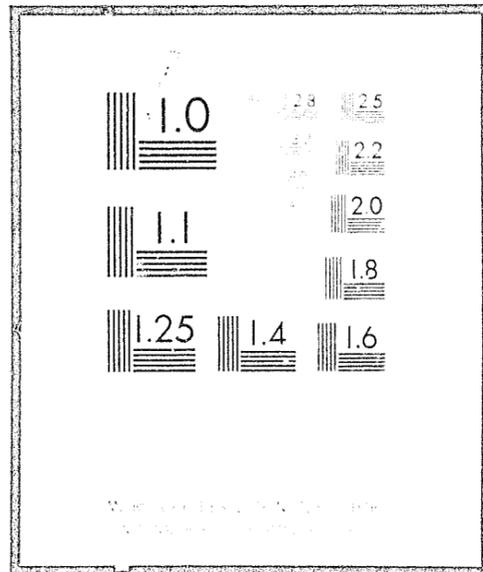


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PUBLIC INFORMATION CAMPAIGN EVALUATION REPORT

JULY 1, 1976

Special Projects Bureau



CHILD ABUSE AND NEGLECT
RESOURCES DEMONSTRATION (CANRED) PROJECT
PUBLIC INFORMATION CAMPAIGN EVALUATION REPORT

NCJRS

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ACQUISITIONS

July 1, 1976

Submitted by
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EXECUTIVE SUMMARY

One of the objectives of the Child Abuse and Neglect Resources Demonstration (CANRED) Project was to evaluate and improve specified components of the Texas Department of Public Welfare's (DPW) Public Information Campaign (PIC) on child abuse and neglect. The anticipated benefits of this aspect of the Project were increased awareness of child abuse and neglect by specialized professional groups and earlier identification of cases through increased reporting.

Texas was the second state in the nation (Florida being first) to launch a statewide Public Information Campaign on child abuse and neglect. The Department launched its public information campaign in September 1974. The purposes of the PIC were to inform Texas citizens of: (1) the characteristics of the problems of child abuse and neglect, (2) the recognizable signs of child abuse and neglect, (3) the reporting laws and procedures, and (4) DPW's role in protective services.

The PIC was a mass media campaign which used every affordable communications medium, including audiovisual materials, television, radio, newspapers, speeches, leaflets, posters, and phone stickers. Additionally, information packages (slide-sound shows, pamphlets, and local presentations) were developed for specialized audiences, which included day care personnel, medical professionals, law enforcement personnel, and community voluntary organizations.

The CANRED Project's evaluation of DPW's Public Information Campaign was designed to determine if the PIC was effective in accomplishing its objectives directed toward educating specialized audiences. The controlled experiment design was used to evaluate the effectiveness of the materials designed for day care personnel, law enforcement personnel, and community voluntary organizations. In this design, group members were assigned to matched groups, with a control group tested before exposure. The medical professionals were surveyed by mail to obtain information on their exposure to campaign materials, and to examine the differences in their awareness based on their exposure to child abuse and neglect materials.

The findings from the experiments showed that the PIC materials developed for day care personnel, law enforcement personnel, and community voluntary organizations were significantly effective in increasing each groups' awareness across the four topic areas covered by the materials. The four areas were: I. characteristics of the problems, II. recognizable signs, III. reporting laws and procedures, and IV. DPW's role in protective services. However, when the materials were analyzed to determine their effectiveness in increasing each group's awareness in each topic area, there were varying degrees of effectiveness noted.

For law enforcement personnel, the experiment findings indicated that the information package was not effective in increasing awareness of topic I, characteristics of the problems. The package was effective in increasing

the law enforcement group's awareness of recognizable signs (II), reporting laws and procedures (III), and DPW's role in protective services (IV). CANRED recommended, therefore, that consideration be given to improving the contents of the information package related to characteristics of the problems.

The information package developed for day care personnel was found to be effective in increasing the audience group's awareness of all four topic areas.

The effectiveness of the materials designed for community voluntary organizations was evaluated by conducting experiments with two such organizations. As a result of the two experiments, there were similarities and differences noted in the effectiveness of the materials for each campaign area. The materials were found to be effective in increasing both volunteer groups' awareness of topic III, reporting laws and procedures. The materials were not effective in increasing both groups' awareness of topic I, characteristics of the problems. On topic II, recognizable signs, and on topic IV, DPW's role in protective services, the campaign materials were found to be effective in increasing the Jourdan club's awareness and not effective in increasing the San Antonio club's awareness.

It was recommended that the component of the information package related to characteristics of the problems be strengthened. Additionally, it was recommended that the materials in the package related to recognizable signs and DPW's role in protective services be reviewed for possible improvements that could be made.

The survey of the medical professionals revealed that a substantial number of the medical professionals indicated exposure to campaign media materials as well as to such materials as professional journals. Only a few of the medical respondents indicated exposure to the slide-sound show, "A Special Kind of Patient." The medical professionals showed a high degree of awareness of topic II, recognizable signs, and lower levels of awareness for topic III, reporting laws and procedures, and topic IV, DPW's role in protective services. The survey data showed that the respondents with exposure to campaign materials had higher levels of awareness compared to those who were not exposed. The survey also revealed that the respondents were most interested in additional information related to topic III, reporting laws and procedures, and topic IV, DPW's role in protective services.

It was recommended that consideration be given to strengthening the campaign materials directed toward informing the medical professionals of the reporting laws and procedures and DPW's role in protective services. Acknowledging the difficulty in reaching the medical professionals through group presentations, it was recommended that consideration be given to the possible use of the more frequently mentioned sources of information, such as professional journals, signs, posters, pamphlets, and television. It was also recommended that special attention be given to presenting to the medical professionals specific information on reporting laws and procedures, particularly in light of the nationwide concern of the medical professionals with malpractice suits.

The Project also collected data from secondary sources to assess the statewide impact of the PIC. The data showed that the total number of CANRIS reports increased substantially after the campaign was implemented. The referrals from each source, such as DPW personnel, child care, medical, school, and general public, also increased greatly after implementation of the campaign. The utilization of the Child Abuse Hot Line also increased as the campaign progressed, and television was noted as the most frequently mentioned source providing the Hot Line number.

In summary, the CANRED Project evaluation found that the DPW Public Information Campaign on child abuse and neglect was effective overall in accomplishing those of its objectives directed toward educating specialized audiences. The CANRED evaluation also noted certain topic areas within each information package that warrant strengthening. Combining the materials for the strengthened areas with that for other already effective areas should result in very effective information packages directed toward informing the special audiences of the problems of child abuse and neglect. Furthermore, the CANRED Project recommends that the Department consider incorporating a plan for assessing and evaluating the effectiveness of any future campaign materials.

PURPOSE OF THE EVALUATION

One of the objectives of the Child Abuse and Neglect Resources Demonstration (CANRED) Project is to evaluate and improve the Texas State Department of Public Welfare (DPW) Public Information Campaign (PIC) on child abuse and neglect. The PIC began in September, 1974, as one aspect of a statewide program to increase the identification of cases of child abuse and neglect. The purposes of the PIC were to inform Texas citizens of the characteristics of the problems of child abuse and neglect, the recognizable signs of the problems, the reporting laws and procedures for reporting, and the Department's role in protective services. By increasing the public's awareness in these areas, the Department hoped to get earlier and more universal reporting of suspected cases and thus to improve its case identification efforts.

The PIC was a mass media campaign designed to reach the whole population of the State. Every affordable communications medium was used including audiovisual materials, television, radio, newspapers, speeches, leaflets, posters, and phone stickers. Additionally, both slide-sound shows and special information pamphlets were developed for specialized audiences which included educators, medical professionals, and law enforcement officers. Local DPW staff members, including staff working in protective services, also made direct presentations of the campaign materials to group meetings of these specialized audiences. In these presentations, the DPW staff attempted to clarify and further elaborate on the information contained in the materials and to further discuss local procedures in dealing with the problems of child abuse and neglect. The slide-sound show, the pamphlets, and the local presentations comprised the total information package for the specialized audiences.

The purpose of the CANRED Project evaluation of the PIC is to determine if the campaign has been effective in accomplishing its objectives, focusing on those portions of the campaign intended for specialized audiences. Originally, the CANRED Project considered a survey of the general public in order to determine the public's knowledge of the problems of child abuse and neglect. However, various problems with this approach were recognized. First, there is the methodological problem concerning the heterogeneous nature of the general public. A valid sample of the general public would require stratifying the population in regard to area of residence, race, ethnicity, income level, and education. The cost of conducting an adequate survey of the general public would be prohibitive given available Project staffing, funding, and other objectives. Secondly, the CANRED Project became operational after the Public Information Campaign began; therefore, no pretest of the general public was possible. Any survey of the general public would only be able to assess their knowledge of child abuse and neglect. No conclusion could be drawn as to whether this information came from PIC materials, training in school, newspaper articles, or other sources.

Consequently, CANRED's approach to the PIC evaluation was modified to focus on the specialized audiences e.g., medical professionals, day care

personnel,¹ and law enforcement personnel. These groups were originally selected by the Department because of their frequent contact with children and their families. Since one of the three major objectives of the CANRED Project is to improve the Department's current case identification efforts, working with these three groups, who are potentially major referral sources, seemed a valuable contribution to the Department's future campaign planning.

Additionally, CANRED's modified approach eliminates the previously discussed methodological problems. A survey of specialized audiences does not require stratification of the sample. The specialized audiences (medical professionals, day care personnel, and law enforcement officers) are assumed to be homogeneous in regard to many variables that affect their knowledge of child abuse and neglect. Therefore, findings from smaller samples may be meaningfully extrapolated to represent the entire specialized audience population. Furthermore, the modified approach to the PIC evaluation allows for a pretesting of the specialized audiences prior to the presentation of DPW campaign materials.

One other group was added by CANRED to the specialized audiences as a part of the campaign evaluation. After reviewing the implementation of the campaign statewide, it was found that one of the largest sources of requests for materials and presentations came from voluntary community organizations. Originally, this group had not been identified by DPW exclusively for this group. However, the Department did develop a slide-sound show and pamphlets for general audiences which included the voluntary community organizations.

Although the CANRED staff included the voluntary community organization with the specialized audiences, this group was not considered as homogeneous as the groups of day care, medical, and law enforcement professionals. However, its importance as a target population and as a potential referral source could not be overlooked. Therefore it was included with the CANRED evaluation of the PIC materials for specialized audiences.

1. The day care module was originally intended for all educators, but since DPW is now working with Consortium C, a private nonprofit educational organization, to use new materials developed by the Consortium for school administrators and teachers, the educators' module was shown only to day care personnel for its evaluation.

EVALUATION DESIGN

The PIC evaluation design attempts to answer four questions derived from the stated objectives of the campaign. First, has the PIC increased the specialized audiences' awareness of the characteristics of the problems of child abuse and neglect? Second, has the PIC increased the specialized audiences' awareness of the recognizable signs of the problems? Third, has the PIC increased the specialized audiences' awareness of the mandatory reporting laws and procedures for reporting suspected cases? Fourth, has the PIC increased the specialized audiences' awareness of DPW's role in protective services?

The evaluation also includes a section which describes the statewide results achieved by the PIC. These results are determined from an analysis of secondary source data from the CANRIS and Child Abuse Hot Line reports. These reports will be analyzed in terms of the increase in reporting of suspected cases, the increase in reporting from each type of source, and the utilization of the Hot Line. As a result of the evaluation, the CANRED Project hopes to have data from which specific recommendations can be made regarding future use of materials for specialized audiences. Also, the PIC evaluation and recommendations will be provided to DPW for use in decision making on future directions of the PIC.

METHODOLOGY FOR DATA COLLECTION

The evaluation of campaign materials intended for specialized audiences is a test of the hypothesis that the PIC materials have a causal influence on the specialized audiences' knowledge of child abuse and neglect. When a controlled experiment is possible, it is the most effective method of testing a hypothesis that one variable causally influences another variable. The Project conducted such experiments with the day care personnel, law enforcement officers, and voluntary community organizations because it was possible to evaluate the special information packages for these groups in a group meeting situation. The methodology was virtually identical for all three groups.

However, it was not possible for CANRED to conduct an experiment with the medical professionals because of the program limitations of their professional group meetings. Therefore, CANRED used a mail-out questionnaire to evaluate the medical materials.

In the conduct of each of the experiments, the Project used the "before-after" design with interchangeable groups.² This design consisted of dividing the subjects to be tested into two groups: the control group, which was not exposed to the information package, and the experimental group, which was exposed to the package. (As described earlier, the information package consists of the slide-sound show, distribution of written materials, and discussion led by the particular local staff member appropriate for each county.) The control group was tested to measure knowledge immediately after exposure. The subjects were randomly assigned by alternate numbering to either the control or the experimental group to assure that any variations in knowledge that existed prior to the experiments were distributed equally between the two groups. The random assignment also equalized the groups in terms of participant exposure to the mass media aspects of the PIC, such as television spots and newspaper articles. As a result, the significant differences in levels of awareness between the "before" measure of the control group and the "after" measure of the experimental groups could be attributed to the PIC materials. Table 1 illustrates further how each experiment was conducted.

The subjects for the day care, volunteer, and law enforcement groups were selected for their lack of exposure to the special target materials of the campaign. Preference was also given to selecting special audience groups located in the six sample counties chosen for the operation of other aspects of the Project's activities.

The Economic Opportunities Development Corporation (EODC) Head Start program of Bexar County was selected for the day care experiment. Teachers and teacher aides employed with the program participated in the experiment.

2. The methodology for this type of design and the conduct of the experiment is explained by Selltitz et al., in Research Methods in Social Relations, (New York: Holt, Rinehart, and Winston, 1951), pp. 116-117.

TABLE 1

"Before-After" Design with Interchangeable Groups³

Condition	Experimental Group	Control Group
Prior Section of Groups	Yes	Yes
Before Measurements	No	Yes
Exposure to Experimental Variables	Yes	No
Exposure to Uncontrollable Events	Yes	Yes
After Measurement	Yes (Y_2)	No (Y_1)
Change	$d = Y_2 - Y_1$	

3. Ibid., p. 110.

Guadalupe County law enforcement personnel were selected for the law enforcement experiment. This group included sheriffs, deputy sheriffs, constables, patrolmen, detectives, juvenile officers, and members of other related professions.

Two volunteer groups were selected to participate in the experiment designed to test the materials developed for this special audience. Members of the Mayfield Optimist Club of San Antonio participated in another. Of 18 members of the Mayfield Optimist Club in attendance, two who had been assigned to the experimental group had to leave before the presentation was over. Since 16 actual participants is a small group, CANRED decided to test another volunteer group in an effort to get a group size closer to twenty or more. The Jourdanton Rotary Club (Atascosa County) was selected, providing a group of 25 members participating in the experiment.

The mail-out to the medical professionals was designed to determine the respondents' awareness of the problems of child abuse and neglect and to correlate their levels of awareness with their exposure to various types of information through professional journals and the news media, as well as DPW materials. Completed questionnaires were grouped according to the types of information each respondent indicated having seen. The differences in levels of awareness of each group were then cross-tabulated and compared. The mail-out questionnaires were sent to all 1200 members of the Bexar County Medical Society and to all 800 members of the Bexar County Nurses Association, which together include approximately 65 percent of the medical professionals in Bexar County. The memberships of these two associations include interns, vocational teachers, medical social workers, and medical paraprofessionals, in addition to nurses and doctors. Data from all subtypes of respondents was combined, since the questionnaires did not uniformly identify all respondents by specific profession. Of 2000 mailed, a total of 561 questionnaires were returned for a 28.5 percent response rate, which is considered quite high for data collection by mail.

INSTRUMENTATION

The instruments that were used in the experiments were designed from the information contained in the special information packages developed for each audience group. Each instrument covers the four topics on child abuse and neglect that are presented in the materials:

- I. Characteristics of the problems
- II. Recognizable signs of the problems
- III. Reporting laws and procedures for reporting
- IV. DPW's role in protective services

Additionally, each respondent was asked his professional experience and his desire for additional information on child abuse and neglect. (See Appendix A.)

The questionnaires were pretested with members of appropriate special audience groups located outside Bexar and Webb counties. Improvements were made in the questionnaires based on the findings of the pretest data prior to data collection.

The same format was used for the mail-out questionnaires to the medical professionals as for the experimental instrument, but with questions added to determine the types of information each respondent had seen. The mail-out questionnaire for members of the nurse association was mailed with the association's monthly newsletter to each member. The questionnaire for the members of the medical society was mailed with a cover letter explaining the purpose of the Project. (See Appendix A.)

DATA ANALYSIS

The purposes of the data analyses for the PIC evaluation are to provide information on the effectiveness of the information packages developed for specialized audiences and to make recommendations for strengthening these materials. Additional comments on certain media approaches and on the statewide impact of the campaign are also provided. This information should prove valuable in the planning, by Media Services Division and other DPW staff, of future child abuse and neglect campaign efforts. CANRED's evaluation of the PIC will assist the Department in its efforts to further improve the PIC's effectiveness in informing citizens of the problems of child abuse and neglect.

This section focuses on an explanation of the methods and techniques which were used to analyze the data collected in the experiments. The experiments tested the hypothesis that the PIC materials increased the specialized audiences' awareness in the four areas: characteristics of the problems of child abuse and neglect, recognizable signs, reporting laws and procedures, and DPW's role in protective services. To test the hypothesis, samples of the membership of specialized audiences were selected and divided into control and experimental groups. The members were then tested, and the data was compared.

In the analysis of the data, the level of awareness of the control group was compared to that of the experimental group. The levels of awareness of the control and experimental groups were determined by calculating the mean number of correct answers for each group.

The Student's t -test⁴ was used to determine if the observed difference between the average number of correct responses for the control group and for the experimental group was significant enough to be attributed to exposure to the PIC materials rather than a result of sampling error. Following research convention, results were accepted as statistically significant if they had a probability of occurring by chance 5 percent of the time or less. (Level of significance = .05) If the data was significant at the .05 level, the observed differences between the control and experimental groups were statistically attributable to the campaign materials.

LAW ENFORCEMENT GROUP

Guadalupe County law enforcement personnel were used in the experiment testing the effectiveness of the information package designed for this specialized audience. The information package consisted of the slide-sound show entitled "Police File: Victimized Children," pamphlets, and a discussion led by the DPW campaign coordinator for Guadalupe County.

The conduct of the experiment began with a brief explanation of the purpose of the experiment and instructions for completing the questionnaire. The law enforcement personnel who participated in the experiment were randomly assigned to either the control or the experimental group.

4. The Student's t -test is a statistical test used to compare sample means for small samples such as those selected for the PIC experiments.

Fourteen subjects were assigned to the control group and 12 subjects to the experimental group. The control group was tested before exposure to the information package. After the control group had been tested, the campaign coordinator presented the slide-sound show, distributed pamphlets, and led a discussion to clarify and reinforce the information presented. The experimental group was tested immediately after completion of the presentation.

Findings

The mean scores of the control and experimental groups were compared for all 20 questions to determine the overall effectiveness of the information package. Additionally, the mean scores of each group were compared for the sets of questions pertaining to each topic to determine which components of the information package were significantly effective. (The mean scores and statistical results are included in tables 1-5, appendix B.) The t -test was applied to determine if the difference in test results was significant at the .05 level.

Significant increases in awareness were found for the comparison of all 20 questions: topic area II, recognizable signs; topic area III, reporting laws and procedures; and topic area IV, DPW's role in protective services. The test results supported the research hypothesis that the information package was effective in increasing the law enforcement group's overall awareness and their awareness of topics II, III, and IV.

There were no significant increases found for topic I, characteristics of the problem. Therefore, the research hypothesis for this component of the information package was not supported.

Conclusions

The information package developed by DPW for law enforcement personnel was effective in increasing the group's overall awareness of the problems of child abuse and neglect. In the area of characteristics of the problems (I), increases in awareness were indicated, but the increases were not statistically significant. In the areas of recognizable signs, reporting laws and procedures, and DPW's role in protective services (II, III, and IV), statistically significant increases were found which could be attributed to the campaign materials.

CANRED recommends, therefore, that consideration be given to improving the contents of the information package related to characteristics of the problems. With this strengthened topic area added to the other significantly effective areas, a more effective total information package directed toward law enforcement personnel should result.

DAY CARE GROUP

The Bexar County Head Start teachers and teacher aides were selected to test the effectiveness of the information package designed for day care personnel. The information package consisted of the slide-sound show "Children In Danger," pamphlets, and a discussion led by the campaign coordinator for Region 4.

As with the law enforcement group, the conduct of the experiment began with the random assignment of the participants to either the control or the experimental group. There were nine Head Start staff assigned to the control group and ten to the experimental group. Both groups were given an explanation of the purpose of the experiment and instructions for completing the questionnaire. The control group was tested before exposure to the information package. After the control group was tested, the campaign coordinator presented the slide-sound show, distributed pamphlets, and led a discussion to clarify and reinforce the information presented. In this experiment also, the experimental group was tested immediately after the information package was presented.

Findings

The mean scores of each group were compared for all 20 questions to determine the overall effectiveness of the information package. Additionally, the mean scores of each group were compared for the sets of questions pertaining to each topic to determine which components of the information package were significantly effective. (The mean scores and statistical results are included in tables 1-5, appendix C.) The t-test was applied to determine if the difference in test results was significant at the .05 level.

The test results showed that there were significant increases in awareness for the comparison of all 20 questions and for each topic area. These results supported the research hypothesis for all aspects of the information package designed for day care personnel.

Conclusions

The information package developed by DPW for day care personnel was effective in increasing the group's overall awareness of the problems of child abuse and neglect. In addition, when the four topic areas were analyzed, statistically significant increases in awareness were found for all four areas, indicating a very effective information package for day care personnel.

VOLUNTARY COMMUNITY ORGANIZATIONS

As discussed previously, to test the effectiveness of the information package designed for voluntary community organizations, CANRED conducted

experiments with two different organizations. The conduct of the experiments and the results for each organization are reviewed separately. The concluding remarks on both experiments are contained in one section so that similarities and differences in the findings for each organization can be discussed.

Voluntary Community Organization - San Antonio

The San Antonio Mayfield Optimist Club was used as one of the voluntary community organizations to test the effectiveness of the information package designed for this specialized audience. The information package consisted of the slide-sound show "Wednesday's Children," pamphlets, and a discussion led by the regional campaign coordinator.

Again, the experiment began with the random assignment of the club members to either the control or the experimental group. Although originally there were nine members assigned to each group, two members of the experimental group had to leave during the presentation. The same approach of explaining the purpose of the experiment and procedures for completing the questionnaire used in the previously discussed experiments was also used in this experiment. The control group was tested before exposure to the information package. Again, the campaign coordinator for Region 4 presented the slide-sound show, distributed pamphlets, and led a discussion to clarify and reinforce the information presented. Immediately after the information package was presented, the experimental group was tested.

Findings

The mean scores of the control and experimental groups were compared for all 15 questions and for the sets of questions pertaining to each topic area. (The mean scores and statistical results are included in tables 1-5, appendix D.) The t-test was applied to determine if the difference in test results was significant at the .05 level.

The resulting data showed a significant increase in overall awareness and awareness of topic III, reporting laws and procedures, supporting the research hypothesis for the overall effectiveness and for topic III of the information package.

There were no significant increases found for topic areas I, characteristics of the problems; II, recognizable signs; and IV, DPW's role in protective services. Therefore, the research hypothesis was not supported for these components of the information package.

Voluntary Community Organization - Jourdanton

The Jourdanton Rotary Club was used as the second voluntary community organization to test the effectiveness of the information package designed

for such audiences. The information package consisted of the slide-sound show "Wednesday's Children," pamphlets and a discussion led by the campaign coordinator assigned to Atascosa County. The identical procedure was used as with the other organizations, but in this instance there were twelve members in the control group and thirteen members in the experimental group.

Findings

The results indicated a significant increase in awareness for all 15 questions and for topic areas II, recognizable signs; III, reporting laws and procedures; and IV, DPW's role in protective services. The research hypothesis was supported for these aspects of the information package.

There were no significant results found for topic I, characteristics of the problems. Therefore, the research hypothesis for this component of the information package was not supported.

Conclusions

For both organizations tested, the information package designed for voluntary community organizations was effective in increasing the overall awareness of the problems of child abuse and neglect. However, variations in effectiveness among the four areas of the package were noted as well as similarities and differences in the effectiveness of the package for each organization.

For topic I, characteristics of the problems, comparisons of the experimental and control groups did not, for either organization, show any significant increases in score after exposure to the package. The mean scores, in fact, showed slight though insignificant decreases.

Findings for both topic II, recognizable signs, and topic IV, DPW's role, indicated differences between the two organizations in the score increases. For the San Antonio club, the increases in awareness were not statistically significant for either area; for the Jourdanton club, the increases were significant for both.

On topic III, reporting laws and procedures, statistically significant increases in awareness were found for both organizations.

The findings from both experiments suggest that the effectiveness of the information package for voluntary organizations varies considerably by topic covered. This effectiveness ranges from the consistently effective area of reporting laws and procedures to the consistently ineffective area of characteristics of the problems.

It is recommended, therefore, that the component of the information package related to characteristics of the problems be strengthened. (Contacts with the Media Services Division evidenced that topic area I was not

given a high priority in the development of this information package.) Additionally, the materials in the package related to recognizable signs and DPW's role in protective services should be reviewed for possible improvements that could be made. Combining these strengthened areas with the statistically effective area of reporting laws and procedures should result in a more effective information package directed toward informing voluntary community organizations of the problems of child abuse and neglect.

MEDICAL PROFESSIONALS

The medical professionals were surveyed to obtain information on their exposure to materials related to child abuse and neglect and to compare the differences in levels of awareness of those who were exposed to certain types of materials to those who were not exposed. The survey questionnaire was mailed to all members of the Bexar County Medical Society and all members of the Bexar County Nurses Association. As mentioned previously, out of 2000 questionnaires sent, a total of 561 were returned for a 28.5 percent response rate.

Findings

Characteristics of the respondents. The respondents identified themselves as from different areas of specialization within different fields. For the 561 respondents, the most frequently mentioned area of specialization was surgery (89), which included such fields as surgical nursing and anesthesiology. Other frequently mentioned areas were family practice (42), internal medicine (41), pediatrics (41), psychiatry (42), registered nurse (31), general practice (29), and obstetrics/gynecology (29).

The number of years of experience of the respondents ranged from zero to 51 years. Shown in table 2 are the number of respondents as categorized by years of experience. There were 246 (43.9 percent) respondents with zero to 10 years of experience and 315 (56.1 percent) respondents with eleven or more years of experience.

TABLE 2
Respondent by Years of Experience

Years of Experience	0 - 5 Years	6 - 10 Years	11 - 20 Years	21 - 30 Years	31 + Years
Number of Respondents	138	108	141	98	76
Percent of Respondents	24.6%	19.3%	25.1%	17.5%	13.5%

Exposure to child abuse and neglect materials. The survey questionnaire for the medical professionals included several questions related to exposure to various types of information on child abuse and neglect. (See appendix A.) The respondents were asked first if they had been exposed to any information on child abuse and neglect. Of the 561 respondents, 486 (88.8 percent) indicated they had been exposed to information on child abuse and neglect, and 61 (11.2 percent) indicated they had not.

When asked the types of materials related to child abuse and neglect to which they had been exposed, respondents indicated many of the types of materials developed for the campaign, as well as other types. (For the number of respondents exposed to each type of material mentioned, see table 1, appendix F.) The professional journal was the most frequently mentioned type of material. Others frequently mentioned were signs, posters, pamphlets, newspaper, television, and radio. All of the latter materials were considered campaign materials, since they were either developed by DPW, or the information contained in them was probably provided by DPW. A large number of respondents indicated exposure to all of the frequently mentioned types of materials. Findings thus showed that a substantial number of respondents were exposed to the media materials developed for the PIC, with newspaper and television reaching the majority of the respondents.

The respondents were asked, more specifically, if they had been exposed to the slide-sound show entitled "A Special Kind of Patient." There were 42 (7.5 percent) respondents who indicated having seen the slide-sound show, 491 (87.5 percent) respondents who had not, and 28 (5.0 percent) who did not know. The percentage of respondents exposed to "A Special Kind of Patient" was small; however, the difficulty found in scheduling presentations with this professional group should be noted.

Respondents were also asked if they had been exposed to any other types of materials on child abuse and neglect developed by DPW. This question was included in the survey to determine if the respondents were aware that the materials were developed by DPW, as well as to determine additional exposure to DPW materials. There were 100 (17.8 percent) respondents who indicated they had been exposed to DPW materials on child abuse and neglect, 338 (60.2 percent) respondents who had not, and 123 (22.0 percent) who did not know. The frequently mentioned types of DPW materials were newspaper articles, professional journal articles, signs, posters, pamphlets, and, most frequently mentioned of all, television. The data showed that a substantial percentage of the respondents had been exposed to DPW materials, with television reaching the majority of the respondents. Also, most importantly, they were aware of the source of the materials.

Levels of awareness of all respondents. All respondents were asked 24 true-false questions related to the information package developed for medical professionals. The 24 true-false questions covered the four topic areas contained in the campaign materials on child abuse and neglect. The respondents' scores on all questions were analyzed to provide

information on the medical professionals' current levels of awareness of the DPW campaign materials.

The distribution of the number of correct responses of all the respondents is illustrated in figure 1.

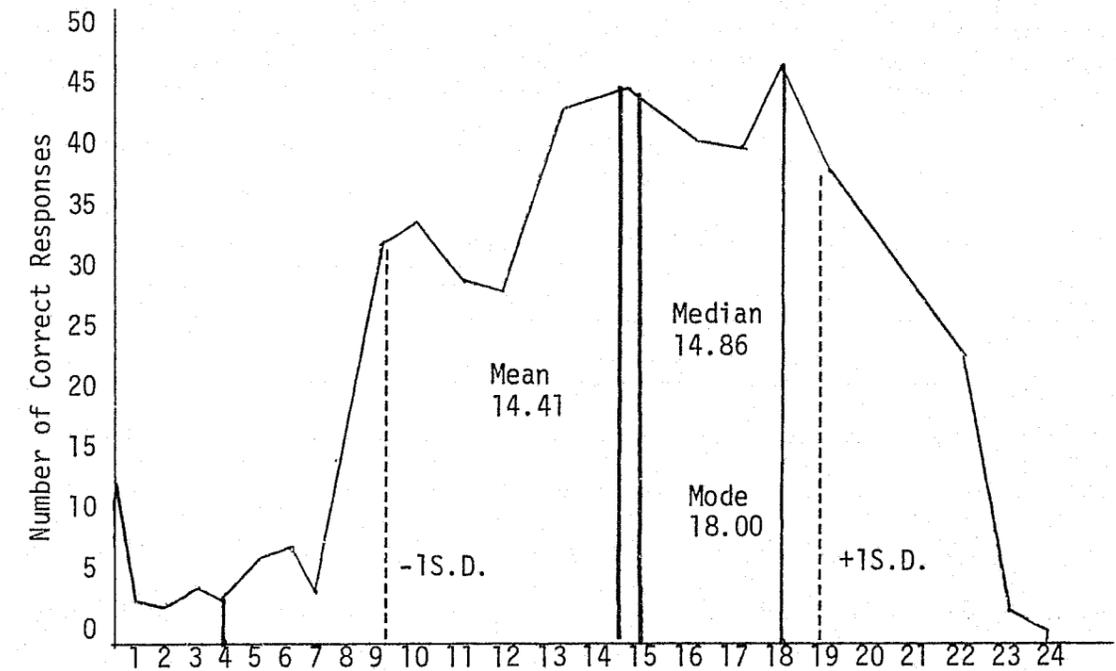


FIGURE 1

Distribution of Correct Responses for All Respondents

Of the possible 24 questions, the mean or average score of the 561 respondents was 14.41. The median or mid-point of the distribution below which 50 percent of the respondents' scores fell was 14.86. The mode or most frequently occurring score in the distribution was 18.00. The standard deviation of the distribution was 5.01. A score of 9 correct responses was one standard deviation below the mean (-1 S.D.), and a score of 19 correct responses was one standard deviation above the mean (+1 S.D.). A score of 4 correct responses was two standard deviations below the mean (-2 S.D.), and a score of 24 correct responses was two standard deviations above the mean (2 S.D.). In summary, the medical professionals' overall awareness of the four topic areas combined was relatively high.

There were variations noted in the respondents' awareness of each area. Table 3 shows the mean scores of the respondents for each topic.

The respondents scored highest (mean score = 5.13) on topic II, recognizable signs, and lowest (mean score = 2.42) on topic IV, DPW's role in protective services. The respondents' second highest mean score (4.12) was on topic I, characteristics of the problems. The third ranked mean score (2.73) was on topic III, reporting laws and procedures.

In summary, the medical professionals showed the highest level of awareness on recognizable signs (II) and characteristics of the problems (I). The lower levels of awareness of the medical group were on reporting laws and procedures (III) and DPW's role in protective services (IV).

TABLE 3
Scores on Topic Areas

Topic Area	Number of Correct Responses							Mean Score	Total
	0	1	2	3	4	5	6		
Topic Area I Characteristics	16 2.9%	10 1.8%	36 6.4%	82 14.6%	158 28.2%	202 36.0%	57 10.2%	4.12	561 100.0%
Topic Area II Recognizable Signs	13 2.3%	8 1.4%	12 2.1%	21 3.7%	46 8.2%	163 29.1%	298 53.1%	5.13	561 100.0%
Topic Area III Reporting	128 22.8%	74 13.2%	74 13.2%	65 11.6%	69 12.3%	67 11.9%	84 15.0%	2.73	561 100.0%
Topic Area IV DPW's Role	65 11.6%	106 18.9%	127 22.6%	113 20.1%	99 17.6%	41 7.3%	10 1.8%	2.42	561 100.0%

In order to compare the levels of awareness of the respondents who were exposed to various types of materials on child abuse and neglect to the respondents who were not exposed, the composite scores for the four topic areas were categorized according to the mean score of all the respondents on the 24 questions. The categories for the composite scores are shown in table 4.

TABLE 4
Categories of Scores

Level A	Level B	Level C	Level D
0 - 9	10 - 14	15 - 19	20 - 24
Correct Responses -1 S.D.	Correct Responses	Correct Responses +1 S.D.	Correct Responses +2 S.D.

The respondents whose scores fell in level A (more than one standard deviation below the mean) were considered to have a below-average level of awareness. The respondents whose scores fell in level B (including the mean and one standard deviation below the mean) were considered to have an average level of awareness. Respondents whose scores fell in level C (one standard deviation above the mean) were considered to have an above-average level of awareness. Respondents with scores in level D (more than one standard deviation above the mean) were considered to have a high level of awareness. In analyzing the respondents' scores based on exposure to materials, the distribution of scores in each level (A, B, C, and D) for respondents exposed to the materials was compared to that for respondents who were not exposed. In the analysis, the respondents who were exposed to each type of material were said to have significantly higher levels of awareness for all four areas according to the following criteria: (1) if there were larger percentages of respondents who were exposed scoring above the mean than those who were not exposed, (2) if there were larger percentages of respondents not exposed to materials scoring below the mean than those who were exposed, and (3) if the data indicated that the difference in percentages was large enough according to the raw chi square to be determined significant at the .05 level.

Levels of awareness on the basis of exposure to information on child abuse and neglect. The four-topic composite scores of the respondents who were exposed to any information and the respondents who were not exposed are shown in table 5.

TABLE 5

Scores with Exposure to Any Information

	Level A 0 - 9 Correct Responses	Level B 10 - 14 Correct Responses	Level C 15 - 19 Correct Responses	Level D 20 - 24 Correct Responses
Those Exposed to any Infor- mation on Child Abuse and Neglect 486 88.8%	57 11.7%	148 30.5%	195 40.1%	86 17.7%
Those Not Exposed to any Information on Child Abuse and Neglect 61 11.2%	23 37.7%	27 44.3%	9 14.8%	2 3.3%

A larger percentage of the respondents (17.7 percent) who were exposed to any information on child abuse and neglect had scores in level D, compared to those who were not exposed (3.3 percent). In addition, a larger percentage of the respondents (40.1 percent) who were exposed to any information scored in level C compared to those who were not exposed (14.8 percent). There were 37.7 percent of the respondents not exposed to any information with scores in level A compared to 11.7 percent of those who were exposed. The data showed that the respondents who were exposed to any information on child abuse and neglect had a significantly higher level of awareness than those who were not exposed.

Levels of awareness on the basis of exposure to professional journals. Shown in table 6 are the four-topic composite scores of the respondents who were exposed to professional journals compared to those who were not exposed.

TABLE 6

Scores with Exposure to Professional Journals

	Level A 0 - 9 Correct Responses	Level B 10 - 14 Correct Responses	Level C 15 - 19 Correct Responses	Level D 20 - 24 Correct Responses
Respondents Exposed to Professional Journals 394 70.2%	39 9.9%	120 30.5%	165 41.9%	70 17.8%
Respondents Not Exposed to Professional Journals 167 29.8%	48 28.7%	57 34.1%	43 25.7%	19 11.4%

Scoring in level D, there were 17.8 percent of the respondents who were exposed to professional journals compared to 11.4 percent of the respondents who were not exposed. Those scoring in level C included 41.9 percent of the respondents who were exposed compared to 25.7 percent of the respondents not exposed. Correspondingly, 28.7 percent of the respondents not exposed to professional journals had scores which fell in level A compared to 9.9 percent of the respondents who were exposed. The data showed that the respondents exposed to professional journals had significantly higher levels of awareness overall than those who were not exposed.

Levels of awareness on the basis of exposure to television materials. Illustrated in table 7 are the four-topic composite scores of the respondents who were exposed to television compared to those who were not exposed.

TABLE 7

Scores with Exposure to Television

	<u>Level A</u> 0 - 9 Correct Responses	<u>Level B</u> 10 - 14 Correct Responses	<u>Level C</u> 15 - 19 Correct Responses	<u>Level D</u> 20 - 24 Correct Responses
Respondents Exposed to Television 319 56.9%	34 10.7%	90 28.2%	133 41.7%	62 19.4%
Respondents Not Exposed to Television 242 43.1%	53 21.9%	87 36.0%	75 31.0%	27 11.2%

Of those scoring in level D, there were 19.4 percent of the respondents who indicated exposure to television materials compared to 11.2 percent of the respondents who indicated no exposure to television. In level C, there were 41.7 percent of the respondents with exposure to television compared to 31.0 percent of the respondents with no exposure. There were 21.9 percent of the respondents not exposed to television who scored in level A compared to 10.7 percent of the respondents exposed. The data indicated significantly higher levels of awareness overall for those exposed to television compared to those who were not.

Levels of awareness on the basis of exposure to radio materials.
Included in table 8 are the four-topic composite scores of the respondents who were exposed to radio and the scores of those who were not exposed.

TABLE 8
Scores with Exposure to Radio

	<u>Level A</u> 0 - 9 Correct Responses	<u>Level B</u> 10 - 14 Correct Responses	<u>Level C</u> 15 - 19 Correct Responses	<u>Level D</u> 20 - 24 Correct Responses
Respondents Exposed to Radio 193 34.4%	14 7.3%	55 28.5%	82 42.5%	42 21.8%
Respondents Not Exposed to Radio 368 65.6%	73 19.8%	122 33.2%	126 34.2%	47 12.8%

There were 21.8 percent of the respondents who indicated exposure to radio materials scoring in level D compared to 12.8 percent of the respondents who did not indicate exposure to radio. There were 42.5 percent of the respondents with exposure to radio with scores in level C compared to 34.2 percent of the respondents with no exposure to radio. Correspondingly, there were larger percentages of respondents who were not exposed to radio materials with scores in levels B and A than those who were exposed. As indicated by the data, the respondents who were exposed to radio materials had a significantly higher level of awareness than those who were not exposed.

Levels of awareness on the basis of exposure to signs, posters, and pamphlets. Shown in table 9 are the four-topic composite scores of the respondents who were exposed to signs, posters, and pamphlets, and of those who were not.

TABLE 9

Scores with Exposure to Signs, Posters, and Pamphlets

	<u>Level A</u> 0 - 9 Correct Responses	<u>Level B</u> 10 - 14 Correct Responses	<u>Level C</u> 15 - 19 Correct Responses	<u>Level D</u> 20 - 24 Correct Responses
Respondents Exposed to Signs, Posters, and Pamphlets 212 37.8%	11 5.2%	53 25.0%	97 45.8%	51 24.1%
Respondents Not Exposed to Signs, Posters, and Pamphlets 349 62.2%	76 21.8%	124 35.5%	111 31.8%	38 10.9%

Scoring in level D, there were 24.1 percent of the respondents exposed to signs, posters, and pamphlets compared to 10.9 percent of the respondents who were not exposed. Level C included 45.8 percent of the respondents exposed to signs, posters, and pamphlets compared to 31.8 percent of the respondents not exposed. Larger percentages of the respondents not exposed to these materials were in levels A and B compared to the respondents who were exposed. The data showed, therefore, that the respondents exposed to signs, posters, and pamphlets had significantly higher levels of awareness than those not exposed.

Levels of awareness on the basis of exposure to television, radio, signs and posters, newspaper, and professional journals. Included in table 10 are the four-topic composite scores of the respondents who were exposed to all the materials listed and the respondents who were not exposed.

TABLE 10
Scores with Exposure to All Types

	Level A 0 - 9 Correct Responses	Level B 10 - 14 Correct Responses	Level C 15 - 19 Correct Responses	Level D 20 - 24 Correct Responses
Respondents Exposed to all Materials 137 24.4%	8 5.8%	38 27.7%	56 40.9%	35 25.5%
Respondents Not Exposed to all Materials 424 75.6%	79 18.6%	139 32.8%	152 35.8%	54 12.7%

There were 25.5 percent of the respondents who were exposed to all the materials in level D compared to 12.7 percent of the respondents who were not exposed. In level C, there were 40.9 percent of the respondents exposed compared to 35.8 percent not exposed. Accordingly, there were larger percentages of respondents not exposed to all materials in levels A and B than those who were exposed. The data showed that the level of awareness of the respondents exposed to all the materials was significantly higher than the level of awareness of those not exposed.

Levels of awareness on the basis of exposure to "A Special Kind of Patient." Shown in table 11 are the four-topic composite scores of the respondents exposed to "A Special Kind of Patient"⁵ compared to the respondents not exposed.

5. It is assumed that exposure to "A Special Kind of Patient" included the entire standard information package developed for the medical professionals, which consisted of the slide-sound show, pamphlets, and a presentation of the materials by DPW staff.

TABLE 11

Scores with Exposure to
"A Special Kind of Patient"

	<u>Level A</u> 0 - 9 Correct Responses	<u>Level B</u> 10 - 14 Correct Responses	<u>Level C</u> 15 - 19 Correct Responses	<u>Level D</u> 20 - 24 Correct Responses
Respondents Exposed to "A Special Kind of Patient" 42 7.9%	0 0.0%	2 4.8%	16 38.1%	24 57.1%
Respondents Not Exposed to "A Special Kind of Patient" 491 92.1%	76 15.5%	167 34.0%	191 38.9%	57 11.1%

In level D, there were 57.1 percent of the respondents exposed to the slide-sound show compared to 11.1 percent of the respondents not exposed. Level C included 38.1 percent of the respondents exposed to the slide-sound show compared to 38.9 percent of the respondents not exposed. Consequently, larger percentages of the respondents not exposed to the module were in levels A and B than those who were exposed. A larger percentage of the respondents exposed to the slide-sound show scored in level D than respondents exposed to any other type of material. Thus, the data showed that the respondents exposed to "A Special Kind of Patient" had a significantly higher level of awareness than those not exposed to the show.

Levels of awareness on the basis of exposure to other DPW materials. Illustrated in table 12 are the four-topic composite scores of the respondents exposed to other DPW materials and the respondents not exposed.

TABLE 12

Scores with Exposure to
Other DPW Materials

	<u>Level A</u> 0 - 9 Correct Responses	<u>Level B</u> 10 - 14 Correct Responses	<u>Level C</u> 15 - 19 Correct Responses	<u>Level D</u> 20 - 24 Correct Responses
Respondents Exposed to Other DPW Materials 100 22.8%	5 5.0%	16 16.0%	30 30.0%	49 49.0%
Respondents Not Exposed to Other DPW Materials 338 77.2%	56 16.6%	121 35.8%	130 38.5%	31 9.2%

In level D there were 49.0 percent of the respondents exposed to other DPW materials compared to 9.2 percent of the respondents not exposed. Level C included 30.0 percent of the respondents exposed to other DPW materials and 38.5 percent of the respondents not exposed. In levels A and B there was a larger percentage of respondents not exposed to other DPW materials than those exposed. Thus, the data showed that there were significantly higher levels of awareness for respondents exposed to other DPW materials than those not exposed.

Levels of awareness of respondents based on exposure to "A Special Kind of Patient," controlling for area of specialization. The survey of medical professionals was not designed to control for other variables which might have contributed to the higher levels of awareness of the respondents exposed to "A Special Kind of Patient" compared to those who were not exposed. However, the data collected did permit an analysis of the respondents who were exposed to "A Special Kind of Patient," controlling for area of specialization.

The areas of medical specialization were categorized into two groups: (1) areas which are most directly related to the problems of child abuse and neglect and (2) areas which are not directly related to the problems of child abuse and neglect. Those areas which were considered directly related to the problems of child abuse and neglect included emergency, general practice, maternal-child nursing, obstetrics/gynecology, pediatrics, public health nursing, social work, psychiatry, and school nursing.

The data indicated that the levels of awareness of the respondents exposed to the slide-sound show were significantly higher than those not

exposed for both groups. (For actual percentages see tables 2-3, appendix F.) Therefore, the respondents' areas of specialization did not make a significant difference in the levels of awareness of those exposed to the slide-sound show.

Levels of awareness for each topic area based on exposure to child abuse and neglect materials. The levels of awareness of the respondents exposed and not exposed to various types of materials were compared for each topic area. The mean score of all respondents on each area was used as a base to compare the percentages of respondents exposed and not exposed scoring above and below the mean. For example, on topic I, the mean score of all respondents was 4.12. The percentages of respondents who were exposed to materials scoring above 4.12 were compared to the percentages of respondents not exposed scoring above 4.12. If the differences in percentages were significant at the .05 level, then the respondents with larger percentages scoring above the mean had higher levels of awareness of topic I. Accordingly, the respondents with significant larger percentages scoring below the mean had lower levels of awareness of topic I.

Levels of awareness of topic I, characteristics of the problems, on the basis of exposure to various types of materials. The respondents' levels of awareness of topic I were compared, on the basis of exposure to each type of material mentioned by the respondents. (For actual percentages, see tables 4-7, appendix F.) The findings indicated that respondents with exposure to the types of materials listed below had significantly higher levels of awareness than the respondents not exposed: (1) newspaper, (2) professional journals, (3) signs, posters, and pamphlets, and (4) television. However, the findings also indicated that the respondents exposed specifically to "A Special Kind of Patient" did not have significantly higher levels of awareness of topic I than those not exposed. Additionally, the findings indicated that the respondents exposed to any other DPW materials did not have significantly higher levels of awareness of topic I than those not exposed. Exposure to those materials was not shown to significantly increase the level of awareness in this area.

Levels of awareness of topic II, recognizable signs, based on exposure to various types of materials. The respondents' levels of awareness of recognizable signs were compared for those exposed and not exposed to each type of material mentioned by the respondents. (For actual percentages, see tables 8-14, appendix F.) The findings indicated that the respondents exposed to the types of materials listed below had significantly higher levels of awareness than the respondents not exposed: (1) newspaper, (2) professional journals, (3) signs, posters, and pamphlets, (4) television, and (5) radio. Additionally, the respondents who indicated exposure to all types of materials (those listed above) had significantly higher levels of awareness than those not exposed.

When comparing the levels of awareness of respondents who were and were not exposed to "A Special Kind of Patient," no significant results were found. Findings indicated, however, that respondents with exposure to other DPW materials had significantly higher levels of awareness of topic II than those not exposed.

Levels of awareness of topic III, reporting laws and procedures, based on exposure to various types of materials. The respondents' levels of awareness of reporting laws and procedures were compared for those exposed and not exposed to each type of material frequently mentioned by the respondents. (For actual percentages, see tables 15-21, appendix F.) The data showed that respondents exposed to the types of materials listed below had significantly higher levels of awareness of topic III than the respondents not exposed: (1) professional journals, (2) signs, posters, and pamphlets, (3) television, and (4) radio.

Respondents exposed to all types of materials had significantly higher levels of awareness of reporting laws and procedures than those not exposed. The respondents with exposure to "A Special Kind of Patient" had significantly higher levels of awareness of topic III than the respondents not exposed. Additionally, the respondents with exposure to other DPW materials had significantly higher levels of awareness of topic III than the respondents not exposed.

Levels of awareness of topic IV, DPW's role in protective services, based on exposure to various types of materials. The respondents' levels of awareness of topic IV were compared for those exposed and not exposed to each type of material frequently mentioned by the respondents. (For actual percentages, see tables 22-28, appendix F.) The data showed that respondents exposed to the types of materials listed below had significantly higher levels of awareness than the respondents not exposed: (1) professional journals, (2) signs, posters, and pamphlets, (3) television, and (4) radio.

Respondents with exposure to all types of materials had significantly higher levels of awareness for topic IV than those not exposed. Results showed that respondents with exposure to "A Special Kind of Patient" had significantly higher levels of awareness of topic IV than those not exposed. Significantly higher levels of awareness were also found for the respondents exposed to other DPW materials compared to those not exposed.

In summary, the respondents' levels of awareness of each topic area were analyzed on the basis of exposure to provide additional information on the effectiveness of various materials. Although there were higher levels of awareness associated with certain types of materials, these higher levels could not be directly attributed to the campaign materials. Other factors which were not controlled for in the survey could have caused the differences. However, for each topic the data showed significantly higher levels of awareness for respondents exposed to professional journals, signs, posters, pamphlets, and television. Additionally, there were higher levels of awareness of topics III and IV for respondents exposed to "A Special Kind of Patient" and other DPW materials. Therefore, respondents with exposure to the campaign materials had significantly higher levels of awareness than those not exposed, particularly on the reporting laws and procedures and DPW's role in protective services.

Additional information needs of respondents. Respondents were asked what additional information they needed in order to work with the problems of child abuse and neglect. There were 135 (24.1 percent) respondents who listed additional information needs. The most frequently mentioned information need was laws governing child abuse and neglect (16.2 percent of respondents answering the question.) Second in frequency of mention was the legal aspects of child abuse (11.8 percent of respondents answering the question.) The other frequently mentioned needs of the respondents were reporting procedures, legal protection of the physician/nurse, legal aspects of reporting, and the investigation procedures. In summary, the medical professionals who indicated additional information needs listed items related to topic III, reporting laws and procedures, and topic IV, DPW's role in protective services.

Conclusions

The findings from the survey of the medical professionals showed that most respondents indicated exposure to professional journals, newspaper, television, radio, and signs, posters, and pamphlets. Respondents' exposure to "A Special Kind of Patient" was low; more respondents indicated exposure to other DPW materials.

The respondents' awareness of the four topic areas combined was relatively high. The respondents were most aware of the recognizable signs (II) of child abuse and neglect and least aware of the reporting laws and procedures (III) and DPW's role in protective services (IV). Significantly higher levels of awareness were noted for those respondents exposed to professional journals, television, radio, signs, posters, and pamphlets.

Additionally, more respondents with exposure to "A Special Kind of Patient" scored significantly higher than those not exposed. Respondents exposed to other DPW materials also had significantly higher levels of awareness than those not exposed.

The data analysis of the respondents' awareness of each topic showed that those exposed to professional journals, television, radio, signs, posters, and pamphlets had significantly higher levels of awareness than those not exposed. In addition, for topics III and IV, the respondents with exposure to "A Special Kind of Patient" and other DPW materials had significantly higher levels of awareness than those not exposed. The respondents most frequently mentioned items related to reporting laws and procedures (III) and DPW's role (IV) as topics on which they wanted additional information.

In summary, the respondents with exposure to campaign materials showed higher levels of awareness than those not exposed to the campaign materials. Although the higher levels of awareness of the respondents are not a direct result of their exposure, the campaign materials could be considered a contributing factor.

It is recommended, therefore, that consideration be given to strengthening the campaign materials directed toward informing the medical professionals of the reporting laws and procedures and DPW's role in protective services. Even though the respondents exposed to "A Special Kind of Patient" had higher levels of awareness, it should be noted that few respondents were exposed to the module. Acknowledging the difficulty in reaching the medical professionals through group presentations, consideration should be given to the possible use of the more frequently mentioned sources of information, such as professional journals, signs, posters, pamphlets, and television. Many of the respondents requested additional information on the reporting laws and legal aspects of child abuse. It is recommended, therefore, that special attention be given to presenting to the medical professionals with specific information on topic III, particularly in light of the nationwide concern of the medical professionals with malpractice suits. Additional campaign materials directed toward increasing the medical professionals' awareness and understanding of the reporting laws and procedures and DPW's role in protective services have the potential of improving the identification and treatment of child abuse and neglect cases by the medical professionals.

STATEWIDE IMPACT OF THE PIC

Two secondary sources of information, CANRIS reports and Hot Line reports, were analyzed to assess the statewide impact of the PIC. CANRIS reports were analyzed for increases in the total number of reports received as well as increases in referrals by source after implementation of the campaign. Reports of Hot Line calls were analyzed to determine the increase in the number of calls received after the campaign was implemented and to identify the most frequently mentioned sources of information about the Hot Line.

Findings

Increase in the number of CANRIS reports received after the campaign was implemented. The total number of CANRIS reports for June, July, and August of 1974 (months prior to implementation of PIC) were compared with the months of June, July, and August of 1975 to determine the increase in the number of reports received after the campaign was implemented. (See table 1, appendix E.) The total number of reports received during June, July, and August, 1974 was 4,199 compared to a total of 8,209 for the same months in 1975. This represents a 95 percent increase in the total number of CANRIS reports received after campaign implementation. Comparing the months individually, the greatest percentage of increase was found during the month of August (126 percent), second was July (92 percent), and the least increase was found in June (76 percent). The data showed that the impact increased as the campaign progressed. Additionally, the data indicated that the number of CANRIS reports increased substantially after the campaign was implemented.

Increase in sources of referrals after the campaign was implemented. The sources of referrals for the months of March through August of 1974 were compared with the referral sources for the same months in 1975 to determine the increase in referrals from each source after the campaign was implemented. In analyzing the different referral sources, it was found that there were substantial increases in number of reports from each of the referral sources in 1975 compared to 1974. (See table 2, appendix E.) The largest increase in referrals came from DPW personnel (217 percent), while the least increase noted came from law personnel (44 percent). The second largest increase in referrals was from child care personnel (135 percent). There was a 130 percent increase from general public sources such as neighbors, relatives, and friends. Other sources, including medical professionals, school personnel, and social agencies, also showed large increases in referrals after the campaign was implemented.

In summary, referrals from each of the sources increased substantially after the campaign was implemented. It should be pointed out that the DPW child welfare staff also doubled at this time, which meant a higher percentage of referrals could be registered onto CANRIS. The increases in referrals from each source were not directly attributable to the campaign; however, they were an important result of the statewide impact of the campaign.

Utilization of the Child Abuse Hot Line. The number of calls received on the Child Abuse Hot Line since its inception in September, 1974 were analyzed to determine the increase in calls received as the campaign was implemented. (See table 4, appendix G.) Hot Line calls progressively increased between the months of September, 1974 and January, 1975 (21, 84, 128, 232, 535, figure 1, appendix G.) The greatest single increase was between the months of December, 1974 (232) and January, 1975 (535). At this time the campaign had been implemented in eight of the ten DPW regions, including the major metropolitan areas in the State. Many referrals were made to the Child Abuse Hot Line as that was the number being publicized through the campaign. Following this period, there was a decline in calls received during February and March of 1975 (523 to 434). This decline can possibly be attributed to the decrease in the effect of the initial saturation produced during the statewide implementation of PIC. In looking at the remaining months, an increase can be seen in Hot Line calls (April to May, 521 to 560) followed by a slight decline (560 to 512 in June); then an increase to the highest number of calls for the entire period (512 to 584 in July to 614 in August.) This fluctuation in the number of calls per month indicates that they began leveling off within the range of 550 to 650 calls per month. The data showed that as the campaign progressed the number of Hot Line calls greatly increased, indicating that the campaign was successful in publicizing the number to which reports could be made.

Frequently mentioned media sources providing the Hot Line number. The Hot Line reports were also analyzed to identify the most effective sources of information on the Hot Line. This was accomplished through a survey of the responses to the question, "How did you learn about the Hot

Line?", asked by the Hot Line operators when receiving the reports received during the months of January, March, May, and July of 1975. (See table 3, appendix G.) Of all the sources providing information on the Hot Line number, television was by far the most often cited. (See figure 2, appendix G.) Television-stimulated reports constituted 53.4 percent (296) of the total number of Hot Line calls (554). The second most often cited source of information on the Hot Line number was child welfare offices which represented 8.4 percent (47) of the total for the above months. Other frequently mentioned sources were crisis information, newspapers, child abuse literature, members of the general public, phone stickers, organizations, campaign presentations, schools, medical professions, professional literature, and community agencies. The data showed that the campaign was effective in publicizing the Hot Line number primarily through the various media sources, with television being the most successful.

Conclusions

The statewide impact of the PIC was assessed to determine the results achieved after the implementation of the campaign. Findings showed that the number of CANRIS reports increased after the campaign was implemented. Additionally, the number of referrals by each source increased substantially. The utilization of the Child Abuse Hot Line also increased as the campaign progressed. Findings also indicated that television was the most frequently mentioned source providing information on the Hot Line number.

There were many positive results noted after the campaign was implemented. Although all of these cannot be assumed to be attributable directly to the campaign, the campaign's impact, direct and indirect, was strongly felt statewide, as indicated by the large increases in CANRIS reports, referrals, and in use of the Hot Line.

SUMMARY

Texas was the second state in the nation (Florida being first) to launch a statewide Public Information Campaign on child abuse and neglect. The Texas Department of Public Welfare (DPW) launched its public information campaign (PIC) in September, 1974. The purposes of the PIC were to inform Texas citizens of: (1) the characteristics of the problems of child abuse and neglect, (2) the recognizable signs of child abuse and neglect, (3) the reporting laws and procedures, and (4) DPW's role in protective services.

The PIC was a mass media campaign which used every affordable communications medium, including audiovisual materials, television, radio, newspapers, speeches, leaflets, posters, and phone stickers. Additionally, information packages (slide-sound shows, pamphlets, and local presentations) were developed for specialized audiences, which included day care personnel, medical professionals, law enforcement personnel, and community voluntary organizations.

The CANRED Project's evaluation of DPW's Public Information Campaign was designed to determine if the PIC was effective in accomplishing its objectives directed toward educating specialized audiences. The controlled experiment design was used to evaluate the effectiveness of the materials designed for day care personnel, law enforcement personnel, and community voluntary organizations. In this design, group members were assigned to matched groups, with a control group tested before exposure. The medical professionals were surveyed by mail to obtain information on their exposure to campaign materials, and to examine the differences in their awareness based on their exposure to child abuse and neglect materials.

The findings from the experiments showed that the PIC materials developed for day care personnel, law enforcement personnel, and community voluntary organizations were significantly effective in increasing each groups' awareness across the four topic areas covered by the materials. The four areas were: I. characteristics of the problems, II. recognizable signs, III. reporting laws and procedures, and IV. DPW's role in protective services. However, when the materials were analyzed to determine their effectiveness in increasing each group's awareness in each topic area, there were varying degrees of effectiveness noted.

For law enforcement personnel, the experiment findings indicated that the information package was not effective in increasing awareness of topic I, characteristics of the problems. The package was effective in increasing the law enforcement group's awareness of recognizable signs (II), reporting laws and procedures (III), and DPW's role in protective services (IV).

The information package developed for day care personnel was found to be effective in increasing the audience group's awareness of all four topic areas.

The effectiveness of the materials designed for community voluntary organizations was evaluated by conducting experiments with two such organizations. As a result of the two experiments, there were similarities and differences noted in the effectiveness of the materials for each campaign area. The materials were found to be effective in increasing both volunteer groups' awareness of topic III, reporting laws and procedures. The materials were not effective in increasing both groups' awareness of topic I, characteristics of the problems. On topic II, recognizable signs, and topic IV, DPW's role in protective services, the campaign materials were found to be effective in increasing the Jourdanon club's awareness and not effective in increasing the San Antonio club's awareness.

The survey of the medical professionals revealed that a substantial number of the medical professionals indicated exposure to campaign media materials as well as to such materials as professional journals. Only a few of the medical respondents indicated exposure to the slide-sound show, "A Special Kind of Patient." The medical professionals showed a high degree of awareness of topic II, recognizable signs, and lower levels of awareness for topic III, reporting laws and procedures, and topic IV, DPW's role in protective services. The survey data showed that the respondents with exposure to campaign materials had higher levels of awareness compared to those who were not exposed. The survey also revealed that the respondents were most interested in additional information related to topic III, reporting laws and procedures, and topic IV, DPW's role in protective services.

The Project also collected data from secondary sources to assess the statewide impact of the PIC. The data showed that the total number of CANRIS reports increased substantially after the campaign was implemented. The referrals from each source, such as DPW personnel, child care, medical, school, and general public, also increased greatly after implementation of the campaign. The utilization of the Child Abuse Hot Line also increased as the campaign progressed, and television was noted as the most frequently mentioned source providing the Hot Line number.

In summary, the CANRED Project evaluation found that the DPW Public Information Campaign on child abuse and neglect was effective overall in accomplishing those of its objectives directed toward educating specialized audiences. The CANRED evaluation also noted certain topic areas within each information package that warrant strengthening. Combining the materials for the strengthened areas with that for other already effective areas should result in very effective information packages directed toward informing the special audiences of the problems of child abuse and neglect. Furthermore, the CANRED Project recommends that the Department consider incorporating a plan for assessing and evaluating the effectiveness of any future campaign materials.

Appendix A
Instruments

Job Position: _____

Length of service with the Department: _____

"Police File: Victimized Children"
Post-test

Directions: The purpose of this test is to evaluate the effectiveness of our Public Information Campaign materials. Please answer according to the information obtained from the presentation of the slide-sound show. Do not guess at answers. Place an "X" in the appropriate space.

1. Child abuse occurs to children of all ages, but most frequently to teenagers.
_____ True (X) False _____ Don't Know

2. Children are abused more often by persons other than their parents.
_____ True (X) False _____ Don't Know

3. Under Texas law, citizens suspecting child abuse or neglect must report the instance to the local child welfare unit, county juvenile agency, or local law enforcement agency.
(X) True _____ False _____ Don't Know

4. Child abuse is the intentional infliction of physical injury or mental damage to a child by another person.
(X) True _____ False _____ Don't Know

5. In assessing a child's safety, one should only consider the other persons in the household.
_____ True (X) False _____ Don't Know

6. Texas law has designated the local law enforcement agency to be responsible for investigating child abuse and neglect reports.
_____ True (X) False _____ Don't Know
7. Child neglect is the intentional disregard for a child's health and safety by a person responsible for the child's care.
(X) True _____ False _____ Don't Know
8. Separation from the parents is not emotionally damaging to an abused child.
_____ True (X) False _____ Don't Know
9. Texas law states that any citizen failing to report suspected cases of child abuse and neglect is subject to a fine and/or imprisonment.
(X) True _____ False _____ Don't Know
10. Children who appear extremely thin and frail could be victims of neglect.
(X) True _____ False _____ Don't Know
11. Law enforcement officers should never remove a child from his home.
_____ True (X) False _____ Don't Know
12. The Department of Public Welfare is mandated by law to investigate all reports of suspected child abuse and neglect.
(X) True _____ False _____ Don't Know
13. A child who demonstrates fear and withdrawal from his parents might be a possible child abuse case.
(X) True _____ False _____ Don't Know
14. Parents who seem unable and incompetent to supervise children, such as emotionally disturbed or ill adults, should not be reported unless they have actually abused their children.
_____ True (X) False _____ Don't Know

15. Persons wishing to report a suspected child abuse or neglect instance must give their name before the report will be accepted.

_____ True False _____ Don't Know

16. According to Texas law it is mandatory for any person who knows of child abuse or neglect to report it.

True _____ False _____ Don't Know

17. The Department of Public Welfare has a Central Registry of all abuse and neglect reports which can be used to confirm chronic cases.

True _____ False _____ Don't Know

18. If a report is received by the local police, they are responsible for informing the local child welfare office of the report as soon as possible.

True _____ False _____ Don't Know

19. Child abuse and neglect is more commonly found among Blacks and Spanish-surnamed than Anglos.

_____ True False _____ Don't Know

20. Reports of child abuse and neglect can only be made to the local child welfare office.

_____ True False _____ Don't Know

Please answer the following questions as specifically as possible.

What additional information would you like to have on the problems of child abuse and neglect?

How would you like this information to be disseminated? (e.g., through training sessions, printed materials, pictorial materials)

Area of specialization _____

Number of years of experience _____

"Children In Danger"
Pre-test and Post-test

Directions: The purpose of this test is to evaluate the effectiveness of our Public Information Campaign materials. Please answer according to the information obtained from the presentation of the slide-sound show. Do not guess at answers. Place an "X" in the appropriate space.

1. According to Texas law, it is mandatory for any person who knows of child abuse to report it.
 True False Don't Know
2. Abused children never become abusing parents.
 True False Don't Know
3. Child abuse reports are investigated by the nearest child welfare office.
 True False Don't Know
4. Excessive absenteeism from school could be an indicator of child abuse.
 True False Don't Know
5. Citizens who report a suspected case of child abuse are protected by law against damage suits as long as the report is made in good faith.
 True False Don't Know
6. The majority of sexual abusers are the victims' natural fathers.
 True False Don't Know

7. With proper counseling, most abusive homes can be made safe for children to live in.

True False Don't Know

8. If a child is in immediate danger, he is removed from the home by court order and placed in foster care.

True False Don't Know

9. Sexually abused children will often be passive and withdrawn.

True False Don't Know

10. Anonymous abuse reports will not be accepted by the Welfare Department.

True False Don't Know

11. According to Texas law, law enforcement officers are responsible for investigating reports of abuse and neglect.

True False Don't Know

12. In appropriate dress, such as long sleeves or high socks in warm weather, may be regarded as a possible indication of child abuse.

True False Don't Know

13. In Texas, abuse must actually have occurred before a report can be made.

True False Don't Know

14. Many abusive parents feel insecure and unloved.

True False Don't Know

15. The agency which usually receives and investigates reports of abuse and neglect is the local child welfare unit.

True False Don't Know

16. A child who is extremely sleepy during the day could be a victim of child abuse.

True False Don't Know

17. Texas law requires anyone who suspects child abuse to report it.

True False Don't Know

18. Child abuse occurs only among lower income families.

True False Don't Know

19. Suspected instances of child abuse and neglect may be reported at any time, day or night, by dialing a toll-free number.

True False Don't Know

20. Sudden and extreme variation in mood (for example, a child who is usually outgoing and cheerful but one morning shows up depressed and withdrawn) may indicate child abuse.

True False Don't Know

Please answer the following questions as specifically as possible.

What additional information would you like to have regarding the problems of child abuse and neglect?

How would you like this information to be disseminated? (e.g., through training sessions, printed materials, pictorial materials)

CONTINUED

1 OF 2

"Wednesday's Children"
Post-test

Directions: The purpose of this test is to evaluate the effectiveness of our Public Information Campaign materials. Please answer according to the information received from the presentation of the materials. Do not guess at answers. Place an "X" in the appropriate space.

1. Child abuse occurs more frequently to children under three years of age.
 True False Don't Know
2. According to Texas law, it is mandatory for any person who knows of abuse to report it.
 True False Don't Know
3. Texas law has not designated an organization to be responsible for investigating child abuse reports.
 True False Don't Know
4. Children are usually abused by people they do not know well.
 True False Don't Know
5. Suspected instances of child abuse may be reported at any time, day or night, by dialing a toll-free number.
 True False Don't Know
6. Texas law has not set a punishment for citizens failing to report.
 True False Don't Know
7. Children with bruises, welts, burns, or fractures could be victims of child abuse.
 True False Don't Know

8. Adults who abuse children are usually the mean and malicious criminal types.

_____ True (X) False _____ Don't Know

9. As the public becomes aware of the problem of child abuse, the Department of Public Welfare expects the number of reported cases to decrease.

_____ True (X) False _____ Don't Know

10. The intentional infliction of physical injury or mental damage to a child by another person is child abuse.

(X) True _____ False _____ Don't Know

11. Texas law states that failure to report a suspected child abuse case is a misdemeanor punishable by fine and/or jail sentence.

(X) True _____ False _____ Don't Know

12. Children who are abandoned and without adult supervision could be victims of child abuse.

(X) True _____ False _____ Don't Know

13. A report of suspected child abuse is usually received and investigated by the local Department of Public Welfare.

(X) True _____ False _____ Don't Know

14. After investigating a case, the Department turns the case over to the courts.

_____ True (X) False _____ Don't Know

15. A child who does not receive adequate care would not be an appropriate report of suspected child abuse.

_____ True (X) False _____ Don't Know

Please answer the following questions as specifically as possible.

What additional information would you like to have on the problems of child abuse and neglect?

How would you like this information to be disseminated? (e.g., through training sessions, printed materials, pictorial materials)

QUESTIONNAIRE ON CHILD ABUSE AND NEGLECT

The following questionnaire is designed to determine the effectiveness of the Texas Department of Public Welfare's Public Information Campaign on child abuse and neglect. The medical profession has a vital role in working with the problems of child abuse and neglect, and your input on this questionnaire will greatly assist the Department in improving its public information and education program.

Please answer the following questions as specifically as possible.

Area of specialization _____

Number of years of experience _____

- 1. Have you been exposed to any materials related to child abuse and neglect? Yes [] No []
2. If yes, what types of materials have you been exposed to (e.g. newspaper, radio, TV, professional journals, signs and posters)?
3. If yes, what was the focus of these materials (characteristics of the problem of abuse and neglect, recognizable signs of abuse and neglect, legal aspects of reporting, Texas Department of Public Welfare's role)?
4. Have you seen the slide-sound production entitled, "A Special Kind of Patient," that was developed by the Texas Department of Public Welfare? Yes [] No [] Don't know []
5. Have you been exposed to any other information on child abuse and neglect developed by the Texas Department of Public Welfare? Yes [] No [] Don't know []
6. If yes, what types of materials have you been exposed to (e.g., newspaper, radio, TV, professional journals, signs and posters)?
7. If yes, what was the focus of these materials (characteristics of the problem of abuse and neglect, recognizable signs of abuse and neglect, legal aspects of reporting, Texas Department of Public Welfare's role)?
8. Have you ever encountered a suspected child abuse or neglect case in your professional work? Very often _____ Often _____ Sometimes _____ Seldom _____ Never _____

Please complete each question by placing an "X" in the appropriate space. Do not guess at any answer.

- 1. There is no penalty for failure to report child abuse and/or neglect. True (X) False Don't know
2. The most common form of child abuse is beating. (X) True False Don't know
3. In many instances severe malnutrition and dehydration are symptoms of neglect and deprivation. (X) True False Don't know
4. The report of abuse or neglect will not result in any legal action or someone's arrest without careful investigation. (X) True False Don't know
5. If you report "without malice" and "in good faith" you can still be held for libel. True (X) False Don't know
6. The "maltreatment syndrome" refers only to physical abuse. True (X) False Don't know
7. Nothing is usually considered to be wrong when a child who is obviously hurting doesn't cry. True (X) False Don't know
8. The State Department of Public Welfare is required by law to maintain a Central Registry of all reported child abuse and neglect cases as a method of confirming chronic child abuse cases. (X) True False Don't know
9. According to Texas law, failure to report child abuse or child neglect could result in a fine and a jail sentence. (X) True False Don't know

10. Most child abuse cases happen among the poor and the uneducated.
 _____ True False _____ Don't know
11. A history of frequent infection has never been related to malnutrition and neglect.
 _____ True False _____ Don't know
12. Only after investigation, and when the situation is clearly too dangerous or too risky for the child, is the court asked to intervene.
 True _____ False _____ Don't know
13. Texas is the only state in which you are required by law to report child abuse.
 _____ True False _____ Don't know
14. A large percentage of those people who abuse children visit clinics and doctors' offices regularly.
 True _____ False _____ Don't know
15. Abnormal attitudes or behavior of parents, as well as discrepancies in stories on how an accident took place, are often signs of possible abuse or neglect.
 True _____ False _____ Don't know
16. The report of child abuse initiates an investigation by a trained court representative.
 _____ True False _____ Don't know
17. If you have to participate in any judicial proceedings as a result of your report, the law protects you against civil or criminal prosecution.
 True _____ False _____ Don't know
18. Most forms of child mistreatment, including sexual abuse, are carried out by people the child never met before.
 _____ True False _____ Don't know
19. Burns, dislocations, poisoning, dehydration, and welts are symptoms that do not require careful examination and diagnosis.
 _____ True False _____ Don't know
20. Child abuse hotline operators are on duty from 8:00 a.m. to 5:00 p.m., seven days a week.
 _____ True False _____ Don't know
21. We are required by law to report any incident of child abuse and/or neglect.
 True _____ False _____ Don't know
22. Child abuse can happen where there are adults who are unable to successfully cope with tension and stress.
 True _____ False _____ Don't know
23. Doctors should be suspicious whenever there is a delay in the reporting of "accidents."
 True _____ False _____ Don't know
24. A child abuse hotline is maintained for Child Protective Services by the State Department of Public Welfare.
 True _____ False _____ Don't know

What additional information do you need in order to work with the problems of child abuse and neglect?

Do you feel that completing this questionnaire has been worthwhile?

Yes No

Please return the questionnaire in the attached business reply envelope.

Appendix B
Law Enforcement Experiment Results

TABLE 1
Overall Effectiveness of Materials

Raw Scores

Control Group		Experimental Group	
1.	11	1.	19
2.	17	2.	20
3.	11	3.	17
4.	17	4.	19
5.	16	5.	19
6.	12	6.	18
7.	15	7.	20
8.	14	8.	20
9.	17	9.	17
10.	9	10.	17
11.	14	11.	18
12.	16	12.	16
13.	17		
14.	15		
Mean Score = 14.35 Standard Deviation = 2.55		Mean Score = 18.33 Standard Deviation = 1.31	

t = 4.68

P < .05

TABLE 2
Topic Area I: Characteristics of the Problems

Raw Scores

Control Group		Experimental Group	
1.	1	1.	4
2.	4	2.	4
3.	1	3.	2
4.	3	4.	4
5.	2	5.	4
6.	3	6.	4
7.	2	7.	4
8.	4	8.	4
9.	3	9.	3
10.	1	10.	2
11.	3	11.	3
12.	4	12.	3
13.	4		
14.	4		
Mean Score = 2.78 Standard Deviation = 1.14		Mean Score = 3.416 Standard Deviation = .76	

t = 1.56

P > .05

TABLE 3
Topic Area II: Recognizable Signs

Raw Scores

Control Group		Experimental Group	
1.	3	1.	5
2.	4	2.	6
3.	3	3.	5
4.	6	4.	5
5.	6	5.	6
6.	2	6.	6
7.	6	7.	6
8.	3	8.	6
9.	6	9.	5
10.	4	10.	5
11.	6	11.	6
12.	5	12.	4
13.	5		
14.	5		
Mean Score = 4.57 Standard Deviation = 1.34		Mean Score = 5.41 Standard Deviation = .64	

$t = 1.91$

$P < .05$

TABLE 4
Topic Area III: Reporting Laws and Procedures

Raw Scores

Control Group		Experimental Group	
1.	3	1.	5
2.	5	2.	5
3.	3	3.	5
4.	3	4.	5
5.	4	5.	5
6.	3	6.	5
7.	5	7.	5
8.	5	8.	5
9.	4	9.	5
10.	2	10.	5
11.	3	11.	5
12.	3	12.	5
13.	2		
14.	3		
Mean Score = 3.42 Standard Deviation = .97		Mean Score = 5 Standard Deviation = 0	

$t = 5.36$

$P < .05$

TABLE 5
 Topic Area IV: DPW's Role in Protective Services

Raw Scores

Control Group		Experimental Group	
1.	4	1.	5
2.	4	2.	5
3.	4	3.	5
4.	5	4.	5
5.	4	5.	4
6.	4	6.	3
7.	2	7.	5
8.	2	8.	5
9.	4	9.	4
10.	2	10.	5
11.	2	11.	4
12.	5	12.	4
13.	5		
14.	3		
Mean Score = 3.57 Standard Deviation = 1.11		Mean Score = 4.5 Standard Deviation = .64	

t = 2.45

P < .05

Appendix C
Day Care Experiment Results

TABLE 1
Overall Effectiveness of Materials

Raw Scores

Control Group		Experimental Group	
1.	17	1.	20
2.	15	2.	19
3.	11	3.	16
4.	12	4.	17
5.	12	5.	19
6.	11	6.	16
7.	12	7.	19
8.	14	8.	20
9.	14	9.	18
		10.	19
Mean Score = 13.11 Standard Deviation = 1.91		Mean Score = 18.30 Standard Deviation = 1.41	

$t = 9.31$

$P < .05$

TABLE 2
 Topic Area I: Characteristics of the Problems

Raw Scores

Control Group		Experimental Group	
1.	4	1.	5
2.	5	2.	5
3.	2	3.	4
4.	4	4.	4
5.	2	5.	4
6.	4	6.	5
7.	5	7.	5
8.	3	8.	5
9.	4	9.	4
		10.	5
Mean Score = 3.66 Standard Deviation = 1.05		Mean Score = 4.6 Standard Deviation = .48	

$t = 3.49$

$P < .05$

TABLE 3
Topic Area II: Recognizable Signs

Raw Scores

Control Group		Experimental Group	
1.	4	1.	5
2.	1	2.	5
3.	2	3.	5
4.	2	4.	5
5.	3	5.	5
6.	0	6.	4
7.	2	7.	5
8.	2	8.	5
9.	4	9.	5
		10.	5
Mean Score = 2.22 Standard Deviation = 1.22		Mean Score = 4.9 Standard Deviation = .3	

$t = 9.24$

$P < .05$

TABLE 4
 Topic Area III: Reporting Laws and Procedures

Raw Scores

Control Group		Experimental Group	
1.	5	1.	5
2.	5	2.	5
3.	4	3.	2
4.	3	4.	4
5.	2	5.	5
6.	4	6.	4
7.	2	7.	4
8.	4	8.	5
9.	1	9.	4
		10.	4
Mean Score = 3.33 Standard Deviation = 1.33		Mean Score = 4.2 Standard Deviation = .87	

t = 2.34

P < .05

TABLE 5
 Topic Area IV: DPW's Role and Procedures

Control Group	Experimental Group
1. 4	1. 5
2. 4	2. 5
3. 4	3. 4
4. 3	4. 4
5. 5	5. 5
6. 3	6. 3
7. 3	7. 5
8. 4	8. 5
9. 5	9. 5
	10. 5
Mean Score = 3.88 Standard Deviation = .73	Mean Score = 4.6 Standard Deviation = .66

t = 3.09

P < .05



Appendix D

Volunteer Group - San Antonio Mayfield Optimist Club Results

TABLE 1
Overall Effectiveness of Materials

Raw Scores

Control Group	Experimental Group
1. 8	1. 12
2. 13	2. 14
3. 11	3. 14
4. 8	4. 14
5. 7	5. 12
6. 13	6. 14
7. 12	7. 12
8. 11	
9. 10	
Mean Score = 10.33 Standard Deviation = 2.10	Mean Score = 13.14 Standard Deviation = .98

t = 3.05

P < .05

TABLE 2
 Topic Area I: Characteristics of the Problem

Raw Scores

Control Group		Experimental Group	
1.	2	1.	2
2.	3	2.	3
3.	3	3.	3
4.	2	4.	3
5.	1	5.	2
6.	2	6.	2
7.	3	7.	2
8.	3		
9.	3		
Mean Score = 2.44 Standard Deviation = .68		Mean Score = 2.62 Standard Deviation = .49	

$t = .06$

$P > .05$

TABLE 3
Topic Area II: Recognizable Signs

Raw Scores

Control Group		Experimental Group	
1.	3	1.	3
2.	3	2.	3
3.	2	3.	3
4.	3	4.	3
5.	3	5.	3
6.	3	6.	3
7.	3	7.	3
8.	3		
9.	3		
Mean Score = 2.88 Standard Deviation = .31		Mean Score = 3.0 Standard Deviation = 0	

t = .94

P > .05

TABLE 4
Topic Area III: Reporting Laws and Procedures

Raw Scores

Control Group		Experimental Group	
1.	1	1.	4
2.	2	2.	4
3.	3	3.	4
4.	1	4.	4
5.	1	5.	4
6.	3	6.	4
7.	2	7.	4
8.	2		
9.	2		
Mean Score = 1.88 Standard Deviation = .77		Mean Score = 4.0 Standard Deviation = 0	

$t = 6.77$

$P < .05$

TABLE 5
 Topic Area IV: DPW's Role in Protective Services

Raw Scores

Control Group		Experimental Group	
1.	2	1.	3
2.	5	2.	4
3.	3	3.	4
4.	2	4.	4
5.	2	5.	3
6.	5	6.	5
7.	4	7.	3
8.	3		
9.	2		
Mean Score = 3.11 Standard Deviation = 1.19		Mean Score = 3.71 Standard Deviation = .95	

$t = 1.02$

$P > .05$

Appendix E

Volunteer Group - Jourdanton Rotary Club Results

TABLE 1
Overall Effectiveness of Materials

Raw Scores

Control Group		Experimental Group	
1.	13	1.	14
2.	10	2.	12
3.	12	3.	14
4.	10	4.	14
5.	11	5.	13
6.	14	6.	11
7.	7	7.	14
8.	11	8.	13
9.	9	9.	14
10.	10	10.	13
11.		11.	12
12.	9	12.	12
		13.	14
Mean Score = 10.25 Standard Deviation = 2.04		Mean Score = 13.07 Standard Deviation = .99	

t = 3.87

P < .05

TABLE 2

Topic Area I: Characteristics of the Problems

Raw Scores

Control Group		Experimental Group	
1.	3	1.	3
2.	3	2.	2
3.	3	3.	3
4.	3	4.	3
5.	3	5.	3
6.	3	6.	2
7.	1	7.	1
8.	2	8.	2
9.	3	9.	2
10.	1	10.	2
11.	3	11.	2
12.	3	12.	1
		13.	3
Mean Score = 2.58 Standard Deviation = .76		Mean Score = 2.23 Standard Deviation = .69	

t = 1.61

P < .05

TABLE 3
 Topic Area II: Recognizable Signs

Raw Scores

Control Group		Experimental Group	
1.	3	1.	3
2.	2	2.	3
3.	3	3.	3
4.	3	4.	3
5.	3	5.	3
6.	3	6.	3
7.	2	7.	3
8.	3	8.	3
9.	3	9.	3
10.	3	10.	3
11.	2	11.	3
12.	3	12.	3
		13.	3
Mean Score = 2.75 Standard Deviation = .43		Mean Score = 3 Standard Deviation = 0	

t = 2.0

P < .05

TABLE 4

Topic Area III: Reporting Laws and Procedures

Raw Scores

Control Group		Experimental Group	
1.	3	1.	4
2.	2	2.	3
3.	3	3.	4
4.	2	4.	4
5.	2	5.	4
6.	4	6.	3
7.	1	7.	4
8.	2	8.	4
9.	2	9.	4
10.	2	10.	4
11.	0	11.	4
12.	0	12.	4
		13.	3
Mean Score = 1.91 Standard Deviation = 1.11		Mean Score = 3.84 Standard Deviation = .36	

t = 5.69

P < .05

TABLE 5

Topic Area IV: DPW's Role in Protective Services

Raw Scores

Control Group		Experimental Group	
1.	4	1.	4
2.	3	2.	4
3.	3	3.	4
4.	2	4.	4
5.	2	5.	3
6.	4	6.	3
7.	3	7.	3
8.	4	8.	4
9.	1	9.	5
10.	4	10.	4
11.	2	11.	3
12.	3	12.	4
		13.	4
Mean Score = 2.91 Standard Deviation = .95		Mean Score = 3.76 Standard Deviation = .57	

$t = 2.62$

$P < .05$

Appendix F
Survey of Medical Professionals

TABLE 1
Exposure to Types of Materials

Types of Materials	Number of Respondents	% of Respondents
Books	5	.9%
Educational Classes	25	4.5%
Films	14	2.5%
Involvement with a Case	11	2.0%
Inservice Training	15	2.7%
Member of Child Abuse and Neglect Organization	3	.5%
Newspaper	320	57.0%
Professional Journals	394	70.2%
Seminars	51	9.1%
Signs, Posters, and Pamphlets	212	37.8%
Television	319	56.9%
Visit with DPW Staff	2	.4%
Radio	193	34.4%
Magazines	7	1.2%
Grant Proposal	2	.4%
Textbooks	3	.5%
Presentation by DPW	8	1.4%
Child Abuse Conference	1	.2%
Slides	4	.7%
Military Published Material	3	.5%
Phone Stickers	1	.2%
Involvement with Social Service Agency	1	.2%
All Frequently Mentioned	328	58.5%

Levels of Awareness of Respondents Based on Exposure to
 "A Special Kind of Patient" Controlling for Area of Specialization

TABLE 2
 Respondents with Areas of Specialization Related
 to the Problems of Child Abuse and Neglect

	Level A 0-9 Correct Responses	Level B 10-14 Correct Responses	Level C 15-19 Correct Responses	Level D 20-24 Correct Responses
Respondents Exposed to "A Special Kind of Patient" 18 8.5%	0 0.0%	0 0.0%	5 27.8%	13 72.2%
Respondents Not Exposed to "A Special Kind of Patient" 195 91.5%	24 12.3%	54 27.7%	82 42.1%	35 17.9%

TABLE 3
 Respondents with Areas of Specialization Not Related
 to the Problems of Child Abuse and Neglect

	Level A 0-9 Correct Responses	Level B 10-14 Correct Responses	Level C 15-19 Correct Responses	Level D 20-24 Correct Responses
Respondents Exposed to "A Special Kind of Patient" 24 7.5%	0 0.0%	2 8.3%	11 45.8%	11 45.8%
Respondents Not Exposed to "A Special Kind of Patient" 296 92.5%	52 17.6%	113 38.2%	109 36.8%	22 7.4%

TABLE 4

Topic Area I: Characteristics of the Problems

		Correct Responses						
		0	1	2	3	4	5	6
Respondents Exposed to Newspaper		3	5	25	39	89	124	35
	320 57.0%	0.9%	1.6%	7.8%	12.2%	27.8%	38.8%	10.9%
Respondents Not Exposed to Newspaper		13	5	11	43	69	78	22
	241 43.0%	5.4%	2.1%	4.6%	17.8%	28.6%	32.4%	9.1%

TABLE 5

		Correct Responses						
		0	1	2	3	4	5	6
Respondents Exposed to Professional Journals		2	5	25	51	114	149	48
	394 70.2%	0.5%	1.3%	6.3%	12.9%	28.9%	37.8%	12.2%
Respondents Not Exposed to Professional Journals		14	5	11	31	44	53	9
	167 29.8%	8.4%	3.0%	6.6%	18.6%	26.3%	31.7%	5.4%

TABLE 6

Topic Area I: Characteristics of the Problems

Correct Responses

	0	1	2	3	4	5	6
Respondents Exposed to Signs, Posters, and Pamphlets 212 37.8%	1 0.5%	0 0.0%	10 4.7%	26 12.3%	58 27.4%	88 41.5%	29 13.7%
Respondents Not Exposed to Signs, Posters, and Pamphlets 349 62.2%	15 4.3%	10 2.9%	26 7.4%	56 16.0%	100 28.7%	114 32.7%	28 8.0%

TABLE 7

Correct Responses

	0	1	2	3	4	5	6
Respondents Exposed to Television 319 56.9%	3 0.9%	5 1.6%	21 6.6%	40 12.5%	91 28.5%	125 39.2%	35 10.7%
Respondents Not Exposed to Television 242 43.1%	13 5.4%	5 2.1%	15 6.2%	42 17.4%	67 27.7%	77 31.8%	23 9.5%

TABLE 8

Topic Area II: Recognizable Signs

	Correct Responses						
	0	1	2	3	4	5	6
Respondents Exposed to Newspaper 320 57.0%	1 0.3%	6 1.9%	6 1.9%	11 3.4%	31 9.7%	81 25.3%	184 57.5%
Respondents Not Exposed to Newspaper 241 43.0%	12 5.0%	2 0.8%	6 2.5%	10 4.1%	15 6.2%	82 34.0%	114 47.3%

TABLE 9

	Correct Responses						
	0	1	2	3	4	5	6
Respondents Exposed to Professional Journals 394 70.2%	1 0.3%	4 1.0%	5 1.3%	11 2.8%	32 8.1%	108 27.4%	233 59.1%
Respondents Not Exposed to Professional Journals 167 29.8%	12 7.2%	4 2.4%	7 4.2%	10 6.0%	14 8.4%	55 32.9%	65 38.9%

TABLE 10

Topic Area II: Recognizable Signs

Correct Responses

	0	1	2	3	4	5	6
Respondents Exposed to Signs, Posters, and Pamphlets 212 37.8%	0 0.0%	0 0.0%	3 1.4%	2 0.9%	21 9.9%	57 26.9%	129 60.8%
Respondents Not Exposed to Signs, Posters, and Pamphlets 349 62.2%	13 3.7%	8 2.3%	9 2.6%	19 5.4%	25 7.2%	106 30.4%	169 48.4%

TABLE 11

Correct Responses

	0	1	2	3	4	5	6
Respondents Exposed to Television 319 56.9%	1 0.3%	4 1.3%	8 2.5%	10 3.1%	27 8.5%	80 25.1%	189 59.2%
Respondents Not Exposed to Television 242 43.1%	12 5.0%	4 1.7%	4 1.7%	11 4.5%	19 7.9%	83 34.3%	109 45.0%

TABLE 12

Topic Area II: Recognizable Signs

Correct Responses

	0	1	2	3	4	5	6
Respondents Exposed to Radio 193 34.4%	0 0.0%	1 0.5%	3 1.6%	6 3.1%	15 7.8%	46 23.8%	122 63.2%
Respondents Not Exposed to Radio 368 65.6%	13 3.5%	7 1.9%	9 2.4%	15 4.1%	31 8.4%	117 31.8%	176 47.8%

TABLE 13

Correct Responses

	0	1	2	3	4	5	6
Respondents Exposed to All Types of Materials 137 24.4%	0 0.0%	0 0.0%	3 2.2%	2 1.5%	13 9.5%	34 24.4%	85 62.0%
Respondents Not Exposed to All Types of Materials 424 75.6%	13 3.1%	8 1.9%	9 2.1%	19 4.5%	33 7.8%	129 30.4%	213 50.2%

TABLE 14

Topic Area II: Recognizable Signs

Correct Responses

	1	2	3	4	5	6
Respondents Exposed to Other DPW Materials	0	2	2	5	23	68
100 18.4%	0.0%	2.0%	2.0%	5.0%	23.0%	68.0%
Respondents Not Exposed to Other DPW Materials	6	7	17	27	115	161
333 61.3%	1.8%	2.1%	5.1%	8.1%	34.5%	48.3%

TABLE 15

Topic Area III: Reporting Laws and Procedures

Correct Responses

	0	1	2	3	4	5	6
Respondents Exposed to Professional Journals	69 17.5%	49 12.4%	55 14.0%	51 12.9%	49 12.4%	55 14.0%	66 16.8%
394 70.2%							
Respondents Not Exposed to Professional Journals	59 35.3%	25 15.0%	19 11.4%	14 8.4%	20 12.0%	12 7.2%	18 10.8%
167 29.8%							

TABLE 16

Correct Responses

	0	1	2	3	4	5	6
Respondents Exposed to Signs, Posters, and Pamphlets	30 14.2%	23 10.8%	19 9.0%	32 15.1%	25 11.8%	33 15.6%	50 23.6%
212 37.8%							
Respondents Not Exposed to Signs, Posters, and Pamphlets	98 28.1%	51 14.6%	55 15.8%	33 9.5%	44 12.6%	34 9.7%	34 9.7%
349 62.2%							

TABLE 17

Topic Area III: Reporting Laws and Procedures

Correct Responses

	0	1	2	3	4	5	6
Respondents Exposed to Television 319 56.9%	54 16.9%	35 11.0%	40 12.5%	44 13.8%	46 14.4%	47 14.7%	53 16.6%
Respondents Not Exposed to Television 242 43.1%	74 30.6%	39 16.1%	34 14.0%	21 8.7%	23 9.5%	20 8.3%	31 12.8%

TABLE 18

Correct Responses

	0	1	2	3	4	5	6
Respondents Exposed to Radio 193 34.4%	26 13.5%	22 11.4%	22 11.4%	26 13.5%	28 14.5%	35 18.1%	34 17.6%
Respondents Not Exposed to Radio 368 65.6%	102 27.7%	52 14.1%	52 14.1%	39 10.6%	41 11.1%	32 8.7%	50 13.6%

TABLE 19

Topic Area III: Reporting Laws and Procedures

Correct Responses

	0	1	2	3	4	5	6
Respondents Exposed to All Types of Materials 137 24.4%	19 13.9%	15 10.9%	12 8.8%	18 13.1%	19 13.9%	24 17.5%	30 21.9%
Respondents Not Exposed to All Types of Materials 424 75.6%	109 25.7%	59 13.9%	62 14.6%	47 11.1%	50 11.8%	43 10.1%	54 12.7%

TABLE 20

Correct Responses

	1	2	3	4	5	6
Respondents Exposed to "A Special Kind of Patient" 41 9.6%	3 7.3%	1 2.4%	2 4.9%	6 14.6%	11 26.8%	18 43.9%
Respondents Not Exposed to "A Special Kind of Patient" 376 87.9%	70 18.6%	71 18.9%	60 16.0%	61 16.2%	54 14.4%	60 16.0%

TABLE 21

Topic Area III: Reporting Laws and Procedures

Correct Responses

	1	2	3	4	5	6
Respondents Exposed to Other DPW Materials 91 21.2%	4 4.4%	6 6.6%	11 12.1%	15 16.5%	20 22.0%	35 38.5%
Respondents Not Exposed to Other DPW Materials 253 59.0%	53 20.9%	48 19.0%	40 15.8%	41 16.2%	35 13.8%	36 14.2%

TABLE 22

Topic Area IV: DPW's Role in Protective Services

Correct Responses

	0	1	2	3	4	5	6
Respondents Exposed to Professional Journals	28 7.1%	71 18.0%	92 23.4%	88 22.3%	78 19.8%	31 7.9%	6 1.5%
394 70.2%							
Respondents Not Exposed to Professional Journals	37 22.2%	35 21.0%	35 21.0%	25 15.0%	21 12.6%	10 6.0%	4 2.4%
167 29.8%							

TABLE 23

Correct Responses

	0	1	2	3	4	5	6
Respondents Exposed to Signs, Posters, and Pamphlets	7 3.3%	28 13.2%	42 19.8%	54 25.5%	48 22.6%	28 13.2%	5 2.4%
212 37.8%							
Respondents Not Exposed to Signs, Posters, and Pamphlets	58 16.6%	78 22.3%	85 24.4%	59 16.9%	51 14.6%	13 3.7%	5 1.4%
349 62.2%							

TABLE 24

Topic Area IV: DPW's Role in Protective Services

Correct Responses

	0	1	2	3	4	5	6
Respondents Exposed to Television 319 56.9%	23 7.2%	50 15.7%	78 24.5%	68 21.3%	65 20.4%	31 9.7%	4 1.3%
Respondents Not Exposed to Television 242 43.1%	42 17.4%	56 23.1%	49 20.2%	45 18.6%	34 14.0%	10 4.1%	6 2.5%

TABLE 25

Correct Responses

	0	1	2	3	4	5	6
Respondents Exposed to Radio 193 34.4%	8 4.1%	27 14.0%	45 23.3%	45 23.3%	46 23.8%	19 9.8%	3 1.6%
Respondents Not Exposed to Radio 368 65.6%	57 15.5%	79 21.5%	82 22.3%	68 18.5%	53 14.4%	22 6.0%	7 1.9%

TABLE 26

Topic Area IV: DPW's Role in Protective Services

Correct Responses

	0	1	2	3	4	5	6
Respondents Exposed to All Types of Materials 137 24.4%	5 3.6%	21 15.3%	24 17.5%	33 24.1%	36 26.3%	15 10.9%	3 2.2%
Respondents Not Exposed to All Types of Materials 424 75.6%	60 14.2%	85 20.0%	103 24.3%	80 18.9%	63 14.9%	26 6.1%	7 1.7%

TABLE 27

Correct Responses

	1	2	3	4	5	6
Respondents Exposed to "A Special Kind of Patient" 42 8.6%	1 2.4%	0 0.0%	8 19.0%	10 23.8%	16 38.1%	7 16.7%
Respondents Not Exposed to "A Special Kind of Patient" 437 89.2%	101 23.1%	124 28.4%	103 23.6%	86 19.7%	21 4.8%	2 0.5%

TABLE 28

Topic Area IV: DPW's Role in Protective Services

Correct Responses

	1	2	3	4	5	6
Respondents Exposed to Other DPW Materials	9 9.3%	7 7.2%	18 18.6%	33 34.0%	21 21.6%	9 9.3%
97 19.8%						
Respondents Not Exposed to Other DPW Materials	76 25.4%	88 29.4%	68 22.7%	53 17.7%	13 4.3%	1 0.3%
299 60.9%						

Appendix G

Statewide Impact of the Public Information Campaign - Results

TABLE 1
Initial Reports of Alleged Abuse/Neglect

Month	1974	1975	% Increase
June	1558	2741	76%
July	1471	2828	92%
August	1170	2640	126%
Total	4199	8209	95%

TABLE 2
Sources of Referrals for CANRIS Reports

Source	3-8/74	3-8/75	% Increase
DPW	498	1580	217%
Child Care	74	174	135%
General Public	4629	10652	130%
Medical	515	1150	123%
Schools	703	1543	119%
Social Agencies	270	464	72%
Law	1220	1762	44%

CONTINUED

2 OF 3

TABLE 3

Sources of Information on the Hot Line Number

Source	January	March	May	July	Total (%)
Television	83	58	83	72	296 (53.4%)
Child Welfare Office	7	12	16	12	47 (8.4%)
Crisis Information	4	8	13	12	37 (6.6%)
Newspaper	12	11	7	3	33 (5.9%)
Child Abuse Literature	1	3	17	8	29 (5.2%)
General Public	8	4	8	6	26 (4.6%)
Phone Sticker	2	4	10	4	20 (3.6%)
Civic and Religious		3	10	1	14 (2.5%)
Police		2	8	3	13 (2.3%)
DPW Child Abuse Presentation	1	4	4	3	12 (2.1%)
Schools	1	3	4	3	11 (1.9%)
Medical Professions	1	3	2	2	8 (1.4%)
Professional Literature		4		1	5 (.9%)
Community Agencies		2	1		3 (.5%)
Total		121	121	130	554 (100%)

TABLE 4
Calls Received on Child Abuse Hot Line

Month	Number
September 1974	21
October 1974	84
November 1974	128
December 1974	232
January 1975	535
February 1975	523
March 1975	434
April 1975	521
May 1975	560
June 1975	512
July 1975	584
August 1975	614
Total	4,748

FIGURE 1
Number of Calls Received on Child Abuse Hot Line

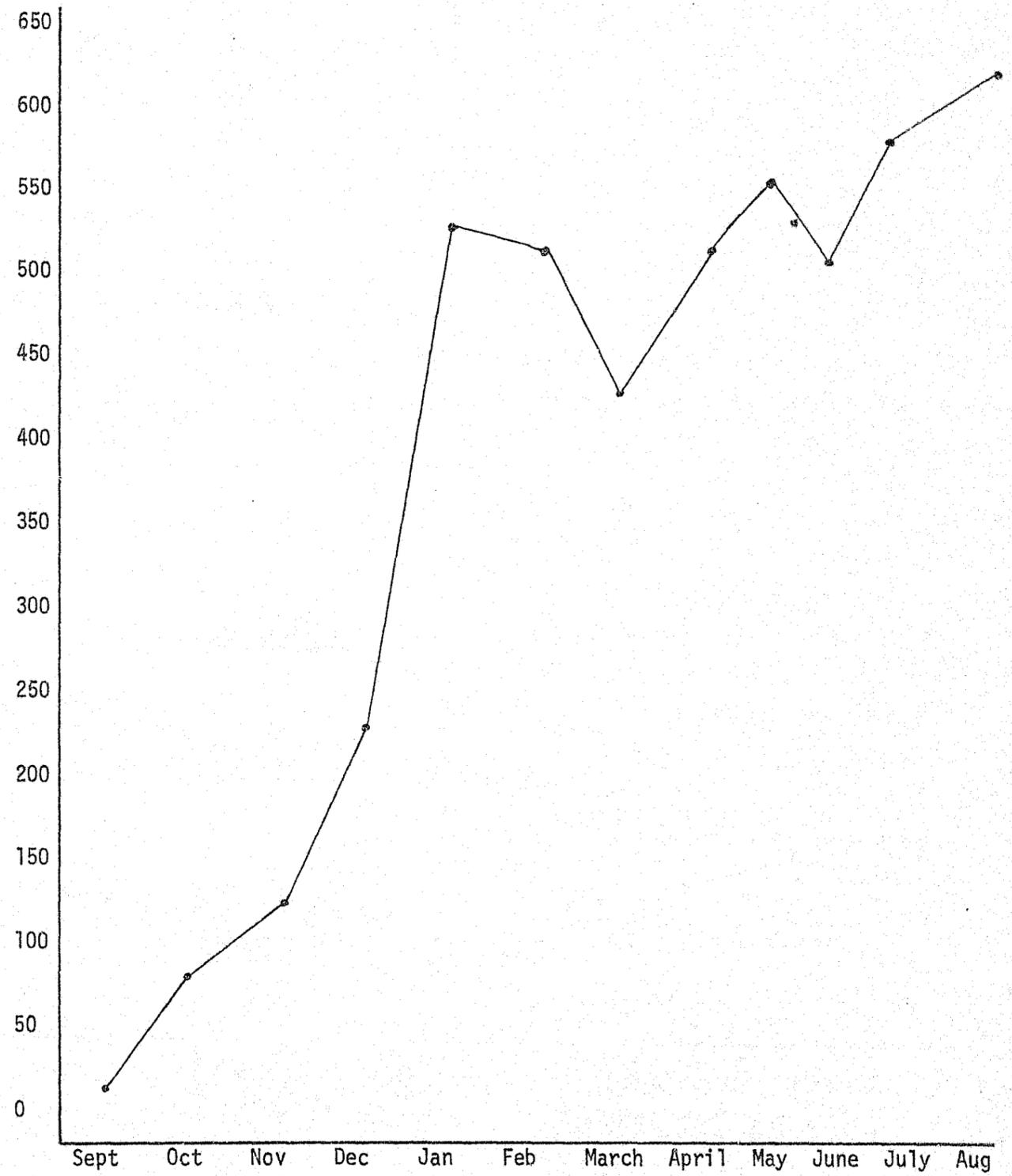
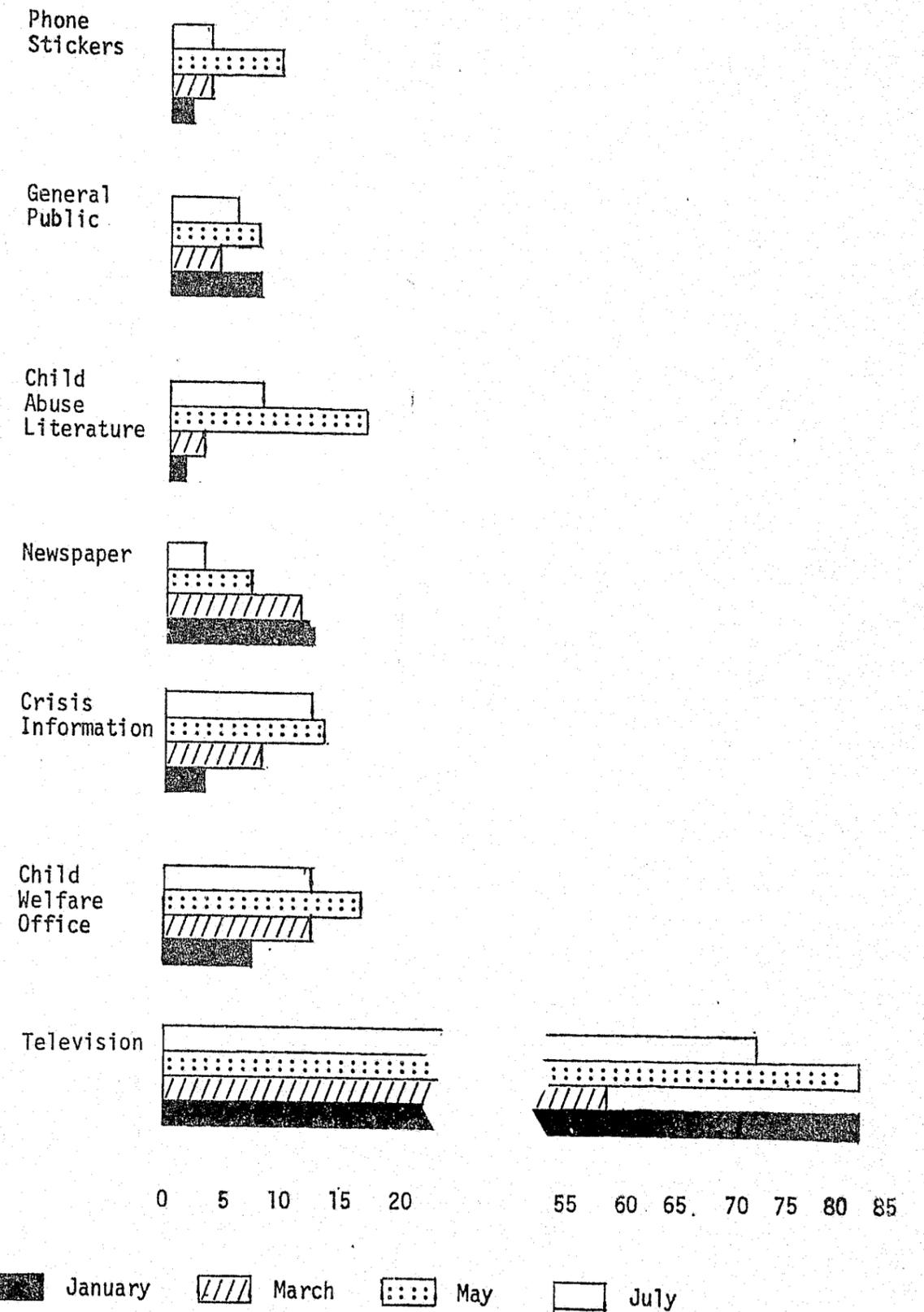


FIGURE 2

Most Effective Sources of Hot Line Number Information



END

7 ables/1000