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Elementary Educators' Experiences Implementing Mandatory Child Sexual Abuse Prevention Curricula

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This is to certify that the doctoral dissertation by

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2024

Abstract

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MS, Walden University, 2022

MBA, Temple University, 2016

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Child sexual abuse (CSA) is a recognized public health problem with lasting adverse impacts on survivors, their families, and society, and three million children are affected by CSA. School-based CSA prevention education is the primary prevention method most commonly used to address this social problem. As such, legislators in 28 U.S. regions have enacted laws requiring CSA prevention curricula be administered in public schools. Although several researchers have studied the efficacy of school-based CSA prevention curricula, there has been limited research exploring the experiences of educators implementing the curricula. The goal of this generic qualitative study was to examine the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom. The theoretical framework used for this study was Bronfenbrenner's ecological systems theory exploring the five layers of a child's ecosystem (microsystem, mesosystem, exosystem, macrosystem, and chronosystem). Data for this study were collected through 1:1 semistructured interviews with three state-certified elementary teachers and three state-licensed elementary school counselors, all qualified to implement mandatory CSA prevention curricula. Braun and Clark's six-step thematic content analysis process was used to analyze the data. Key findings from this study were that educators experience their role in a child's ecosystem as pivotal and believe that school-based CSA prevention education is crucial to preventing CSA. The results of this study support positive social change by encouraging increased training and support for educators implementing this life-changing training.

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Dedication

This study is dedicated to victims and survivors of childhood sexual abuse around the world. For those who have found the courage to share their stories and stand in their truth and for the countless others who have yet to find their voice. You are seen! I also dedicate this study to the educators, social workers, child protective services employees, counselors, advocates, therapists, law enforcement agents, lobbyists, legislators, and fellow researchers who stand in the gap daily, working to protect children, prevent child sexual abuse, care for victims, and support survivors. Thank you! May the results of this study encourage and inform your future endeavors. Finally, I dedicate this study to that little girl who silently endured years of sexual abuse followed by rejection and shame when she found the courage to speak out. Thank you for your courage, strength, and perseverance. This study is a testament to your resiliency. Because you did, I know that I always CAN!

Acknowledgments

"For I know the plans that I have for you, declares the Lord, plans to prosper you and not to harm you, to give you hope and a future." Jeremiah 29:11

First and foremost, I am thankful to God for His grace, mercy, and divine favor over my life and throughout this dissertation journey. Thank you to my wife, Gwindell Pridgen, who told me over ten years ago that I would one day wear the title "Dr." Thank you for believing in me and standing by my side over the course of this Ph.D. journey. Thank you for never complaining about the countless hours spent in my office or the many weekend events that we had to forego. But, most of all, thank you for encouraging me in those dark times when I wasn't sure I wanted to move forward. I love you. To all of my family and friends who have kept me encouraged along this journey (especially my big brother Fred and my niece, Matisyn Nicole), thank you. I would like to extend special acknowledgments in memory of my mother, JoAnn Carraway. Although you are not here to witness the completion of this journey, I know that you have been cheering me on for the last year because I have felt it.

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Chapter 1: Introduction to the Study

Introduction

The global prevalence and lasting societal impact of child sexual abuse (CSA) have led to an increased focus on prevention methods (Rudolph & Zimmer-Gembeck, 2016). Among the three levels of CSA prevention (primary, secondary, and tertiary), primary prevention methods are believed to address CSA most adequately (Kenny et al., 2020). School-based CSA prevention training is the most common form of primary prevention program implemented because of its ability to reach many children concurrently (Tutty et al., 2020; Wulandari et al., 2020; Zhang et al., 2021). The goal of school-based CSA prevention programs is to provide children with the knowledge to identify the risk of abuse, adopt protective behaviors, and quickly disclose attempts at abuse (Pulido et al., 2015; Vosz et al., 2022; Walsh et al., 2015; Walsh et al., 2019). The results of this study could enhance legislation and policy governing school-based CSA prevention programs by highlighting barriers and facilitators to the training. Further, the results of this study could lead to enhanced program development, encouraging greater participation in school-based CSA prevention training on local, national, and international levels. Finally, understanding the experiences of the educators responsible for implementing this training could result in increased support, improved training delivery, and increased program effectiveness.

In this chapter, I introduce CSA prevention methods with a brief overview of school-based CSA prevention programs. I further provide a background on the history of CSA before explaining the problem statement and the purpose of the study. Additionally,

I identify the research question addressed by the study and discuss the theoretical foundation and nature of the study. Key terms are defined, and I discuss this study's assumptions, scope and delimitations, and limitations. Finally, I explain the significance of the study and provide a summary of the chapter.

Background

Stoltenborgh et al. (2015) state that, because of the magnitude and individual and societal consequences of CSA, it was the first form of child maltreatment to be studied. CSA has been researched more than all other forms of maltreatment combined. CSA is a form of child maltreatment impacting approximately three million children globally and resulting in significant long-term adverse mental, physical, and emotional consequences for an estimated 39 million adult survivors (Cowan et al., 2019; Nickerson et al., 2019; Zhang et al., 2021). According to the Centers for Disease Control and Prevention (CDC, 2022), an estimated 1 in 4 girls and 1 in 13 boys in the United States will experience CSA in their lifetime. In over 90% of reported cases of CSA, perpetrators are known and trusted by the child. Furthermore, CSA occurs at all levels of society and across socioeconomic, geographic, and ethnic boundaries.

In researching adverse childhood experiences (ACES), Felitti (2019) identified obesity, alcoholism, and addiction as prominent coping mechanisms developed by survivors of CSA. Further, survivors of CSA are more likely than their non-impacted counterparts to seek attention for physical and mental health problems and often experience a lower health-related quality of life (Daigneault et al.,2017; Downing et al., 2021). For many survivors of CSA, the consequences are heightened through delaying or

omitting the disclosure process due to the associated stigma and stigmatization, such as victim blaming and shaming (Kennedy & Prock, 2018; Lemaigre et al., 2017). Finally, while all forms of child maltreatment increase the risk of psychological issues, CSA presents a significant and unique risk for various psychopathologies, including mood disorders, posttraumatic stress disorder (PTSD), risky sexual behaviors, sexual dysfunction, and substance abuse (Noll, 2021).

CSA is recognized as a preventable public health problem through actions at the primary, secondary, and tertiary levels (CDC, 2022; Clayton et al., 2018; Sanjeevi et al., 2018; United Nations Children's Fund, 2020; World Health Organization [WHO], 2020). However, most government funding and CSA prevention programming target tertiary prevention methods, such as prosecution and judicial punishment of the perpetrator, instead of primary prevention methods that aim to prevent the occurrence of abuse (Fix et al., 2021). Globally, researchers have identified prevention programming targeting children, educators, parents, perpetrators, and youth-serving organizations as being effective at increasing CSA awareness, knowledge, and protective behaviors (Assini-Meytin et al., 2021; Guastaferro et al., 2021; Hudson, 2017; Khoori et al., 2020; Knack et al., 2019; Rudolph et al., 2017). Although school-based prevention programs are especially effective at increasing knowledge for elementary-age children, little research has been conducted to understand the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom (Allen et al., 2020).

Problem Statement

With a lifetime prevalence among adolescents of 26.6% for women and girls and 5.1% for men and boys, CSA is one of the most significant health risks a child will face (Finklehor et al., 2014). WHO (2022) has recognized CSA as a critical public health problem impacting 12% of the world's child population. According to the U.S. Department of Health and Human Services (DHHS), in 2017, 8.6% of child maltreatment victims experienced CSA. Researchers acknowledge that the scope and severity of CSA demand a public response that extends beyond parents and law enforcement agencies to include communities, legislators, childcare providers, and educators (Ahmed et al., 2021; Al-Rasheed, 2017; Citak Tunc et al., 2018; Kim et al., 2016). Despite the significant mental and physical health risks posed by CSA, Al-Rasheed (2017) found that of 321 adults interviewed, only 37.8% acknowledged ever discussing CSA with their children. Further, 62.5% of the study participants favored CSA prevention for all preschoolers, and 65% believed that professionals (i.e., educators) were more equipped to deliver CSA prevention training than parents. Of all the major institutions (i.e., social services, criminal justice, medical, and mental health), schools are the most frequent reporters of child maltreatment (DHHS, 2019). Further to this point, many researchers believe that an educator's proximity to children, perception of trust, and ability to impart knowledge in an age-appropriate manner make them a natural choice for implementing CSA prevention training (Allen et al., 2020; Brassard & Fiorvanti, 2015; Bright et al., 2022; Walsh et al., 2015).

According to Bernier (2021), the emphasis on school-based CSA prevention programs has led advocates and legislators to work together to enact policies mandating this training in public schools. Presently, 28 U.S. states and the District of Columbia have enacted legislation mandating that public schools provide some level of CSA prevention curriculum to students in the classroom. While these programs were initially the subject of research and program evaluations, limited research has been conducted since the 1990s, when the emphasis on CSA prevention faded as other issues, such as bullying and teen pregnancy, took center stage (Tutty et al., 2020). However, students under 18 participating in school-based CSA prevention training experience increased CSA awareness, knowledge, and preventive behaviors (Bright et al., 2022; Bustamante et al., 2019). Further, these children are more likely to disclose incidents of attempted or actual CSA (Che Yusof et al., 2022). The most notable gains have been among younger, elementary-age students (Citak et al., 2018; Eslek et al., 2022; Weeks et al., 2021; White et al.,2018).

Although the aforementioned research on CSA illuminates important findings, I found little research that has examined the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom. Given such, further research is warranted into the experiences of elementary educators when implementing mandatory CSA curricula in the classroom to address the documented problem of CSA (Allen et al., 2020).

Purpose

This generic qualitative study aimed to better understand elementary educators' experiences implementing mandatory CSA prevention curricula in the classroom. According to Allen et al. (2020), there is a gap in the literature as it pertains to the experiences of educators when implementing CSA prevention curricula. Further, the authors acknowledged limitations in their study due to focusing on a particular prevention program in a single school district in the Midwestern United States. Similarly, previous studies have focused on evaluating program effectiveness as measured by student or educator outcomes on assessments of CSA knowledge and preventive skills (Brassard & Fiorvanti, 2014; Bright et al., 2020; Brown, 2017; Bustamante et al., 2019; Czerwinski et al., 2018; Eslek et al., 2022; Fryda & Hume, 2015; Jones et al., 2020; Kemer & Isler Dalgıç, 2021; Kim & Kang, 2017). This study addressed this gap in the literature by providing insight into the experiences of a diverse group of elementary educators across the United States who are implementing a variety of mandated CSA prevention curricula in their classrooms.

Research Question

What are the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom?

Theoretical Framework

Urie Bronfenbrenner (1974) developed the EST to illustrate the impact the different levels of a child's environment have on their development. Bronfenbrenner asserted that a child's ecological system comprises five interconnected levels that expand

outward, with the child at the system's center. These five levels include the microsystem (the child's interaction with people and things in their immediate environments such as home, family, and school), mesosystem (interactions between the different levels of the ecosystems, such as the relationship between parents and educators), exosystem (events occurring outside a child's physical presence, such as the development of public policy or school curricula, which indirectly impact the child), macrosystem (the social and cultural norms that govern the society, culture, or subculture to which the child belongs), and chronosystem (evolution or consistency in the individual and their environment over their life span). Further, Bronfenbrenner (1974) posited that the significant impact on a child's development potentially comes from the systems in their ecology they are further removed from yet indirectly impacted by, such as policies and legislation that govern the curricula delivered in schools (i.e., mandated CSA prevention education). According to Martinello (2020), each level of a child's ecosystem contains a unique set of persons and elements influencing the child's development.

I will use Bronfenbrenner's (1974) EST to understand the participants' experiences in their role in children's ecological systems. In this study, I view the educators, their respective schools, and the mandatory curricula from the perspective of the five levels of a child's ecological system as it relates to delivering CSA prevention curricula in the classroom. Additionally, interview questions about the mandatory curricula and subsequent school guidance and support or lack thereof addressed how elementary educators experience their roles and the roles of their school and the curricula as critical components of a child's ecological system. The study's results were analyzed

through the lens of Bronfenbrenner's EST, focusing on the significance of the role of the microsystem and mesosystem in a child's development.

Nature of the Study

To understand and explain the experiences of elementary educators implementing mandatory CSA curricula in the classroom, I used the generic qualitative approach. Percy et al. (2015) discussed that qualitative methodology is appropriate when a researcher aims to describe, explain, understand, or explore phenomena through the experiences and interpretations of impacted groups. Sometimes referred to as a *basic qualitative approach*, generic qualitative research provides greater flexibility and less adherence to a specific philosophical assumption (Kennedy, 2016). The absence of a single guiding assumption in the generic qualitative approach allows researchers to freely explore their targeted study participants' experiences, beliefs, and perceptions.

Participants for this study were recruited using a purposeful sampling strategy. According to Gqgabi and Smith (2015), purposeful sampling allows qualitative researchers to focus on selecting those participants who can provide substantial detail to address the research question. Further, researchers use purposeful sampling to identify participants based on their relationship with the research question and their ability to inform research questions further. The criterion for my purposeful sample was elementary educators with experience delivering at least one CSA prevention curriculum in the classroom.

According to Lakens (2022), the sample size is used to help researchers justify that the results of their study will yield valuable information to the readers. Further, using

a general rule of thumb or norm supported by research is appropriate for determining sample size for qualitative research. I targeted a sample of six–eight study participants. In their generic qualitative study, Hennik et al. (2017) determined that they achieved 53% code saturation after the first interview and 91% by the sixth interview. Further, Constantinou et al. (2017), using the comparative method for theme saturation, found that they achieved 100% saturation for their thematic analysis by their eighth interview. Finally, Malterud et al. (2016) found that qualitative research can achieve saturation with a sample size between six and eight when the study participants are closely connected phenomenon and the interviews are used for data collection.

The criteria for inclusion in the study was being a currently practicing elementary educator who has implemented at least one mandatory CSA prevention curriculum to elementary students during their career as an educator. Recruitment was conducted using flyers disseminated via email in one elementary school and via elementary educator training in one school district. The social media recruitment flyer was also shared in educator and child advocacy-focused Facebook, Instagram, and LinkedIn groups. Data were collected via semistructured Zoom interviews with participants. The Zoom conferencing platform was used to transcribe the data, MS Word and MS Excel were used to code the data, and the study results were analyzed using thematic content analysis (TCA).

Definitions

Adverse childhood experiences (ACEs): According to Banyard et al. (2017), ACEs are traumatic events experienced or witnessed by a child that could lead to

negative physical, emotional, and mental consequences. Some examples of ACEs include child maltreatment, domestic violence, incarceration of a parent or relative, bullying, and substance abuse by a family member.

Child maltreatment: WHO (2022) defined child maltreatment as any abuse suffered by persons younger than 18, including inflicting or inducing physical, sexual, emotional, or mental harm or willfully withholding or failing to provide a child with resources critical to their health and well-being (neglect).

Child sexual abuse (CSA): CSA involves engaging or attempting to engage anyone under the age of 18 in sexual activity to which a child does not consent or cannot consent, including but not limited to touching, penetration, exposure to pornography, exploitation, and photographs and videos of a sexual nature (Murray et al., 2014).

Elementary educators: According to the U.S. Bureau of Labor Statistics (2022), elementary educators are those charged with instructing and supporting young children in foundational subjects in preparation for higher learning, including teachers, school counselors, and school social workers. For this study, elementary educators were defined as teachers, counselors, and social workers employed by schools to provide some form of education and instructional guidance to students from kindergarten to sixth grade.

Lifetime prevalence: The rate at which children experience CSA from birth to age 18. (Finklehor, 2014).

Primary prevention: Stopping a condition before it develops (Kenney et al., 2020). Regarding CSA, primary prevention refers to initiatives and programs that educate

children, parents, educators, and the general public to increase awareness and protective skills.

Secondary prevention: Kenney et al. (2020) defined secondary prevention as methods that aim to quickly recognize and intervene in a condition to reduce subsequent impact. Secondary prevention for CSA involves targeting at-risk populations to increase CSA awareness and knowledge.

Tertiary prevention: Happens after a condition has developed with the primary goal of minimizing the impacts (Kenney et al., 2020). Perpetrator treatment programs and sex offender registries are examples of tertiary prevention methods for CSA.

Assumptions

In conducting the research for this study, I made certain assumptions. I assumed that there were elementary educators who have experience implementing mandatory CSA prevention curricula. Additionally, I assumed that the criterion I developed for study participants would be adequate to ensure the recruitment of participants who would address the research question. I also assumed that I could recruit enough participants who could meet the study criterion and would be willing to share their experiences. Further, I assumed the participants would be open and honest when responding to the interview questions. Finally, I assumed that the generic qualitative approach would allow me to gain rich insights on this topic that I could not obtain using quantitative research methodology.

Scope and Delimitations

This study explored the experiences of elementary educators when implementing mandatory CSA curricula in the classroom. The scope of this research was limited to currently practicing elementary educators who had implemented at least one CSA prevention course in the classroom. This study focused on elementary educators because researchers have identified the age between pre-Kindergarten and fifth grade as the optimal age range for CSA prevention education (Citak et al., 2018; Eslek et al., 2022; Weeks et al., 2021; White et al.,2018). Further, school-based CSA prevention education has been identified as a highly impactful method of primary prevention based on proximity and access. Finally, educators are believed to be specially equipped to provide this training because of their perception as trusted adults and their ability to provide age-appropriate learning.

The study was limited to elementary educators who live and teach in the United States. Limiting the study to the United States helped to ensure targeted and manageable results that could provide a foundation for later international studies. Further, this study included only CSA prevention curricula mandated by state law. The study was limited to mandated CSA prevention curricula to ensure that the results provided insights that could be used to inform future legislation. Participants in this study were 18 years or older to allow for the full spectrum of teaching experience among the educators.

According to Korstjens and Moser (2017), the role of qualitative researchers is not to assess the transferability of their findings to other studies but to provide sufficient details within their study to allow other researchers to make this determination. To

enhance the transferability of my study results, I provided in-depth descriptions of the context of my study, study participants, and data collection and analysis processes. Additionally, I analyzed and described my results in the context of Bronfenbrenner's EST to provide greater transferability to similar studies.

Limitations

As with all study designs, the generic qualitative study design has inherent limitations (Bellamy, 2016). One limitation is the lack of literature illustrating the best way to conduct a generic qualitative study. Additionally, unlike other approaches to qualitative research, generic qualitative research is not committed to a singular philosophical assumption, which could lead to questions about the credibility and dependability of study results. To enhance the credibility of the study, I pursued prolonged engagement with the study participants throughout the study (Korstjens & Moser, 2017). Additionally, I solicited feedback from study participants on data transcription, coding, and categorization of the results. Another inherent limitation of the generic qualitative study design is researcher bias because the researcher is the primary instrument for data collection. An additional potential for bias is my positionality as a survivor of CSA and an advocate for CSA prevention. To address this, I used a peer group to evaluate and provide input on my interview questions and research process. Further, to add dependability and confirmability to the results of this study, I used an audit trail to document the research design and implementation process explicitly. The audit trail included notes on significant findings and decisions made during the study.

In addition, this generic qualitative study had limitations with its target population and focus area. The participants for this study were limited to current elementary educators. By focusing only on current elementary educators, this study did not include the experiences of previous elementary educators who may have retired, transitioned to another age group, or moved into administration. Additionally, this study consisted of only elementary educators who have implemented state-mandated CSA prevention curricula, excluding the experiences of those educators who have implemented CSA prevention training for reasons other than state mandates. Further, using purposeful sampling means the study's results can only suggest implications for the broader population as they cannot be generalized. Finally, this study did not include representation across all 28 regions mandating the CSA prevention curriculum.

Significance

While studies have been conducted to measure the impact of CSA training on the awareness and self-protective factors of participating students, more needs to be done to understand the experiences of the educators required to provide this training (Allen et al., 2020). The results of this study will fill an identified gap in the literature on the social problem of CSA by addressing the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom.

The results of this qualitative study provide valuable insight into a critical area of primary CSA prevention for individuals and organizations operating in the field of child and family welfare and human services. General groups that will be able to use the results of this study include private and public child advocacy organizations (i.e., National

Children Alliance), child abuse prevention organizations (i.e., Prevent Child Abuse America, Alliance for Strong Families and Communities), elected officials, educators, parents, and community advocacy groups. Specific agencies that can benefit from the results of this study to inform program development and evaluation include the U.S. DHHS, Department of Social Services, Administration for Children and Families, Children's Bureau, CDC, state child protective agencies, and local school districts.

Further, this study's results can impact the social problem of CSA at local, state, national, and global levels. This study can help inform future legislation around mandatory CSA prevention initiatives. Additionally, the results of this study can be used to help school districts and partnering organizations address barriers experienced by elementary educators when implementing CSA prevention training. Further, child and family welfare organizations will benefit by better understanding the experiences of the educators responsible for providing this potentially life-altering training. Organizations can use these experiences to enhance training curricula and support educators more significantly. Legislators and child advocates can use these results to better inform future legislation about CSA prevention initiatives. Finally, this study provides a foundation for improving CSA prevention training, which can lead to increased awareness and preventive behaviors in participating students, educators, and parents, resulting in an increase in disclosure and a reduction in the occurrence of CSA.

The results of this study can positively impact the social determinants of health for students participating in these programs. The WHO (n.d.) defines social determinants of health as nonmedical conditions or forces that occur within an individual's

environment. In EST, Bronfenbrenner (1979b) posited that a child's development is affected by the interactions within and between the five levels of their ecosystem. Given that CSA is a proven significant health risk (Allen et al., 2020; Finklehor et al., 2014) that occurs within a child's ecosystem, the results of this study can influence legislation leading to increased availability of training for students. Finally, the results of this study can increase public awareness of the problem of CSA, encouraging greater collaboration among communities and organizations to protect children.

Summary

CSA is a pervasive global problem with recognized consequences for survivors and communities. The goal of this study was to address an identified gap in the literature by understanding the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom using Bronfenbrenner's (1974) EST (see Cowan et al., 2019; Nickerson et al., 2019; Zhang et al., 2021). This generic qualitative study used purposeful sampling to recruit elementary educators with experience implementing mandatory CSA prevention curricula to participate in semistructured interviews. The results of this study were analyzed using TCA.

In Chapter 2, I further examine the literature supporting this study by describing the literature search strategy. Additionally, I present an in-depth exploration and analysis of the theoretical framework and its relevance to this study. Finally, I thoroughly review the relevant literature on the problem of CSA, CSA prevention methods, CSA legislation and policies, and the role of educators in CSA prevention.

Chapter 2: Literature Review

Introduction

In this generic qualitative study, I explored the experiences of elementary educators when implementing mandatory CSA curricula in the classroom. Prior researchers have identified CSA as a persistent public health problem impacting 1 in 10 children nationally (DHHS, 2022; Downing, 2021). Primary prevention methods aimed at educating children, parents, educators, childcare providers, and the public are most effective at increasing CSA awareness, protective behaviors, and disclosures and reporting (Del Campo & Fávero, 2020; Elfreich et al., 2020). School-based programs provide an opportunity for delivering CSA prevention to a significant number of children in a standard setting (Lu et al., 2020; Manheim, 2019). To this end, more than half of the U.S. states have implemented laws mandating that public schools provide some level of CSA prevention curricula in the classroom. Further, researchers have found that elementary-age children report the most remarkable improvement in CSA knowledge and self-protective skills from school-based prevention programs (Citak et al., 2018; Eslek et al., 2022; Weeks et al., 2021; White et al.,2018). While many researchers assert the efficacy of school-based CSA prevention programs, I have found limited research that explores the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom (Bright et al., 2022; Bustamante et al., 2019; Che Yusof et al., 2021; Morris et al., 2017).

This chapter provides an overview of the literature search strategy used to conduct this study. Additionally, I explore in detail the theoretical framework that guided this

study, Bronfenbrenner's EST, including major theoretical propositions and alignments with the present study. Further, I thoroughly discuss the literature related to this study's key variables and concepts, including an overview of CSA, CSA prevention policy and legislation, CSA prevention methods, and school-based CSA prevention. I conclude the chapter by summarizing the major themes in the literature and explaining how this study will address an identified gap in the literature.

Literature Search Strategy

Research for this study was conducted using the Walden University Library and Google Scholar search engines. Research for this study included over 135 peer-reviewed articles and seminal works from the late 1970s to 2022. Databases used in the initial search include Thoreau, SAGE Journals, APA, and Social Work Abstracts. Keywords used in the initial search included the following: *prevention, child sexual abuse or child sexual assault, schools or education or classroom, educator or teacher perspectives, educator or teacher attitudes or, educator or teacher views or educator or teacher perceptions*.

Following a consultation with a Walden University librarian, a second search was conducted to focus the research further. This additional search was conducted using the following databases: Child Trends, Academic Search Complete, and SocIndex. This second search added the keywords *elementary school, primary school,* and *grade school.* This second search narrowed the scope of the articles to the target group of this study: elementary educators.

A third consultation with a Walden University librarian resulted in a final search of the literature to narrow the scope from general prevention to prevention programs and strategies in alignment with the research question for this study. This search utilized the SAGE Journals, SocIndex, Thoreau, and Google Scholar databases and added the following keywords: *prevention programs, prevention strategies, prevention best practices, child sexual abuse policies,* and *child sexual abuse legislation.*

Theoretical Foundation

Bronfenbrenner (1979) developed the EST as a critical framework for understanding how the environment shapes human development by expanding on the theories of prominent human development predecessors such as Kurt Lewin, George Herbert Mead, and Sigmund Freud. EST integrates the biological and psychological research model by examining the impact of interactions occurring within and between the ecological systems of an individual's environment. The theory provides a theoretical framework for examining and understanding the processes that affect human development. Social scientists use the ecology of human development to examine and explain the interactions between human beings and the environments they exist in (Crawford, 2020). Bronfenbrenner (1975) posited that an ecological approach to human development is unique in its ability to help researchers arrive at conclusions that have significance and relevance to social policy that impacts child development.

According to Bronfenbrenner (1974), development is manifested through the ongoing changes in how a person sees and engages with their environment. A child's ecological environment comprises a set of hierarchical structures, with each level nested

inside the next. Each level of the ecological environment is comprised of multiple settings. Interactions between the settings on a given level can be as impactful to human development as those within a given setting. The ecological environment extends beyond a child's immediate setting to include interactions between the people in these immediate settings. Further, a child's ecological environment includes people and systems that indirectly impact the child through their influence on other individuals and settings the child actively engages with. Finally, social and cultural traditions often dictate what can and cannot occur within and across the various levels of the ecological system.

Bronfenbrenner (1979b) initially identified four levels of the ecosystem: the microsystem, mesosystem, exosystem, and macrosystem. The microsystem (the innermost level) represents the people closest in physical proximity to a child, such as parents, caregivers, and educators. The mesosystem includes the interactions between the individuals and settings within the microsystems. The exosystem comprises people and entities that do not directly interact with the child yet have the potential to significantly impact the child's development through interactions with persons and settings the child directly engages with. The macrosystem serves as the blueprint for the structures and systems within the microsystem. Later, Bronfenbrenner broadened the theory to include the concept of time by adding the chronosystem level (Crawford, 2020). The chronosystem refers to the changes in the various ecosystem levels across a person's lifespan.

Microsystem

Bronfenbrenner (1981) defined a microsystem as the collection of individual settings in which a child experiences immediate engagement through activities and participation in an identifiable role. The microsystem is the innermost level of the ecological system, comprised of the child's immediate environment (Crawford, 2020). In addition to the child, the microsystem contains the people and environments the child interacts with directly with regular consistency. Examples of settings within a microsystem include a home, childcare center, school, or church. The microsystem exerts a more significant influence on a child's development because the child frequently engages directly with the people and structures (Bronfenbrenner & Evans, 2000).

Mesosystem

According to Bronfenbrenner (1979b), the second level of the ecological system, the mesosystem, comprises all systems in a child's microsystem and is the level at which these systems interact with and upon one another. A child's mesosystem is extended to include a new microsystem when transitioning to a new setting. The mesosystem is the ecosystem level in which the interconnectedness between the microsystems in a child's life plays a pivotal role in their development. Crawford (2020) asserts that the interactions that occur in the mesosystem can encourage or inhibit developmental behaviors across microsystems. Examples of the mesosystem include the interactions between parents and educators and between educators and the community.

Exosystem

At the third level of the ecosystem, the exosystem, the child is not actively involved in at least one of the settings (Bronfenbrenner, 1979b). Comprising multiple microsystems, the exosystem indirectly impacts a child's development by affecting an individual or setting in the child's immediate environment. A school board or parent's place of employment are examples of settings in a child's exosystem. For instance, a school board's decision to terminate an afterschool tutoring program would directly impact a child participating in the program. Further, a parent's employer's decision to require mandatory overtime or otherwise altered work schedules would directly impact the parent's child. Finally, Crawford (2020) discusses that actions occurring in the child's microsystem could also indirectly impact settings in the exosystem where they are not active participants.

Macrosystem

Bronfenbrenner (1979b) described the fourth level of the ecological system, the macrosystem, as the design plans by which all the other levels are constructed. Societal and cultural norms are established at the macrosystem level. An example of the macrosystem at work is the similarities between the function and role of systems (i.e., public schools and hospitals) across the United States. Macrosystems will vary across both cultures and subcultures so while the school system in the United States differs from that in Switzerland, within the United States, various ethnic, religious, or socioeconomic groups might also experience slight differences in the function of the school system

(Bronfenbrenner, 1975). At the macrosystem level, public policy and legislation have the potential to impact a child's development.

Chronosystem

The chronosystem is the fifth and final level of the ecological system of human development. The chronosystem considers the changes that occur within an individual over time and within the individual's ecological environment and how these changes impact development (Bronfenbrenner, 1986). The chronosystem can directly impact a child through internal changes that occur over time and can indirectly impact a child through changes that occur in the child's environment over time. For example, changes in a parent's marital status over a child's elementary school years could impact the parent's ability to engage actively with the child's educators, subsequently influencing the child's academic progress.

Relevance of Ecological Systems Theory to Current Study

Bronfenbrenner's (1979a) EST is relevant to this current study by asserting that a child's development is a process of the actions and interactions with the people, systems, and structures that comprise the child's ecological system. According to Hassan et al. (2015), CSA is a severe health risk with the potential for lasting consequences occurring within a child's ecological system. The researchers found that for children ages 6–14 who experience CSA, members of their microsystem (parents, family members, and educators) play a critical role in preventing, recognizing, and reporting CSA. Further, Pittenger et al. (2017) found that the most significant factors contributing to the risk of revictimization of CSA survivors in childhood exists at the microsystem level between

the child and their immediate environment. For a child, engagement with and between the people and structures within their ecological system (i.e., parents, educators, schools, churches, policymakers, etc.) plays a pivotal role in their development (Bronfenbrenner, 1979a). To that end, a lack of connection and communication between school, family, and community can be detrimental to a child's development.

Bronfenbrenner (1976) posited that the relationship between a child's development and their ecological system is reciprocal, with the child impacting and being impacted by the interactions at the various system levels. For example, a child experiencing trauma in the home might exhibit disruptive behavior at school that impacts the classroom, educator, and other students. Similarly, changes in school policies or curriculum requirements might result in additional stress for the child, which influences their interactions in the home with parents and siblings. According to Bronfenbrenner (1976), connections across systems can also significantly impact a child's overall development, such as relationships between governing bodies in the macrosystems and educators in the microsystem. Finally, because of the interactions between all levels of a child's ecosystem, Martinello (2019) posited that CSA prevention should extend beyond the child to include people, systems, and institutions at all levels of their ecological system.

Literature Review

Child Sexual Abuse

CSA comprises a variety of harmful sexual acts perpetrated against children, including molestation, sexual assault, and sex trafficking (Murray et al., 2014). Due to the

complex and varied nature of CSA, researchers have struggled to arrive at a standard definition (Clayton et al., 2018; Sanjeevi et al., 2018). Some limit the definition of CSA to sexual contact with a child by an adult that involves penetration. Others define any sexual contact with a child involving forcible penetration as CSA, regardless of the perpetrator's age. Others extrapolate the definition to include any sexual activity (contact and noncontact) a child cannot consent to committed for the sexual gratification or financial gain of the perpetrator. WHO (2020) defined CSA as the act of engaging a child in sexual activities they cannot understand or provide consent to for the sexual gratification of another. In addition to physical actions such as kissing, fondling, and penetration, CSA includes exposing or involving a child in pornography, forcing a child to watch others engaging in sexual activity, or profiting by making the child available to others for sexual acts. Further, the CDC (2022) has asserted that coercing a child into performing sexual acts with or upon another person is also a form of CSA; this includes both attempted and completed acts of abuse. Finally, Matthews and Collin-Vezina (2019) added that CSA is any sexual act in which one person possesses more power than another.

Prevalence of CSA

CSA occurs in every region and affects children of all ethnicities, religious affiliations, and socioeconomic statuses (Clayton et al., 2018; Mathews & Collin-Vezina, 2019; Murray et al., 2014). Prevalence of CSA is often documented using government agency data derived from incident reports received by local and state child protective services agencies or law enforcement (Gewirtz-Meydan & Finklehor, 2020). Given that

only 16 to 19% of all CSA incidents are reported to authorities, CSA is significantly underreported (Gewirtz-Meydan & Finklehor, 2020; McGuire & London, 2020;). This underreporting has made it difficult for researchers to assess the true magnitude and impact of the problem of CSA (Hugill et al., 2017). Despite the low reporting rate, CSA is more pervasive than many imagine. Stoltenborgh et al. (2015) found that the global prevalence of CSA was 127 in 1,000 for self-reported incidents and 4 in 1,000 for reports made by third parties. In a review of research conducted between 1982 – 2011, Sanjeevi et al. (2018) found global prevalence rates of CSA to range from 4.1% - 19.3% for males and from 5.6% to 20.2% for females. In their recent analysis of Brief Risk Factor Surveillance Surveys from 2010 and 2012, Fuller-Thomson and Agbeyaka (2020) found the prevalence rates for CSA to be 1in 17 for women and 1 in 50 for men. Further, the WHO (2020) asserts that CSA globally impacts 20% of women and 5-10% of men. In the United States alone, CSA affects 1 in 10 children (Downing et al., 2021; DHHS, 2023). In 2021, 60,000 reports of CSA were made in the United States (DHHS, 2023). The magnitude and scope of the problem of CSA warrant a holistic approach to prevention.

Victims of CSA

Researchers have found that girls are 2-3 times more likely to experience CSA than their male counterparts (Al-Asadi, 2021; Clayton, 2018; Finklehor et al., 2014). In a national sample of 13,583 high school students, Gray and Rarick (2018) found that 10% of participants acknowledged being forced to engage in sexual intercourse. Of those who reported experiencing CSA, 70% were female, and 30% were boys. Similarly, Downing et al. (2021) conducted a study with 10,624 respondents in the state of Texas and found

that 10.3% reported experiencing CSA. The researchers found that, of those exposed to CSA, 14.66% were female, and 5.60% were male. Gewirtz-Meydan and Finklehor (2020) found that of the 13,052 participants in their study, Black (non-Hispanic) female children living in large cities with low socioeconomic status experienced CSA more than other demographics. In an analysis of the Behavioral Risk Factor Surveillance System reporting for 2011–2014 for 10 states and 214,157 respondents in the United States, Merrick et al. (2018) found that women reported greater rates of CSA than men (16.33% to 6.70%).

Additionally, researchers have found that children who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ+) experience CSA at higher rates (Kann et al., 2016; Newcomb et al., 2020) than their heterosexual counterparts. Kann et al. (2016) found that nationwide, 17.8% of students identifying as gay or lesbian and 12.6% unsure of their sexual identity self-reported an experience of CSA. Further, Newcomb et al. (2020) found that one in four transgender children are sexually abused by age 18.

Finally, researchers have found that the prevalence of CSA differs by race, with Black and Hispanic Americans experiencing CSA at more significant proportions than White Americans (Lee & Chen, 2017). Merrick et al. (2018) found that of approximately 25,000 respondents experiencing CSA, 13.28% were Black, 26.18% were Hispanic, and 11.43% were White. Further, Luken et al. (2021) identified that the 2018 National Child Abuse and Neglect Data Systems recorded reports of CSA incidents among Black and non-Hispanic Whites at disproportionately higher rates than White children in 49 of the 50 U.S. states. Finally, in a study of 60,598 participants, of the 37% who identified CSA

as an issue impacting their family, 12.45% were Black, 12.06% were Hispanic, and 10.31% were White (Lee & Chen, 2017). Although it occurs in every region of the world regardless of gender, race, ethnicity, or socioeconomic status, minorities and marginalized communities are disproportionately impacted by CSA.

Consequences of CSA

CSA is a global public health problem that has been shown to have numerous short-term and long-term mental, emotional, physical, and economic impacts on survivors, their families, and society at large (CDC, 2022; Felitti, 2019; Finklehor, 2014; LeTourneau et al., 2018). According to Clayton et al. (2018), CSA can significantly disrupt a child's development and fracture their normal emotional and behavioral responses. Many of the consequences of CSA are exacerbated by delays in reporting CSA, failure to promptly obtain healing or restorative services, and lack of family or community support for survivors (Kennedy & Prock, 2018). Specifically, CSA survivors often blame themselves for their victimization and feel shame, which can lead to neglecting to seek helping services, resulting in higher levels of mental and emotional trauma in survivors.

CSA can alter a child's natural sexual development, leading to conflicts over sexual conduct that often result in sexual problems ranging from abstaining from sexual activity altogether to engaging in risky sexual activities (Bertone-Johnson et al., 2014; Kewley et al., 2021). Researchers have found that adolescent victims of CSA tend to initiate intercourse earlier, have a more significant number of sexual partners, are less likely to engage in safe sex practices, and are more likely to include drugs and alcohol in

sexual activities (Gray & Rarick, 2018; Senn et al., 2017; Thornton & Veenema, 2015). One of the most damaging consequences of CSA is the likelihood of revictimization (Castro et al., 2018). Walker et al. (2017) found that 50% of all CSA survivors in a meta-analysis reported instances of re-victimization. Further, female survivors of CSA are believed to have a three to five times greater likelihood of being revictimized than non-survivors (Godbout et al., 2019).

According to Noll (2021), the trauma resulting from CSA leads to issues with proper emotional regulation, increased stress, attachment difficulties, and insecurities that increase the risk for harmful and dangerous consequences for survivors. Münzer et al. (2016) conducted a mixed methods study to compare the likelihood of developing psychological symptoms between children and adolescents who have experienced CSA and children and adolescents who have suffered other forms of child maltreatment. The researchers found that children and adolescents who experienced CSA had a statistically significantly greater chance of being diagnosed with major depression than those whose maltreatment did not include sexual violence (Münzer et al., 2016).

Survivors of CSA often experience more physical health issues than non-survivors. Daigneault et al. (2021) discovered that adult survivors of CSA reported having a lower health-related quality of life than those who had never experienced CSA, reporting 14 or more physical and mentally unhealthy days in a one-month period. Further, they found that survivors forcibly penetrated had a lower health-related quality of life than those whose CSA did not include forcible penetration. Additionally, Banyard

et al. (2017) found that CSA survivors were 8% less likely to experience good health than their counterparts.

Economically, CSA has short-term and long-term negative impacts on survivors and societies. Assini-Meytin et al. (2022) conducted a quantitative study to determine the effects of CSA on the socioeconomic status of adult survivors. Of the 10,119 study participants, 25.2% of women and 9.8% of men identified as survivors of CSA. The researchers discovered that adult survivors of CSA (male and female) were less likely to achieve financial security and had lower household incomes than their peers who did not experience CSA. Female adult survivors were also less likely to be employed than their non-surviving peers (Assini-Meytin et al., 2022). On a societal level, the total economic cost of CSA includes costs in health care, lost productivity, child welfare, crime, special education, and death by suicide (LeTourneau et al., 2018). Based on 2015 data, the estimated total economic cost of CSA for the United States was approximately $9.3 billion. The lifetime costs per female survivor were $1,128,3334 for fatal CSA and $282,734 for nonfatal CSA, and the lifetime costs per male survivors were $1,482,933 for fatal CSA and $74,691 for nonfatal CSA. The impact of CSA on the quality of life for survivors, families, and communities highlights the need for an ecological approach to prevention.

Risk Factors for CSA

The documented prevalence and consequences of CSA make assessing and understanding the associated risk factors necessary. In their analysis of the results of 72 studies conducted between 1980 and 2017 in the United States, Canada, Australia, and

Europe, Assink et al. (2019) found that the most significant risk factor for a child experiencing CSA was a prior CSA experience by either the child or another member of their family. Supporting these findings, Pittenger et al. (2017) found that of 1,915 CSA cases submitted to a Child Advocacy Center (CAC), 11.1% of the children returned to the center due to re-victimization. Additionally, Assink et al. (2019) identified the presence of domestic violence in the home, having a stepparent in the home, being female, and having a mental or physical limitation as critical risk factors for CSA. Further, the researchers determined that children who have experienced another form of child maltreatment (neglect, physical abuse, or emotional abuse) are at greater risk for CSA. Similarly, interviewing 34,000 adults across the United States, Perez-Fuentes et al. (2013) found that prior child maltreatment, substance misuse by at least one parent, the absence of one parent from the home, and domestic violence all created a greater risk of CSA. Analyzing results of 52,669 survey respondents, Fuller-Thomson and Agbeyaka (2020) found that people who grew up in families impacted by parental substance misuse, domestic violence, and parental mental illness were more likely than their counterparts to experience CSA (men 8.5% vs. 0.6%, women 28.7% vs. 2.1%).

Perpetrators of CSA

The public is prone to misconceptions about who commits CSA. Common misbeliefs about the perpetrators of CSA include (a) only men perpetrate CSA, (b) CSA is always committed by pedophiles who are unable to control their sexual desires for children, (c) only adults can be perpetrators of CSA, and (d) CSA is almost always perpetrated by strangers (Fix et al., 2021; Murray et al., 2015). Researchers have found

all these misconceptions to be unfounded. Conversely, researchers have found that approximately 90% of CSA incidents are committed by someone known to the child (CDC, 2022; Finklehor & Shattuck, 2012; DHHS, 2023). In 60% of reported cases of CSA, the perpetrator is a neighbor, community or religious leader, educator, or caregiver. Parents, immediate family members, and relatives account for about 30% of CSA perpetrators. Further, Gewirtz-Meydan and Finklehor (2020) found that over two thirds of all CSA experienced by the children in their study was committed by other juveniles (76.7% for male children and 70.1% for female children), as with all other cases of CSA, survivors of CSA knew their juvenile perpetrators in at least 90% of the cases. Finally, while men perpetrate CSA more often than women, women are four times more likely than men to perpetrate it against their biological children (Gerke et al., 2021; McLeod, 2015).

CSA Disclosure

The disclosure and subsequent reporting of the occurrence of CSA are pivotal to identifying perpetrators, treating survivors, raising public awareness of the prevalence, and developing effective prevention programs (Azzopardi et al., 2019; McGuire & London, 2020; Murray et al., 2014). However, many survivors delay or withhold disclosure altogether. Manay and Collin-Vezina (2021) found that disclosure of CSA is often a gradual process that progresses in stages and seldom begins with an immediate report to authorities. Survivors who disclose their experience with CSA usually wait until adulthood (Brennan & McElvaney, 2020). Sprober et al. (2014) found that the average age for disclosing CSA incidents is 52 years. Although children under 6 are less likely to

disclose than older children and adolescents (Middleton, 2017), they are most likely to disclose to their mothers (Manay & Collin-Vezina, 2021). Similarly, Azzopardi et al. (2019) found that adolescents and female survivors had the highest disclosure rates. As children and adolescents who disclose incidents of CSA are most likely to do so to their peers rather than their parents or other adults (Manay & Collin-Vezina, 2021), it is estimated that only 16% of CSA cases are formally reported to law enforcement or government agencies (McGuire & London, 2020). Given its varied nature, many factors serve as facilitators or barriers to the disclosure of CSA (Brennan & McElvaney, 2020; Lemaigre et al., 2017; Manay & Collin-Vezina, 2021; McGuire & London, 2020).

Barriers to Disclosure. The broad scope of impacted children complicates CSA disclosure. However, researchers have identified common barriers to disclosure across gender and age groups (Manay & Collin-Vezina, 2021; Murray et al., 2014). Children may delay or avoid disclosing CSA due to guilt, shame, fear of not being believed, fear of reprisal from the perpetrator, or uncertainty about the outcome of disclosure for themselves (being removed from the home) and the perpetrator (criminal punishment). These feelings often intensify when the perpetrator is a family member or trusted adult in the child's life, leading to an increased likelihood of failing to disclose. Researchers believe that younger CSA survivors face additional barriers to disclosure, such as insufficient knowledge about what constitutes CSA, a lack of vocabulary to communicate what occurred effectively, and an inability to accurately recall details of the event (Azzopardi et al., 2019). Further, boys have to contend with the additional barriers of threats to masculinity and sexuality due to disclosing CSA. Finally, grooming by the

perpetrator poses a significant barrier to disclosure for all CSA survivors (Brennan & McElvaney, 2020). Perpetrators often use manipulative tactics of fear or favor to persuade survivors to keep the abuse a secret, attempting to convince them that they are receiving "special treatment" or will be punished if they tell anyone about the incident. To address these barriers to disclosure, CSA prevention programs should include education on perpetrator grooming and the importance of trusted adults.

Facilitators to Disclosure. Although many survivors of CSA delay or forgo disclosing their abuse, researchers have found that there are factors that facilitate more immediate disclosure (Brennan & McElvaney, 2020; Lemaigre et al., 2017; Manay & Collin-Vezina, 2021). In a review of 20 studies conducted between 1998 – 2018, Brennan and McElvaney (2020) found that participants identified six key factors that encouraged them to disclose their CSA incident: proximity to someone they could trust (75%), ability to recognize that what occurred was wrong (55%), a desire to tell (55%), a desire to have the abuse end (55%), an expectation that they would be believed (50%), and having someone ask (45%). Similarly, Lemaigre et al. (2017) found that having a developmentally appropriate understanding of CSA and being directly asked about their experiences were the two most significant facilitators for disclosure. Given these facilitators, prevention programs must be age-appropriate and educate adults on the importance of asking children about abuse.

Levels of Prevention

Efforts to prevent CSA started in the 1970s and have taken various forms (LeTourneau et al., 2017). However, the vast majority of government resources for these

initiatives are directed at criminal justice responses after an incident of CSA has occurred and been reported to law enforcement (Knack et al., 2019; LeTourneau et al., 2017). According to Fix et al. (2021), this is owing to the prevailing belief by the general public that CSA is not a preventable problem. Believing that CSA is only perpetrated by sexual predators who cannot control their actions, the public views CSA as inevitable and believes incarceration is the only viable recourse. Although holding perpetrators accountable through arrest and prosecution is a vital component of prevention, it requires an incident of CSA to occur and be reported (Admon-Livny & Katz, 2020). However, according to Lahtinen et al. (2018), only 10-20% of CSA incidents are reported to the authorities. Moreover, Letourneau et al. (2017) argue that prevention efforts that stop the initial occurrence of CSA reduce the significant mental, emotional, physical, and economic costs associated with CSA.

The complex and multifaceted nature of CSA demands an ecological approach to prevention in every system in a child's environment, including the child, family members, educators, and community members (Admon-Livny & Katz, 2016; Broadley, 2018). Further, Kenny and Wurtele (2012) posit that effective CSA prevention measures must incorporate changes to the legislation and societal norms that govern the systems and institutions in a child's environment. To that end, prevention initiatives are moving from solutions aimed solely at the individual to a model that includes societal efforts. Researchers believe that adopting the three levels of prevention used in the field of public health is vital to effective CSA prevention initiatives (Admon-Livny & Katz, 2016; Kenny et al., 2020; Knack et al., 2018). These three levels include the following:

(a) primary prevention aimed at the general public, (b) secondary prevention targeting specific populations that are deemed at risk, and (c) tertiary prevention addressing CSA after it occurs.

Primary Prevention

As it pertains to CSA, the purpose of primary prevention is to stop CSA before it occurs by offering programs and services on a wide-scale basis to the general population (Knack et al., 2019). Although the majority of primary prevention strategies developed have targeted children (Kenny et al., 2020), there has been a recent move towards expanding these efforts to include parents, educators, childcare providers, healthcare professionals, and other adults with the potential to prevent a child from experiencing CSA (Hudson, 2018). The purpose of these primary prevention programs is to educate adults on the prevalence of CSA, dispel common myths about who perpetrates CSA, highlight the risk factors for CSA, and provide the knowledge and skills needed to intervene and stop an incident of CSA from occurring. Additionally, researchers have found that CSA prevention programs are more successful when they incorporate parents, educators, and other professionals who work with children (Kenny & Wurtele, 2012; Nickerson et al., 2018; Rheingold et al., 2012). Rudolph et al. (2018) found that only 21% of parents participating in their study described being able to speak to their children about the dangers of CSA properly. Further, 86% of the parents believed their children were at low risk for CSA, and 83% acknowledged only focusing on the stranger-danger message when warning their children about CSA. In a randomized control trial with 538 parents of children ages 3-11, Nickerson et al. (2018) found that parents in the

intervention group had a statistically significant higher motivation to talk to their children about CSA. Moreover, participants in the intervention group who received the prevention training were less likely to perpetuate the myth that only strangers commit CSA. The findings of these researchers reinforce the need for developing primary prevention programs that include parents.

Secondary Prevention

Secondary prevention includes strategies that provide intervention, support, and treatment before an act of CSA occurs through a specific focus on people at risk of sexually offending a child (Knack et al., 2019). Much like primary prevention, the purpose of secondary prevention is to stop CSA before it occurs. Although there has historically been a lack of resources dedicated to secondary prevention due to the focus on primary and tertiary prevention (McCartan et al., 2018), some researchers believe that an increased focus on secondary prevention initiatives could be more impactful in addressing the problem of CSA (Assini et al., 2020; Rudolph et al., 2017).

The target audience for secondary prevention efforts should include adults with an acknowledged sexual interest in children, adolescents, and youth-serving institutions (i.e., churches, schools, and recreation facilities) (Assini et al., 2020; LeTourneau et al., 2017; Rudolph et al., 2017). Given that adolescents are responsible for over 60% of all reported incidents of CSA (Gewirtz-Meydan & Finklehor, 2020) and have a recidivism rate of less than 3% (Caldwell, 2016), secondary prevention efforts aimed at this group could have a significant impact on the overall rate of CSA (Letourneau et al., 2017). Researchers have found that CSA perpetrators often experience sexual urges toward children 5 – 10 years

before they commit their initial offense (Knack et al., 2019; Piché et al., 2018). Thus, by targeting those who acknowledge their sexual attraction to children, secondary prevention efforts could intervene to prevent the escalation from thought to action. Further, Witt et al. (2018) found that 3% of adult respondents in a national German survey acknowledge an incident of CSA in a school, church, or other youth-serving environment. Similarly, Shattuck et al. (2016) found that 1% of those responding to a U.S. national survey experienced CSA in a youth-serving setting. The prevalence and severe consequences of CSA warrant increased efforts at prevention focused on potential perpetrators and high-risk child-focused organizations.

Tertiary Prevention

Tertiary prevention for CSA is often described as a combination of prevention and intervention as it occurs after an act of CSA has taken place and aims to prevent the continuation of the abuse, reduce the risk of reoccurrence, and mitigate the impact of the incident (Admon-Livny & Katz, 2016; Knack et al., 2019; Letourneau et al., 2017). Tertiary prevention is primarily a criminal justice response to the social problem and includes the arrest, prosecution, sentencing, and monitoring of perpetrators. According to Knack et al. (2019), most CSA prevention strategies have historically involved tertiary prevention developed and executed by the criminal justice system. However, given that sexual offenders tend to re-offend at a rate much lower than other criminal offenders (McCartan et al., 2018), many researchers are calling for a shift to the more proactive measures found in primary and secondary prevention (Admin-Livny et al., 2018; Assini et al., 2020; Knack et al., 2019; Letourneau et al., 2017; Piché et al., 2020). Further,

Anderson (2014) posits that tertiary prevention is reactionary; it is not the most effective strategy for preventing the individual and societal impact of CSA. Finally, as 80 -90% of CSA incidents are never reported to law enforcement, the potential impact of tertiary prevention on CSA is minimal. Given its pervasive nature, tertiary prevention efforts alone (although necessary) are insufficient to address the CSA problem effectively.

Policy and Legislation

According to Anderson (2014), a problem needs to garner significant public attention, pressure legislators or policymakers, and have a demonstrated impact on society to initiate change in public policy. The 12.7% global prevalence rate of CSA (Stoltenborgh et al., 2015) combined with the documented mental, emotional, physical, and economic impact on survivors and society warrant acknowledgment as a pervasive public health problem requiring policy changes at the macrosystem level (Admon-Livny et al., 2016; Assini et al., 2020; Kenny et al., 2020; Knack et al., 2019; Simon et al., 2020). In alignment with the Child Abuse Prevention and Treatment Act (CAPTA), CSA prevention policy in the United States has primarily followed two paths: criminal justice measures and prevention education programs.

Criminal Justice Legislation

Signed into law in 1974, the CAPTA was the first federal legislation passed in the United States to address child maltreatment, including CSA (Child Welfare Gateway, 2019). CAPTA provides federal funding to states, nonprofit organizations, and public agencies to support prevention, investigation, treatment, and prosecution associated with acts of child maltreatment. However, most of the funding by CAPTA is designated for

the prosecution, incarceration, and monitoring of perpetrators of child abuse (Anderson, 2014).

Anderson (2014) identifies three additional criminal justice legislative policies focused on monitoring and controlling perpetrators of CSA. The Jacob Wetterling Crimes Against Children and Sexually Violent Offender Act was enacted in 1994 to mandate that states develop sex offender registration programs. States failing to comply with the legislation would lose 10% of federal funding for law enforcement. Passed into law in 1996, Megan's law required all states to create a notification system for their sex offender registry. Finally, in 2006, under the Adam Walsh Child Protection and Safety Act, federal law mandated that states must make information about the release of a convicted sex offender available to the public. Despite the increased media attention on reports of CSA in churches, schools, sports organizations, etc., public policy and legislation in the United States remains heavily skewed toward criminal justice solutions (Anderson et al., 2014; Knack et al., 2019).

Prevention Education Legislation

Although many non-profit, public, and child advocacy organizations aim to provide CSA prevention education to the general public, no federal legislation in the United States mandates primary prevention programs for CSA (Anderson, 2014; U.S. Department of (Justice, 2015). However, many states have taken the onus to implement mandated CSA prevention education in their school. Since May 2009, 28 states and the District of Columbia have passed legislation requiring schools to provide CSA prevention education to at least some staff and students (Bernier, 2021). Of these 29 localities, only

14 mandate CSA prevention training for all school staff and all students, with eight making the education mandatory for students only and the final seven only requiring that some staff members and some students receive the training. It is important to note that 11 of the 29 localities mandating CSA prevention for students in the classroom allow parents to opt their child out of the training. Additionally, eight states have passed legislation enabling CSA prevention education in schools but not mandating it for students or staff. Finally, as of January 2023, 14 states had yet to adopt any legislation about CSA prevention education. Given the trend towards mandated CSA prevention education in schools, it is vital to understand the efficacy of these programs and the role and experiences of the educator in their implementation.

School-Based CSA Prevention

School-based programs are the most frequent primary prevention strategies implemented to address CSA (Allen et al., 2020; Anderson, 2014; Brassard et al., 2015; Che Yusof et al., 2022). In addition to the United States, countries around the globe have developed school-based CSA prevention programs, including Australia, Canada, China, Ecuador, Korea, Malaysia, South Africa, Taiwan, and Turkey (Bustamante et al., 2019; Chen et al., 2012; Jin et al., 2016; Moon et al., 2017; Citak Tunc et al., 2018; Walsh et al., 2019; Weatherly et al., 2012). While school-based CSA prevention programs take on a variety of formats, the primary goals of all programs are to provide children with the knowledge to recognize abuse, the skills to protect themselves, encourage children to disclose abuse, and serve as a resource for children who may be experiencing abuse (Anderson, 2014; Che Yusof et al., 2022). Further, Kenny et al. (2020) asserted that

school-based CSA programs are used to empower children by teaching them body autonomy and emphasizing the right to say no.

Schools are considered the ideal setting for providing CSA prevention education to children because the primary purpose of schools is to educate. Most children spend a significant portion of their time in classrooms at an age when they are most at risk for CSA (Allen et al., 2020; Brassard et al., 2015; Bright et al., 2022; Citak Tunc et al., 2018; Walsh et al., 2015). In a qualitative study of 21 stakeholders in China, Cowan et al. (2019) found that all participating parents felt that school-based CSA prevention programs are critical for addressing the problem of CSA. Moreover, parents in the study acknowledged that they did not actively educate their children about CSA in the home.

While some critics of school-based CSA prevention fear these programs unfairly place the onus on children to protect themselves against perpetrators (Rudolph & Zimmer-Gembeck, 2017) or that the programs may negatively impact a child's view of touch (Lu et al., 2020), researchers have found that school-based CSA programs are the most appropriate method of delivering the education and have a negligible negative impact on participating students (Fryda & Hulme, 2015). Further, most parents and professionals support school-based CSA prevention programs (Fisher et al., 2015; Al-Rasheed, 2017; Allnock & Atkinson, 2019). Fisher et al. (2015) found that 92% of the parents in their study favored schools providing sex education in elementary school. 67% of those surveyed believed that CSA awareness and prevention education should be taught in school to elementary-aged students between K-5th grade. Additionally, the researchers found that the primary benefit of schools providing sex education to

elementary students identified by the parents surveyed was learning to prevent and respond to CSA (79%). Finally, Allnock and Atkinson (2019) asserted that CSA prevention programs provided by schools could be influential in helping children identify warning signs of dating violence as they grow into adolescence. Given the research findings supporting school-based CSA prevention programs, it is essential to understand the efficacy of these programs.

Efficacy

School-based CSA prevention programs significantly impact increased CSA-related knowledge and self-protective skills for students. They can be critical in reducing CSA (Gubbels et al.,2021). Researchers around the world have found that school-based CSA prevention programs have a high rate of efficacy in a range of areas reducing the overall risk of CSA for a child (Allnock & Atkinson, 2019; 2022a; Bustamante et al., 2019; Citak Tunc et al., 2018; Czerwinski et al., 2018; Tutty et al., 2019; Walsh et al., 2019; White et al., 2018; Wu et al., 2021; Wulandari et al., 2021; Zhang et al., 2021). Specifically, the efficacy of school-based programs has been measured in the following areas: (a) appropriate and inappropriate touch, (b) protective skills (i.e., saying no), (c) knowledge of key CSA facts, and (d) disclosure.

Appropriate and Inappropriate Touch. Students participating in school-based CSA prevention programs demonstrate a higher awareness of the difference between appropriate and inappropriate touch (Eslek et al., 2022; Pulido et al., 2015). In a study of 81 preschool children in Turkey, Eslek et al. (2022) found that children participating in a school-based CSA program had a statistically significant increase in knowledge of

inappropriate touch and self-protective behaviors. Further, Pulido et al., 2015, found that 2nd and 3rd graders participating in a school-based CSA program at six public elementary schools in New York City showed a significant increase in their knowledge of what was inappropriate touch.

Protective Skills. Increasing self-protective skills is one of the most substantial benefits of school-based CSA prevention programs (Brown, 2017; Che Yusof et al., 2022; Kim & Kang, 2017; Lu et al., 2022). Brown (2017) found that children participating in the Safer, Smarter Kids CSA prevention program in four Florida school districts increased their knowledge of crucial prevention concepts and personal safety skills by 77%. Similarly, evaluating the efficacy of the Child Sexual Abuse Prevention (C-SAPE) program for fifth graders in South Korea, Kim and Kang (2017) found the most significant increases in the self-protective behaviors of study participants. Further, systematic reviews of a combined 60 studies conducted by Che Yusof et al. (2022) and Lu et al. (2022) found that students who participate in school-based CSA prevention programs exhibit significantly higher levels of self-protective behaviors than those in the control groups.

CSA Knowledge. Knowledge of crucial CSA facts is a critical component of school-based CSA prevention programs (Bright et al., 2020; Bustamante et al., 2019; Gubbels et al., 2021; Morris et al., 2017). In their evaluation of a 10-week CSA prevention program for children ages 7–12 in six public schools in Ecuador, Bustamante et al. (2019) found a statistically significant increase in each group's level of knowledge in the following areas: (a) what constitutes abuse, (b) the difference between abusers and

trusted adults, (c) keeping secrets, and (d) children's rights. Further, Bright et al. (2020) determined that a school-based CSA program conducted with 1,176 students in 12 Florida schools statistically significantly increased knowledge about dangerous situations for student participants, and this increased knowledge was sustained for more than 7 months. These results support the findings of researchers that students exposed to school-based CSA training demonstrate increased awareness and knowledge of important CSA prevention factors (Manheim et al., 2019; Morris et al., 2017; Nickerson et al., 2019; Nyberg et al., 2018; Thompson et al., 2021; Tutty et al., 2019).

Disclosure. A tangential goal of school-based CSA prevention programs is to encourage children to disclose abuse, including past, ongoing, or future incidents of CSA (Gubbels et al., 2021; Morris et al., 2017; Nickerson et al., 2019). Research indicates that children participating in school-based prevention programs are more likely to disclose CSA than those not (Bright et al., 2022b; Ferrara et al., 2017; Gubbels et al., 2021). In their review of five school-based CSA programs for kindergarteners, Manheim et al. (2019) found that the students participating in the program demonstrated a greater ability to communicate clearly about CSA. Further, given that age-appropriate knowledge of what constitutes CSA is a crucial facilitator for disclosure, school-based CSA prevention programs are critical to increasing the CSA disclosure rate (Lemaigre et al., 2017). Given the demonstrated efficacy of school-based CSA programs at increasing CSA awareness, knowledge, protective behaviors, and disclosure, understanding the role of educators in CSA prevention is vital.

Role of the Educator

According to the DHHS (2023), 15.4% of all reports of child abuse in the United States in 2021 were made by educators. Further, educators were responsible for reporting 11.2% of substantiated CSA cases. Historically, there has been an ongoing debate among policymakers, school administrators, social service professionals, parents, and even educators about the role of educators in CSA prevention (Ahmed et al., 2021; Allen et al., 2020; Bethell et al., 2014; Kenny & Prikhidko, 2021; Kim et al., 2019; Meng et al., 2018). School social workers and counselors have expressed concern that teachers might need more CSA prevention knowledge to deliver the training successfully (Lu et al., 2020). Similarly, others have argued that social services professionals and researchers are better equipped to provide CSA prevention training than educators (Zhang et al., 2021). However, with the shift to an ecological approach to CSA prevention, which demands intervention at all levels of a child's ecological system, the role of the educator has become pivotal in primary prevention education efforts (Allen et al., 2020; Bright et al., 2022a; Gushwa et al., 2019).

Bronfenbrenner's EST (1979b) states that schools and educators exist within a child's microsystem. Individuals and institutions in a child's microsystem have the most immediate impact on their development due to their proximity and regular interactions. Additionally, educators believe that ensuring their students' emotional, mental, and physical safety and well-being is essential to their role (Allen et al., 2020; Bethell et al., 2014; Meng et al., 2018). Moreover, educators perceive that being aware of the situations in the lives of their students beyond the classroom helps them ensure their needs are met

(Bouchard & Berg, 2017). Given the significant amount of time educators spend interacting with children, they are uniquely positioned within a child's ecological system to contribute substantially to the prevention of CSA (Che Yusof et al., 2022; Citak Tunc et al., 2018; Dudley et al., 2022). Further, Hassan et al. (2015) found that among CSA survivors ages 6–14, members of their microsystem (parents, family members, educators) were best positioned to prevent CSA. Similarly, Bronfenbrenner (1979a) asserted that experiences in school can directly impact what happens in the home and vice versa. To that end, CSA prevention education provided by an educator in a classroom setting can determine a child's ability to recognize and respond to potential threats of CSA in other settings in his microsystem. Moreover, researchers have found that educators who participate in delivering school-based CSA prevention education acknowledge an increased awareness of what constitutes CSA as well as the skills to appropriately respond to suspected or disclosed incidents of CSA (Bright et al., 2022; Gushwa et al., 2019).

Despite documented contention over their role in CSA prevention education, researchers have found that most parents consider educators highly qualified to provide CSA prevention training (Al-Rasheed, 2017; Fisher et al., 2015; Kenny & Prikhidko, 2021). Al-Rasheed (2017) found that 65% of study participants believed that CSA prevention education should be delivered by a professional such as an educator instead of a parent, and 63% felt this prevention education should begin with preschoolers. Similarly, Kenny and Prikhidko (2021) found that 91% of the mothers in their study favored school-based CSA prevention education and felt educators were better positioned

to provide the training than parents. Additionally, 86.6% of the study participants were willing to engage with the educators in the training. Furthermore, 83% of the mothers supported mandating the training, and 51.5% believed that age-appropriate school-based CSA prevention education should begin early as preschool and continue through middle school. Finally, Rudolph et al. (2022) found that 63% of their study participants believed that educators should provide CSA prevention education to students. Given that educators are strategically placed to provide CSA prevention education, it is critical to understand the experiences of the educators when providing this training.

Summary

Researchers agree that CSA is a serious, prevalent global public health problem demanding strategic prevention efforts (Clayton et al., 2018; Gewirtz-Meydan & Finkelhor, 2020; Stoltenborgh et al., 2015). Given that CSA impacts approximately 12% of the world's child population (WHO, 2015) and has been found to negatively impact the mental, physical, emotional, and financial well-being of survivors, their families, and communities, an ecological approach to prevention following the public health model is recommended (Admon-Livny & Katz, 2016; Assini-Meytin et al., 2020; Assini-Meytin et al., 2021; Kenny et al., 2020; Knack et al., 2018;). The public health model of prevention identifies three levels of prevention: primary, secondary, and tertiary; the ecological approach encourages prevention at every level of the child's ecology (microsystem, mesosystem, macrosystem, ecosystem, and chronosystem).

Although most policymakers and legislators have targeted primary prevention through criminal justice programs designed to hold perpetrators accountable (Knack et

al., 2019), researchers assert that the magnitude and scope of the problem of CSA necessitate greater emphasis on implementing primary prevention programs for the general public (Hudson, 2018; Kenny et al., 2020) and secondary prevention programs for those deemed at-risk for engaging in CSA (Assini et al., 2020; Gewirtz-Meydan & Finklehor, 2020; LeTourneau et al., 2017; Rudolph et al., 2017). As it pertains to CSA, the most frequently primary prevention initiative implemented globally is school-based CSA prevention training (Allen et al., 2020; Anderson, 2014; Brassard et al., 2015; Che Yusof et al., 2022; Kenny et al., 2020). In the United States, 14 states mandate that all staff and students at public elementary schools receive some form of CSA prevention education (Anderson et al., 2014).

Substantial research has been conducted to determine the prevalence (Clayton et al., 2018; Gewirtz-Meydan & Finklehor, 2020; Mathews & Collin-Vezina, 2019; Murray et al., 2014), consequences (CDC, 2022; Felitti, 2019; Finklehor, 2014; LeTourneau et al., 2018), and risk factors (Assink et al., 2019; Fuller-Thomson & Agbeyaka, 2020; Pittenger et al., 2017) associated with CSA. Further, researchers around the world have studied and reviewed the efficacy of school-based CSA prevention training for students (Allnock & Atkinson, 2019; 2022a; Bustamante et al., 2019; Citak Tunc et al., 2018; Czerwinski et al., 2018; Tutty et al., 2019; Walsh et al., 2019; White et al., 2018; Wu et al., 2021; Wulandari et al., 2021; Zhang et al., 2021). However, despite the abundance of evidence supporting school-based CSA prevention programs and the growing number of states mandating the training, more research was needed examining the experiences of educators when implementing these programs. The aim of the present study was to fill

the gap in knowledge about the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom. The present study was conducted using the generic qualitative method, which provided an opportunity to freely explore the experiences of the study participants without the constraints of a specific philosophical assumption (Kennedy, 2016).

In Chapter 3, I further examine the methodology for this study by describing the research design and rationale. Additionally, there is an in-depth discussion of the role of the researcher, including biases and ethical issues. Further, issues of trustworthiness and creditability of the study are addressed. Finally, I thoroughly explain the plan for participant recruitment, instrumentation, and data collection.

Chapter 3: Research Method

Introduction

CSA has been identified as a prevailing social problem impacting children globally (CDC, 2022; WHO, 2020). Researchers have determined that school-based CSA prevention programs are the most common form of primary prevention implemented to address the issue of CSA (Ahmed et al., 2021; Allen et al., 2020; Brassard et al., 2015; Bright et al., 2022; Walsh et al., 2015). Although substantial research has been conducted to examine the efficacy of school-based CSA prevention methods, there is a gap in the literature concerning the experiences of elementary educators when implementing mandatory CSA prevention curricula. The purpose of this generic qualitative study was to explore the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom.

This chapter will discuss the chosen research design and the rationale for selecting this method. Additionally, I define and explain my role as the researcher for this study, including any biases or ethical issues. Further, I provide a detailed description of the methodology for this study, including participant selection logic, instrumentation, recruitment procedures, and data collection and analysis. Finally, I discuss the strategies I used to address issues of trustworthiness, including credibility, dependability, transferability, and confirmability, and I outline the ethical procedures used in conducting this study.

Research Design and Rationale

This study was conducted to answer the following question: What are the experiences of elementary educators when implementing mandatory CSA curricula in the classroom?

The phenomenon of interest for the present study was the implementation of mandatory CSA curricula in the classroom. I used the generic qualitative research method to address this study's research question. The qualitative approach was more appropriate than the quantitative method for the present study because the qualitative method is best suited for collecting non-numeric data (Busetto et al., 2020). Moreover, because qualitative research lacks the rigidity of quantitative analysis, it allows for greater flexibility in response to the data provided by study participants. Percy et al. (2015) asserted that the qualitative method is preferred over the quantitative method when the purpose is to understand the experiences of a group of people directly impacted by the phenomenon in question. Further, the qualitative method allows study participants to provide greater detail when describing their experiences, leading to deeper insights for the researcher.

This study was conducted using the generic qualitative approach. I initially considered using the qualitative case study approach for this study. However, the qualitative case study approach is limited to a particular group of people experiencing a phenomenon at a given time (Yin, 2014). Given that this study sought to understand how various groups experience mandatory CSA prevention implementation across a broad time spectrum, the qualitative case study approach was not selected. According to

Kennedy (2016), the generic qualitative method allows a researcher to expand beyond perceptions to understand the phenomenon as study participants experience it. The generic qualitative approach enables researchers to combine methodologies to develop a research design that best aligns with their research question. Moreover, the lack of strict adherence to a specific philosophic assumption makes the generic qualitative approach especially suited for researchers whose primary goal is to understand the phenomenon being studied as interpreted by those involved (Caelli et al., 2003; Kahlke, 2014). The generic qualitative study was selected over other qualitative approaches because it most closely aligned with the aim of the study and the research question.

Role of the Researcher

My role as a researcher in this study was as an observer–participant, interviewer, and primary data collection instrument. As an observer–participant, I objectively noticed and documented critical nonverbal cues presented by study participants. As an interviewer, I developed an interview guide that aligned with my research question and study design. Collins and Sutton (2015) asserted that the interaction between a researcher and a study participant during the interview is critical in qualitative research. As the researcher is the primary instrument of data collection, it was essential that I balanced my level of engagement during the interview to ensure the focus was on the study participant. To accomplish this, I actively limited feedback in the interview to only what was needed to ensure responsiveness to the participant. Finally, as the data collection instrument, I conducted semistructured interviews that allowed the flexibility to amend questions appropriately based on study participants' responses.

According to Collins and Austin (2015), qualitative researchers must acknowledge that study results could be impacted by their positionality in relation to the phenomenon and study participants. Researchers have identified two primary forms of positionality: the outsider and the insider (Berger, 2013; Dwyer & Buckle, 2009). A researcher with an outsider positionality has no connection with the phenomenon being studied or the study participants. On the other hand, researchers with an insider positionality have some level of personal experience or engagement with either the topic of the study or the study participants. While neither form of positionality precludes successfully conducting research, the outside positionality often complicates the participant recruitment process, and insider positionality allows greater opportunity for biases.

Pertaining to the present study, I had an insider positionality based on my personal experience as a survivor of CSA and an advocate for CSA prevention. Collins and Austin (2015) asserted that it is essential that qualitative researchers understand and acknowledge the assumptions, values, and beliefs they bring to their study. Reflexivity, peer group discussions, and member checking are all essential tools to help researchers address potential biases (Palaganas et al., 2017; Råheim et al., 2016). Member checking is the process by which researchers obtain feedback from study participants on their interpretation of the data (Motulsky, 2021). Adeagbo (2021) defined reflexivity in qualitative research as the process by which researchers continuously engage in awareness of themselves as they reflect on their findings and endeavor to interpret and make meaning of the data appropriately. To address potential biases, I continuously

reflected on my personal experiences and assumptions to avoid allowing them to bias my development of the study and analysis of the results. Additionally, I used member checking once I had transcribed all study data and developed the first set of codes to ensure I accurately and objectively portrayed the participants' experiences. Given my positionality in this study, I exercised diligence in employing reflexivity and member checking.

I offered study participants a Visa gift card for $25 as an incentive for participation in the study. I did not see this as an ethical issue, as the gift card amount was a small nominal amount offered to show appreciation to study participants rather than as a form of enticement. Further, given that participants who met the requirements were licensed professionals, the amount of the incentive did not have the potential to impact their financial well-being significantly.

Methodology

In the present study, I used a generic qualitative approach to examine the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom. A generic qualitative approach is preferred when researchers seek to explore, explain, or understand the experiences of those impacted by a phenomenon (Kennedy, 2016). Further, the generic qualitative approach allows the greatest flexibility to gather rich insight from study participants. As the generic qualitative approach does not adhere strictly to a particular methodology, it enables researchers to follow the flow of data through semistructured interviews (Kahlke, 2014).

Participant Selection Logic

Sampling Strategy

The target population for this study was elementary educators who had implemented at least one mandatory CSA prevention training in the classroom. Gqgabi and Smith (2015) posited that an essential component of developing a quality research study is selecting a sampling strategy that aligns with the chosen methodology and research design. I used purposeful sampling to recruit participants for this study as it allows researchers to recruit participants with intimate knowledge of the phenomenon being studied. Further, Percy et al. (2015) and Rijnsoever (2017) discussed that purposeful sampling allows researchers to focus their recruitment efforts on a specific group of participants who meet the criteria for their study. I used the purposeful sampling strategy to recruit elementary educators who had experienced implementing mandatory CSA curricula in the classroom.

Participant Inclusion Criteria

The chosen population for this study was certified educators over the age of 18. Criteria for inclusion in this study was (a) being an elementary educator (Grades K–6), (b) having experience delivering at least one CSA prevention course in the elementary classroom during their teaching career, and (c) CSA prevention curriculum must have been delivered in a state that mandates CSA prevention curricula for students in kindergarten through sixth grade. This population was appropriate for this study because it aligned with the key concepts identified in the research question. Further, the criterion for this participant selection was broad enough to facilitate recruitment yet narrow

enough to ensure adherence to the scope of the study. Using a posted flyer, participants contacted me via email to notify me of their interest. Once a participant notified me of their interest, I emailed them the informed consent form stating the requirements to participate in the study. Participants responded to my email with "I consent," indicating they met the requirements.

Sample Size and Rationale

In generic qualitative research, the sample size is guided by the concept of saturation (Malterud et al., 2016). Van Rijnsoever (2017) defined saturation as the point at which data collection ceases to yield new, meaningful insights or themes. The sample size for the present study was to be six–eight participants. To determine the appropriate sample size for the current study, I relied on norms supported by previous generic qualitative studies and the information power model proposed by Malterud et al. (2016). Sim et al. (2018) posited four methods for determining sample size for a qualitative study: statistical formulas, norms supported by studies using a similar approach, conceptual models, or a general rule of thumb. According to Malterud et al. (2016), qualitative research has higher information power with a smaller sample size when the purpose is narrow; the study participants have a high degree of familiarity with the phenomenon, the study is supported by an established theory, in-depth dialogue between the interviewer and the researcher, and a focus on a specific case. Based on this model, a sample size of six to eight interview participants was sufficient. Further, Hennik et al. (2017) achieved 91% saturation for their generic qualitative interview by their sixth interview. Similarly, Constantinou et al. (2017) determined that they reached 100%

saturation of their themes within eight interviews. Given that the present study was a generic qualitative study with a narrow scope, targeting participants with firsthand experience of the phenomenon, a sample size of six–eight participants was sufficient to reach saturation.

Recruitment

Participants for this study were be recruited from U.S. states that have laws mandating CSA prevention curricula for elementary students in public schools in the Southwest region of the United States. I posted a social media participant recruitment flyer (see Appendix B) on Facebook, Instagram, and LinkedIn social media platforms. Additionally, a separate recruitment flyer (see Appendix C) was disseminated via elementary educator training in one school district and via email in one elementary school. The recruitment flyers identified the purpose of the study, criteria for participation, and directions for expressing interest in participating. Both recruitment flyer formats acknowledged that the recruitment was for doctoral research and identified me as a Ph.D. student at Walden University. For those interested in the study, I provided my Walden University email address to facilitate confidential contact.

Individuals interested in participating in the study contacted me via the email address on the flyers. Once I received email notification of interest from potential participants, I emailed the individual with the consent form outlining the requirements for participation in the study. Once I received an “I consent” response via email, I contacted the participant via email to schedule an interview at a convenient time.

Instrumentation

The primary instrument I used in data collection for this generic qualitative study is an interview guide (see Appendix A), which I developed specifically for the present study. Interview guides facilitate semistructured interviews by organizing open-ended questions and subquestions into specific topic areas (Busetto et al., 2020). The instrument guide for this study included an opening and closing statement, and the questions were be divided into five topic areas. The design of the interview guide for this study and the development of the interview questions were guided by the theoretical foundation for the study (Bronfenbrenner's EST). Feedback from two qualitative methodologists and a specialist in the field of CSA prevention was used to establish the content validity of the interview guide, ensure alignment with the research design, and confirm that the interview guide is sufficient to answer the research question. Based on feedback from both qualitative methodologists, three questions were added or amended to focus on Bronfenbrenner's theory. Additionally, five questions were removed to ensure alignment with the qualitative research design. Finally, based on feedback from the CSA prevention professional, an additional question was added to ensure that the interview guide fully addressed the research question.

Procedures for Recruitment, Participation, and Data Collection

The research question for this generic qualitative study was "What are the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom." I collected the data to address this research question through semistructured 1:1 interviews with elementary educators who had experience

implementing at least one mandatory CSA prevention curriculum in the classroom during their careers. I received written confirmation from one school district and one elementary school that they would disseminate the flyer to their elementary educators via email. To recruit participants for the study, I posted a social media recruitment flyer (see Appendix B) in various education and child advocacy groups on Facebook, Instagram, and LinkedIn. Additionally, a separate recruitment flyer (see Appendix C) was shared through elementary educator training in one school district and via email to educators in one elementary school.

Participants who expressed interest and were shown to meet the study criteria were sent a copy of the consent form via email with the instructions to reply with the words "I consent." Once a participant provided their emailed consent, I contacted them to schedule a virtual, 30–60-minute interview at a convenient time. I conducted the interviews using the Zoom online platform to record the interviews and generate transcripts. I used the interview guide (see Appendix A) that I created based on the research literature and Bronfenbrenner's EST. I conducted the interviews from my home office, which was quiet, undisturbed, and located on a separate level of my home to ensure that the location was secure and confidential for the study participants. Additionally, I asked that participants join the interview from a quiet, private, and secure place in their homes. I met with the study participants only once.

Before beginning the interview, I introduced myself to the participants, addressed any questions they had, and informed them that the interview would be audio recorded. During the interview, I monitored time and checked in with the participants to ensure

they were still comfortable with the process. At the close of the interview, I thanked each participant for their time. I informed them that my next step will be to transcribe and code the data from their interview. I told them I would send them a copy of the transcript along with the first set of codes so they could review and provide feedback on the coding. I also reminded them that I would send them a gift card as a thank you for their participation via mail. I confirmed that the participant had no additional questions for me before the interview ended. Finally, I ensured that the participants knew they could contact me anytime with further questions or concerns. Immediately following the interview, I made notes of my impressions and reflections on the interview.

Data Analysis Plan

Clark and Braun (2016) described TCA as a method for discovering, probing, and translating critical patterns in qualitative data by generating codes and themes. TCA is an iterative process that evolves throughout the research with continual movement between the phases (Nowell et al., 2017). Codes are a single descriptive word or short phrase the researcher uses to assign meaning to qualitative data and serve as building blocks for themes in TCA (Lester et al., 2020). Since it is not bound to a specific theoretical assumption, TCA offers a flexible approach to qualitative data analysis. I used TCA to analyze the results of this generic qualitative study. I conducted my thematic analysis using the six phases proposed by Braun and Clarke (2006) as presented below:

Phase 1: Familiarizing

I familiarized myself with the data by generating soft copies of participants' transcripts from the Zoom conferencing software (Braun & Clarke, 2006). First, I

assigned a non-identifying code name to each participant's transcript. Next, I imported the transcripts to an MS Word document and read through each transcript, highlighting keywords or phrases, and documenting potential codes or themes. Additionally, I used my reflexive journal to document initial thoughts and reactions to the data and relevant theoretical concepts. Then I created a coding workbook using MS Excel, with the first worksheet being used for first-cycle coding. I formatted the worksheet with columns for participants, responses, and first-cycle codes. Finally, I copied each respondent's answers from the MS Word document to the first-cycle coding worksheet.

Phase 2: Coding

To begin coding, I reviewed participants' responses line by line in the MS Excel spreadsheet, highlighting keywords and documenting an initial set of codes for each participant (Braun & Clarke, 2006). Next, I created additional worksheets for each interview question. I formatted these worksheets with columns for participants, responses, first-cycle codes, and second-cycle codes or subthemes. I copied the participants' answers to each question on the respective worksheet. Then I reviewed the initial codes, looked for patterns, and combined codes where necessary based on commonalities in the data. I further refined the initial codes. Finally, I documented all changes made in my reflexive journal.

Phase 3: Finding Themes

Once I was satisfied that the codes were appropriately refined, I created themes (Braun & Clarke, 2006). To develop my themes, I used another worksheet to group my codes into subthemes based on their shared attributes. After all codes had been

appropriately grouped, I analyzed the codes and developed themes to identify the connections between the codes and align them with my theoretical framework and research question.

Phase 4: Confirming Themes

To confirm the themes that I identified in Phase 3, I reviewed the codes in the context of the raw data to validate the meaning conveyed by the theme (Braun& Clarke, 2006). I also confirmed that the chosen themes addressed the research question and theoretical framework for the study.

Phase 5: Finalizing the Themes

After confirming that the themes aligned with the raw data and addressed the research question, I emailed the proposed themes and codes to study participants to request their feedback (Braun & Clarke, 2006). I evolved the themes based on responses from study participants as needed.

Phase 6: Reporting the Results

After the themes were finalized, I created an MS Word table for each theme with columns for subtheme, subtheme description, frequency of codes, and codes. I assigned the respective subthemes and codes developed in the MS Excel coding workbook (Braun & Clarke, 2006). Next, I extensively described each theme identified in the data concerning the research question. Finally, I used the MS Word tables to display the results of the study visually.

Issues of Trustworthiness

As with quantitative research, quality qualitative research must reflect a degree of rigor to ensure trustworthiness. Trustworthiness gives researchers and readers confidence in the results of a given study (Nowell et al., 2017). Qualitative researchers can build reliability in their study by satisfying the criteria of credibility, transferability, dependability, and confirmability (Shenton, 2004).

Credibility

Closely related to the concept of validity in quantitative research, credibility addresses how consistent the findings of a qualitative study are with reality (Shenton, 2004). To ensure the credibility of my research, I pursued prolonged engagement with the phenomenon in question throughout the life of the study (Korstjens & Moser, 2017). Additionally, I employed member checks to solicit feedback from student participants on data transcriptions and coding and categorizing during the analysis phase. Finally, as Shenton (2004) suggested, this study relied on previously proven research methods for data collection and analysis to strengthen credibility.

Transferability

Transferability is the attempt to generalize and apply study findings to different circumstances and contexts (Korstjens & Moser, 2018). While generic qualitative study results might not be directly transferable, they can yield analytic generalizations using a theoretical framework. Therefore, I used my theoretical framework to develop logic around the results of my research for application to similar situations. Further, through

detailed descriptions that include the participants' context, experiences, and behavior, I increased the transferability of the study results (Shenton, 2004).

Dependability

Dependability in qualitative research aligns with the concept of reliability in quantitative research (Nowell et al., 2017). Dependability implies consistency and means that future researchers should be able to repeat the study even if they do not obtain the same results (Korstjens & Moser, 2017). I ensured dependability in this study by explicitly detailing the research design and implementation process. Additionally, by sharing my reflections and evaluating the effectiveness of the research process, I increased the dependability of my study.

Confirmability

In qualitative research, confirmability closely aligns with the concept of objectivity used in quantitative research (Shenton, 2004). As the researcher is the primary instrument for data collection, objectivity is not an appropriate measure of trustworthiness in qualitative research. However, the use of confirmability shows that the study results reflect the experiences and perceptions of the participants rather than the biases or beliefs of the researcher (Nowell et al., 2017; Shenton, 2004). Following the assertions of Korstjens and Moser (2017), I used an audit trail to ensure confirmability in my qualitative case study. An audit trail involves "transparently describing" the research process from initiation through reporting the results.

Ethical Procedures

All research data collection involving human interaction necessitates adherence to ethical guidelines. According to Mohd Arifin (2018), qualitative research is susceptible to ethical issues due to the personal and in-depth nature of the data collection process. Further, using the researcher as the primary data collection instrument adds an additional layer of ethical considerations. Although most institutions, universities, and organizations provide ethical guidance through an Institutional Review Board (IRB), ethics committee, or code of ethics, Hassan et al. (2021) asserted that qualitative researchers should expand their ethical considerations beyond those required by the IRB or ethics committee to ensure every effort is made to protect the rights of study participants. The primary ethical considerations for this study involved agreements to gain access to participants' data, treatment of participants, treatment of data, and the use of incentives.

Agreements to Gain Access to Participants

I received email confirmations from one school district and one elementary school agreeing to disseminate my recruitment flyer to their elementary educators via elementary educator training. Also, one elementary school provided written confirmation that they would share the recruitment flyer with their elementary educators via email. As I was not an employee of either school district, there were no ethical issues with accessing participants in this manner. All other recruitment activities used Facebook, Instagram, and LinkedIn public social media platforms. As I was not an administrator of any of the social media groups where I posted my flyer, this did not present a conflict of interest.

Treatment of Human Participants

An essential tenet of ethics is beneficence (Hassan et al., 2021). The principle of beneficence requires that researchers take every precaution to ensure they cause the minimum amount of harm to study participants. In those situations where there is no way to avoid harm altogether, the benefits to be gained by the participant or society should outweigh any harm incurred through participation in the study. To ensure minimal harm to participants in this study, I identified and addressed ethical concerns related to institutional permissions, participant recruitment, informed consent, and data collection.

Institutional Permissions. As this generic qualitative study was conducted at an individual rather than organizational level, the only institutional approval required was that of Walden University. The Walden University IRB approval number for this study was 09-21-23-1022314.

Recruitment. To avoid inflicting harm on my study participants, I ensured confidentiality during the recruitment process by using a pseudonym for each participant.

Informed Consent. I provided potential participants with a copy of the IRB consent form via email, requesting that they read the form and respond to the email with the words “I Consent” to acknowledge agreement with the conditions of the study. I also advised potential participants that I was available to address any concerns or questions about the consent form or participation in the study. Further, I allowed the participants to ask questions at the beginning and end of the interview and made it known that they could ask questions at any time during the interview. Finally, I debriefed each study

participant at the end of the interview to address any concerns and provide clear guidance on the next steps in the study.

Data Collection. Confidentiality is vital to the data collection process in qualitative research to protect participants' privacy (Hassan et al., 2021; Mohd Arifin et al., 2018). To protect the privacy of my study participants, I ensured confidentiality during data collection by conducting the interviews in my home office, which is private, quiet, and secure. Participants' privacy was further protected during the data collection process by using only audio recording during the interview.

Data Treatment

The data for this study was confidential. Confidentiality was ensured during data analysis and dissemination of results by removing personal information from all results. Each participant was assigned a unique, non-identifying alpha-numeric code name, and study participants' names were stored separately from interview recordings and transcripts. Further, I was conscious of the unique challenge that technological advancements posed to privacy by safeguarding all electronic communications with participants, using only audio recordings of virtual interviews, and removing identifying information from recordings. Soft copies of interview recordings, transcripts, and data analysis documents were stored in a password-protected folder accessible only by the researcher and shared only with the dissertation committee and the Walden IRB. In keeping with the current requirements of Walden University's IRB, I will store the results of this data and all pertinent participant information for 5 years after the completion of the study. Once 5 years have elapsed, I will personally destroy research documents

containing participants' personal information by shredding and cross-shredding the documents.

Other Ethical Issues

Resnik (2015) discussed three potential ethical issues that could result from offering incentives to study participants: undue inducement, exploitation, and biased enrollment. Volunteers in this study received a $25 Visa card as a thank-you for their participation. This incentive was justified as the participants in this study are gainfully employed professionals who did not feel unduly induced by such a small amount. Further, the incentive for this study did not include the risk of exploitation as it aligned with the nominal value that should be given to study participants to express gratitude (Resnik, 2015). Finally, as this study targeted certified educators specifically, this incentive did not result in biased enrollment of a particular socioeconomic status.

Summary

A generic qualitative research approach was used to explore the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom. The generic qualitative approach allowed flexibility to gather rich insights about participants' experiences using a semi-structured interview. Purposeful sampling was employed to recruit 6-8 elementary educators (grades K-6) over the age of 18 who acknowledged implementing at least one CSA prevention curriculum in the classroom in a state or district that mandates the curricula. Study participants were recruited using Facebook, Instagram, and LinkedIn, as well as flyers posted in at least four elementary schools.

In Chapter 3, I presented a detailed description of the research method for this study, including research design and rationale, the role of the researcher (including potential biases and positionality), participant selection logic, instrumentation, data collection, my plan for data analysis, and issues of trustworthiness (credibility, transferability, dependability, and confirmability), and essential ethical concerns regarding privacy and minimizing harm to study participants. The overall goal of conducting this generic qualitative study is to share information learned in the research on the experiences of elementary educators when implementing mandatory CSA curricula in the classroom. In Chapter 3, I discussed the data collection method and process I will use to accomplish this goal. In Chapter 4, I present my findings from the data collected.

Chapter 4: Results

Introduction

This qualitative generic study was undertaken to explore the experiences of elementary educators when implementing mandatory CSA prevention curricula. The social problem addressed by this study was that CSA is a global public health problem impacting millions of children that requires prevention at the primary level. According to the CDC (2022), CSA affects 1 in 4 girls and 1 in 13 boys in the United States and approximately three million children worldwide (Cowan et al., 2019; Nickerson et al., 2019). CSA prevention education is the most common form of primary prevention implemented globally to address this complex social problem (Tutty et al., 2020; Wulandari et al., 2020; Zhang et al., 2021). School-based CSA prevention programs are thought to have the most significant impact on increasing CSA knowledge, awareness, and protective behaviors (Cital et al., 2018; Eslek et al., 2022; Weeks et al., 2021; White et al., 2018). Given that 27 states and the District of Columbia have implemented laws mandating that public schools provide CSA prevention training to at least some students, this study aimed to address the gap in the research about the experiences of elementary educators required to implement this training. This study was undertaken to explore the research question: What are the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom?

In this chapter, I will provide a detailed explanation of my data collection and analysis process, including an overview of the setting in which the data were collected, relevant participant demographics, the method and timing of data collection, and the

process for coding, categorizing, and developing themes from the data. Additionally, I will revisit elements of trustworthiness and discuss the methods and tools implemented to ensure credibility, transferability, dependability, and confirmability in this study. I will then describe how the results of the study address the research question by presenting and discussing participants' quotes, relevant tables, and discrepant cases. Finally, I will summarize the key findings illuminated by the data in this study and provide a preview of Chapter 5.

Setting

The research setting for this study involved using the Zoom video conferencing platform to conduct semistructured 1:1 interviews. All Zoom interviews were conducted using the same neutral background. I conducted all interviews from my private home office. Similarly, I advised study participants to find a comfortable, private place to participate in the interview. At the time of this study, there were no known organizational conditions that could impact the interpretation of the results of this study.

Demographics

The population for this study consisted of six participants. In alignment with the study criteria, all participants were state-certified elementary teachers or licensed elementary school social workers qualified to implement mandatory CSA prevention curricula in the elementary classroom. The participants' time in their profession ranged from 3 to 24 years. Three participants were certified elementary teachers, and three were licensed elementary school social workers, all qualified to implement mandatory CSA prevention curriculum in the classroom. To ensure that participants could be associated

with their responses without the use of any identifying information, a pseudonym was assigned to each participant. Pseudonyms were developed using the participant's geographic location and the name of a professional sports team associated with that location. The breakdown of the participants' demographics can be seen in Table 1.

Participant 1

Participant 1 (Denver Bronco) was a female state-certified elementary educator qualified to implement mandatory CSA curricula living in the western region of the United States (see Table 1). Having previously worked as a paraprofessional for 3 years, she had been operating as an elementary teacher for 3 years. At the time of this study, she was employed as a state-certified third-grade teacher. Regarding her experience with implementing mandatory CSA prevention curricula in the classroom, she stated, "I am required to present this training once a year to my third-grade class."

Participant 2

Participant 2 (Minnesota Viking) was a male state-certified elementary educator qualified to implement mandatory CSA curricula in the north central region of the United States (see Table 1). He worked as a state-certified elementary educator for 7 years and was currently employed as a teacher. At the time of this study, he was responsible for teaching fourth-grade and fifth-grade students. He acknowledged his experience implementing mandatory CSA curricula with elementary students: "I have given the training about four times now."

Participant 3

Participant 3 (Miami Dolphin) was a female state-certified educator qualified to implement mandatory CSA curricula living in the Southeastern United States (see Table 1). She had been a state-certified educator for 24 years. At the time of the interview, she was employed as a state-certified elementary educator and administrator at a high-needs school serving Grades K–5. She stated about her experience implementing mandatory CSA curricula with elementary students, “These are mandatory courses that the district requires us to provide each year.”

Participant 4

Participant 4 (Chicago Bear) was a female state-licensed educator qualified to implement mandatory CSA curricula living and working in the Midwestern United States (see Table 1). She has worked as state licensed elementary school social worker for 6 years and is a licensed elementary school social worker. She said of her experience implementing mandatory CSA prevention curricula in the elementary classroom, “In my district, I’m responsible for teaching it to all of our K through third classes every single year.”

Participant 5

Participant 5 (Chicago Bull) was a female state-licensed educator qualified to implement a mandatory CSA curricula in the Midwestern United States (see Table 1). She was a state-licensed elementary school social worker for 6 years. At the time of the study, she was working as a licensed elementary school social worker at a public school for Grades K through 5. Describing her experience implementing mandatory CSA

prevention curricula with elementary students, she explained, “My school looks to me for things such as Erin’s Law and anything else that is mandated. So, I have implemented this training all 6 years I have been here.”

Participant 6

Participant 6 (Chicago White Sox) was a female state licensed educator qualified to implement mandatory CSA curriculum in Midwest region of the United States (see Table 1). Having previously served as an intern at elementary schools while pursuing her Master of Social Work degree, she had been employed as a licensed elementary school social worker for 3 years. She stated about her experience implementing mandatory CSA prevention curricula in the elementary school setting, “I implemented it at the therapeutic day school I was at for 2 years, and in April, I implemented it at the new school that I am at.”

Table 1

Participant Demographics

	Educator role	Gender	Location	Time in role (years)
Participant 1	Teacher	Female	West	3
Participant 2	Teacher	Male	North Central	7
Participant 3	Teacher	Female	Southeast	24
Participant 4	Social worker	Female	Midwest	6
Participant 5	Social worker	Female	Midwest	6
Participant 6	Social worker	Female	Midwest	3

Data Collection

Data were collected for this study using Zoom video interviews with three certified elementary teachers and three licensed elementary educators qualified to

implement mandatory CSA prevention curriculum. The study participants were recruited using the IRB-approved social media recruitment flyer posted on Facebook, LinkedIn, and Instagram groups. Additionally, flyers were disseminated to elementary educators across one school district and one elementary school. Interested participants contacted me via the Walden email address provided on the recruitment flyers. I responded to each interested participant via email, providing a copy of the informed consent form and reminding participants that the criteria for the study were included on the consent form. After they responded to the email with "I consent," individual Zoom meetings were scheduled with each participant.

Interviews for this study took place between October and November 2023, each ranging from 30 to 45 minutes. While study participants were advised there was the potential for a follow-up interview, no follow-up interviews were needed, and each participant engaged in only one interview. Before the beginning of each interview, participants were reminded that their participation was voluntary and that they could stop the interview at any time. Further, I advised each participant that the data they were providing were confidential and only accessible to my Walden University research committee and me. After addressing any participant questions, the audio of each interview was recorded using the Zoom video conferencing recording software. At the close of the interview, I reminded participants that I would provide a copy of their transcribed interview along with my initial coding and instructions on providing feedback within a reasonable timeframe. Additionally, I expressed my gratitude to the participants for their contribution and reminded them they would receive a $25 gift card for their

participation. Gift cards were emailed to participants within 48 hours of their interview. After addressing any questions from participants, the interview was concluded.

Participants were emailed copies of their interview transcripts with first-cycle coding to facilitate member checking. In the body of the email, I instructed participants to review the codes I had assigned based on their transcripts to ensure they aligned with the message the participant wanted to convey. Further, I requested that respondents provide feedback within 5 business days. None of the study participants had any corrections to their coded transcriptions. The data collection process for this study did not vary from the planned process outlined in Chapter 3. Further, I did not experience any unusual circumstances during the data collection process.

Data Analysis

In qualitative research, TCA is an iterative process that involves reviewing, probing, and discovering significant patterns to generate codes, subthemes, and themes from qualitative data (Braun & Clark, 2016; Nowell et al., 2017). According to Lester et al. (2020), researchers use codes to assign meaning to a given qualitative data set with a single word or short phrase. Subthemes are created by grouping codes with similar attributes or that convey a similar message. Subthemes that show a pattern are grouped under a single, overarching theme. As discussed in Chapter 3 of this study, I followed the six-step process of TCA identified by Braun and Clark (2006).

Phase one involved familiarizing myself with the data (Braun & Clark, 2006). To familiarize myself with the data, I first reviewed the audio recording of each interview upon completion. I used my analytic memo journal to make note of any key ideas that

emerged while reviewing the audio. Next, I transcribed each recording using Zoom. Once an interview was transcribed, I read through the transcription, made any necessary spelling or punctuation edits, and made additional notes on any keywords or phrases I noticed. Finally, I assigned a code name to each transcript and stored it in a password-protected file on my computer.

In Phase Two, I generated initial codes for the data (Braun & Clark, 2006). To generate the initial codes for my data, I first reviewed my journal and the transcripts for notes made while familiarizing myself with the data. I completed my first coding round for each data set using MS Excel. After copying participants' responses to MS Excel, I highlighted keywords or phrases in each response and documented relevant codes in a separate "first-cycle codes" column. Once I completed the initial coding round, I emailed the first cycle codes and transcripts to study participants for feedback. The study participants were satisfied with the coding and had no additional input. A second round of coding was undertaken to refine and expand the initial codes further. After phase two, 190 codes were generated from six participants and nine interview questions.

Phase three is used to find themes (Braun & Clark, 2006). Once I was confident that the first-cycle codes had been thoroughly refined, I created subthemes by categorizing the data. To accomplish this, I made an additional worksheet in my MS Excel coding workbook for each interview question. I entered the respective interview questions at the top of the document and created columns for the participant, response, first cycle codes, and category. I copied participants' answers to each question to the respective worksheet along with the first cycle codes previously assigned. Next, I

reviewed the codes, looking for patterns. As patterns emerged, I highlighted codes with common attributes in the same color so they would be easily identified. After I had completed this action for each interview question, I created a worksheet for categories and grouped codes according to color. I then reviewed each group to make a short phrase or subtheme that ascribed meaning to each category of codes in alignment with the research question and theoretical framework. Finally, I grouped subthemes with similar attributes and developed a theme for each grouping.

Phase four involved confirming the themes (Braun & Clarke, 2006). To confirm my themes, I reviewed the codes to ensure alignment between the codes and the themes generated. Additionally, I checked the raw data in the transcripts to confirm that the themes represented the messages conveyed by the study participants. I also revisited my research question and confirmed that the themes adequately illuminated it. Finally, I reviewed the themes in light of Bronfenbrenner's (1979b) EST to ensure alignment with the theoretical framework supporting this study.

Phase five was used to finalize the themes (Braun & Clarke, 2006). I reviewed my themes again, looking for opportunities to improve alignment. To check the themes, I revisited my reflexive journal to control for potential researcher biases. Additionally, I once again reflected on the original participant transcripts to ensure that the themes painted a picture of the participant's experiences. Finally, I reviewed the tenets of the theoretical framework once again, looking for opportunities to align my themes better. Following this review, I evolved my themes a final time to align with the theoretical framework more closely.

Phase six requires researchers to report their results (Braun & Clarke, 2006). After finalizing the themes that emerged from the data, I created tables in MS Excel to visualize each theme with its corresponding subthemes and codes. A description for each subtheme was also provided, along with the associated codes. The study results were reported using embedded direct participant quotes and detailed examples to support each theme.

Using TCA, data analysis for this study resulted in four themes that included 21 subthemes comprised of 182 total codes. There was one discrepant case relating to the level and quality of support educators received in preparation for implementing the training. Similarly, seven additional codes were excluded from the results as they did not align with the subthemes, themes, and theoretical framework. This discrepant case (comprising three codes) and the seven excluded codes will be discussed in greater detail in the Limitations section of Chapter 5. The four themes that emerged through analysis of the results from this study were: (a) role of educators in a child's ecosystem, (b) role of educators and schools in CSA prevention as part of the mesosystem, (c) educators' experiences implementing training, and (d) perceived response of parents and students.

Theme 1: Role of Educators in a Child's Ecosystem

Theme 1, role of educators in a child's ecosystem, is comprised of seven subthemes (see Table 2). The first subtheme, critical role in child's development within the microsystem, reflects educators' perceptions of their role in a child's development within the microsystem and consists of nine codes. The second subtheme, amount of time spent with children, describes the extent of consistent interaction between educators and

children and is supported by five codes. The third subtheme, personally responsible and accountable, emphasizes the personal accountability educators feel for children and includes 12 codes. The fourth subtheme, meeting children's needs as part of the microsystem, is reflected in seven codes and describes how educators perceive their role in ensuring children's needs are met within the microsystem. The fifth subtheme, serving as a support system in the mesosystem, explores how educators view their role as a support system across the mesosystem and is supported by 14 codes. The sixth subtheme for this theme, giving children a safe place, includes five codes and focuses on how educators perceive themselves and schools as safe places for children. The seventh and final subtheme for this theme, vital to a child's ecosystem, highlights the importance educators place on their role in a child's ecosystem and contains 10 codes.

Theme 2: Role of Educators and Schools in CSA Prevention and Part of the Mesosystem

The second theme that emerged from the results of this study was the role of educators and schools in CSA prevention as part of the mesosystem (see Table 3). This theme comprises four subthemes and 33 codes. The first subtheme, able to quickly identify and prevent issues, includes five codes and discusses educators' perceptions of their role in protecting children from CSA. The second subtheme, educators as known and trusted persons in a child's microsystem, describes the impact of the role of educators on CSA prevention training and comprises ten codes. The third subtheme, some educators are better equipped to provide training, explores which group of educators should provide CSA prevention training and includes eight codes. The fourth subtheme,

schools are uniquely positioned in the microsystem to provide training, consists of 10 codes and focuses on the educators' perceptions of the importance of providing CSA prevention training in the school environment.

Theme 3: Educators' Experiences With Implementing Training

The third theme developed from the analysis of the results of the study was educators' experiences with implementing training (see Table 4). Five subthemes and 60 codes support this theme. The first subtheme, lack of training and support from administration, emphasizes the educators' views on the training and support they received before, during, and after implementing the CSA prevention training. This subtheme comprises 15 codes. The second subtheme, assuming personal responsibility for training, explores the educators' sense of personal obligation to prepare for the prevention training and includes eight codes. The third subtheme, training yields positive results, captures the educators' perception of the impact of implementing CSA prevention training and corresponds to 10 codes. The fourth subtheme, areas of improvement, explores educators' views on how CSA prevention training in schools can be improved and includes 23 codes.

Theme 4: Perceived Response of Parents and Students

The fourth and final theme from this study's results was (see Table 5). This theme is comprised of two subthemes and 28 codes. The first subtheme, mixed reactions among parents, explores educators' perceptions of parents' reactions to the CSA prevention training and corresponds to 18 codes. The second subtheme, children's response impacted by conditions in microsystem, describes educators' views of how a child's

microsystem impacts their response to the prevention training. Ten codes within the data support this theme.

The themes and subthemes were generated from a detailed data analysis of the study participants' responses. Initial codes were grouped to develop subthemes, which were further grouped to create themes. Tables 2-5 below provide a detailed breakdown of the coding system.

Table 2

Theme 1: Role of Educators in a Child's Ecosystem

Subtheme	Subtheme description	No. of codes	Codes
Critical role in child's development within microsystem	This subtheme includes educators' perceptions of their role in a child's development within the microsystem.	9	Important and impactful (6) Overwhelming and challenging (2) All-encompassing role (1)
Amount of time spent with children	This subtheme describes the extent of interaction between educators and children.	5	Significant time spent with educators (3) Substantial part of children's lives (2)
Personally responsible and accountable	This subtheme highlights the personal accountability educators feel for children.	12	Responsible for influencing development (3) Personally accountable for development (6) Responsible for developing self-esteem (3)
Meeting children's needs as part of the microsystem	This subtheme includes how educators perceive their role in the microsystem to meet children's needs.	7	Responsible for the child's welfare (2) Identifying and meeting children's needs (5)
Serving as a support system in the mesosystem	This subtheme describes the educators' view of themselves as a critical source of support in a child's mesosystem.	14	Source of support and guidance (4) Support beyond basic needs (2) Supporting children and families (4) Link to additional resources (3) Advocating for child and family (1)
Giving children a sense of safety	This subtheme focuses on the educators' perception of themselves and schools as safe places.	5	Schools as a safe place (2) Educators as essential, safe adults (3)
Vita to a child's ecosystem	This subtheme explores educators' perception of their role in a child's microsystem as vital.	10	Link between home and community (3) Working together with families (3) Creating consistency across ecosystem (2) Frequent communication between home and school (2)

Table 3

Theme 2: Role of Educators and Schools in CSA Prevention as Part of the Mesosystem

Subtheme	Subtheme description	No. of codes	Codes
Able to quickly identify and prevent issues	This subtheme includes educators' perceptions of their role in protecting children.	5	Familiarity helps in identifying risks (2) Able to recognize trauma (2) Primary source of protection outside home (1)
Educators are known and trusted persons in a child's microsystem.	This subtheme describes the impact of the role of the educator on training.	10	Children comfortable sharing (3) Familiarity facilitates training (6) Lack of rapport hinders training (1)
Some educators are better equipped to provide training	This subtheme explores educators' perception of which group should provide the training.	8	Social workers most qualified (3) Teachers need additional training (3) Additional burden for classroom teachers (2)
Schools are uniquely positioned in microsystems to provide training	This subtheme describes educators' perceptions of the importance of delivering this training in schools	10	Not all homes are safe (2) Educator role increases impact (4) Greatest access to children (4)

Table 4

Theme 3: Educator Experience Implementing Training

Subtheme	Subtheme description	No. of codes	Codes
Lack of training and support from the administration	This subtheme includes educators' perceptions of the training and support they received.	15	Little to no support or guidance (11) Confused and frustrated by lack of training (4)
Assuming personal responsibility for training	This subtheme addresses educators' feelings of personal obligation to prepare for training.	8	Onus on educators to organize and implement (2) Educators engaged in individual research and preparation (6)
Training yields positive results	This subtheme discusses educators' views on the results of the training	10	Increased educators' awareness (3) Empowered to protect (2) Increased knowledge and preventive behavior in children (5)
Areas of improvement	This subtheme describes educators' perceptions of ways the training can be improved in schools	23	Formal training, support, and follow-up model needed (19) Adapting Training for Age and Developmental Appropriateness (4)

Table 5

Theme 4: Perceived Responses of Parents and Students

Subtheme	Subtheme description	No. of codes	Codes
Mixed reactions among parents	This subtheme includes educators' perceptions of parents' reactions to training	18	Options for consent (5) Consenting to training (6) Wanting more information (2) Objecting to training (5)
Conditions in the microsystem impact children's responses	This subtheme describes the educators' perception of how a child's microsystem impacts their response.	10	Cultural norms impact response (3) Environment of home and family impact response (7)

Evidence of Trustworthiness

Credibility

To ensure the credibility of the results of this study, I utilized the strategies previously outlined in Chapter 3. Member checking was the primary strategy implemented. During the analysis phase, I engaged in member checking to solicit feedback from study participants on coded transcriptions, subthemes, and themes. Peer debriefing was employed to collect input on the research process from peers external to the study (Nowell et al., 2017). Finally, I followed Shenton's (2004) suggestion to strengthen the study's credibility and relied on data collection and analysis methods proven through previous research to develop this study.

Transferability

To increase the applicability of the findings of this study, I engaged in the strategies described in Chapter 3. My theoretical framework (Bronfenbrenner's EST), 1974) was used as a lens to filter the results of the study to assist with application to similar research topics. Additionally, I provided detailed descriptions of the research process, including methodology, interview guide, and data collection and analysis procedures to increase the ease of potential future study replication. Finally, I included a detailed description of the study results that included the experiences, behavior, and context of participants to increase the transferability of the results (Shenton, 2004).

Dependability

According to Nowell et al. (2017), dependability in qualitative research correlates to reliability in quantitative research. Dependability refers to a high degree of consistency

in conducting a qualitative study, allowing other researchers to replicate the study even if results vary (Korstjens & Moser, 2017). I ensured dependability in this study by following strategies previously defined in Chapter 3. First, I provided explicit details of the research design and process that governed this study. To further enhance the dependability of my study, I consistently evaluated the research design and process for effectiveness.

Confirmability

Confirmability in qualitative research allows a researcher to ensure that the study results accurately reflect the participants' experiences rather than their ideas or opinions (Nowell et al., 2017; Shenton, 2004). As discussed in Chapter 3, the primary strategies used to ensure confirmability in this study were reflexive journaling and an audit trail (Korstjens & Moser, 2017). I use reflexively journaling to consistently check my personal bias during the data collection and analysis process. An audit trail was employed to transparently document the process from initiation to conclusion.

Results

This section of the study will present the results of the study as derived from interviews with elementary educators. These results will provide evidentiary support to address the research question: What are the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom? Braun and Clark's (2006) TCA was used to organize the findings of this study into codes, subthemes, and themes. The results will be discussed in four sections organized by theme. Direct quotes from participants will be provided in each section to highlight their personal experiences

and voices. The systematic analysis, interpretation, and organization of the results, coupled with exploring the participant's responses, will underscore essential aspects of the educators' experiences implementing the mandatory CSA prevention training.

Theme 1: Role of Educators in a Child's Ecosystem

This theme examines the various ways the participants experience their role as educators as part of a child's ecosystem. Narrative quotes from the participants illuminate how they experience their roles as part of a child's microsystem and mesosystem. Further, some participants provide specific examples to underscore and support their experiences. While some participants experience their role more critically, all participants acknowledge the significance of their role in a child's microsystem.

Subtheme 1: Critical Role in Child Development within the Microsystem

Four of the six participants (67%) expressed that they experienced their role in a child's development as a critical role within the microsystem (see Table 6). Participant 1 (Denver Bronco) expressed that they view their role as an educator as "a vital role" and "also a very heavy role." They elaborated further, "We are such a big part of their lives." Participant 3 (Miami Dolphin) described their role as all-compassing, expressing, "We are a little bit of everything" and "We are whatever we need to be at the moment." They added, "As soon as the families drop them off, we take over." Describing the enormity of the role, Participant 4 (Chicago Bear) stated, "Sometimes it's super challenging" and "I feel like the weight behind it is immeasurable." Underscoring the criticality of the role, they added, "I think it's super important." Participant 5 (Chicago Bull) concurred with the other participants on the significance of the role, stating "how important our role is

for them" and "I think it's so important for them." Most of the study participants experienced their role as an educator as vital to a child's development within the microsystem.

Table 6

Subtheme 1: Critical Role in Child's Development Within the Microsystem

Codes	Keywords/phrases
Important and impactful	Very important role
	Such a big part of their lives
	So important for them
Overwhelming and challenging	A very heavy role
	Sometimes, it's super challenging
	The weight behind it is immeasurable
All-encompassing role	We're a little bit of everything
	We're whatever we need to be
	The families drop them off; we take over

Subtheme 2: Amount of Time Spent With Children

Fifty percent of the participants discussed experiencing their role in a child's ecosystem as an expression of the time spent with their students (see Table 7). For these three educators, the impact of the role was experienced as spending a significant amount of time with children and playing a substantial role in their lives. Participant 1 (Denver Bronco) declared, "Children spend so much of their time at school and with their teachers." They elaborated, "I spend more time with students than with my own children during the week." Participant 4 (Chicago Bear) expressed that "educators work with children on a day-to-day basis," and Participant 5 (Chicago Bull) agreed, stating that "kids are with us the majority of their days."

Table 7

Subtheme 2: Amount of Time Spent With Children

Codes	Keywords/phrases
Significant time spent with educators	Children spend so much of their time with teachers Work with kids on a day-to-day basis with their development Kids are with us the majority of their days
Substantial part of children's lives	Spending more time with students than with own children

Subtheme 3: Personally Responsible and Accountable

All but one of the six participants described experiencing their role in a child's ecosystem as being personally accountable and responsible for a child's development (see Table 8). These five participants expressed that they felt personally accountable and responsible for overseeing a child's development in school, influencing their development beyond school, and developing their self-esteem. Participant 1 (Denver Bronco) shared, "It's very important that we're helping them with their development as much as we can while they are with us." Similarly, Participant 2 (Minnesota Viking) expressed that it was an important part of their role as an educator to "build their self-esteem" and help them "come out with something of value." Expressing their responsibility, Participant 3 (Miami Dolphin) declared, "There are my children," and my "focus is on the child." Echoing these sentiments, Participant 6 (Chicago White Sox) stated, "The core of what I do is centered around the child," adding that educators are responsible for "facilitating those age-appropriate social skills, emotional skills." Finally, Participant 5 (Chicago Bull) expressed that educators are responsible for "making them

feel welcome and like every child is an individual and wanted" and for "making sure that they're one day active members of their community."

Table 8

Subtheme 3: Personally Accountable and Responsible

Codes	Keywords/phrases
Responsible for influencing development	Important that we're helping them with their development Facilitating age-appropriate social and emotional skills Ensuring they're one day active members of their community
Personally accountable for development	These are my children Focus on the child Centered around the child
Responsible for developing self-esteem	Build their self-esteem Come out with something of value Every child is welcome and wanted

Subtheme 4: Meeting Children's Needs as Part of the Mesosystem

Half of the study participants experienced their role as providing for the needs of children as part of their mesosystem (see Table 9). Participant 1 (Denver Bronco) expressed that "being able to help them if they say they need help" was essential to their role as an educator. From her perspective, Participant 3 (Miami Dolphin) felt that "the families know that whatever the issue or need is, I will take care of it." Participant 4 (Chicago Bear) elaborated on these descriptions, stating, "My favorite part of the job is figuring out what each kid needs" and "If our hierarchy of needs aren't met, we are not ready to learn." Providing a personal example, they added, "I am in charge of making sure all of our kids have winter gear" and "whatever basic needs and more that they need." Overall, 50% of the participants experienced their role as being responsible for their students' welfare and identifying and meeting their needs.

Table 9

Subtheme 4: Meeting Children's Needs

Codes	Keywords/phrases
Responsible for children's welfare	Families know that whatever the need is, I will take care of it Being able to help them if they say they need help
Identifying and meeting children's needs	Each kid comes with their own unique set of needs Favorite part of the job is figuring out what each kid needs Hierarchy of needs must be met to learn Basic needs and more In charge of making sure kids have winter gear

Subtheme 5: Serving as a Support System in the Mesosystem

Each of the study participants described experiencing their role in the mesosystem as a support system for children, their families, and the school (see Table 10). Specifically, participants discussed providing guidance, linking children and their families to additional resources, and advocating for children and their families. For half of the study participants, their role was focused on providing support and guidance to the children in their care. Participant 1 (Denver Bronco) felt that their role as an educator required them to "be as big a support for them as you can." Sharing their experience, Participant 2 (Minnesota Viking) stated. "I believe my role is to be a guide to the children and to be like a counselor to them." Participant 4 (Chicago Bear) elaborated further by declaring that "educators and teachers can sometimes be their only support system." The other half of the participants felt their role as a support system across the mesosystem as an advocate for children, their parents, the school, and the community. Recalling their experience, Participant 6 (Chicago White Sox) said, "I view myself as support for kids, but I also view myself as a support for other members in their home" and "like just wanting to advocate for both students and their parents." Participant 3 (Miami Dolphin)

said, “I am there to listen and support. If there are other supports that I feel that I could support them in, I will direct them in that direction.” Similarly, Participant 5 (Chicago Bull) felt compelled to provide support beyond the students, viewing her role as “not only supporting the students, but supporting the teachers, the school, and the community.”

Subtheme 6: Giving Children a Sense of Safety

Thirty-three percent of the participants acknowledged experiencing their role as giving children a sense of safety (see Table 11). These two participants expressed this as schools and educators being safe places and people within a child’s ecosystem. Participant 5 (Chicago Bull) stated, “I really think that I am such like a safe place.” Further elaborating, they said, “We are sometimes the children’s only safe, consistent people.” Likewise, Participant 6 (Chicago White Sox) described their role as “really fostering a sense of safety in their lives” and “being a safe adult in a student’s life that they can come to.” They added that “schools also need to be that safe place for children.”

Table 10

Subtheme 6: Giving Children a Sense of Safety

Codes	Keywords/phrases
Schools as a safe place	Schools also need to be safe places for children
	Schools are a safe place
Educators as safe adults	Fostering a sense of safety in their lives
	Being a safe adult in a student’s life, they can come to
	Sometimes, the children’s only safe, consistent people

Subtheme 7: Vital Role in a Child’s Ecosystem

67% percent of the participants described experiencing their role as an educator as vital in a child’s ecosystem (see Table 12). For these participants, this experience manifested as a link between home and the community, working with families, creating

consistency across the ecosystem, and having frequent communication between school and home. Reflecting on their role in a child's microsystem, Participant 1 (Denver Bronco) said, "I believe that educators and families should work together as a team." Participant 4 (Chicago Bear) agreed, stating,

> It's important to make sure everybody's on the same page, so like communicating with home and then communicating as a school education system. I think that wrap-around and consistency sets kids up for success. When I have kids struggling at school, I'll reach out, and I'll see, like, what's going on at home.

Participant 4 (Chicago Bear) further elaborated, "just helping families to understand what it is that we do and partnering with them for the success of their student." Expanding on this, Participant 5 (Chicago Bull) shared her experience, saying,

> In my specific role, I'm in constant communication with parents at home, like making sure that we have our hierarchy of needs met. Okay, once those are met, how are we being a support at home? If we are practicing different skills in school, how can we bring it home? School is that link between home and the community. We are all one ecosystem."

Participant 5 (Chicago Bull) also stated, "I'm making sure whatever we are working at school is being implemented at home. Giving parents education, too." Finally, Participant 6 reiterated this experience: "Really that connection between their home life and the community is their life at school." Adding, "I also really identify my role in this school as not just the link for kids, but also the link between the parents and the rest of the school."

Table 11

Subtheme 7: Vital Role in a Child's Ecosystem

Codes	Keywords/phrases
Link between home and community	Connection between their home life and the community School is that link between home and the community
Working together with families	Helping families understand Partnering with them for the success of their student The link between parents and the rest of the school Educators and families work together as a team
Creating consistency across the ecosystem	What we're working on at school is implemented at home We're all one ecosystem Everybody, as a whole unit
Frequent communication between home and school	Communicating with home Constant communication with parents at home

Theme 2: Role of Educators and Schools in CSA Prevention as Part of the Mesosystem

The second theme that emerged was that all of the participants agreed that educators and schools have a pivotal role in CSA prevention as part of a child's mesosystem. For most participants, trust in educators and the unique positioning of the school within the child's mesosystem underscored the importance of their role in CSA prevention. However, some participants attributed the significance of the role of educators and schools in CSA prevention to educators being equipped to provide the training and having the ability to easily identify, prevent, and respond to CSA. Despite their varied experiences, each participant acknowledged that the role of educators and schools in a child's mesosystem is essential to preventing CSA.

Subtheme 1: Able to Quickly Identify and Prevent Issues

Half of the participants described an educator's ability to easily identify and subsequently prevent or interrupt cases of CSA as a primary reason their role was impactful in CSA prevention (see Table 13). Participant 1 (Denver Bronco) remarked that as an educator, "it's definitely an important role that we play in being able to help them and prevent anything if necessary. You see those trauma signs and different things so that you're able to respond." Describing their personal experience, Participant 4 (Chicago Bear) stated,

> I feel like it's super important and I think especially working with kids and getting to know kids so well. We learn pretty quickly if something's up like you can typically tell if something is going on or if there's a drastic change in behavior. We're kind of like the first line of defense outside of the home. So, I think it's super important.

Participant 6 (Chicago White Sox) echoed these sentiments, adding,

> I mean a great example of what happens when a child is not in school was during COVID. Not having eyes on the children that we were working with in a very high-needs inner-city school. It was very scary. Just not being able to see the children physically, not being able to see the signs, and not being able to assess is something serious going on.

Table 12

Subtheme 1: Able to Quickly Identify and Prevent Issues

Codes	Keywords/phrases
Familiarity helps in identifying risks	Being able to help and prevent anything Getting to know kids so well
Able to recognize trauma	You see those trauma signs We learn pretty quickly if something's up Being able to see the signs Being able to assess if something serious is going on at home
Primary source of protection outside the home	Like the first line of defense outside the home Not having eyes on children, we can't prevent harm

Subtheme 2: Trusted Persons in the Microsystem

Four of the six participants discussed that educators are trusted and familiar persons in a child's mesosystem (see Table 14). According to these participants, this trust and familiarity make the role of educators and schools in CSA prevention highly impactful. Participant 1 (Denver Bronco) stated: "So, often, they will come to school and share. They'll share with you because they trust you as their teacher. Relationships matter with the children and their families." Participant 2 (Minnesota Viking) stated, "Most teachers are familiar with their students, you know, so any training is likely to have a positive result." Participant 3 (Miami Dolphin) elaborated more on this by saying, "As long as there's a connection, they're open and responsive to whoever the educator is. As long as there's a relationship, they are open to whatever. If there is no connection, children are not receptive." Discussing their perspective, Participant 6 (Chicago White Sox) said:

> I make so much effort on my end to like be out there in the school community, and already, before I even go into these children's classrooms, they know me.

> They just know me as like a comfortable adult in the classroom who makes them feel welcome.

Table 13

Subtheme 2: Trusted Persons in the Microsystem

Codes	Keywords/phrases
Children comfortable sharing	Kids will tell it all Because they trust you as their teacher Often come to school and share
Familiarity facilitates training	Relationships matter with children Teachers are familiar with their students As long as there's a connection, they're responsive Like a comfortable adult in the classroom Training is likely to have a positive result
Lack of rapport hinders training	If there's no connection, they are not responsive

Subtheme 3: Some Educators Better Equipped to Provide Training

Two of the six participants indicated that specific educators, such as school social workers and counselors, are better equipped to provide CSA prevention training than classroom teachers (see Table 15). These participants indicated that classroom teachers need more subject matter knowledge and bandwidth to implement the training successfully. Participant 3 (Miami Dolphin) stated:

> I don't think it should be teachers because I don't think that they are trained well enough. I don't think they are in the know. I think that it should be someone that is truly trained in that area. I think that's a lot to put on a teacher because I don't want to put my license on the line for sexual abuse. School social workers are better equipped than I. She has better terminology.

Participant 3 (Miami Dolphin) elaborated, "It is very hard trying to train teachers to say the best thing and make the positive choice." Echoing these sentiments, Participant 6

(Chicago White Sox) indicated that while "it is so important to have more team members looking out for a child," they stated their experience was:

> Even just the most simple (in my bias as a social worker) social and emotional problems or concerns at this school, the way teachers flip them and handle them is not always in the most appropriate manner. And that, of course, is just a difference of training.

Table 14

Subtheme 3: Some Educators Are Better Equipped to Provide Training

Codes	Keywords/phrases
Social workers better equipped	Should be someone properly trained in those areas
	School social worker is better equipped than I
	She has better terminology
Teachers not properly trained	It's very hard trying to train teachers
	They aren't trained well enough
	It's just a difference in the training
Additional burden for classroom teachers	It's too much to put on teachers
	I don't want to put my license on the line for sexual abuse

Subtheme 4: Schools Uniquely Positioned in the Microsystem to Provide Training

Sixty-seven of the participants revealed that they believe that schools were uniquely positioned in the microsystem to provide CSA prevention training (see Table 16). These participants indicated that schools' proximity and frequency of interaction with children, the positive impact of educators, and the reality that homes are not always safe environments are primary reasons schools are well-positioned to provide this training. Participant 1(Denver Bronco) explained:

> Children spend so much of their time at school and with teachers. Even with my own children outside of my classroom, they usually go to the same schools where

> I work, so they also get this training, and I can tell already that it's helped them with knowing when they need to report something and when something's not safe so that they're able to find a safe adult to let them know what's going on, and so it's prevented them from having to deal with certain situations that were unsafe.

Participant 4 (Chicago Bear) said:

> So, I think in terms of trying to give kids as many opportunities for knowledge and advocacy skills, I do think that, in public education, I think I think they also have to teach it now, even in private schools, but I think in reality, that's the most bang for your buck. That's the place where you're guaranteed to get the vast majority of kids because there are the kids who are some of the neediest who don't do anything other than school.

Participant 5 (Chicago Bull) described their experience by stating:

> Yes, parents are important. But I think it's so important for them to hear the materials on who are safe people, how to be safe, how to perceive what is safe, how to report things that are not safe with people that are not their primary caregivers. But to show like an overarching, common theme that they're safe adults, and you're going to hear this in every system and environment you're in. And I think to be able to create safe relationships outside of just home that sometimes aren't always safe. So how important our role is for them and the fact that we're the people implementing this information is so important.

Participant 6 (Chicago White Sox) added, "I think the role of the school in CSA prevention, and even response, is essential to a child's life because school is where the

children spend the majority of the time during their day." Expanding upon their response, Participant 6 (Chicago White Sox) said, "because a lot of the times, I mean, we want the home to be also a safe place for children, but unfortunately that's not always the reality."

Table 15

Subtheme 4: Schools Uniquely Positioned in the Microsystem to Provide Training

Codes	Keywords/phrases
Not all homes are safe	To create safe relationships of homes that aren't always safe
	We want home to be safe, but unfortunately, that's not always the reality
Impact of the educator on training	How important our role is for them and the fact that we're the people implementing
	It's so important for them to hear the materials with people who aren't their primary caregivers
	The role of the school in child sexual abuse prevention and even response is essential
Greatest access to children	That's the place where you're guaranteed to find the vast majority of kids
	Some of the kids who are the neediest don't do anything else
	School is where children spend the majority of their time

Theme 3: Educators' Experiences Implementing Training

The third theme focuses on the varied experiences of the educators with implementing CSA prevention curricula. Most participants mentioned limited training and support and opportunities for improvement as part of their experience. Additionally, 50% of the participants discussed experiencing the need to take responsibility to prepare themselves to implement the training. Finally, all but one participant indicated that their experience included positive outcomes.

Subtheme 1: Lack of Training and Support from Administration

Four of the six participants discussed needing more training and support from school administrators before implementing the training. For these participants, confusion and frustration, limited support or guidance, and a consistent lack of training across

school districts underscored their experiences. Regarding support and training before being required to implement the training, Participant 1 (Denver Bronco) stated, “It wasn’t much support. They sent me a link to the training, told me to have it done by this date, and that was it.” Participant 4 (Chicago Bear) said:

> It’s fascinating that there was no preparation or training, so I, as a first-year social worker, was told, by this day, you have to teach all these classes and all these things, and I was like, what? Like because, again, I had no experience with it previously or myself in my schooling. So, I was really nervous my first couple of years teaching it.

About preparation from school administration, Participant 5 (Chicago Bull) said:

> That’s something that I would love to see. I get an email when the deadline for the year is scheduled. I’m a new mental health professional who is administering this important information on this vulnerable topic, where is our training on this? I get Medicaid training, and I get, you know, CPI training. I get all these other trainings, OK, where is the training for this curriculum?

Participant 6 (Chicago White Sox) described their experience, saying:

> So, no, I’ve never received support from admin. You’re given this presentation that the school district just kept reusing. You’re given this script that we just have on file, and you present the information, and it’s very confusing. It’s very frustrating, and it’s very alarming that for something so serious, there has been no formal training for it. And this is the third school district I’m in, and this is my third experience implementing it, and each time it’s just this is the material that

we present because here is the slide show that has been used in the past, and this is what you will continue to do.

Table 16

Subtheme 1: Lack of Training and Support from Administration

Codes	Keywords/phrases
Little to no support or guidance	It wasn't much support. Sent me a link to the training, told me to have it done by this date, and that was it. I had no experience with previously There's really no here's an hour PD on what this is I just get an e-mail about the deadline I've never received support from the admin Where is our training on this topic?
Confused and frustrated by lack of training	Fascinating that there was no preparation or training It's very confusing. It's very alarming. It's very frustrating

Subtheme 2: Assuming Personal Responsibility for Training

Half of the study participants discussed feeling personally accountable to prepare themselves to deliver the CSA prevention curricula. Each of these three participants indicated experiencing being solely responsible for the quality and impact of the training. Participant 4 (Chicago Bear) stated:

> There was no training or prep. So, I was like, I don't want to go in here and talk about things that I'm not educated on myself. So, I took it upon myself to go read through the curriculum and to make sure I had things that made sense and all of the materials that were needed.

Participant 5 (Chicago Bull) shared:

> I've been a very strong advocate for this in my district. I'm pivoting and working behind the scenes based on what I am seeing. I'm having to do my own work which I'm happy to do because it's worth it to me.

Participant 6 (Chicago White Sox) said, "It's always been like the social worker's role of organizing, implementing. I have taken it upon myself to like piece things together, add more information where I think it's necessary (which I do)". Illustrating her point, Participant 6 (Chicago White Sox) described:

> This past year, when I presented it, when I was in front of kindergarteners and 1st graders, and as I'm doing the slides that were given to me by the other social workers and, this is what I was expected to present. I just paused, and I'm like, raise your hand if you know what a penis is or if you know what a vagina is, and like, only like five kids raised their hands, so I was like ok, like we're really backing it up and we're doing this on the spot here.

Table 17

Subtheme 2: Assuming Personal Responsibility for Training

Codes	Keywords/phrases
Onus on educators to organize and implement	I took it upon myself I have taken it upon myself It's always been the social worker's role
Educators engaged in individual research and preparation	I'm pivoting and working behind the scenes I'm having to do my own work Add more information where I think it's necessary Really backing it up, and we're doing this on the spot

Subtheme 3: Training Yields Positive Results

83% of study participants mentioned that the training resulted in positive outcomes for educators and students. Participant 1(Denver Bronco) acknowledged that the training "helps spread knowledge to the kids about things they might not learn otherwise and makes the classroom and community a more safe place" and "I feel like I now know more of what I have to report. There are certain things that I just wouldn't have reported because I didn't see it as abuse." Discussing the impact on her own children, Participant 1 (Denver Bronco) added, "It's help them with knowing when they need to report something and when something is not safe." Participant 2 (Minnesota Viking) stated, "I think it positively impacted the children." Participant 4 (Chicago Bear) said, "It reminded me about how important it is. I felt more empowered to personally make sure that each and every kid understands what this is why, why we do it, and what to do if it happens." Participant 5 (Chicago Bull) discussed, "I've seen such an impact when we're making that conversation beyond just a one-time, once-a-year thing." Finally, Participant 6 (Chicago White Sox) said, "You have more adults out there with the awareness for this information and how to spot the signs of sexual abuse in children. Of course, the more team members looking out for a child, always the better."

Table 18

Subtheme 3: Training Yields Positive Results

Codes	Keywords/phrases
Increased educator awareness	I know what I have to report
	It reminded me of how important it was
	More adults out there with awareness of this information
	How to spot the signs of sexual abuse in children
Empowered to protect	I felt more empowered personally
	Makes the classroom and community a more safe environment
	More team members looking out for children
Increased knowledge and preventive behaviors for children	Helps spread knowledge to the kids about things they might not learn otherwise
	I've seen such an impact
	Helps them with knowing when they need to report something and when something is unsafe

Subtheme 4: Areas of Improvement

Of the six study participants, four indicated that there were opportunities to improve CSA prevention curricula in the classroom. The primary areas identified by the participants included additional training, preparation and support, increased fidelity, and adapting training to ensure it is age and developmentally appropriate. Participant 3 (Miami Dolphin) stated, "Us, as educators, we need to be informed. We are not being trained well enough." She elaborated, "Many teachers, we bring our personal experiences, we are triggered, and we say and do things that we would personally do instead of what's best for the child." Participant 4 (Chicago Bear) discussed the importance of adapting the training, saying, "Like I work with kids in special education, how can I make sure they're understanding the training" and "If it's not age-appropriate, I think it's going to cause more panic than awareness." Participant 5 (Chicago Bull) mentioned the need for fidelity in the training, saying, "It's like we gotta do this with

fidelity. So that's why I jumped on this opportunity to have this conversation because it is so important, and I think research needs to be done." Describing the importance of training educators, she expressed:

> I think that as educators, we need the resources, the knowledge, and the support from our uppers on training like, even if it's 1/2-day PD like we do PDs all the time. Us mental health staff are forced to sit in PD's about like number corner and different math curriculums when we could do our own break off session and cover Erin's law. So, we do Medicaid, which is so our district gets money, and they can fill all that stuff. Okay, what about Erin's Law? Yeah, you're not financially benefiting from it. The benefits are greater than financial. So that's where I think our school systems need to do better, like we have PD time for a reason. Let's focus less on how to get the district money. Let's focus more on how to provide us with proper education so we can provide this training.

Participant 6 (Chicago White Sox) shared:

> In the experience that I've seen with teachers that I work with, intent can always we great, but there has to be training that goes along with it. My view on it is wanting a trained educator to really be implementing it with the children because it is a very serious real-life matter. Also, having someone who's trained to be present to follow up after the fact. It has to be done with fidelity, and I can't say that it is. I just do also feel strongly that there has to be like a systematic approach or some sort of like formal training, that teachers can fall back and rely on. I would just want everybody to be very careful handling a delicate and serious topic

such as sexual abuse and children – once again, going back to fidelity. I am hoping that in the future when research starts coming out about this important need, something can be done to improve the training.

Table 19

Subtheme 4: Areas of Improvement

Codes	Keywords/phrases
Formal training, support, and follow-up	We are not trained well enough I also want to make sure it's done with fidelity It's like we gotta do this with fidelity Focus more on how to provide us with proper education for this training We need the resources, the knowledge, and support from our uppers on training Also, having someone who's trained present to follow up I just do feel strongly that there has to be like a systematic approach or some sort of formal training My view is wanting a trained educator to really be implanting it with the children
Adapting training for age and developmental appropriateness	If it's not age appropriate, I think it's going to cause more panic than awareness Like I work with kids in special education, how can I make sure they're understanding the training What about my student who's nonverbal

Theme 4: Perceived Response of Parents and Students

The fourth and final theme to emerge from the data describes the participants' perceptions of the response of the parents and students to the CSA prevention curricula. Most of the participants mentioned that parents had mixed reactions to the training. Similarly, 67% of the participants discussed that conditions within their microsystem likely influenced the student's responses to the training.

Subtheme 1: Mixed Reactions Among Parents

Providing varied descriptions, participants discussed how the parents responded to their children receiving CSA prevention training at school. Participant 1 (Denver Bronco) said,

> Some of them, I think, don't like it. And so, most of them are okay with their children, you know, getting this curriculum and learning about how to report abuse and how to prevent it. But, sometimes, the parents will sign a waiver, and they don't want their kids getting that knowledge at all.

Participant 2 (Minnesota Viking) answered,

> All right, most people, most parents feel it's conducive for them, and it is good for them. But some parents feel maybe you want to take over their role in their children's lives, so I would say to some parents it's okay, but to some parents, it is not.

Participant 3 (Miami Dolphin) explained, Well, in this state, they have to sign consent. So yes, they have to opt in. Many times, our parents are just signing to sign, so because some parents I know are more sensitive than others, I will follow up. So, when I get the sheets, I'm like, wait. Wait, wait, wait. This parent likes to sign things, and I know this parent will come in, so I'll take a screenshot and send them something. Did you really sign this? And it's like, oh no, I didn't this that and the other. And for certain parents, we follow up because I know. Because we're a Title One school, a lot of these things are happening within the home. So, this is also a trigger for many of our families. So, they're coming in and saying

> no. But they're saying no because it has happened to them, or it has already happened in the household.

Participant 4 (Chicago Bear) said:

> We send an informed consent letter, so parents have to specifically reach out to us to let us know they want their kid to not participate. But if we don't hear back from parents, they're automatically kept in the classroom for the lessons. I find that like some parents have called me and just said like can I ask you some questions? And I'm like, of course, I, please ask away. So, some parents are genuinely curious about, like, what it is. And I think it's because it's called CSA and prevention. I think it takes them to like a deep, dark place of what are they going to talk to my kid about? Like, is this the verbiage that's going to be used, which it's not for little kids. And I think it. I think it's a little bit unnerving for them at times, and I think they genuinely want to know what it is that we're teaching. But I think most parents trust that, like, we're not going to teach them things that are like totally not age appropriate. There's always those parents that are like, oh, you know we're going to have that conversation at home. And then there are some parents that are like, my kid will not be hearing any of that ever. It's hard, but at least in my district, a lot of our parents are super receptive and they're just genuinely like wanting more information, which is nice.

Participant 5 (Chicago Bull) answered:

> So far, knock on wood, I haven't had a parent with a big issue with it. Actually, the only parent that I had a backlash on because my very first year, they were like,

> okay, you're doing these videos and these curriculums, and what about my student who's nonverbal? I said yes. Thank you. This is my first time working with this population. And let's do it. That feedback from the parent was actually helpful.

Finally, Participant 6 (Chicago White Sox) responded:

> I have implemented this with general education and special education with parents; there have been just, I would say, a noticeable difference in how they receive this information: the special education population. When I was in a therapeutic day school, parents were very excited and very eager because they did not know how to go even about talking about this very important information, especially for an even more vulnerable population with their own children. So that was very welcomed. So, our administration sends out an opt-out letter to families, and we have had in the past like, I would say like, an average of 1 to two students per class with their parents opt out, and we, as social workers, do not like, cannot have any follow up. Our principal lets us know who those students are.

Overall, 83% of the participants discussed that parents could provide their consent to the training through either an opt-in or opt-out process. Five of the six participants indicated that the majority of the parents of their students favored or consented to the training. Similarly, most participants had experienced some form of adverse reaction from parents to the training.

Table 20

Subtheme 1: Mixed Reactions Among Parents

Codes	Keywords/phrases
Options for consent	In this state, they have to consent; they have to opt in
	Parents have to reach out to let us know specifically
	Parents can sign a waiver
	Admin sends an opt-out letter to parents
Consenting to training	Most of them are okay with their children getting the curriculum
	Most parents feel it's conducive for them
	Most parents trust that we're not going to teach them things that are not age-appropriate
	So far, I haven't had a parent with a big issue with it
	When I was in a therapeutic school, parents were excited and eager about the training
Wanting more information	Some parents are genuinely curious
	Some parents have called me and just said like can I ask you some questions
Objecting to training	They don't want their kids getting that knowledge at all
	Some parents feel that maybe you want to take over their role in their child's life
	This is also a trigger for many of our families, so they're coming and saying no
	They're saying no because it happened to them, or it has already happened in the household
	Some parents are like my kid will not be hearing any of that every
	I would say like an average of one or two students per class have their parents opt out

Subtheme 2: Conditions in the Microsystem Impact Students' Reactions

Four of the six participants expressed the belief that the student's responses to the CSA prevention training were impacted by other conditions in their microsystem. Specifically, participants mentioned cultural norms and occurrences in the home and family. Participant 1 (Denver Bronco) stated, "I think it definitely plays a role – whether they see these things at home already or not can affect their comfortability with the training." Sharing her experience, Participant 3 (Miami Dolphin) said:

> The mentality of the minority population is like I don't want you to know. And in the Hispanic culture, it's also there. And it's also we don't talk about it. Also in

> this state, we also have an immigration issue. So, it's we're not talking about anything.

Participant 4 (Chicago Bear) discussed, "Kids with more support at home, I think, are much more likely to be open to the dialogue. Kids who either have past traumas or an absent parent, I think they struggle more." Further describing her experience, she added:

> I've had kids come to me and say I'm not supposed to tell you. Like my mom told me not to tell you anything because you are a social worker. I've delivered this material to students who I know directly have been sexually abused and have to go about it in a very just delicate way. I'm doing a lot of prep ahead of time with children I know for a fact have been victims themselves.

Participant 6 (Chicago White Sox) shared:

> Some just sit there and get the information, and they smile. Then there are the other students where it's like, okay, I can just see by reading your body language—just knowing what I know about you, we are going to have to keep an extra close eye on you."

Table 21

Subtheme 2: Conditions in the Microsystem Impact Students' Reactions

Codes	Keywords/phrases
Cultural norms impact response	The mentality of the minority population is like, I don't want you to know
	In the Hispanic culture, it's also there
	We also have an immigration issue. So, it's we're not talking about anything
Environment of home and family impact response	I think it definitely plays a role
	Whether they see these things at home already can affect their comfort level
	Kids with more support at home – I think, are much more likely to be open
	Kids who have wither past trauma or an absent parent, I think they struggle more
	Some who just sit there and smile
	Just by reading your body language and knowing what I know about you
	I've delivered this material with students who I directly know have been sexually abused

Summary

In Chapter 4, I outlined the process that I used to collect data to address the research question of what are the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom. I provided a detailed description of the data collection setting and the study participants' demographics. I also explained how I collected the data for this study and the iterative process I employed to analyze the data. Further, I provided an overview of the results of the data analysis and discussed the strategies utilized to provide evidence of trustworthiness. Finally, I discussed the results of the study in detail, providing quotes and narratives from the participants for support.

Four main themes emerged as a result of the analysis of the data from this study. The first theme to emerge is the role of educators in a child's ecosystem. For the

participants in this study, educators play a pivotal role in a child's ecosystem. The significance of this role is described as being accountable for a child's development, spending significant time with children, meeting the needs of children, supporting children and their families, ensuring that children feel safe, and being an integral link between children, the home, and the community.

The second theme is role of educators and schools in CSA prevention as part of the mesosystem. Study participants discussed that the role of e educators and schools in CSA prevention was crucial. They expressed that schools were uniquely positioned to provide CSA prevention training, and the familiarity and trust between students and their teachers made the training more impactful. They further acknowledged that educators could quickly identify and address issues impacting children because of their day-to-day interactions.

The third theme is educator experiences with implementing training. The participants described this theme as feeling responsible for preparing themselves to deliver the training due to the administration's lack of training and support. Additionally, the participants discussed several opportunities to improve this critical training. Finally, they expressed the belief that the prevention training had positive outcomes.

The fourth and final theme is perceived response of parents and students. The Participants shared that parents were allowed to prevent their children from participating in the training. Further, they acknowledged that parents had mixed reactions to the training. They also experienced mixed responses to the training from the children who participated. Finally, the participants discussed that they perceived that the children's

response to the training was impacted by events occurring in other areas of their microsystem.

In Chapter 5, I will provide a brief overview of the purpose and nature of this study, along with the key results. To reflect on the significance of the results, I will explore how they support, challenge, or expand the current literature on this subject, as outlined in Chapter 2. Additionally, I will interpret the findings of this study in the context of Bronfenbrenner's (1974) EST. I will also describe the limitations of the study, recommendations for future studies, implications of the results for social change, and provide a conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this generic qualitative study was to explore the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom. This study was conducted to gain a deep understanding of the perceptions and beliefs developed by elementary educators as a result of implementing mandatory CSA prevention curricula in the classroom with elementary students. Through in-depth semistructured 1:1 interviews, the educators shared with me how they view their role in a child's ecosystem pertaining to child development. Additionally, participants discussed their opinions on the role of the school and educators in CSA prevention. Finally, participants revealed rich details of their experiences when implementing the training and their perceptions of the responses of parents and children to the training.

The key findings of this study emerged using Braun and Clark's (2016) six-step TCA process to analyze the data collected. First, participants expressed viewing their role in a child's ecosystem as essential to the children's development. Further, the educators discussed feeling accountable and responsible for a child's development within and outside the classroom. Participants also articulated the belief that the role of educators and schools is vital to CSA prevention. While the educators shared a profound belief in the significance of providing prevention curricula in the classroom, they acknowledged they do not feel adequately trained or supported in implementing the curricula and expressed a need for more training to ensure the fidelity of the curricula. Additionally, educators discussed that, while they perceived most parents to respond favorably to the

training, some parents exercised their rights to opt out of the training. Finally, the participants revealed they believe that implementing the curricula leads to increased knowledge, awareness, and preventive behaviors for students and educators.

Interpretation of the Findings

The findings of this study illuminate the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom. These educators, with varied years of experience implementing this training, provided insight into their perspectives on the role of educators and schools in preventing CSA. The four major themes discovered in this study were the role of the educator in the child's ecosystem, the role of educators and schools in CSA prevention as part of the mesosystem, educator experiences implementing training, and the perceived responses of parents and students. The findings of this study can be interpreted considering previous research on CSA prevention as well as in the context of Bronfenbrenner's (1974) EST. These findings will confirm, disconfirm, and expand on what is currently known about the experiences of elementary educators implementing CSA prevention curricula in the classroom. The findings are discussed in greater detail in the following sections.

Theme 1: Role of Educators in a Child's Ecosystem

The first theme to emerge from this study revealed how the educators experience their role as part of a child's ecosystem. These findings align with and expand on the current literature in this area. Educators discussed several key elements of their role in a child's ecosystem: being vital to and responsible for development, time spent with children, meeting children's needs, being a source of support, providing a sense of safety,

and playing an essential role. These elements are discussed in detail in the following paragraphs.

Critical Role in Child's Development Within Microsystem

A key finding of this study was that educators perceive their role in a child's development within the microsystem to be critical. Participants emphasized the importance and impact of their role on children's development in and out of the classroom. For many educators, this role feels overwhelming and challenging at times because of its potential to impact a child's development. Finally, participants discussed that their role requires being whatever a child needs them to be while the child is in their care.

These findings are consistent with previous researchers who discovered that educators believe that providing for their students' mental and emotional well-being is an integral part of their role (Allen et al., 2020; Meng et al., 2018). Moreover, the relationship between educators and students is pivotal in increasing a child's sense of belonging and aiding in social and emotional development (Allen et al., 2018; Uslu & Gizir, 2017).

Bronfenbrenner's (1974) EST asserts that a child's development is most significantly impacted by the people and institutions in their microsystem. Further, interactions between a child and the people in one area of their microsystem (i.e., educators and school) influence their development and behaviors in other areas (i.e., home and community). This is illuminated by this study's findings that educators view

their role in a child's development as all-encompassing, impacting a child's actions beyond the classroom.

Amount of Time Spent With Children

This study found that educators feel that the amount of time they spend with children daily significantly contributes to their role in a child's microsystem. Participants discussed the trust and familiarity that develops from working with children on a daily basis. Further, the educators acknowledged spending more time with their students during the week than with their own children. Finally, participants felt their daily interactions with children make them a substantial part of the children's lives.

This supports findings by researchers that educators enjoy a unique position within a child's microsystem due to the significant amount of time spent interacting with them (Che Yusof et al., 2022; Citak Tunc et al., 2018; Dudley et al., 2022). Children spend more waking hours with educators than their primary caregivers. Further, Allen et al. (2020) found that educators feel the extensive amount of time spent with students increases the impact of their role.

Bronfenbrenner's (1979b) EST posits that a child's microsystem is comprised of people and systems they regularly engage with, including parents, homes, educators, schools, close relatives, and communities. These findings align with Bronfenbrenner's (1979b) assertion of the importance of the people and systems in a child's microsystem. Further, the actions of these individuals and institutions directly impact a child's development. Bronfenbrenner posited that the chronosystem (changes occurring over time) influences a child's development. The educators' acknowledgment that the

considerable time spent with children contributes to the significance of their role in their ecosystem supports this premise. Bronfenbrenner and Evans (2000) discussed that those with greater proximity and frequency of interactions are best positioned to influence a child's development.

Meeting Children's Needs as Part of the Microsystem

The educators in this study revealed that meeting children's needs is integral to their essential role within a child's microsystem. They perceived that families trust them as educators to meet children's needs. While acknowledging that each child's needs are unique, educators described uncovering these needs as a rewarding part of their role. Additionally, they shared that they feel responsible for identifying and meeting the needs of the students beyond the classroom. Finally, most of the educators expressed that a prerequisite to meeting a child's educational needs is ensuring that their hierarchy of needs is met.

These findings are similar to those of Bouchard and Berg (2017), who found that teachers are interested in their student's lives outside the classroom and must respond to their needs to support emotional and social development. Further, when children perceive that educators are concerned about them as people, the relationship is strengthened, and they are more likely to be open and responsive. From the perspective of EST, these results align with Bronfenbrenner's (1979) assertion that the microsystem (as the layer of the ecosystem closest to the child) is pivotal in ensuring the needs of children are met to promote healthy development.

Serving as a Support System in the Mesosystem

The findings of this study revealed that educators experience their role as a vital source of support in a child's mesosystem. The educators described viewing themselves as responsible for supporting and guiding students. Moreover, they discussed providing support that extends beyond educational needs, providing social and emotional support. They also described advocating for students and their parents within the school and with external organizations. Finally, the educators acknowledged that they are sometimes the only source of support for children within their microsystem.

According to Bronfenbrenner's (1976b) EST, the interconnectedness between various components of a child's ecosystem is pivotal to a child's development. The findings of this study are consistent with Bronfenbrenner's assertion that the interactions between educators and parents can significantly promote or impede a child's development. Further, the results align with Bronfenbrenner's (1981) declaration that caregivers should view a child from a holistic ecological perspective to impact their development positively.

Giving Children a Sense of Safety

Most of the educators believed that their role in a child's development involves providing children with a sense of physical, emotional, and mental safety. They described themselves as essential, safe adults outside the home and the school as a place of safety. The educators explained that sometimes they are the only safe adults in a child's life. Finally, the educators emphasized creating a safe and welcoming environment for all students.

This finding compares to the findings of previous researchers that educators consider ensuring children's emotional and physical safety a critical component of their role (Allen et al., 2020; Meng et al., 2018). Further, researchers have found that creating an emotionally and physically safe environment at school is crucial to supporting healthy development for children (El Zaatari & Maalouf, 2021). In the context of EST, this study agrees that those within a child's microsystem who directly impact the child's development are responsible for protecting their physical, emotional, and mental welfare (Bronfenbrenner & Ceci, 1994).

Vital to a Child's Ecosystem

Educators viewed their role in the child's ecosystem as vital. For these educators, the significance of their impact is evident in the microsystem (as caregivers), the mesosystem (as a link between home and the community), the exosystem (as executors of decisions made by school administrators), the macrosystem (as implementors of training mandated by state laws), and the chronosystem (as participants in a child's life over a significant course of time). Beyond ensuring their students' safety and well-being on the school campus, the educators actively work to create consistency across the child's ecosystem through frequent communication and interaction with parents and by connecting children and caregivers with community services. Moreover, these educators perceived these actions as critical parts of their role.

These findings align with Bronfenbrenner's (1979b) EST assertions. Bronfenbrenner posits that a child's ecosystem comprises five nested levels (microsystem, mesosystem, exosystem, macrosystem, and chronosystem), in which the

interactions within and between the people and systems in each level affect a child's development. While actions in the microsystem (home, school, and community) and mesosystems (interactions between home and school) have a more immediate impact, a child's development is indirectly impacted by actions within the exosystem (i.e., such as school curricula), macrosystem (i.e., cultural norms and public policy), and chronosystem (changes occurring over time). According to Bronfenbrenner (1981), those within a child's ecosystem responsible for developing and implementing legislation and policy play a critical role in their development.

Theme 2: Role of Educators and Schools in CSA Prevention as Part of the Mesosystem

One of the most enlightening themes to emerge from this study was the educators' view of their role and that of the school in the prevention of CSA as part of the mesosystem. This theme was especially significant because it highlights that the educators who are directly impacted by the requirement to implement this training view it as extremely important. Moreover, it gives credibility to previous researchers who have discussed that schools and educators are critical to preventing CSA (Allen et al., 2020; Bright et al., 2022b; Ferrara et al., 2017; Gubbels et al., 2021). The findings from this study support and expand upon the literature in this area. Educators describe four key factors highlighting the importance of the role of the educator and schools in the prevention of CSA. The factors are discussed in the following sections.

Ability to Quickly Identify and Prevent Issues

Paramount to preventing and responding to CSA is identifying areas for concern and quickly implementing preventive or corrective measures (Admon-Livny & Katz, 2016; Broadley, 2018; Le Tourneau et al., 2017). Educators in this study revealed that their familiarity with their students helps them quickly identify when a child is experiencing trauma or in a potentially harmful situation. Further, they acknowledged that they are well-positioned as caregivers in the microsystem to respond on a child's behalf.

These findings echo the findings of previous researchers that educators report CSA at a higher rate than other professionals in the United States (DHHS, 2023). Further, given the time educators spend with children, they are more likely to quickly ascertain when a child is in danger and work to intervene (Allen et al., 2020; Bright et al., 2022a; Gushwa et al., 2019). In the context of EST, these findings align with the contention that those within a child's microsystem should be the first line of defense for recognizing, preventing, and responding to abuse (Martinello, 2019).

Educators Are Known and Trusted Persons in a Child's Microsystem

An essential part of CSA prevention is the disclosure of abuse or attempted abuse (Azzopardi et al., 2019; McGuire & London, 2020; Murray et al., 2014). Findings from this study revealed that educators view themselves as known and trusted persons within a child's microsystem. According to these educators, children feel comfortable confiding in them and often share details of their lives outside of school. Further, the educators believe

that this trusting relationship increases the children's responsiveness to CSA prevention curricula in the classroom.

These results parallel those of previous researchers who found that children are more likely to disclose abuse to someone with whom they have an established relationship (Brennan & McElvaney, 2020). Moreover, researchers have found that elementary-age children are receptive to CSA prevention provided by educators (Bright et al., 2022b; Ferrara et al., 2017; Gubbels et al., 2021). Further, Ahmed et al. (2021) found that the student-teacher relationship allows teachers ease of access in educating students on this challenging subject. Finally, offering CSA prevention curricula in the classroom ensures that those who spend the most amount of time with children are appropriately positioned to recognize, prevent, and respond to incidents of abuse.

Some Educators are Better Equipped than Others

An interesting finding from this study was that most educators felt that only specific educator roles were equipped to provide CSA prevention training. 67% of the educators felt that school social workers or counselors should be the only ones to implement the training as they are more knowledgeable and better prepared than classroom teachers. Some educators remarked that they had experienced classroom teachers responding inappropriately to sensitive social or emotional issues. Others were concerned that providing CSA prevention training places an additional burden on teachers who are already overworked. Despite this, most educators felt that schools and students could benefit from teachers assisting with implementing the training if they receive additional training.

These findings relate to the results of some recent studies that classroom teachers need to be adequately equipped to implement CSA prevention curricula and would require specific training (Kenny & Prikhidko, 2021; Kim et al., 2019; Lu et al., 2020). However, they also differ from recent researchers who advise that this training should be left to social services professionals external to the school (Zhang et al., 2021).

Schools are Uniquely Positioned in the Microsystems to Provide Training

One of the most poignant findings of this study was that educators wholeheartedly believe that schools must provide CSA prevention as part of their role in a child's microsystem. Educators discussed that school is the institution within the microsystem with the greatest access to the most children. According to them, school is the only place outside of the home some children frequent on a consistent basis. Further, the educators said most children will not receive this training outside the classroom. They also voiced that homes are not always safe places, so it is important for children to have this information and recognize their educators as safe persons. Finally, the educators communicated that their role as trusted adults responsible for education in a child's life increases the impact of the training.

These findings are consistent with the current literature on CSA prevention education, which acknowledges that schools are uniquely positioned within the microsystem to implement this training with students given their access to children and their primary goals of educating and protecting them (Allen et al., 2020; Brassard et al., 2015; Bright et al., 2022; Citak Tunc et al., 2018; Walsh et al., 2015). However, these findings expand upon the current literature by adding that educators perceive school as

the only place many children will learn about CSA prevention. Moreover, educators shared that schools were also optimal for offering this training as some children might be in danger in their homes and among their families.

Theoretically, these findings align with Bronfenbrenner's (1979a) EST. Bronfenbrenner (1981) asserts that the role of educators and schools in a child's microsystem is pivotal to their ecosystem. Further, he discussed that the people and systems in a child's microsystem are the most vital to their healthy development. Hassan et al. (2015) found that CSA is a severe health risk within a child's ecological system. They discovered that those in a child's microsystem, such as educators, were critical in recognizing, preventing, and responding to CSA for children aged 6 -14.Similarly, the highest risks for revictimization of CSA for children are at the microsystem level (Pittenger et al., 2017).Finally, Bronfenbrenner discussed that information obtained in one area of the microsystem (i.e., the school) can profoundly impact a child's actions in another area (i.e., the home).

Theme 3: Educators' Experiences Implementing Training

The third theme that emerged from this study highlighted the experiences of educators when implementing CSA prevention training in the classroom. While some findings are consistent with prior research, other results deviate from previous findings and offer new insights that expand upon the current literature. Educators described experiencing a lack of training and support from school administration, assuming personal responsibility for training preparation, uncovering the need for improvements to

the training, and overall positive results from the training. The following sections will discuss each type of experience in greater detail.

Lack of Training and Support

I asked the educators to describe the training and support they received from school administrators in preparation for implementing the prevention curricula. Most of the educators stated they received little to no support. Some described receiving an email notifying them of the obligation and providing a deadline and link to the curriculum without further guidance. Others recalled receiving verbal notification from their administration with instructions to follow the manual. The educators felt frustrated, confused, and alarmed by the obligation to implement this vital training without adequate guidance or support. Finally, educators added that the need for more preparation and support is consistent across school districts.

These findings align with and differ from the most recent study on CSA prevention curricula in the classroom. According to Allen et al. (2020), while educators felt they needed to be adequately trained to implement the curricula, they felt overwhelmingly supported by the school administration. Further administrators provided support from other mental health professionals and helped ensure teachers could allocate time for training.

Assuming Personal Responsibility

Educators shared that they felt responsible for preparing themselves to implement the training. Some educators stated that they took it up themselves to conduct external research to ensure they were well-informed and adequately equipped. Others indicated

that they had been advocating with their school district to provide additional training and support for educators required to implement this training. Still, others described adapting the curriculum for age and developmental appropriateness. Despite the extra effort needed to prepare themselves to implement the training, the educators described being happy to take the steps because they believe in the value of the training. These findings expand the current knowledge on school-based CSA prevention by uncovering the initiative taken by educators to prepare themselves for the training. These educators invested time reviewing the curricula, doing external research, and making necessary adjustments based on their students' age, background, and developmental status.

Training Yields Positive Results

Educators unanimously acknowledged the positive impact of providing CSA prevention in the classroom. They described feeling a renewed sense of empowerment to protect their children. Some educators discussed an increased awareness of what constituted CSA and how to recognize signs of abuse. Further, they stated they were reminded of the prevalence and consequences of CSA. Educators also mentioned that the training helps make the classroom and community safer. Finally, the educators shared that they saw increased CSA awareness, knowledge, and preventive behaviors among students due to the training.

According to Allnock and Atkinson (2019), CSA prevention curricula offered in the classroom have the potential to increase children's awareness of sexually inappropriate behaviors. Researchers have found school-based CSA prevention curricula to be effective in improving children's CSA knowledge, awareness, preventive skills, and

disclosure (Bustamante et al., 2019; Citak Tunc et al., 2018; Czerwinski et al., 2018; Tutty et al., 2019; Walsh et al., 2019; White et al., 2018; Wu et al., 2021; Wulandari et al., 2021; Zhang et al., 2021). Further, Allen et al. (2020) found that educators acknowledged that implementing the CSA prevention curricula with their students increased their knowledge and awareness. While some researchers have found that offering CSA prevention training in the classroom unfairly holds children responsible for protecting themselves (Rudolph & Zimmer-Gembeck, 2017) or has the potential to impact a child's perspective on touch adversely (Lu et al., 2020), the findings of this study do not agree with those results.

Areas of Improvement

Despite the positive impact, educators discussed several areas of improvement needed for the mandatory CSA prevention curricula they were implementing. First, most of the educators agreed that there is a need for additional effort to ensure that those who were tasked with delivering the training felt sufficiently prepared. They also discussed the need to adapt curricula to make them age, culturally, and developmentally appropriate for all students. Educators felt that administrators should take a more hands-on approach to the training, including providing support for educators and students before, during, and after the training. Some educators shared that the lack of systematic preparation results in a lack of fidelity to the curricula. Finally, the educators discussed the need for more research on CSA prevention curricula in the classroom. Given the limited research on the experiences of elementary educators when implementing mandatory CSA prevention in

the curricula, these findings add to the knowledge on CSA prevention by highlighting critical areas of improvement for the training.

Theme 4: Perceived Response of Parents and Students

The final theme to develop from this study was the educators' perception of the response of the parents and students to the CSA prevention curricula. These findings support the results of previous research and expand the knowledge of school-based CSA prevention. The educators described receiving mixed reactions from parents and students, adding that the students' responses indicated conditions in their microsystems. The findings are discussed in detail in the following sections.

Mixed Reactions Among Parents

Educators explained that parents could opt in or out of having their child participate in the CSA prevention training. They felt that most parents respond favorably to the training and opt to allow their children to participate. However, most educators acknowledged that some parents react adversely to the training, opting to have their children removed from the classroom when the curricula is implemented. Some educators indicated that many of the parents who are resistant to allowing their children to participate are triggered by the thought of the training because they are survivors or CSA had already occurred in the household. Finally, educators shared that some parents expressed a genuine interest in the training and reached out for more clarification.

These findings align with previous research on school-based CSA prevention training. Researchers have found that most parents believe educators are best qualified to implement this training with children (Al-Rasheed, 2017; Fisher et al., 2015). Allen et al.

(2020) found that educators felt that parents had mixed responses (positive, negative, and neutral) to educators providing CSA prevention training in the classroom. While most parents were amenable to the training, some expressed concern that the subject matter was too advanced for their students. Similarly, 91% of mothers in a recent study favored having educators provide CSA prevention curricula to their children in the classroom (Kenny & Prikhidko, 2021). Finally, 83% of the mothers believed that the curricula should be mandatory.

These findings expand on the current literature by providing potential explanations for parents responding negatively to the training. Educators shared that, based on their knowledge of the students and their families, instances of abuse had previously occurred in many homes where parents rejected the training. Further, educators said that some parents were triggered by the subject because of their personal experience as CSA survivors. Finally, educators explained that some parents feel that the training should be the responsibility of the parent, not the educator.

These findings illustrate the fundamental premises of Bronfenbrenner's (1979b) EST. First, Bronfenbrenner discussed that decisions made at the macrosystem level have the potential to impact a child's development directly. Given that the CSA prevention curricula offered by the school are mandated by public policy developed in the macrosystem, these findings are an example of the macrosystem's impact on a child's development. Parents and educators, as part of the microsystem, must engage at the mesosystem level, which ultimately impacts a child's development.

Children's Responses Impacted by Conditions in Microsystem

Findings from this study revealed that educators attributed the children's response to the training to the conditions within other areas of their microsystem (i.e., home, relatives, community). They stated that situations in a child's family life impacts their comfort level with the training, adding that kids from troubled homes seem less likely to respond positively. Some educators mentioned they could determine a student's comfort with the training by watching their body language. Finally, they discussed that cultural background causes some children to resist the training because they were taught to be wary of sharing information outside the home.

These findings add to the current literature by describing how conditions within a child microsystem impact their response to CSA prevention curricula in the classroom. Specifically, educators discuss how adverse childhood experiences within a child's microsystem could make them resistant to the training. Additionally, the educators expressed that children who were immigrants could feel uncomfortable with the training because they are fearful of discussing anything with anyone outside of the home. Finally, they explained that some minorities have a culture of keeping things in the family, making children fearful to share and uncomfortable with receiving the training.

In the context of EST, these findings align with Bronfenbrenner's (1976) assertion that a child's development has a reciprocal relationship with their ecosystem; children impact their ecosystem even as their ecosystem impacts them. Further, actions and interactions in one level of the child's microsystem can directly impact their actions in another area. For example, events such as witnessing or experiencing abuse in the home,

family, or community could result in a child responding poorly to CSA prevention curricula in the classroom. Finally, Bronfenbrenner (1979b) posited that cultural norms developed at the macrosystem level can indirectly impact a child's development. Therefore, if the cultural norm for a child is to avoid sharing information outside of the home or to be fearful of persons in authority, this could manifest in feeling uncomfortable with CSA prevention curricula in the classroom.

Limitations

While this study provided rich insight into the experiences of elementary educators when implementing mandatory CSA prevention, like all research studies, it has limitations. To begin, the chosen participant group presents limitations for this study. First, although I achieved saturation with six study participants, the small sample size limited the diversity of participants in location, ethnicity, and gender. Half of the participants resided in one region of the United States. Given that school-based CSA prevention training is mandatory in 28 U.S. regions, the findings might not reflect all elementary educators' full range of experiences when implementing CSA prevention training. Finally, because the study focused on implementing mandatory CSA curricula in the classroom, it excludes the experiences of educators implementing non-mandatory school-based CSA prevention curricula.

Additionally, data from this study were obtained via retrospective self-reporting. Participants in the study were asked to reflect on events that occurred in the past in order to describe their experiences. This need to look back rendered their responses subject to the limitation of recall bias or memory lapse. Further, the participants' descriptions of

their experiences could have been influenced by their emotional state at the time of the interview. Finally, because participants were describing past experiences, their responses could have been impacted by conversations with others or other events that had occurred since the implementation of the training.

Further, there was one discrepant response relating to the training and support participants received from school administrators. One participant felt that he was adequately supported and praised the training that he received to prepare him to implement the training with his students. While the majority of the participants in the study concurred on the lack of training, these results might differ for educators implementing mandatory CSA prevention training in all regions.

Despite these limitations, this study contributes significantly to the body of research on school-based CSA prevention programs. It also expands the literature by illuminating the experiences of elementary educators implementing mandatory CSA prevention curricula in the classroom. Future research could build on this foundation through an expanded participant group reflecting each of the 28 U.S. regions mandating CSA prevention training in the classroom.

Recommendations

In this generic qualitative study, I explored the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom in the context of Bronfenbrenner's (1979b) EST. Key findings from this study illuminated the significance of the educator's role in CSA prevention in a child ecosystem, specifically at the microsystem, mesosystem, and exosystem levels. Although the results

of this study offer profound insight into the experiences of elementary educators implementing mandatory CSA prevention curricula, additional research opportunities are also indicated. Key research recommendations are provided below.

Comparative Studies

Comparative studies are one form of additional research indicated by the findings of the present study. Comparative studies allow researchers to explore a phenomenon across various environments (Azzopardi et al., 2019). Specific to this study, researchers could use comparative studies to broaden the exploration of the experiences of elementary educators when implementing mandatory CSA curricula in the classroom (Kenny et al., 2020; White et al., 2018). A comparative study could be undertaken to examine the experiences of elementary educators in all 28 U.S. regions where school-based CSA prevention is mandated. This would allow researchers to compare and contrast the experiences of educators across different regions. Findings from such a comparative study could lead to a deeper understanding of the experiences of educators and enhancements to school-based CSA prevention programs across the board. Further, researchers could conduct a comparative to examine the experiences of educators by gender (Allen et al, 2020). Results from a comparative study with gender as the modifier could help administrators better understand how to prepare educators to deliver CSA prevention curricula in the classroom. Finally, a comparative study examining the experiences of educators employed in low-income schools alongside the experiences of educators in high-income schools could provide profound insight into how the training could be adapted to meet the needs of specific school districts (Kim et al., 2019).

Qualitative Studies

Additional qualitative research could provide an expanded understanding of the educators implementing mandatory CSA prevention curricula in the classroom. First, a qualitative case study could be used to examine the experiences of educators in a specific region, school district, or curriculum implementation (Allen et al., 2020; Gushwa et al., 2019; Wu et al., 2021). New generic qualitative research could expand the findings of this study by using a larger participant pool and targeting all regions with laws mandating the training. These new qualitative studies could enhance our understanding of educator experiences by providing a broader perspective.

Quantitative Studies

Whereas the results of the study illustrated the experiences of elementary educators implementing mandatory CSA curricula in the classroom, quantitative studies can help us understand the impact of the training (Gubbels et al., 2021; Rudolph & Zimmer-Gembeck, 2018; Walsh et al., 2019). First, researchers could conduct a quantitative study to measure the effect of mandated CSA prevention training on the rate of CSA occurrence for those states with laws mandating school-based CSA prevention curricula. Additionally, researchers use quantitative methods to determine the difference in the rate of occurrence between states that require school-based CSA prevention curricula and those that do not. Finally, quantitative research could be used to determine the impact of mandatory school-based CSA prevention curricula on the rate of CSA disclosure.

Longitudinal Studies

Longitudinal studies could be used to understand the experience of educators implementing the training over several years (Allen et al., 2020; Kemer & Dalgic, 2022). Researchers could follow a group of educators from their first implementation to a defined point to understand how the experiences change or remain consistent over time. The impact of the training could also be measured over time using longitudinal studies to determine the effect of time of knowledge, rates of CSA, and rates of disclosure.

Overall, additional research on mandated school-based CSA prevention curricula could help increase understanding of this field of knowledge (Allen et al., 2020; Kim et al., 2019; Gubbels et al., 2021; Gushwa et al., 2019; Rudolph & Zimmer-Gembeck, 2018; Walsh et al., 2019). Through greater exploration of the experiences of the educators required to implement the training, programming can be adapted and improved. By measuring the impacts of the training, we can understand its efficacy. Finally, studying the training over an extended period of time will provide insights into the effect of time on the experiences and outcomes.

Implications

This generic qualitative study explored the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom. The results of this study provide important insights into school-based CSA prevention curricula, a pivotal tool used to combat CSA at the primary level. This study carries significant implications for social change and social determinants of health (SDOH), addressing the

problem of CSA at the individual, family, organizational, and societal/public policy levels. The section discusses the potential impacts of this study at each of these levels.

Individual Level

At the individual level, this study has implications for social change for children and educators. By highlighting the experiences of educators when implementing mandatory CSA curricula in the classroom, this study can lead to improvements in the preparation that the educators receive prior to implementing this training. If educators feel better prepared to deliver the training, they will have greater confidence. This increased confidence can result in better responses to the training by students, which can help improve CSA knowledge, awareness, and preventive behaviors. Similarly, this study can encourage school administrators to support educators and students before, during, and after the training to increase overall fidelity and effectiveness. This additional support can cause an increase in disclosures and intervention in ongoing cases of CSA as students feel more comfortable sharing and educators feel supported in taking action to respond to disclosures.

Further, this study can positively impact children's SDOH. According to WHO (2021), SDOH reflects the effect of societal factors, such as environment and education, on an individual's health. Given that CSA is an identified public health problem (Allen et al., 2020; CDC, 2022; Finklehor et al., 2014), education that leads to a reduction in the CSA rate can positively affect the SDOH of children. The findings of this study can increase the availability of this training for children. This increase in training can improve preventive behaviors among children, reducing their risk of CSA. Finally, as more

educators provide the training, they increase their ability to recognize, prevent, and react responsibly to CSA, reducing the number of children impacted by this public health problem.

Family

This study has implications at the family level for increasing CSA awareness and protective behaviors by helping families understand the significance that educators place on being able to deliver this training to children. If families have a greater appreciation for the value of this training, they will be willing to allow their children to participate. Further, families can be encouraged to engage with educators more closely to increase their knowledge of CSA. This can prompt safer practices and greater protection for children in the home. Ultimately, this impact on families can help reduce incidents of CSA.

Organizational Level

From an organizational perspective, this study has implications for schools and child abuse advocacy and prevention organizations. School administrators can use the results of this study to develop or improve preparatory training and support available for educators implementing mandatory CSA curricula in the classroom. By providing these educators with adequate training and support, schools can help increase the fidelity and quality of the training, thereby increasing the potential for positive impacts. Additionally, administrators can look for ways to engage more collaboratively with parents to encourage their comfort and acceptance of the training. Fewer parents might object to the training, and more students will obtain this valuable knowledge.

Child abuse advocacy and prevention organizations work to increase knowledge and awareness of child maltreatment. Often, these organizations are responsible for developing and disseminating important CSA statistics as well as prevention education programs. Using the results of this study, these organizations can work to adapt their program offerings so that they are age and developmentally appropriate. Increasing the appropriateness of this program for a broader range of children can lead to more children receiving the training and improved training effectiveness. As more children are trained and positively impacted by the training, CSA awareness and knowledge increase, reducing the likelihood of the occurrence of CSA. Finally, child advocacy and prevention organizations can use these findings to work more collaboratively with the schools and educators delivering this critical training to help improve the curricula and offer additional support, resulting in a better training experience for students, educators, and school administrators.

Societal/Policy

At a societal and policy level, this study can support advocacy groups, lobbyists, and legislators in developing and enacting legislation to require CSA prevention in more states. As more states require this training, there will be an increase in the number of educators and children with the knowledge to prevent CSA, reducing the opportunity for CSA incidents. Further, this study could encourage advocacy groups and concerned members of society to work to advocate for and support the educators responsible for implementing this training. As educators feel more supported at a societal level, they will feel more comfortable delivering the training and supporting their students. Ultimately,

the support of community advocacy groups and lobbyists will increase awareness of the problem of CSA and encourage preventive behaviors in participating students, educators, and parents, resulting in an increase in disclosure and a reduction in the occurrence of CSA at a local, state, and national level.

Conclusion

CSA is a known social problem with the potential for lasting individual and societal impacts affecting children around the world regardless of gender, socioeconomic status, or ethnicity (Cowan et al., 2019; Nickerson et al., 2019; Zhang et al., 2021). Given the prevalence and magnitude of the problem of CSA, emphasis has been placed on developing primary prevention strategies that target the general population (Knack et al., 2019). Of these primary prevention programs, school-based CSA prevention education is the most widely implemented (Assini-Meytin et al., 2021; Guastaferro et al., 2021; Hudson, 2017; Khoori et al., 2020; Knack et al., 2019; Rudolph et al., 2017). As a result, 28 regions in the U.S. have implemented legislation requiring some level of CSA prevention curricula in public schools (Bernier, 2021).

The purpose of this generic qualitative study was to explore the experiences of elementary educators when implementing mandatory CSA prevention curricula in the classroom. Through a series of six in-depth 1:1 video interviews with certified elementary educators and licensed school social workers qualified to implement mandatory CSA prevention curriculum, I uncovered the educators' perception of their role in a child's ecosystem, view of the role of the educator and school in preventing

CSA, personal experiences with delivering the training, and interpretation of the response of students and their parents to the training.

Educators participating in this study acknowledged that they filled a vital role in a child's life that they experienced as being both challenging and rewarding. Despite feeling obligated to give children a sense of safety, meet needs beyond the classroom, and support students and their families, educators described taking pleasure in their role in a child's development. Additionally, across the board, the study participants felt strongly that educators and schools were crucial in preventing CSA. The educators felt the frequency of interaction, trusting relationships, and access to children made schools the perfect place to deliver education on something as crucial as CSA prevention. Moreover, these educators feared that if children did not receive this training at school, it was unlikely that they would ever receive it. While attesting to the importance of the training and to their role in providing the training, most educators described receiving little to no advance training or support when implementing the training. Although many of the teachers took the onus to prepare themselves before delivering the training, they expressed concern about the lack of preparation and its overall impact on the delivery and reception of the training. Educators discussed receiving mixed responses from children and parents. While most parents supported the training, a few opted to have their children not participate. Similarly, most students responded positively, but some were less receptive, which the educators attributed to situations in the home or cultural norms. Finally, educators agreed that the training outcomes were positive for educators and students, increasing knowledge, awareness, and preventive behaviors.

Given the frequency at which CSA occurs and the lasting impacts it has on individuals, families, and societies, this study provides hope for the most common form of primary prevention. While there remains work to improve the overall experience of educators shouldering the responsibility for this training, it is reassuring to know that all the educators in this study believe in the significance of this training and their role in its implementation. Moreover, this study provides another tool in the toolbox of those of us in the field as we continue to work to reduce the number of CSA victims from one less to no more.

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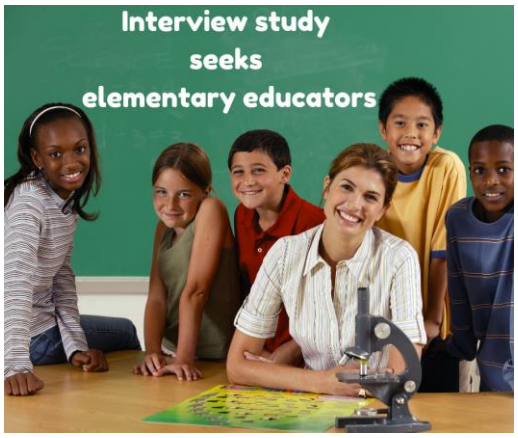
Appendix A: Interview Guide

Focus Area	Questions & Probes
Study Introduction	Hi Mr. or Mrs. X. I am LT Pridgen. Thank you again for agreeing to participate in this study. Before we get started, I want to take a moment to remind you why I am conducting this study and how this data will be used. As you may recall, I am a Ph.D. candidate at Walden University, and I am conducting this study for my dissertation. The purpose of this study is to understand the experiences of elementary educators when implementing mandatory child sexual abuse prevention curricula in the classroom. The information that you share with me today is confidential. No identifying information will be attached to your responses. The ultimate goal of this research is to bring social change in the area of child sexual abuse by helping advocates, organizations, and policymakers make better-informed decisions about CSA prevention programs. The interview will last between 30-60 minutes. Please let me know if you need to pause or need a break at any time. Excellent, thank you! Do you have any questions for me before we begin? If you have a question at any time, please ask. Shall we begin?
Demographics	**This first set of questions will be demographic to help me organize the responses across study participants.** **Question:** How long have you been an educator? **Question:** How many times have you implemented mandated CSA prevention curriculum in the classrooms during your career? **Question:** What was/were the grade(s) of the students with whom you implemented the mandated CSA curricula?
Educators' role in child's development	**Question:** How do you perceive your role as an educator in a child's development? **Probe:** Can you give me an example of that? **Question:** Before being required to implement the mandatory child sexual abuse prevention curriculum, how did you feel about the role of educators in CSA prevention? **Probe:** Can you give me an example of that? **Question:** What do believe is your role as an educator in interacting with parents and caregivers of your students?
Pre-CSA prevention curriculum implementation	**Thank you for providing that background information. Now, let us turn to your thoughts and feelings before implementing the mandatory child sexual abuse prevention curriculum in the classroom.**

	Question: What were your feelings about the preparation you did or did not receive from the school administration? **Probe:** Can you give me an example?
	Question: What were your perceptions of the attitudes of the parents about the curriculum prior to implementation? **Probe:** Can you give me an example of that?
Post-CSA prevention curriculum implementation	**Thank you. This next set of questions will address your experiences after implementing the curriculum.** **Question:** After implementing the curriculum, what were your thoughts about the role of the educator in CSA prevention? **Question:**What did you perceive to be the parents' attitudes about the curriculum after it had been implemented? **Probe:** Can you give me some examples of that?
	Question: How do you feel the different backgrounds of the students impacted their response to the mandated curriculum? **Probe:**How do you feel your role as an educator affected the students' reception or lack of reception to the curriculum? **Probe:** Can you give me some examples of that?
	Question: After implementing the curriculum, how did or did not your views on child sexual abuse prevention curricula in the classroom change? **Probe:** Can you give me an example of that?
	Question: Is there anything else you would like to share with me about your experience implementing mandated CSA curricula in the classroom?
Closing	Mr. or Mrs. X, I would like to thank you once again for taking the time to participate in this study and share your experiences with me. By way of the next steps, I will be transcribing and coding the data from your interview and will provide you with a copy of the transcript and initial set of codes in the next 1-2 weeks so you can confirm that I have accurately captured your story. Once I have concluded my interviews, I will analyze all the data received and compile it for my final study. In the interim, should you want to contact me, here is my email address. Thank you again for your time.

Appendix B: Social Media Recruitment Flyer



Caption: There is a new study about the experiences of elementary educators when implementing mandatory child sexual abuse (CSA) curricula in the classroom that could help advocacy groups, human services organizations, and legislators make better-informed decisions about CSA prevention programs. For this study, you are invited to describe your experiences implementing mandatory CSA prevention curricula in the classroom.

About the study:

- One 30–60-minute videoconferencing interview that will be audio recorded (no videorecording)
- You would receive a $25 Visa gift card as a thank you
- To protect your privacy, the published study will not share any names or details that identify you

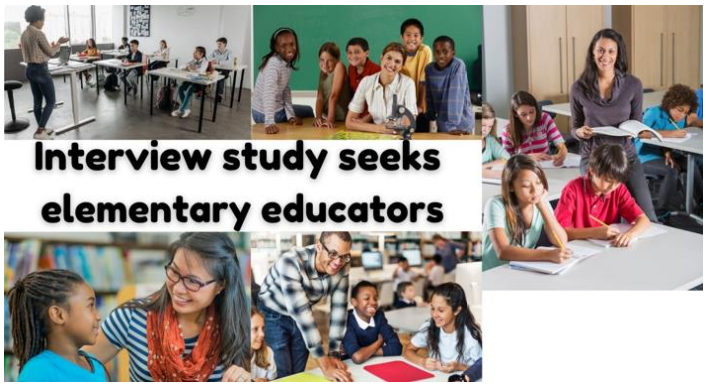
Volunteers must meet these requirements:

- 18 years old or older
- Currently certified educator
- Experience with implementing at least one mandatory CSA prevention curriculum in the classroom

This interview is part of the doctoral study for LaTonsha Pridgen, a Ph.D. student at Walden University. Interviews will take place during November 2023.

Please message LaTonsha Pridgen (latonsha.pridgen@waldenu.edu)to let her know you're interested.

Appendix C: Posted Recruitment Flyer



There is a new study about the experiences of elementary educators when implementing mandatory child sexual abuse (CSA) curricula in the classroom that could help advocacy groups, human services organizations, and legislators make better-informed decisions about CSA prevention programs. For this study, you are invited to describe your experiences implementing CSA prevention curricula in the classroom.

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To confidentially volunteer, contact the researcher:

LaTonsha Pridgen

Email: latonsha.pridgen@waldenu.edu