at the University of Kentucky, oversaw the data analysis. This faculty advisor worked closely with the PI, reviewing the data and data analysis process and providing guidance and oversight during the writing process. The data analysis was carried out by two researchers, the PI and a research

assistant who is also a doctoral-level graduate student in Counseling Psychology at the University of Kentucky. The PI and research assistant independently analyzed the data for ideas and emergent themes conveyed across participants prior to coming to a consensus.

Thematic content analysis (Braun & Clarke, 2006) was used to analyze data in this study and was applied as described. Phase 1, *familiarizing yourself with the data*, involves immersing oneself in the data to become "*familiar with the depth and breadth of the content"* (Braun & Clarke, 2006, p. 87). The PI transcribed the audio recordings of the focus group interview into an electronic word document. The PI reviewed the audio recordings and transcripts multiple times to ensure their accuracy. The PI and research assistant then read the interview transcript multiple times to become familiar with the data. During the reading process, the PI and research assistant noted initial ideas.

Phase 2, *generating initial codes,* involves systematically coding the data (Braun & Clarke, 2006). The PI and research assistant manually coded the data. They examined the data for meanings and patterns, highlighted segments of the data that captured key concepts directly or indirectly related to the research questions or study purpose, and labeled initial codes. The PI and research assistant then reevaluated the data and refined initial codes.

Phase 3, *searching for themes,* includes collating codes into possible themes and gathering all data relevant to each potential theme. The PI and research assistant separately reviewed the codes identified in the previous phase, organized codes into potential themes and subthemes based on similarities and meaning, and gathered all data related to each theme.

Phase 4, *reviewing themes,* requires the researcher to review and refine themes to check "if the themes work in relation to the coded extracts and the entire data set" (Braun & Clarke, 2006, p. 87). The PI and research assistant collectively reviewed the possible themes generated in the previous phase, assessing each theme to ensure that the data formed a coherent pattern and that themes were distinctive. They then decided to retain, merge, or discard themes based on these criteria. The PI and research assistant finally defined themes based on their meaning and reviewed the data to ensure the validity of themes.

Phase 5, *defining and naming themes,* includes an "ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme" (Braun & Clarke, 2006, p. 35). The PI and research assistant reviewed the themes identified in the previous phase and analyzed the relationship of themes to the data. The researchers then generated definitions for themes and refined the labels assigned to themes.

In phase 6, *producing the report,* the researcher writes a "complicated story of your data in a way which convinces the reader of the merit and validity of your analysis" (Braun & Clarke, 2006, p. 23). The PI authored a scholarly report of the data analysis and used excerpts and relevant examples to demonstrate and support themes. The PI connected the data analysis back to the research questions and the relevant literature.

Trustworthiness

Trustworthiness is a critical concept in qualitative research that denotes the rigor of qualitative research (Creswell, 2012). Guba and Lincoln (2007) identify four criteria that establish trustworthiness in qualitative inquiry: credibility (internal validity),

transferability (external validity), dependability (reliability), and confirmability/neutrality (objectivity). The credibility of the study findings was strengthened through triangulation, which is defined as the "cross-checking of data by use of different sources, methods, and at times, different investigators" (Guba & Lincoln, 2007, p. 18). Triangulation was achieved by having two researchers independently analyze the data prior to coming to a consensus and by using multiple data sources (i.e., focus group and key informant interviews and field notes). The transferability of the study findings was strengthened through purposeful sampling and by using detailed descriptions and excerpts from the transcripts to support the findings. The dependability of the study findings was enhanced in multiple ways. First, a semi-structured interview protocol was used to ensure the clarity and consistency of questions across interviews. Second, interviews were audio recorded and transcribed verbatim. Third, unedited copies of the evaluations submitted by key informants were included in the final draft of this report. Finally, the confirmability of the study findings was strengthened through triangulation and taking detailed field notes throughout the research process to increase reflexivity and reduce researcher bias.

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Chapter Four: Results

Speak7 was evaluated using a formative approach to assess and enhance the acceptability of this intervention for African American adults. Chapter 4 provides a comprehensive description of the study results. This includes an overview of the sample characteristics and emergent themes.

Sample Characteristics

Focus group participants in this study (*N* = 8) were eight African American adults who endorsed providing for African American children in a personal and/or processional capacity (see Table 4.1). Focus group participants consisted of 6 women and 2 men who were recruited through multiple outlets, including a social networking website and community-based venues. The age range for focus group participants was 24-46 years old. The average age of participants was 36.75 years (*SD* = 7.25). With respect to their relationship to African American children, 100% of participants identified personal and 25% identified professional. With respect to their relationship status, 37.5% of participants identified single and 62.5% of participants identified married/domestic partner. With respect to their number of children in household, 25% of participants identified no children, 62.5% of participants identified 1-3 children, 12.5% of participants identified 4 or more children. With respect to their highest level of education, 25% of participants identified High School/GED, 12.5% of participants identified/Technical, 25% of participants identified Associates Degree, and 25% of participants identified Bachelor's Degree, and 12.5% of participants identified Master's Degree. With respect to their employment status, 87.5% of participants identified employed, 12.5% of participants identified student, and 12.5% of participants identified military. With respect

to their annual household income, 12.5% of participants identified <$25,000, 50% of participants identified $25,000 - 34,999, 12.5% of participants identified $35,000 - 34,999, 12.5% of participants identified 34,999 - $50,000, and 12.5% of participants identified $100,000 - $149,999. With respect to their religious/spiritual orientation 100% of participants identified as Christian. With respect to their relationship status, 37.5% of participants identified as single and 62.5% identified as married/domestic partner. With respect to their city and state of residence, 12.5% of participants identified Bethany, OK, 12.5% of participants identified Del City, OK, 12.5% of participants identified Midwest City, OK, 50% of participants identified OK City, OK, 12.5% of participants identified Yukon, OK.

Key informants in this study were two African American adult professionals. With respect to their occupations, one key informant was a psychologist who is employed at a university in New York. The other key informant was an educator who is employed at an elementary school in Oklahoma City.

Emergent Themes

Emergent themes were developed deductively from the research questions and inductively as they emerged from the focus group transcript and key informant evaluations. Nine themes emerged from the data: (1) acceptable design, (2) identified strengths, (3) identified weaknesses, (4) culturally appropriate, (5) valued by targets, (6) recommendations, (7) appropriate for targets, (8) dynamic engagement, and (9) views of CSA (see Table 4.2). A total of 24 corresponding sub-themes were also identified. A full description of themes and subthemes are presented with excerpts from the transcripts

to illustrate the data analysis. Personal identifying information was intentionally excluded to maintain participants' confidentiality.

Acceptable Design. Theme 1, *acceptable design* relates to participants' perceptions of the clarity and agreement of the Speak7 program design (content and processes). Speak7 was fully administered during the pilot procedure. During the post-intervention focus group interview, the facilitator reviewed each module and invited participants to share their perspectives regarding the program design. Participants expressed that Speak7's program design was clear, informative and relevant to the program goal of enhancing CSA prevention competence among African American adults. *Acceptable Design is* comprised of three sub-themes: *appropriate content*, a*ppropriate processes,* and *appropriately adult-focused*.

1.1 Appropriate content. Participants expressed that the Speak7 program content was useful and relevant across all seven modules. During the post-intervention focus group interview, the facilitator reviewed the theme and objectives of each module and invited participants to provide feedback regarding the program content. Participants shared that the program content was clear, informative and relevant to the goal of enhancing CSA prevention competence among African American adults. Participants provided minimal corrective feedback regarding Speak7's program content. Participants recalled core competencies associated with each module and discussed the significance of specific content. Regarding Speak7 Module 4, a participant noted:

> *"It showed that anyone could be a sexual predator. It doesn't matter gender, race, or anything. Like, you might not know right off when you meet someone. They are not going to look like a sex offender. I see sex offenders every day and you pass them and you would not know who they are and that's part of how they get to be able to do the things they do. Because it's someone that you trust and don't suspect."*

Further, during the discussion of Speak7 Module 7, a participant noted:

> *"If this happened to you and you didn't get the personal help for yourself, then how are you going to be there for your child? You may not even recognize it or how to better help them because it might be a situation that you have not checked within yourself."*

1.2 Appropriate processes. Participants shared that Speak7's processes were appropriate across all seven modules. A standardized format was used across modules, consisting of first presenting the module theme and objectives, next processing the module competencies, and finally completing the module activity. During the post-intervention focus group interview, the facilitator reviewed the procedures and activity associated with each module and invited participants to provide feedback regarding these program processes. Participants shared that Speak7's structure was appropriate and that program activities were useful and relevant to the goal of enhancing CSA prevention competence among African American adults. They provided minimal corrective feedback regarding Speak7's program processes. Participants discussed their experience and perspectives of the processes associated with each module. In discussing the Speak7 Module 4 program activity, a participant stated:

> *"We watched a video, well a few of them. The one with Oprah kind of stood out to me when the young man basically talked about his victims and how he picked his victims. So, that's something that brought more awareness to us. Because especially if it's a little child that is unable to or is afraid to announce this happened to me. It gave that predator a green light and they are going to do it again because they know she's not going to tell."*

1.3 Appropriately adult-focused. Participants shared that an adult-focused approach to CSA prevention is most logical and appropriate. They expressed discontent with the trend of holding children accountable for preventing their own victimization.

While discussing the limitation of a child-focused approach to CSA prevention, a participant asserted the following:

> *"Adults do have the responsibility because we are the biggest voice. Kids don't have a voice."*

In response, another participant expressed:

> *"The way that most people, we tend to put that pressure on the kid as far as "you tell, you stay away from him, don't go over there." But kids may not understand and don't have the same physical power as adults."*

Regarding an adult-focused approach to CSA prevention, a key informant noted:

> *"As it relates to the Speak7 intervention, I believe that the strategies and techniques taught in the intervention will empower adults to speak up and prevent childhood sexual abuse. This is important because adults are ultimately responsible for teaching children about important matters such as childhood sexual abuse"* (see Table 4.4).

Identified Strengths. Theme 2, *identified strengths* relates to participants' perceptions of Speak7's strengths. Participants voiced that Speak7 has significant strengths as a CSA prevention program for African American adults. They collectively identified key components of the Speak7 design as strengths, including empowerment through education and the program's collaborative format. A key informant noted that a major asset of Speak7 was "its potential to be implemented by a wide range of mental health professionals," which she added "expands Speak7's utility across a variety of settings" (see Table 4.3). This key informant also identified Speak7's cultural-congruence, supplementary materials, and participant engagement as strengths. *Identified Strengths is* comprised of two sub-themes: *Education/empowerment* and *conversation/collaboration*.

2.1 Education/empowerment. Participants expressed that an important strength of Speak7 relates to the programs aim and capacity to educate and empower African American adults to prevent CSA. To this end, a participant shared:

> *"It is education and education is power. The more knowledge you have, I mean, you're unlimited. The biggest thing is to educate someone. If you are ignorant and don't know then you have no idea. If you get an education, then there is nothing that can stop you."*

2.2 Collaborative participation. Participants praised Speak7's collaborative format, which is explicitly designed to foster a climate in which facilitators and participants collectively contribute through listening, sharing, inquiring, affirming and leading. In discussing Speak7's strengths, participants expressed that a collaborative format invited active participation and opportunities to seek clarification:

> *"You want interjection. Otherwise, we're sitting here like ugh, she just going to talk and talk and talk. But when we have the opportunity to interject we're collaborating and adding."*

In response, another participant noted:

> *"Well you want the interjection because you want us to be able to go out and apply this in our families and communities. So, we need to make sure that we have the correct information so that we can pass it on."*

Identified Weaknesses. Theme 3, *identified weaknesses* relates to participants' perceptions of Speak7's weaknesses. *Identified Weaknesses is* comprised of one sub-theme: *program not available.*

3.1 Program not available. Participants initially did not identify any factors that they perceived as weaknesses of Speak7 during the post-intervention focus group interview. In response, the facilitator encouraged candid and constructive feedback regarding Speak7 and empathized with any difficulty or discomfort to provide seemingly negative feedback. The facilitator also challenged participants to identify even minor

weaknesses, noting that this information may prove critical in modifying and strengthening Speak7. Upon being challenged to provide feedback, a participant noted:

> *"The weakness is that it is not available right now to everyone. That's the weakness. It's that no one knows this information is available right now. You need to get this information disseminated. Not having this out is not going to do any good. It's like a book sitting on a shelf that no one's going to read."*

Culturally Appropriate. Theme 4, *culturally appropriate* relates to participants' perceptions of Speak7's congruence with the cultural values and experiences of African Americans as the target demographic for which this intervention was developed. Participants expressed that they perceived Speak7 as a culturally appropriate intervention. They specifically recognized Speak7 as reflective of African American culture (i.e., values and practices) and congruent with their lived experiences. *Culturally appropriate* is composed of two sub-themes: *culturally congruent* and *consistent with lived experiences.*

4.1 Culturally congruent. Participants described a strong degree of congruence between Speak7 and African American culture. They provided both general feedback and concrete examples in support of their perceptions. Participants did not identify any aspects of Speak7 that were perceived as incongruent with African American culture and they provided no suggestions for increasing the cultural congruence of this intervention. In discussing the cultural congruence of Speak7, a participant offered:

> *"It feels right to me just based on my own life and some of the things that you talked about. There were no parts that felt off. It's the right education and message for Black people."*

Participants specifically reflected upon Speak7's explicit attention to African American women and girls' experiences of racialized gender oppression. In discussing Speak7's cultural congruence, a participant stated:

"So, in thinking about this whole culture thing, our women are subjected to a lot of things that they should not be subjected to. So yeah, this is right on point."

Participants explicitly identified Speak7's emphasis of harmful messages and the five sexual violence-supportive practices as evidence of Speak7's congruence with African American cultural values and practices. They shared that these concepts resonated with their understanding of African American culture and their experiences. Participants also expressed that both concepts have specific significance for enhancing CSA prevention competence among African American adults. In a series of exchanges on the topic of cultural congruence, participants noted:

"It kind of reiterated everything. I mean, it made sense. The five violent practices. It all made sense. It just brought it to light."

"I agree."

"Keeping quiet. Whatever happens in our house is our business."

"Fast girls."

"Yes."

"Yes."

"She gets what she deserves, the way that she was dressed, the way she acts."

"Yes, that's just how men act. That's just what we do."

"Yes, they make it unsafe for kids."

Regarding Speak7's cultural congruence, a key informant also noted:

"Speak7 is a culturally-responsive psychoeducational intervention for African American parents and/or adults. As described, I believe this intervention will not only be effective at enhancing adults' knowledge of childhood sexual abuse (CSA), but also be well-received by African American adults invested in children's wellness. The intervention delivers information in a way that is culturally-informed and accessible to a broad range of individuals" (see Table 3.4).

4.2 Consistent with participants lived experiences. Participants expressed that Speak7 was highly consistent with their lived experiences. Participants provided several examples of known CSA incidents among African American children to illustrate and support core themes addressed in Speak7. Two participants also disclosed personal histories of CSA, sharing that Speak7 helped them better understand their own lived experiences. A participant who disclosed a personal experience of CSA during the piloting of Speak7 candidly shared the following during the post-intervention focus group interview:

> *"You all have heard a little bit of my story but, this made me understand my mom more and why she responded the way she did."*

Another participant disclosed a personal history of CSA during the post-intervention focus group interview and offered her lived experience to support the credibility of Speak7. This participant shared:

> *"I mean, I had it [knowledge], but I didn't have it from a professional experience. I had it from a personal experience… So now I have the answers as to why I felt this way and why I know this information to be true."*

Valued by Targets. Theme 5, *valued by targets* relates to participants' perceptions of the utility or value of Speak7 as a culturally sensitive CSA prevention program. Participants expressed that they perceived Speak7 as both needed and beneficial. They noted that this intervention shows promise in preventing CSA among African American children. *Valued by Targets is* comprised of a single sub-theme: *needed and beneficial*.

5.1 Needed and Beneficial. Participants articulated that Speak7 is needed and beneficial for raising awareness of CSA among African American children and enhancing CSA prevention competence among African American adults. They shared

that they learned a wealth of information during Speak7 and expressed that the dissemination of this information is critical to preventing CSA among African American children. In discussing both the need for Speak7, a participant expressed:

> *"In just having something like this… I know this is just a small group, but there are so many more people that need to learn this. And a lot of times we shut down. We as a people shut down and don't talk about this a whole lot. There are those "do as I say and not as I do" adults and that part where we take on the attitude "you don't need answers just do what I tell you." And kids don't have that understanding so growing up they don't know what should and should not happen. I think this brings more awareness for us as adults in watching out for our children and more of a powerful way then just overcoming them with our authority. Instead of being an abusive authority, we should be more open and communicate with kids."*

Another participant emphasized:

> *"Again, we learned a lot today and this is good and it needs to be shared."*

Regarding Speak7's value, a key informant noted:

> *"The program is specifically valuable in: a) enhancing knowledge of CSA among African American parents, b) promoting healing among African American parents who may have been victimized, and c) facilitating the healing of African American communities through the simultaneous healing and protection of both African American adults and children"* (see Table 4.3)

Recommendations. Theme 6, *recommendations* relates to suggestions provided by focus group participants and key informants. Participants provided various recommendations regarding the use, facilitation and revision of Speak7. *Recommendation is* comprised of six sub-themes: *facilitate in various settings, include a visual aid, provide a detailed handbook, include information on addressing children's discomfort, add a child-focused component,* and *shorten the intervention duration.*

6.1 Facilitate in various settings. Participants provided several recommendations for implementing Speak7 in diverse settings. Participants recommended implementing Speak7 in schools:

"It should be taught in schools. It should be some type of school program."
"Yes, it should be. You're right. It should be some type of life skills program."

Participants recommended implementing Speak7 in social services offices:

"This would be good in some places like DHS [Department of Human Service] offices or places like that. When you come, you should have to sit through this because there are a lot of people that just leave their kids with their partners and their kids are ending up dead, raped, or hurt."

Participants also recommended implementing Speak7 at church/religious institutions:

"This could probably be used in church as well because everybody at church is a big family and you really don't know these people outside of going to church with them. And a lot of things happen under those kinds of circumstances because people take advantage of kids. You think, oh, that person believes in god and you leave your children with them."

6.2 Include a visual aid. Participants recommended the use of a visual aid during the presentation of Speak7. They shared that a visual aid would aid attendants in identifying and remembering key information and help accommodate learners of different learning styles:

"If you choose to do a PowerPoint, that would be good too. Someplace where you can still talk and do that. Because I am a visual learner and I'd like to take notes. So, that's another thing. I'd like to be able to take notes and see what's going on."

6.3 Provide a detailed handbook. Participants recommended providing attendants with a detailed written handbook that outlines all information covered during the presentation of Speak7. They voiced that it would be helpful to have a detailed handbook that they could take home and revisit as needed.

6.4 Include information on addressing children's discomfort. Participants recommended modifying Speak7 to include information on addressing children's discomfort with discussing sensitive topics such as CSA. A participant recommended

specific communication strategies, sharing that she has encountered resistance in addressing CSA with her son:

> *"My son is 11 and anytime I bring up sex he is always like mom I am not a teenager you don't need to talk to me about that. Maybe you can offer something on how to break that with kids."*

6.5 Add a child-focused component. Participants recommended modifying Speak7 to include a child-focused CSA prevention component. A participant shared that children may be more open to discussing CSA prevention with Speak7 facilitators, who they perceive as having more credibility than their parents.

> *"I think it would be good to talk to kids about it because coming from a parent it's more like "you're lecturing me again" and oh, there goes my mom again." But when it comes from an outside source, they are influenced by outside sources anyways. So, when it comes from an outside source they are more prone to consider maybe this is something. It's not just my mom saying it it's a professional saying it."*

6.6 Shorten the intervention duration. A single focus group participant recommended modifying Speak7 by shortening the duration of the intervention.

> *"I would say shorten it down some because I have the attention span of Jell-O."*

This perspective was shared by a key informant who noted that "the length of time and number of competencies" are "factors that may contribute to the intervention's attrition rate" (see Table 4.3).

Other participants expressly shared that the four-hour duration was adequate:

> *"I'm like her. I don't. I can't sit through anything, but I sat through this whole thing eyes wide-awake. I listened to everything, so. I think this four hours that you did was just enough."*

Appropriate for Targets. *Theme 7, appropriate for targets* relates to participants' perceptions of the relevance or fit of Speak7 with the needs of African American adults, being the target population for which this intervention was designed.

Participants expressed appreciation and satisfaction with Speak7, noting that this intervention adequately addressed the issue of CSA among African American children and has great potential for enhancing CSA prevention competence among African American adults. Participants shared that they learned appropriate information about CSA prevention, as well as the limits of their own knowledge and skills. *Appropriate for Targets is* comprised of two sub-themes: *relevant and meaningful information* and *recognition of deficits*.

7.1 Relevant and meaningful information. Participants shared that they learned valuable information about the prevention of CSA among African American children. They added that Speak7 helped them to enhance both their knowledge and approaches to CSA prevention. In discussing her experience of participating in Speak7, a participant expressed that Speak7 was informative and she believes that this intervention will directly influence the way that participants communicate with children going forward.

> *"It has us thinking because now you put something new in our minds to think about that we would've never thought about before. So now when we talk to our kids, we will speak to them in a different way because of what we have learned today. We will see things completely different now."*

Participants expressed that they learned valuable information about specific and critical aspects of CSA prevention, such as their knowledge and awareness of CSA disclosures and perpetrators.

A participant shared that she felt more confident about her ability to appropriately respond to CSA disclosures and that Speak7 helped to dispel misconceptions about child maltreatment mandated reporting:

> *"If my kid were to come up and say something, I would know how to react. I would know what to say and who to get in contact with. I now know that it is my responsibility to say something. Before, I was under the impression that I only*

had to say something if I was at work. Because I work with kids, I thought that was the only time I had to say something. This was eye-opening."

Participants also expressed that Speak7 helped them to acquire a more in-depth understanding of CSA perpetrators:

"This workshop is really informative. I never thought that there was a difference between a pedophile and a child molester. I just lump them all in the same group together."

7.2 Recognition of deficits. Participants shared that Speak7 was instrumental in helping them recognize deficits in their knowledge and approaches to CSA prevention. Participants acknowledged perceived limits of their own knowledge and skills and expressed a desire to make changes to their CSA prevention practices based on information acquired from Speak7. In reflecting on her personal experience of suffering CSA during childhood, as well as discovering the perceived limitations of her current approach to CSA prevention, a participant noted:

"I thought what I was doing was correct. I was raised to be seen and not be heard. I was raised with no doors in my house. It was those things, but then it happened to me. So, something has to stop somewhere. I thought I was doing things different from what my mom did, but some things are still the same."

Participants specifically expressed that Speak7 helped them uncover a gender discrepancy in their approaches to CSA prevention. Many participants acknowledged that they previously only discussed CSA prevention with girls and not boys. Regarding this gender discrepancy, a participant noted:

"I noticed that my sisters and I, we talk about it [CSA], but we only talk about it with our girls. We don't talk about it with our boys. I tell my son things like someone can snatch you and take you, but I have never actually went into detail about someone could rape you or someone could hurt you."

Dynamic Engagement. Theme 8, *dynamic engagement* relates to participants' active engagement in the Speak7 pilot intervention and focus group interview, as well as

participants expressed motivation to apply new knowledge and skills acquired from Speak7 to prevent CSA. This theme reflects a process analysis of participants' robust responses to the Speak7 intervention. *Dynamic Engagement is* comprised of two sub-themes: *active participation* and *commitment.*

8.1 Active participation. Participants actively engaged in the Speak7 pilot intervention and focus group interview. During the piloting of Speak7, focus group participants actively attended to program content, participated in activities, and openly shared their thoughts and perspectives regarding CSA prevention among African American children. In addition to communicating with the facilitator, participants directly engage one another in discussion through listening attentively, asking questions, and building on each other's perspectives. Emotional safety and sense of community were demonstrated through participants' willingness to disclose personal experiences, discuss concerns, share ideas, and give and receive support.

Participants also demonstrated a high level of engagement during the post-intervention focus group interview, which was conducted immediately after the Speak7 pilot intervention. Participants continued to readily discuss their thoughts and perspectives regarding CSA in the African American community and CSA prevention among African American children after transitioning to the post-intervention focus group interview. The facilitator provided redirection, informing participants that the explicit aim of the focus group was to explore participants' perspectives regarding Speak7 and to provide them with the opportunity to inform revisions to this intervention. Participants were appropriately responsive to redirection. They actively participated in the post-

intervention focus group interview, expressing their views, asking probing questions, sharing personal experiences, and providing candid and constructive feedback.

8.2 Commitment. Participants expressed a commitment to apply new knowledge and skills acquired from Speak7 to prevent CSA. In addition to active plans to discuss CSA prevention with children and adults with whom they regularly interact, participants also expressed a desire to be a catalyst of change within their own communities. In discussing the importance of openly and candidly discussing safety risks with African American children, a participant described her excitement to speak with her own children about CSA prevention:

> *"I talk to my kids about that stuff. I give them details. I'm real candid when I speak to my children. As a matter of fact, we had a discussion the other day on just kidnappers. I said you may be kidnapped by someone and they give me feedback so I understand from a child's perspective. I'm really excited about going home and talking to them about this. They think I'm crazy anyways [collective laughter], but they always offer me feedback and I understand from a 9 and 10-year-olds vision of us adults and how the world works. So, it will be really interesting to see what they have to say.*

Participants were also motivated to discuss CSA prevention with other adults who they interact with on an ongoing basis. In discussing the importance of engaging adults in conversation about CSA prevention and her commitment to discussing personal safety expectations with other parents, a participant shared:

> *"Even if an adult was to drop a child off at my house, I'm having this conversation with them. Yes, this is something that we need to discuss."*

Participants collectively emphasized a need for increased discourse on CSA in the African American community and the prevention of CSA among African American children. Participants directly inquired about the facilitator's capacity to speak at events

or facilitate future workshops. A few participants also shared personal plans to take on this topic and present on CSA prevention within their own communities:

> *"Being a nurse, I've talked about health at my church. I put on a big event and talked about that. So now it kind of brings it back and this give me what kind of purpose for getting them together and talking about this because it's not really talked about. And we are predominantly Black in my church. So, I would like me personally to go home and do more studies or grab what you have and present it. Do a presentation even if it's just right after church service. Just kind of give them a little information just to get their attention."*

Views of CSA. Theme 9, *views of CSA* relates to participants expressed views regarding CSA in the African American community. Participants offered an array of personal beliefs and perspectives regarding the CSA epidemic and identified factors that they believe exacerbate CSA among African American children. *African American Perceptions of CSA is* comprised of five sub-themes: *CSA is a critical issue*, *CSA should be addressed, CSA is not discussed, CSA perpetrators are not held accountable and, multilevel schools increase CSA risks***.**

9.1 CSA is a critical issue. Participants asserted that CSA is a critical and grave issue for African Americans. Participants expressed the beliefs that CSA is harmful and a pervasive issue in the African American community. Regarding the gravity of CSA, a participant shared:

> *"And then too, it's a lot more prominent in the Black community. And when you pick up something with a child. Say somebody knows that child has these problems, they need education and resources. They don't know these resources are out here to get their child the help they need. And we need to prevent this from happening because it's a vicious cycle."*

9.2 CSA should be addressed. Participants maintained that CSA among African Americans is an issue that should be addressed. They urged that CSA needs to be

exposed and prevented and that African Americans should be more vigilant and proactive in preventing CSA. Regarding this matter, a participant expressed:

> *"We need to expose this... This situation pops up every now and then, but somebody pushes that head back under the water, but it really needs to be exposed because exposure is what brings closure. So, if we would've dealt with this a little bit more properly just like our rights to vote. People got out there and fought for our rights to vote. So, we should get out there and fight because it's really a hidden factor, but it has affected so many people in so many different ways. And that's why it had been so prominent."*

A key informant noted:

> *"African Americans need to talk about childhood sexual abuse and be preemptive in educating African American children. I have found that too many African American children do not have adequate knowledge of childhood sexual abuse"* (see Table 4.4).

9.3 CSA is not discussed. Participants expressed that African Americans do not discuss CSA. They asserted that African Americans avoid discussing CSA and may overlook CSA incidents. Regarding the lack of discourse on CSA, a participant expressed:

> *"But it just needs to be talked about and dealt with instead of us just keep sweeping it under the rug as it is not a problem when it really is. It's just ignored."*

9.4 CSA perpetrators not held accountable. Participants expressed that CSA perpetrators are not held accountable for their offenses. They shared that CSA perpetrators are often known in African American families and may even be. Participants voiced that African Americans resort to monitoring strategies and do not confront or report CSA perpetrators.

> *"Well, there is a stigma with people being considered crazy. And people don't... There is this thing about protecting the predator in everybody's family. Well, not everybody's family, but a lot of families. You just tell the person to watch out for this guy so that way that person is able to keep reoffending. And I know with my family, they don't call that person out. They just tell those kids to watch out for*

this guy, watch out for this person. But why is he still coming around the family? Why is he not ostracized or at least reported? But it goes on for many, many, many years."

9.5 Multilevel schools increase CSA risks. Participants asserted that multilevel schools, being schools that combine two or more levels of education (i.e., elementary, middle school, high school) in one setting, increase risks for CSA. They expressed the belief that educational reform has led to an increase in multilevel schools in communities with higher rates of racial/ethnic minority students and that this practice increases CSA risks, especially among African American girls.

"Your daughters… They send their 12-year-old daughters with these eight teen-year-old boys. It was Millwood and now it's John Marshall. That has girls getting molested. Nothing was done about it. But that's our culture and like I said, we are not upset with the parents. I would never, if I had a daughter, my daughter would not go to school with 18-year-old boys."

Table 4.1

Characteristics of Focus Group Participants

(Participants N = 8)

Characteristic	Number	Percentage
Age		
20-29	1	12.5%
30-39	4	50%
40-49	3	37.5%
Race/Ethnicity		
African American	8	100%
Relationship to AFA		
Children	8	100%
Personal	2	25%
Professional		
Gender		
Women	6	75%
Men	2	25%
Relationship Status		
Single	3	37.5%
Married/Domestic	5	62.5%
Partner		
Number of Children in		
Household		
None	2	25%
1-3	5	62.5%
4 or more	1	12.5%
Highest Level of Education		
High School/GED	2	25%
Trade/Technical	1	12.5%
Associates Degree	2	25%
Bachelor's Degree	2	25%
Master's Degree	1	12.5%
Employment Status		
Employed	7	87.5%
Student	1	12.5%
Military	1	12.5%
Annual Household Income		
<$25,000	1	12.5%
$25,000 - 34,999	4	50%
$35,000 - 34,999	1	12.5%
$50,000 - 34,999	1	12.5%
$100,000 - $149,999	1	12.5%
Spiritual/Religious		
Affiliation	8	100%
Christian		

Table 4.1 (continued)

Characteristics of Focus Group Participants

(Participants N = 8)

City and State of Residence		
Bethany, Oklahoma	1	12.5%
Del City, Oklahoma	1	12.5%
Midwest City, Oklahoma	1	12.5%
Oklahoma City, Oklahoma	4	50%
Yukon, Oklahoma	1	12.5%

Table 4.2

Emergent Themes

Themes	Sub-themes
1. Acceptable Design	1.1 Appropriate content 1.2 Appropriate processes 1.3 Appropriately adult-focused
2. Identified Strengths	2.1 Education and empowerment 2.2 Collaborative participation
3. Identified Weaknesses	3.1 Program not available
4. Culturally Appropriate	4.1 Culturally congruent 4.2 Consistent with lived experiences
5. Valued by Targets	5.1 Needed and beneficial
6. Recommendations	6.1 Facilitate in various settings 6.2 Include a visual aid 6.3 Provide a detailed handbook 6.4 Include information on addressing children's discomfort 6.5 Add a child-focused component 6.6 Shorten the intervention duration
7. Appropriate for Targets	7.1 Relevant information 7.2 Recognition of deficits
8. Dynamic Engagement	8.1 Active participation 8.2 Commitment
9. Views of CSA	9.1 CSA is a critical issue 9.2 CSA should be addressed 9.3 CSA is not discussed 9.4 CSA perpetrators are not held accountable 9.5 Multilevel schools increase CSA risks

Table 4.3

Key Informant Evaluation #1

TEACHERS COLLEGE

COLUMBIA UNIVERSITY

DEPARTMENT OF COUNSELING AND CLINICAL PSYCHOLOGY

Dear Ms. Morrow:

I am Martinque Jones, a research postdoctoral fellow in the Department of Counseling and Clinical Psychology. Prior to earning my PhD and MEd at the University of Houston in Counseling Psychology and Counseling, I earned my BA in Psychology from the University of Texas. Currently, my research and clinical interests focus on Black racial identity development, identity intersectionality among Black women, and culturally-responsive counseling with racial/ethnic minority college students.

I submit the following evaluation in response to our discussion regarding your proposed intervention. Speak7 is a culturally-responsive psychoeducational intervention for African American parents and/or adults. As described, I believe this intervention will not only be effective at enhancing adults' knowledge of childhood sexual abuse (CSA), but also be well-received by African American adults invested in children's wellness. The intervention delivers information in a way that is culturally-informed and accessible to a broad range of individuals. A major asset of the intervention is its potential to be implemented by a wide range of mental health professionals; this expands Speak7's utility across a variety of settings.

One of the many strengths of the Speak7 program is its cultural-congruence. Additional strengths of the intervention are exhibited in the form of supplementary materials (e.g., role plays and videos) and participant engagement. To add to the multitude of culturally-relevant interventions, I would encourage you to consider adding clips from Tyler Perry's *I Can Do Bad All By Myself* (a movie that highlight CSA in an African American family). One potential weakness of the intervention is the length of time and number of competencies—factors that may contribute to the intervention's attrition rate. Therefore, shortening the intervention or reducing the number of competencies may be of benefit, particularly for working African American parents who have limited time to dedicate to Speak7.

Overall, Speak7 is a valuable intervention for targeting CSA among African American communities. The program is specifically valuable in: a) enhancing knowledge of CSA among African American parents, b) promoting healing among African American parents who may have been victimized, and c) facilitating the healing of African American communities through the simultaneous healing and protection of both African American adults and children.

I was a pleasure speaking with you and learning more about this valuable intervention. I believe Speak7 is needed and will be well-received by other African Americans. I wish you the best of luck in your academic training.

If you have additional questions, please contact me at mkj2123@tc.columbia.edu.

Sincerely,

Martinque K. Jones, PhD
Department of Counseling and Clinical Psychology
Teachers College, Columbia University

BOX 102, 525 WEST 120TH STREET, NEW YORK, NY 10027-6696 • (212) 678-3257 • FAX (212) 678-3275

Table 4.4

Key Informant Evaluation #2

Ms. Morrow,

It was a pleasure speaking with you about the Speak7 intervention, which taught strategies in childhood sexual abuse prevention. I, Tamera Sanders, am currently an educator at Lighthouse Academies in Oklahoma City, Oklahoma. I trained at the University of Central Oklahoma in Edmond, OK. I previously worked with children and adults as a Behavior Health Rehabilitation Specialist.

As it relates to the Speak7 intervention, I believe that the strategies and techniques taught in the intervention will empower adults to speak up and prevent childhood sexual abuse. This is important because adults are ultimately responsible for teaching children about important matters such as childhood sexual abuse. I think it is great that this intervention provides information about communicating with children, building supportive alliances with family members, and noticing grooming techniques. African Americans need to talk about childhood sexual abuse and be preemptive in educating African American children. I have found that too many African American children do not have adequate knowledge of childhood sexual abuse. In working with children and families, I have also discovered that many abused children remain silent about their suffering because of the fear of residual harm. Their precious lives are detrimentally impacted by the horrible secret of childhood sexual abuse. Speak7 will equip adults with the tools to educate children and prevent childhood sexual abuse. I believe that the intervention could do a better job of fully addressing aftercare for sexually abused children. Many African American victims do not receive any form of therapy due to a stigma about seeking help for psychological concerns.

As the parent of two young daughters, I know that I must be the first person to educate them about childhood sexual abuse and equip them with the tools that they need to recognize threats and signs of sexual abuse. I truly believe that Speak7 will help African American adults and children work together to end the vicious cycle of childhood sexual abuse. I wish you the best of luck and success in all of your endeavors. Let me know if I may provide additional information or help (tsanders@lhacs.org or 405-602-9739).

Thank You,
Tamera Sanders

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Chapter Five: Discussion

The purpose of this study is to develop and evaluate the Speak7 African-American Child Sexual Abuse Prevention Program (Speak7). Speak7 is a culturally sensitive, adult-focused CSA prevention program that aims to enhance the CSA prevention competence of adults who provide for African American children. Speak7 was developed by MiKeiya Morrow, M.A., Ed.S., a doctoral candidate in Counseling Psychology at the University of Kentucky and the principal investigator (PI) of this study.

Speak7 was evaluated using a formative approach to explore the acceptability of this intervention for African American adults and to inform program revisions. A qualitative design consisting of a pilot intervention with a focus group and key informant interviews was adopted to enable a detailed exploration of African American adults' perceptions of Speak7's program design, strengths, weaknesses, cultural congruence, and value. Data in this study consisted of transcripts from a post-intervention focus group interview with African American adults and expert reviews submitted by African American key informants. The focus group interview was audio recorded and transcribed verbatim and data were analyzed using thematic content analysis (Braun & Clarke, 2006). Two researchers independently analyzed the data for emergent ideas and themes conveyed across participants prior to coming to a consensus while the PI's faculty advisor supervised the data analysis. Findings from this formative evaluation were used to identify potential improvements and to revise Speak7 to better accommodate African American adults and maximize the success of this intervention. Chapter 5 presents a summary and discussion of the research findings. This chapter also outlines the limitations, implications, and conclusion.

Summary of Findings

Nine themes emerged from the data: (1) acceptable design, (2) identified strengths, (3) identified weaknesses, (4) culturally appropriate, (5) valued by targets, (6) recommendations, (7) appropriate for targets, (8) dynamic engagement, and (9) views of CSA. A total of 24 corresponding sub-themes were also identified. Themes were developed deductively from the research questions and inductively as they emerged from the data. The emergent themes reveal critical insights into participants' perspectives regarding the acceptability of Speak7 and informed program revisions. The findings of this study are summarized below and organized based on the research questions that framed this study.

Acceptability of Speak7. The first overarching research question for this study was "What are African American adults' perceptions of the acceptability of the Speak7 African American Child Sexual Abuse Prevention Program?" This research question aligns with a main objective of this formative evaluation, which was to explore the acceptability of Speak7 for African American adults. As previously noted, acceptability denotes how well an intervention is received by targets and the extent to which the intervention and its components meet the needs of targets (Ayala & Elder, 2011). Acceptability is operationally defined as participants' perceptions of Speak7's program design, strengths, weaknesses, cultural congruence, and value. Questions 1-5 were aimed at assessing participants' perspectives regarding Speak7's program design (question 1), strengths and weaknesses (question 2), cultural congruence (question 3), perceived value (question 4), and recommendations for improving Speak7 (question 5).

Question 1. Research question 1 was "What are participants' perceptions of Speak7's program design?" This research question was designed to solicit participants' perceptions regarding the appropriateness of Speak7's program design for African American adults, being the intended targets for which this intervention was developed. Program design is an important consideration in the current study that refers to both program content and processes. Carmody and colleagues (2009) encourage the developers of sexual assault prevention education programs to make informed decisions about the target populations for which programs are intended and to ensure that program designs are appropriate for targets. As detailed in Chapter 2, Speak7 is explicitly designed as a culturally sensitive, adult-focused CSA prevention program for African American adults. Speak7's program content consists of seven core themes and 35 competencies that are fundamental to understanding and preventing CSA among African American children. Moreover, Speak7's program processes consist of similarly structured modules and diverse program activities.

The study findings reveal that participants' perceptions of Speak7's program design were favorable. Theme 1, *acceptable design,* and the corresponding sub-themes *appropriate content, appropriate processes,* and *appropriately adult-focused,* relate to participants' perceptions of Speak7's program design. Participants' indicated that Speak7's program content was clear, informative and relevant to the goal of enhancing CSA prevention competence among African American adults. With respect to Speak7's program processes, participants' noted that Speak7's structure was appropriate and Speak7's activities were useful and relevant across all seven modules. They highlighted specific program content and processes, including Speak7's emphasis of the

heterogeneity of child sexual perpetrators and a video on child sexual perpetrator's identification of potential victims and grooming behaviors. Participants also advocated in favor of an adult-focused approach to CSA prevention, providing multiple reasons why adults may be more effective at preventing CSA. These findings support the idea that Speak7's program design is acceptable for African American adults.

Question 2. Research question 2 was "What are participants' perceptions of Speak7's strengths and weaknesses?" This research question was designed to solicit participants' perceptions regarding Speak7's strengths and weaknesses as a CSA prevention program for African American adults. The study findings reveal that participants perceived Speak7 as having significant strengths and limited weaknesses. Theme 2, *identified strengths,* and the corresponding sub-themes, *education and empowerment* and *conversation and collaboration*, relates to participants' perceptions of Speak7's strengths. Participants' perceptions of Speak7's weaknesses are reflected in theme 3, *identified weaknesses,* and the corresponding sub-theme, *program not available*.

Speak7's capacity to educate and empower African American adults emerged as a prominent strength of this intervention. Participants indicated that they learned important and useful information about the prevention of CSA among African American children. They also noted that they felt empowered through their participation in Speak7. Participants were noted to openly discuss plans to immediately apply new knowledge and skills acquired during Speak7. The identification of education and empowerment as strengths of Speak7 is noteworthy being that these factors are critical tools in CSA prevention and indispensable components of Speak7. Speak7 aims to enhance CSA prevention competence among African American adults, with CSA prevention

competence being knowledge, attitudes, and self-efficacy regarding CSA prevention. This theme is also reflective of the developer's expectations for this intervention. As noted in Chapter 2, Speak7 was advanced to foster a greater awareness of the scope and complexity of CSA among African American children and to empower African Americans to exercise transformative agency to prevent child sexual abuse within their own communities.

Participants also identified collaborative participation as a strength of Speak7. They noted that Speak7 permits them to collaborate in the intervention as opposed to being limited to listening to the facilitator. Participants also noted that Speak7 allowed them to check for comprehension, which was important in enhancing their CSA prevention competence. Speak7 is facilitated by culturally competent African American mental health professionals who are responsible for implementing and guiding the intervention. Still, attendants are all recognized for the knowledge and wisdom that they bring and invited to collaboratively participate in the process of knowledge construction and meaning making. Existing CSA prevention programs, including *Talking about Touching: A Personal Safety Curriculum* (Committee for Children, 2013), *Body Safety Training* (Wurtele, 2007) and Stewards *of Children* (Darkness to Light, 2003), utilize a traditional lecture model in which trained facilitators provide all relevant information and ideas. Speak7 diverts from this hierarchical model and instead utilizes a collaborative learning model that permits facilitators and attendants to cooperatively engage in the process of teaching and learning.

Participants identified limited factors that they perceived as weaknesses of Speak7. African American adults' who participated in the post-intervention focus group

interview overwhelmingly asserted that Speak7's only weakness is that it is not currently available. One key informant identified Speak7's duration and number of competencies as potential weaknesses. Speak7's program duration and number of competencies are accordingly identified as considerations for program revisions. Altogether, the findings that Speak7 is perceived as having significant strengths and limited weaknesses support the acceptability of this intervention for African American adults.

Question 3. Research question 3 was "What are participants' perceptions of Speak7's cultural congruence?" This research question was designed to solicit participants' perceptions regarding Speak7's degree of correspondence with the cultural values and needs of African American adults, being the targets of this intervention. Cultural congruence denotes the degree of fit between the cultural values of groups or individuals and the cultural dimensions of services or programs. Cultural congruence is an aspirational goal of Speak7 that is reflected in the developer's efforts to advance a culturally sensitive CSA prevention program for African American adults. As such, cultural congruence was assessed in this study by exploring African American adults' perceptions of the degree of fit between Speak7 and African American cultural values.

The study findings reveal that participants' perceptions of Speak7's cultural congruence were favorable. Theme 4, *culturally appropriate,* and the corresponding sub-themes, *culturally congruent,* and *consistent with lived experiences*, relates to participants' perceptions of Speak7's congruence for African American adults. Participants expressed that Speak7 is congruent with African American cultural values and practices. They specifically identified Speak7's emphasis of racialized gender

oppression, harmful messages and the five sexual violence-supportive practices as culturally congruent components of this intervention.

Participants also indicated that Speak7 is consistent with their lived experiences. Participants highlighted Speak7's emphasis of open and honest communication and survivor integrity and described receiving harmful messages about CSA during childhood and witnessing the silencing of CSA survivors in their families and communities. Participants also highlighted a degree of fit between Speak7 and their lived experiences as CSA survivors. Two participants disclosed personal histories of CSA and noted that this intervention helped them better understand these unfortunate experiences.

Overall, participants perceived Speak7 to be congruent with African American cultural values and their lived experiences. They identified no aspects of Speak7 that were perceived as incongruent. These findings support the idea that Speak7 is culturally congruent and appropriate for African American adults.

Question 4. Research question 4 was "What are participants' perceptions of Speak7's value?" Value is a subjective concept that refers to targets perceptions of the benefits and costs of an intervention (Pronk et al., 2013). Value may be appraised by determining intended beneficiaries' (i.e., stakeholders and targets) perceptions regarding the success or failure of health interventions (Rychetnik et al., 2002). Value is an important consideration in program development and evaluation as it impacts targets use and acceptance of interventions.

The study findings reveal that participants' perceptions of Speak7's value were favorable. Theme 5, *valued by targets,* and the corresponding sub-theme, *needed and beneficial* relates to participants' perceptions of Speak7's value. Participants indicated

that they were grateful to participate in the Speak7 pilot. They also underscored that CSA prevention is critically needed among African Americans and that African American adults could benefit from Speak7. Participants also expressed gratitude toward the Speak7 facilitator/developer and inquired if the developer could be commissioned to facilitate Speak7. Altogether, participants perceived Speak7 as needed and beneficial and did not indicate any ways in which this intervention was invaluable or ineffective. These findings support the idea that Speak7 is valuable for African American adults.

Question 5. Research question 5 was "What are participants' recommendations to improve Speak7?" This research question was designed to solicit suggestions for enhancing Speak7. The study findings reveal that participants offered multiple recommendations for improving Speak7. Recommendations offered by participants are reflected in theme 6, *recommendations,* and the corresponding sub-themes, *facilitate in various settings, include a visual aid, provide a detailed handbook, include information on addressing children's discomfort, add a child-focused component,* and *shorten the intervention duration.*

Participants recommended implementing Speak7 in multiple settings, including schools, social services offices and religious institutions. Participants recommended the inclusion of a visual aid during Speak7 to accommodate persons with different learning styles. Participants suggested providing Speak7 attendants with a detailed handbook that they could write in and retain. Participants recommended adding information regarding addressing children's discomfort with discussing sensitive subject matters such as CSA. Participants also recommended adding a child-focused component to Speak7, noting that children may be more open to discussing CSA prevention with a professional. Finally,

participants' suggested reducing Speak7's duration and number of competencies. These recommendations are considered for possible Speak7 program revisions.

Inductive Themes. Three emergent themes were developed inductively from the data. These themes were identified as they emerged through the data analysis and do not directly answer the research questions that frame this study. Among the inductively-developed themes was theme 7, *appropriate for targets,* theme 8, *dynamic engagement,* and theme 9, *views of CSA.*

Participants' perceptions of Speak7's appropriateness is reflected in theme 6, *appropriate for targets,* and the corresponding sub-themes, *relevant and meaningful information* and *recognition of deficits*. Participants indicated that they learned valuable information about the prevention of CSA among African American children. They also indicated that Speak7 helped them identify deficits in their knowledge and approaches to CSA prevention. Participants specifically noted that they gained critical insights regarding their current use of strategies that are likely to be ineffective at preventing CSA. They also identified gender discrepancies in their approaches to CSA prevention, namely discussing CSA prevention with girls and not boys.

Participants' active engagement during Speak7 is reflected in theme 8, *dynamic engagement,* and the corresponding sub-themes, *active participation* and *commitment.* Participants actively engaged during the Speak7 pilot intervention and focus group and key informant interviews. They made regular and valuable contributions over the course of Speak7 and shared their perspectives regarding the prevention of CSA among African American children. Furthermore, participants attended to Speak7 program content and actively participated in Speak7 program activities. Focus group participants were

particularly noted to be energetic and engaged during the Speak7 pilot intervention and focus group interview. They were noted to continuously discuss their perspectives regarding the prevention of CSA among African American children beyond the conclusion of the Speak7 pilot intervention, which span 3.5 hours. Participant also expressed a commitment to engage in CSA prevention. They candidly discussed plans to immediately employ the knowledge and skills acquired during the Speak7 pilot to prevent CSA among African American children.

Finally, participants' perspectives regarding the issue of CSA among African American children is reflected in theme 9, *views of CSA,* and the corresponding sub-themes, *CSA is a critical issue*, *CSA should be addressed, CSA is not discussed, CSA perpetrators are not held accountable, and multilevel schools increase CSA risks***.** Participants expressed that CSA is a harmful and pervasive issue for African Americans. They argued that CSA prevention is needed and that African Americans should be more proactive in preventing CSA. Participants asserted that CSA is not discussed and that CSA incidents may be overlooked. Participants expressed that CSA perpetrators are often known and are often not held accountable for their offenses. Finally, participants noted that multilevel schools, being those that educate children at different stages of development, lead to increased CSA risks, especially for African American girls.

Enhancement of Speak7. The second overarching research question in this study was "What can be learned from this formative evaluation to enhance the acceptability of the Speak7 African American Child Sexual Abuse Prevention Program for African American adults?" This question relates to the second main objective of this formative evaluation, which was to identify potential improvements and to revise Speak7

to better accommodate African American adults and maximize the success of this intervention. Question 6 was aimed at identifying potential improvements suggested by participants. Finally, question 7 was aimed at assessing how Speak7 could be revised.

Question 6. Research question 6 was "What potential program improvements can be identified from this formative evaluation?" Several potential program improvements were identified from this formative evaluation. Among the potential improvements identified from recommendations provided by participants over the course of the focus group and key informant interviews were: (1) facilitate in various settings, (2) include a visual aid, (3) provide a detailed handbook, (4) include information on addressing children's discomfort, (5) add a child-focused component, (6) shorten the intervention duration, and (7) reduce the number of competencies. The developer's consideration of these potential program improvements is detailed in Question 7.

Question 7. Research question 7 was "How can Speak7 be revised to better accommodate African American adults and maximize the success of this intervention?" Potential revisions to Speak7 were identified from recommendations provided by participants over the course of the focus group and key informant interviews. As previously noted, Speak7 was developed by MiKeiya Morrow, M.A., Ed.S., a doctoral candidate in Counseling Psychology at the University of Kentucky and the PI of the current study. The developers' consideration of potential program improvements and Speak7 revisions are detailed below.

Participants recommended facilitating Speak7 in diverse settings and identified specific settings in which Speak7 could be implemented. Speak7 is facilitated in secure and comfortable settings for groups of 6-12 participants. Speak7 is not limited to any

particular setting and may be facilitated across various context. As this recommendation is consistent the with current Speak7 program curriculum, revisions are not indicated at this time.

Participants recommended modifying Speak7 to include a visual aid. Speak7 delivered orally; however, the inclusion of a visual aid in the facilitation of Speak7 would not undermine participants' capacity to actively attend and engage in the intervention. The inclusion of a visual aid in the facilitation of Speak7 may help to enhance this intervention by better accommodating visual learners. On the bases of this recommendation, Speak7 will be revised to include a visual aid during the facilitation of this intervention.

Participants recommended providing Speak7 attendants with a detailed written handbook that they may retain. Speak7's materials include the Speak7 Facilitator's Guide and Speak7 Participant Handbook. During the Speak7 pilot intervention, key informants were provided with the Speak7 Facilitator's Guide while focus group participants were provided with select pages of this document. Speak7 is designed so that attendants are provided with the Speak7 Participant Handbook; however, participants were not provided with the Speak7 Participant Handbook during the Speak7 pilot intervention being that Speak7 program materials are currently under development. Future attendants will be provided with a personal copy of the Speak7 Participant Handbook to retain and later reference. As this recommendation is currently consistent with the Speak7 program, revisions are not indicated at this time.

Participants recommended modifying Speak7 to include information on addressing children's discomfort with discussing sensitive matters such as CSA. Speak7

module 2, *Empowering Our Children* includes a role-play activity that helps African Americans adults enhance their capacity to educate children about CSA. This role-play activity contained three sections, which include defining CSA *("Child sexual abuse is…"),* responding to CSA ("*You should yell "no" and run away if…"),* and reporting CSA ("*You should tell me and other adults if…").* Based on this recommendation, this role-play activity will be modified to include an additional section on addressing children's discomfort with discussing CSA. An fourth section title "*It is good for us to talk about CSA…"* will be added to the Speak7 module 2 role-play activity.

Participants recommended modifying Speak7 to include a child-focused component, which would consisting of involving Speak7 facilitators in directly educating children about CSA prevention. Speak7 module 2, *Empowering Our Children,* explicitly stresses the maintenance of strong caregiver-child relationships and ongoing caregiver-child communication regarding CSA prevention. Strong caregiver-child relationships are encouraged as CSA prevention is an important yet sensitive topic and children's willingness to candidly discuss CSA may be contingent upon the quality of relationships. The developer strongly believes that children benefit best from discussing CSA prevention with the supportive and stable adult figures in their lives and is adamantly opposed to modifying Speak7 to include a child-focused component. A child-focused approach is counter to the model as Speak7 facilitators do not maintain ongoing relationships with attendants and will not be present to provide children with ongoing support and education on CSA prevention. Although the developer values participants' perspectives and greatly appreciates this recommendation, Speak7 will not be modified to include a child-focused component at this time.

Participants recommended shortening the duration of Speak7. Speak7 is a single session, 4-hour intervention. Each core modules is facilitated in 30-minute increments, while the introduction and debriefing are each 15 minutes. Participants were active and engaged over the course of the Speak7 pilot intervention and continued to discuss their experiences and perspectives during the post-intervention focus group interview. In addition to their sustained engagement, most participants who received the full Speak7 pilot intervention and focus group interview shared that they perceived Speak7's current length of program to be adequate. As previously noted, Speak7 is a comprehensive intervention that incorporates a broad array of information and activities and requires sufficient time to facilitate. It is the developer's opinion that shortening the duration of Speak7 would negatively impact the quality of this intervention. The developer appreciates participants' diverse perspectives and considered this recommendation. It is determined that the duration of Speak7 will not be modified at this time.

Finally, an African American key informant recommended reducing the number of competencies covered in Speak7. Speak7 was originally developed as a full day 8-hour intervention that included a total of 70 competencies. The program duration was reduced to 4-hours and the number of competencies was reduced to 35 based on feedback gathered through extensive consultation and a preliminary pilot with graduate students. One key informant and most participants who received the full Speak7 pilot intervention and focus group interview did not express any concerns with the number of competencies covered in Speak7. It is the developer's opinion that reducing the number of competencies covered in Speak7 would impair quality of this intervention. The

developer values participants' perspectives and greatly appreciates this recommendation; however, Speak7's competencies will not be modified at this time.

Limitations

The present study has several limitations that should be considered. Among the limitations of this study is a small sample size. A total of eight African American adults participated in the post-intervention focus group interview and two African American key informants submitted expert evaluations of Speak7. This small sample size allowed for an in-depth exploration of participants' perceptions yet limits the ability to broadly generalize the findings.

A second limitation of this study relates to the lack of representativeness of the sample. Focused group participants in this study were limited to African American adults residing in the greater Oklahoma City Metropolitan area. Because of the limited geographical representation of focus group participants, the study findings may not be generalizable to African American adults residing in other areas of the country.

A third limitation of this study is the use of convenience sampling. Participants were recruited through convenience sampling, which helped to target respondents who were available and appropriate for this study. Convenience sampling was ideal for this study due to limited funding and resources. Yet, because a convenience sampling technique was utilized, the study sample cannot be considered generally representative of the target population.

Implications and Future Directions

This study advances our understanding of African American adults' perspectives of a culturally sensitive, adult focused CSA prevention program that was developed for

African American adults. Findings from this formative evaluation suggest that Speak7 is an acceptable intervention with great potential for enhancing CSA prevention competence among African American adults. This formative evaluation also reveals critical insights into African American adults' perspectives regarding the CSA epidemic and CSA prevention among African American children. This study highlights the value of cultural sensitivity and adult-focused approaches in the development of CSA prevention programs. This study also demonstrates the importance of collaborating with intended beneficiaries and honoring and respecting the wisdom, strengths, needs and preferences of culturally diverse groups.

This exploratory study was a critical first step in advancing a culturally sensitive, adult-focused CSA prevention program for African American adults. Speak7 was developed by the PI using The Standards (Carmody et al., 2009) and evaluated using a formative approach to assess and enhance the acceptability of this intervention for African American adults. Subsequent steps in the advancement of Speak7 include the development of outcome measures and facilitator training. Outcome measures should be developed to evaluate changes in CSA prevention competence and determine the effectiveness of CSA prevention programs. This is critical as standardized instruments to assess CSA prevention concepts among adults are currently unavailable. Moreover, facilitator training is needed to expand the number of Speak7 facilitators and to ensure the quality and fidelity of Speak7 implementation.

Additional research is needed to explore African Americans' experiences and perspectives regarding child sexual abuse prevention and to further assess and enhance the acceptability of Speak7 for African American adults. This study should be replicated

with African American adults who reside in different regions of the United States, as a wider range of participants would help to elucidate and expand upon findings from this study. Furthermore, rigorous quantitative research is needed to examine the effectiveness of Speak7 in enhancing CSA prevention competence among African American adults. Quantitative research is necessary to measure changes in participants' knowledge, attitudes, and self-efficacy regarding CSA prevention and to understand factors that contribute to African American adults' engagement in CSA prevention. Well-designed empirical studies such as randomized controlled trials or longitudinal studies would help to provide clear scientific evidence about the effectiveness of Speak7 and changes in African American adults' CSA prevention competence and performance.

Conclusion

It is imperative that health and behavioral interventions are developed to address health disparities among diverse and underserved groups such as African American children. This study addressed a significant gap in the literature by developing and evaluating the Speak7 African American Child Sexual Abuse Prevention Program. Speak7 is a bold and innovative initiative that pushes the boundaries of traditional CSA prevention research and developments. Beyond a CSA prevention program, Speak7 is a demanding and honest conversation about CSA in the African American community and a catalyst of health and healing for African American children, families and communities.

Speak7 is the only known CSA prevention program that was explicitly developed to address the child sexual abuse prevention needs and experiences of African American children. Furthermore, the formative evaluation of Speak7 was the first empirical study to assess the acceptability of a culturally sensitive, adult-focused CSA prevention

program for African American adults. As the intended beneficiaries of this intervention, African American adults were invited to share their ideas, experiences, hopes and fears, and to contribute to the development of Speak7. Given the complexity of CSA among African American children and the marginalization of African Americans in CSA prevention research and developments, Speak7 makes an important contribution to the child maltreatment and African American Studies literature.

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Appendix A

Recruitment Flyer

PLEASE POST & DISTRIBUTE

Form L: Advertisements

Research Volunteers Needed Study

Researchers at the University of Kentucky are recruiting volunteers to participate in an evaluation of the Speak7 African-Centered Child Sexual Abuse Prevention Program. We would like to learn about the program's usefulness and appeal with African American adults.

WOULD THIS STUDY BE A GOOD FIT FOR ME?

- Are you an African American adult, age 18 years or older?
- Do you provide for African American children in either a personal or professional capacity (i.e., parent, educator)?
- Are you open to sharing your perspectives regarding the Speak7 African-Centered Child Sexual Abuse Prevention Program with fellow group participants?
- Do you reside in the greater Oklahoma City metropolitan area?

If you answered YES to these questions, you may be eligible to participate in this study.

WHAT WOULD HAPPEN IF I TOOK PART IN THIS STUDY?

- You would attend a live presentation of the Speak7 African-Centered Child Sexual Abuse Prevention Program, where you would have the opportunity to learn about African American children and child sexual abuse prevention.
- You would also participate in a group interview, where you would be asked a series of questions about the strengths and weaknesses of the Speak7 African-Centered Child Sexual Abuse Prevention Program.
- Participation in this study is voluntary and you may withdraw at any time.
- Participants have the opportunity to enter a drawing for an Apple iPad Mini valued at $249.

WHAT ARE THE BENEFITS OF TAKING PART IN THIS STUDY?

- Your participation in this study will help researchers better understand and improve the relevance of the Speak7 African-Centered Child Sexual Abuse Prevention Program.

TO TAKE PART IN THIS STUDY OR FOR MORE INFORMATION, PLEASE CONTACT MIKEIYA MORROW AT 405-227-7848 OR m.morrow@uky.edu

MiKeiya Morrow, the principal investigator in this study, is a doctoral candidate in Counseling Psychology at the University of Kentucky. She is advised by Dr. Pamela Remer, Ph.D.

Appendix B

Recruitment Email

Hello (insert name),

My name is MiKeiya Morrow and I am a doctoral candidate in the Counseling Psychology Program at the University of Kentucky. I am conducting a research study on the evaluation of the Speak7 African-Centered Child Sexual Abuse Prevention Program (Speak7). Speak7 is a group based educational program that I developed to help adults enhance their CSA prevention competence, which includes knowledge, attitudes, and self-efficacy regarding CSA prevention. This is a very important project as African American children experience significantly high rates of child sexual abuse. Further, African American children are the subjects of limited child sexual abuse prevention research or developments. Speak7 is the only known child sexual abuse prevention program that was explicitly developed to address the child sexual abuse prevention needs of African American children. I believe that Speak7 has the potential to foster greater engagement in appropriate and effective child sexual abuse prevention strategies among adults, which may help to prevent child sexual abuse.

I am contacting you to ask for your help with this project. I am in the process of recruiting individuals to participate in this study. I am specifically seeking African American adults who provide for African American children in either a personal or professional capacity, including but not limited to parents, caregivers, educators, faith congregants, civil servants, and professional, to participate in this study. As a valued and influential community member of the greater Oklahoma City metropolitan area, I kindly ask for your help in recruiting participants. This study will consist of two separate evaluations of Speak7, which will take place between July 2015 and February of 2016. You may help me with this project by posting or distributing recruitment fliers at your establishment, and/or informing community members of this study. Recruitment fliers list my email address and phone number and encourage potential participants to contact me for more information. Your support may prove critical in helping me carry out this study.

If you are agreeable to posting or distributing recruitment fliers, please reply with your physical and/or electronic address so that I may promptly send you a recruitment packet. You may contact me, MiKeiya Morrow, at m.morrow@uky.edu or 405-227-7848. I am happy to provide you with more information regarding this study. Thank you for your time and consideration!

Sincerely,

MiKeiya Morrow, M.A. (Principal Investigator)
Doctoral Candidate
Department of Educational, Counseling, and School Psychology
University of Kentucky
Phone: 405-227-7848
Email: m.morrow@uky.edu

Pamela Remer, Ph.D. (Faculty Advisor)
Professor Emerita
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University of Kentucky
Phone: 859-257-4158
Email: premer@email.uky.edu

Appendix C

Phone Screening Script

Thank you for calling to find out more about this research study. My name is MiKeiya Morrow, and I am a doctoral candidate in the Counseling Psychology Program at the University of Kentucky. I am conducting a research study on the evaluation of the Speak7 African-Centered Child Sexual Abuse Prevention Program (Speak7). The purpose of this study is to evaluate Speak7's relevance with African American adults. We would like to know how useful and appealing this program for adults who provide for African American children. Your participation in this study will help us better understand and enhance the relevance of Speak7.

I am recruiting individuals to participate in his study. I am specifically seeking African American adults who provide for African American children in either a personal or professional capacity, such as parents, caregivers, educators, faith congregants, civil servants, and community members to participate in his study. Should you decide to participate in in this study, you would attend a live presentation of the Speak7 African-Centered Child Sexual Abuse Prevention Program and participate in a group interview where you would be asked questions about Speak7's strengths and weaknesses. Speak7 is a single session 4-hour program. Further, the group interview will last no longer than 1 hour. Therefore, this study will take approximately 5 hours. The group interview would be audio taped and later transcribed. For participating in this study, you will have the opportunity to enter into a drawing for an Apple iPad mini valued at $249. I am recruiting about 15 participants to take part in this study and your participation would be greatly appreciated.

Are you interested in possibly participating in this study? ☐Yes ☐No

{If No}: Thank you very much for calling. Have a nice day.

{If Yes}: Before enrolling in this study, we need to determine if you are eligible. I will now ask you a few questions. You do not have to answer these questions if you do not want to. Please understand that all we will make every effort to keep this information confidential. This information will be stored in a locked file cabinet. The purpose of these questions is only to determine whether you are eligible to participate in this study.

{Questions}:

1. Are you of Black/African American descent? ☐Yes ☐No
2. Are you 18 years or older? ☐Yes ☐No
3. Do you provide for African American in either a personal or professional capacity? ☐Yes ☐No
4. Are you agreeable to participating in an audio-recorded group interview? ☐Yes ☐No

{If Not Eligible}: Thanks you so much for your interest. Unfortunately, you don't meet the criteria for participating in this study. If you know of others that meet the criteria, please feel free to pass on my contact information.

{If Eligible} You meet the basic criteria for participating in this study. Would you like to provide me with contact information? The only information I will need is your name, phone number, and an email address or physical address.

Appendix D

Study Consent Form

Consent to Participate in a Research Study
DEVELOPMENT & EVALUATION OF THE SPEAK7 AFRICAN-CENTERED CHILD SEXUAL ABUSE PREVENTION PROGRAM

WHY ARE YOU BEING INVITED TO TAKE PART IN THIS RESEARCH?
You are being invited to take part in a research study about the evaluation of the Speak7 African-Centered Child Sexual Abuse Prevention Program. You are being invited to take part in this research study because you are an African American adult who provides for African American children in either a personal and/or professional capacity. If you volunteer to take part in this study, you will be one of about 15 people to do so.

WHO IS DOING THE STUDY?
The person in charge of this study is MiKeiya Morrow (principal investigator), a doctoral candidate in the Counseling Psychology Program at the University of Kentucky, Department of Educational, School, and Counseling Psychology. MiKeiya is being guided in this research by Dr. Pamela Remer, PhD (faculty advisor). There may be other people on the research team assisting at different times during the study.

WHAT IS THE PURPOSE OF THIS STUDY?
The purpose of this study is to evaluate the relevance of the Speak7 African-Centered Child Sexual Abuse Prevention Program. Speak7 is an educational program that aims to enhance child sexual abuse prevention competence among adults. Speak7 is the only known CSA prevention program that has been explicitly developed to address the CSA prevention needs of African American children. By doing this study, we hope to learn more about Speak7's utility and appeal with adults who provide for African American children.

ARE THERE REASONS WHY YOU SHOULD NOT TAKE PART IN THIS STUDY?
You should not participate in this study if you are not African American, under 18 years of age, or do not provide for African American children in either a personal or professional capacity.
WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?
The research procedures will be conducted at C.A.R.E. For Change Inc. In order to participate in this study, you will need to come to C.A.R.E. For Change Inc., which is located at 3621 North Kelley Avenue in Oklahoma City, OK. This single session workshop will take about 5 hours to complete. Thus, the total amount of time you will be asked to volunteer for this study is 5 hours during one single day. The exact date and time of this research study will be determined at a later date once all workshop participants have been secured.

WHAT WILL YOU BE ASKED TO DO?
If you decide to participate in this research study, you would be asked to attend a live presentation of the Speak7 African-Centered Child Sexual Abuse Prevention Program. During this presentation, you would have the opportunity to learn critical information regarding African American children and child sexual abuse prevention. You would watch video clips, participate in skill building activities, and discuss matters related to child sexual abuse prevention with fellow group members. In addition to attending the presentation, you would also be asked to fill out a brief demographic survey and participate in a group interview with fellow participants. During this interview, you will be asked to share your perspectives on Speak7's strengths and weaknesses. The interviews will be audio recorded to allow for transcribing and coding.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?
To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life. You may possibly find some of the material to be upsetting or stressful. If so, we can tell you about some people who may be able to assist you with these feelings. In addition to the risks listed above, you may experience previously unknown risks or side effects.

WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?
There is no guarantee that you will get any benefit from taking part in this study. However, some people may benefit personally and/or professionally through greater knowledge, better attitudes, and increased confidence regarding child sexual abuse prevention. Your willingness to take part, however, may, in the future, help society as a whole better understand this research topic.

DO YOU HAVE TO TAKE PART IN THE STUDY?
If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?
If you do not want to be in the study, there are no other choices except not to take part in the study.

WHAT WILL IT COST YOU TO PARTICIPATE?
There are no costs associated with taking part in the study.

WILL YOU RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?
You will receive the opportunity to enter into a drawing for an Apple iPad mini valued at $249 for taking part in this study. You will have the opportunity to enter into this drawing regardless of completion of this study. Up to 30 individuals will have the opportunity to enter into this drawing. The odds of winning are 1 in 30.

WHO WILL SEE THE INFORMATION THAT YOU GIVE?

We will make every effort to keep confidential all research records that identify you to the extent allowed by law. Still, confidentially cannot be guaranteed because other participants present will know what was said and by whom. Your information will be combined with information from other people taking part in the study. When we write about the study to share it with other researchers, we will write about the combined information we have gathered. You will not be personally identified in these written materials. We may publish the results of this study; however, we will keep your name and other identifying information private. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. You will be assigned a unique study identifier to include on research materials. Further, documents with your personal identifying information will be stored in a locked file cabinet. We will keep private all research records that identify you to the extent allowed by law. However, there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to tell authorities if you report information about a child being abused or if you pose a danger to yourself or someone else. Title 10 of the Oklahoma Statutes explicitly mandates the reporting of known or suspected child abuse and neglect (http://www.ok.gov/occy/documents/Title%2010%201116.6%20State%20Postadjudication%20Advisory%20Board.pdf). You will not be asked to discuss specific instance of child abuse or neglect during this research study. If specific instance of child abuse or neglect are disclosed, this information will be reported to the Oklahoma Department of Human Services, in compliance with Oklahoma state law. Also, we may be required to show information which identifies you to people who need to be sure we have done the research correctly; these would be people from such organizations as the University of Kentucky.

WHY WILL YOU BE AUDIO RECORDED?

The group interview will be audio recorded for the purpose of transcribing and coding data. Audio recording will also help to ensure the maximum accuracy of the data. Transcribing and coding will be carried out by the principal investigator and research team working on this study. Audio recordings will only be available to the principal investigator, faculty advisor, research team, and staff in the Office of Research Integrity at the University of Kentucky. Transcripts of the audio interview may be reproduced in whole or in part for use in presentations or written products that result from this study. None of your personal identifying information, such as your name or voice, will be used in presentations or in written products resulting from the study. Audio recordings will be kept for 6 months past the conclusion of this study and destroyed on or before December 31, 2016.

CAN YOUR TAKING PART IN THE STUDY END EARLY?

If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. You will not be treated differently if you decide to stop taking part in the study.

The individuals conducting the study may need to withdraw you from the study. This may occur if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you. You may withdraw from this study at any time without consequence. You may discontinue your participation in this study without notice or you may inform the principal investigator that you no longer wish to continue.

WHAT ELSE DO YOU NEED TO KNOW?

There is a possibility that the data collected from you may be shared with other investigators in the future. If that is the case the data will not contain information that can identify you unless you give your consent or the UK Institutional Review Board (IRB) approves the research. The IRB is a committee that reviews ethical issues, according to federal, state and local regulations on research with human subjects, to make sure the study complies with these before approval of a research study is issued.

WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS, CONCERNS, OR COMPLAINTS?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions, suggestions, concerns, or complaints about the study, you can contact the investigator, MiKeiya Morrow at m.morrow@uky.edu or 405-227-7848. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky between the business hours of 8am and 5pm EST, Mon-Fri. at 859-257-9428 or toll free at 1-866-400-9428. We will give you a signed copy of this consent form to take with you.

____ ____________

Signature of person agreeing to take part in the study Date

____

Printed name of person agreeing to take part in the study

____ ____________

Name of (authorized) person obtaining informed consent Date

Appendix E

Demographic Survey

Please specify the following by checking the appropriate box. Please check (√) only one response per item unless indicated.

1) **What is your age?**

____

2) **What is your race/ethnicity?**
Black or African American
White
Native American or Amer. Indian
Asian / Pacific Islander
Other
Multiethnic
Hispanic or Latino

3) **Do you provide for African American children in either a personal or professional capacity?**
Yes
No

4) **What is the nature of your relationship to African American children? (check all that apply)**
Personal Professional

5) **What is your gender?**
Female
Male
Transgendered
Other

6) **What is your intimate relationship status?**
Single, never partnered
Married or domestic partnership
Widowed Divorced Separated

7) **How many children reside in your household?**
None 1-3 4 or more

8) **What is the highest degree or level of school you have completed?**
Up to high school, no diploma
High school graduate or GED equivalent
Some college credit, no degree
Trade/technical/vocational training
Associate degree
Bachelor's degree
Master's degree
Professional degree
Doctorate degree

9) **What is your employment status?**
Employed for wages
Self-employed
Unemployed/seeking employment
A homemaker
A student
Military
Retired
Unable to work

10) **What is your annual household income before?**
Less than $25,000
$25,000 to $34,999
$35,000 to $49,999
$50,000 to $74,999
$75,000 to $99,999
$100,000 to $149,999
$150,000 or more

11) **What is your religious affiliation?**

____

12) **What is your city and state of residence?**

____

Appendix F

Resource Information Sheet

Therapy/Counseling

C.A.R.E. for Change, Inc.
3621 North Kelley Avenue
Oklahoma City, Oklahoma 73111
(405) 524-5525
careforchange.org

Cornerstone Counseling & Consulting, Inc.
4232 N. Santa Fe Ave
Oklahoma City, OK 73118
(405)-231-3150
cornerstonecounselinginc.org

Child Abuse Reporting

Child Protective Services
Oklahoma Department of Human Services
1-800-522-3511
24 hours a day, 7 days a week

Childhelp National Child Abuse Hotline
1-800-4-A-CHILD (1-800-422-4453)
24 hours a day, 7 days a week
Serving the United States, its territories, and Canada. Professional crisis counselors for crisis intervention, information, literature, and referrals to thousands of emergency, social service, and support resources. All calls are confidential.

Crisis Hotlines

Oklahoma Department of Mental Health and Substance Abuse Services

Crisis Hotline
(405) 522-8100

ReachOut Hotline
(information and referrals)
1-800-522-9054

The National Sexual Assault Hotline
1-800-656-4673

RAINN Rape, Abuse and Incest National Network

Rape Hotline
(405) 943-7273

Safeline Hotline
(domestic violence & sexual assault)
1-800-522-7233

1-800-656-HOPE (1-800-656-4673)

National Suicide Prevention Lifeline
1-800-273-TALK (1-800-273-8255)

Appendix G

Semi-Structured Interview Protocol

Program Design

1. How was the design of the Speak7 African-Centered Child Sexual Abuse Prevention Program appropriate and/or inappropriate for African American adults, including the information (content) and activities (processes) addressed in each module?

Strength

2. What did we like or find most helpful about the Speak7 African-Centered Child Sexual Abuse Prevention Program?

Weaknesses

3. What did we dislike or find least helpful about the Speak7 African-Centered Child Sexual Abuse Prevention Program?

Cultural Congruence

4. How was the Speak7 African-Centered Child Sexual Abuse Prevention Program congruent and/or incongruent with African American cultural values?

Value

5. What makes the Speak7 African-Centered Child Sexual Abuse Prevention Program valuable and/or invaluable for African American adults?

Recommendations

6. How could the Speak7 African-Centered Child Sexual Abuse Prevention Program be improved to make this program more useful and/or appealing to African American adults?

Appendix H

Speak7 African American Child Sexual Abuse Prevention Program Overview

Speak7 Program Values	
Open and Honest Dialogue	We believe that child sexual abuse thrives in silence and that our voices are powerful instruments in child sexual abuse prevention. We vow to engage in open and honest dialogue about child sexual abuse within our homes and communities.
Education and Empowerment	We believe that children have a right to health, wellness, education, empowerment and protection from child sexual abuse. We vow to educate children about child sexual abuse and to empower children to exercise agency over their bodies.
Survivor Integrity	We believe that child sexual abuse survivors should be treated with dignity, respect and compassion. We vow to protect the integrity of child sexual abuse survivors and to honor survivors' voices and experiences.
Perpetrator Accountability	We believe that child sexual perpetrators should be brought to justice and held accountable for their actions. We vow to report child sexual perpetrators to the appropriate authorities and to support perpetrator accountability and treatment.
Collective Healing and Recovery	We believe that healing from child sexual abuse is an important and achievable goal and our collective responsibility. We vow to acknowledge the harmful effects of child sexual abuse on children, families, and communities, and to support collective treatment, healing, and recovery.

Speak7 Core Themes	
Module 1	Recentering Adult Responsibilities
Module 2	Empowering Our Children
Module 3	Creating Safe Communities
Module 4	Understanding Child Sexual Perpetrators
Module 5	Receiving Child Sexual Abuse Disclosures
Module 6	Examining Cultural and Social Systems
Module 7	The Courage of Conviction

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Wurtele, S. K. (2007). *The Body Safety Training Workbook.* [Electronic version]. Retrieved from http://sandywurtele.com/books.htm

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Wurtele, S. K., & Kenny, M. C. (2010). Partnering with parents to prevent childhood sexual abuse. *Child Abuse Review, 19*, 130–152. doi:10.1002/car.1112

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Zwi, K., Woolfenden, S., Wheeler, D. M., O'Brien, T., Tait P, & Williams, K. J. (2007). School-based education programmes for the prevention of child sexual abuse. *Cochrane Database of Systematic Reviews, 3,* 1-41. doi:10.1002/14651858.CD004380.pub

Vita

MiKeiya Y. Morrow

EDUCATION

August 2011 -August 2017* **Ph.D. in Counseling Psychology**
University of Kentucky, Lexington, KY, APA Accredited
Dissertation: *Development and Formative Evaluation of the Speak7 African American Child Sexual Abuse Prevention Program*
Committee Co-Directors: Pam Remer, Ph.D., Jeff Reese, Ph.D.
Dissertation defense: May 8, 2017
Anticipated graduation: August 4, 2017 (expected)

August 2011 -May 2014 **Education Specialist in Counseling Psychology**
University of Kentucky, Lexington, KY
Degree awarded: May 10, 2014

January 2006 - July 2009 **Masters of Arts in Counseling Psychology**
University of Central Oklahoma, Edmond, OK
Degree awarded: May 8, 2009

January 2001 -December 03 **Bachelor of Arts in Criminal Justice**
Oklahoma City University, Oklahoma City, OK
Degree awarded: December 19, 2003

PROFESSIONAL CREDENTIALS

2011-2016 **Licensed Professional Counselor #4705**
State of Oklahoma

SUPERVISED CLINICAL EXPERIENCE

July 2016 -July 2017* **Dayton VA Medical Center**
Psychology Intern, APA Accredited

August 2015 -May 2016 **University of Kentucky Counseling Center**
Psychology Practicum Student, Doctoral

August 2013 -May 2016 **University of Kentucky Counseling Center, Lexington, KY**
On-Call Counselor, Doctoral Practicum

August 2014 -July 2015 **Eastern State Hospital (Inpatient Psychiatric), Lexington, KY**
Psychology Practicum Student, Doctoral

August 2013 -May 2014 **Lexington Veterans Affairs Medical Center, Lexington, KY**
Psychology Practicum Student, Doctoral Practicum

January 2012 **Kentucky Adult Education-Fayette County (BCTC Campus), Lexington, KY**
-May 2012 *Psychology Practicum Student, Doctoral Practicum*

August 2012 **University of Kentucky Counseling Center**
-July2013 *Psychology Practicum Student, Doctoral Practicum*

January 2009 **Cornerstone Counseling and Consulting, Oklahoma City, OK**
-July 2009 *Psychology Practicum Student, Masters Practicum*

January 2008 **University of Central Oklahoma Psychology Counseling Clinic, Edmond, OK**
-May 2009 *Psychology Practicum Student, Masters Practicum*

PEER-REVIEWED PRESENTATIONS

Morrow, M. (2015). *The prevention of child sexual abuse among African American children: A call to action.* Presented at the National Black Child Development Institute Annual Conference, Washington, D.C.

Gobin, R., & **Morrow, M.** (2015). *My brother's keeper: The culture of silence around African American sexual assault.* Presented at The Association of Black Psychologist Annual International Convention, Las Vegas, NV.

Morrow, M., & Angyal, B. (2015). *Helping the fish discover the water: Culture and unexamined biases among pre-service teachers*. Presented at the Spring Research Conference, Louisville, KY.

Morrow, M., Gobin, R., & Plunket, C. (2014). *Speak: The prevention of child sexual abuse among African American children.* Presented at The Association of Black Psychologist Annual International Convention, Indianapolis, IN.

Morrow, M. (2014). *The epidemic without a name: The primary prevention of child sexual abuse among African American girls*. Presented at The American Professional Society on the Abuse of Children Annual Colloquium, New Orleans, LA.

Morrow, M., Story, K.A., & Robinson, R. (2014). *bell hooks as a feminist handbook: A panel on the work in practice.* Presented at University of Kentucky Annual Black Women Conference, Lexington, KY.

Morrow, M. (2014). *Child sexual abuse prevention with African American girls*. Poster presented at the Spring Research Conference, Cincinnati, OH.

Morrow, M. (2014). *The primary prevention of child sexual abuse among African American girls.* Poster presented at the American Psychological Association Counseling Psychology Conference, Atlanta, GA.

Morrow, M., & Gobin, R. (2013). *Sexual violence in the lives of African American women and girls.* Presented at The Association of Black Psychologists Annual International Convention, New Orleans, LA.

Black, W., Gonzalez, K., Li, M., Mason, D., **Morrow, M.**, Odom, R., Kodet, J. (2012). *Ally development diversity workshop.* University of Kentucky, Lexington, KY.

Morrow, M. (2010). *PTSD as a mediator of childhood sexual abuse and high-risk sexual behaviors in young adults.* Presented at the University of Oklahoma Health Science Center Interdisciplinary Training Program on Child Abuse and Neglect, Oklahoma City, OK.

Palmer, B., Clark, L.C., **Morrow, M**., & Henderson, R. (2009). *Getting into graduate programs in psychology.* Presented at The Association of Black Psychologists General Assembly Meeting, Tallahassee, FL.

Elvington, A., **Morrow, M**., Banta, M. (2008). *Mental health promotion at the OSU-OKC Family Health and Safety Day.* Presented at UCO Democracy and Civic Engagement, Edmond, OK.

Grellner, J., Elvington, A., **Morrow, M**., Banta, M. (2007). *Parent-child healthy communication: The University of Central Oklahoma Psychology Counseling Clinic*. Presented at OSU-OKC Family Health & Safety Day, Oklahoma City, OK.

Morrow, M. (2005). *The use of psychoeducation in minimizing depression on college campuses.* Poster presented at Oklahoma Research Day, Edmond, OK.

RESEARCH EXPERIENCE

June 2014 **Development and Formative Evaluation of the Speak7 African-American**
-Present **Child Sexual Abuse Prevention Program**
University of Kentucky
MiKeiya Morrow, M.A., Ed.S. (Primary Investigator)
Faculty Supervisor: Pamela Remer, Ph.D.

July 2012 **Saving Our Sisters: Effects of a Computer-based Version of SISTA on the**
-July 2013 **HIV-related Behaviors of African American Women, Research Team**
University of Kentucky
Krystal Frieson, M.S., Ed.S. (Primary Investigator)
Faculty Supervisor: Keisha Love, Ph.D.

June 2012 **Primary Prevention of Child Sexual Abuse among African American Girls**

-June 2013 University of Kentucky
MiKeiya Morrow, M.A., Ed.S. (Primary Investigator)
Faculty Supervisor: Keisha Love, Ph.D.

July 2009 **Ad Hoc Manuscript Reviewer under Supervision**
-October 2009 Supervisor: Barbara L. Bonner, Ph.D.
University of Oklahoma Health Science Center

January 2008 **Teaching Preschool Children Healthy Habits, Research Team**
-December 08 Jill Devenport, Ph.D. (Primary Investigator)
University of Central Oklahoma

TEACHING EXPERIENCE

August 2015 **Teaching Assistant**
-Present Presentation U!
Transformative Learning
University of Kentucky, Lexington, KY
Supervisor: Molly Reynolds, Ph.D.

May 2015 **Teaching Assistant**
-June 2015 Department of Educational, School, and Counseling Psychology
University of Kentucky, Lexington, KY
Supervisor: Daniel Walinsky, Ph.D.

January 2015 **Teaching Assistant/Lab Instructor**
-May 2015 College of Health Sciences
University of Kentucky, Lexington, KY
Supervisor: Randa Remer, Ph.D.

August 2011 **Teaching Assistant/Instructor of Record**
-May 2015 Department of Educational, School, and Counseling Psychology
University of Kentucky, Lexington, KY
Supervisor: Kenneth Tyler, Ph.D.

August 2011 **Teaching Assistant**
-May 2015 Department of Psychology
University of Central Oklahoma, Edmond, OK
Supervisor: Kim Porter, Ph.D.

AWARDS AND HONORS

July 2012 **Association of Black Psychologists Student Service Award**
Association of Black Psychologists

August 2011 **Lyman T. Johnson Fellowship**
-July 2014 University of Kentucky

July 2011 **ABPsi Student Service Award Student Circle Board of Directors Excellence Award**
Association of Black Psychologists

January 2007 **Striving Towards Academic and Renowned Success S.T.A.R.S**

Multicultural Honor Society, University of Central Oklahoma

LEADERSHIP EXPERIENCE

August 2011 -July 2012 **Southern Region Graduate Representative**
Association of Black Psychologists Student Circle National Board

August 2008 -July 2011 **Fundraising Chair**
Association of Black Psychologists Student Circle National Board

January 2008 -July 2009 **Lead Youth Guidance Specialist**
White Fields, Inc., Piedmont, OK

August 2002 -July 2003 **Vice President**
Alpha Phi Sigma Criminal Justice Honor Society
Oklahoma City University, Oklahoma City, OK

PROFESSIONAL AFFILIATIONS

American Psychological Association
- Division 17 Society of Counseling Psychology
- Division 35 Society for the Psychology of Women
- Division 45 Society for the Psychological Study of Ethnic Minority Issues

Association of Black Psychologists
American Professional Society on the Abuse of Children
Kentucky Psychological Association
National Black Child Development Institute
Oklahoma Psychological Association

MiKeiya Morrow