

# 2025 National Child Abuse Prevention Month Campaign Feedback Survey

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) The purpose of this information collection is to gather feedback on the National Child Abuse Prevention Month campaign to enhance future special initiative campaign pages and resources. The public reporting burden for this collection of information is estimated to average 5 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The control number for this project is 0970-0401. The control number expires on June 30, 2027. If you have any comments on this collection of information, please contact Jing Sun by email at [jing.sun@icf.com](mailto:jing.sun@icf.com).

Please let us know how you use this year's National Child Abuse Prevention Month (NCAPM) campaign page so we can continue enhancing our campaign efforts to better meet your needs. Participation in this survey is voluntary, and your responses will be reported anonymously. **This survey is intended for customers who are at least 18 years old.** If you have any questions or require accessibility assistance with this survey, please get in touch with Child Welfare Information Gateway staff by email at [info@childwelfare.gov](mailto:info@childwelfare.gov) or by telephone at [800-394-3366](tel:800-394-3366). Thank you for helping us help you.

**1. Please describe why you are visiting the NCAPM campaign page. Select all that apply.**

- ☐ To find resources and outreach tools that I can use to promote awareness of NCAPM in my community or among my friends and family
- ☐ To find resources and outreach tools that I can use in promoting awareness of NCAPM in my organization
- ☐ To find resources and information for my work
- ☐ To find general information on child abuse prevention for personal use or personal development
- ☐ Other (Please describe in the text box below.) \_\_\_\_\_

**2. Which of the following best describes your background or role?**

- ☐ Professional
- ☐ Advocate
- ☐ Student
- ☐ Kin caregiver
- ☐ Youth experiencing or with experience in the foster care system
- ☐ Foster parent
- ☐ Prospective adoptive parent
- ☐ Adoptive parent
- ☐ Lived experience advocate or expert
- ☐ Parent (i.e., biological or birth)
- ☐ Member of the general public
- ☐ Other (Please describe in the text box below.) \_\_\_\_\_

**2a. Which of the following best describes your professional background?**

- ☐ Prevention services
- ☐ Family support services
- ☐ Child protective services
- ☐ Kinship care services
- ☐ Foster care services
- ☐ Adoption services
- ☐ Youth engagement or youth services
- ☐ Juvenile justice
- ☐ Law enforcement
- ☐ Health/mental health services
- ☐ Substance use services
- ☐ Legal/courts (e.g., guardian ad litem, court-appointed special advocate, attorney)
- ☐ Researcher/evaluator/consultant
- ☐ Early childhood educator (0–5 years)
- ☐ Teacher (K–12)
- ☐ Professor/faculty (higher education)
- ☐ Media

- o Other (Please describe in the text box below.) \_\_\_\_\_

**2b. Which of the following best describes your workplace?**

- o Local or county public/private agency
- o State agency
- o Tribal agency/organization
- o Federal agency
- o Community-based organization
- o Mental/behavioral health agency
- o Faith-based organization
- o National organization (e.g., nonprofit, advocacy)
- o Training and technical assistance service provider
- o Educational institution (early education, K–12, college, university)
- o Other (Please describe in the text box below.) \_\_\_\_\_

**2c. Which of the following best describes your position within your workplace?**

- o Client-facing staff (e.g., caseworker, direct service worker)
- o Supervisor/manager
- o Director/administrator
- o Training/staff development
- o Licensing unit
- o Outreach/communications
- o Mental health counselor
- o Behavioral health unit
- o Other (Please describe in the text box below.) \_\_\_\_\_

**3. How long have you used NCAPM information and resources?**

- o This is my first time
- o 1 year
- o 2–4 years
- o 5–10 years
- o More than 10 years

**4. Which of the following best describes your involvement in NCAPM campaigns?**

- ☐ I am currently leading or will lead a campaign within my organization or agency this year.
- ☐ I will be involved in a local campaign in my community.
- ☐ I am aware of campaigns in my community, but I will not be joining.
- ☐ I am not aware of any campaigns in my community, but I would like to lead or join one.
- ☐ Other (Please explain in the text box below.) \_\_\_\_\_

**5. How useful are the resources and information available on the NCAPM campaign page?**

- o Very useful (Please explain in the text box below.) \_\_\_\_\_
- o Useful (Please explain in the text box below.) \_\_\_\_\_
- o Somewhat useful (Please explain in the text box below.) \_\_\_\_\_
- o Not useful (Please explain in the text box below.) \_\_\_\_\_

**6. On a scale of 1 (poor) to 5 (excellent), please rate the following about your experience on the NCAPM campaign page.**

	1	2	3	4	5	N/A
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Ease of finding information on the NCAPM campaign page	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of sharing information and resources from the NCAPM campaign page	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appeal of the NCAPM campaign page design	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content that matches my needs or interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization of information and resources on the NCAPM campaign page	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content that promotes the voices of individuals with lived experience (i.e., those who have personal experience with the child welfare system)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content is culturally responsive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6a. Please explain your ratings in the text box below.** \_\_\_\_\_

**7. Please select all resources and tools your organization will use to educate and promote awareness about preventing child maltreatment and enhancing well-being. Please describe how you have used or intend to use the resources you selected in the text box below each item.**

	<i>I have already used the. . .</i>	<i>I intend to use the. . .</i>
Videos in the multimedia gallery _____	<input type="checkbox"/>	<input type="checkbox"/>
Child maltreatment statistics _____	<input type="checkbox"/>	<input type="checkbox"/>
<i>Protective Factors Conversation Guides</i> for parents and caregivers _____	<input type="checkbox"/>	<input type="checkbox"/>
Sample press release _____	<input type="checkbox"/>	<input type="checkbox"/>
Sample op-ed _____	<input type="checkbox"/>	<input type="checkbox"/>
Sample proclamation _____	<input type="checkbox"/>	<input type="checkbox"/>
Protective factors and adverse childhood experiences resources _____	<input type="checkbox"/>	<input type="checkbox"/>
Event page _____	<input type="checkbox"/>	<input type="checkbox"/>

**8. Please select all ways you have used or intend to use the information on the NCAPM campaign page.**

	<i>I have already used the NCAPM resources. . .</i>	<i>I intend to use the NCAPM resources. . .</i>
To support public awareness or advocacy efforts for NCAPM	<input type="checkbox"/>	<input type="checkbox"/>
To support the protective capacities of families and communities	<input type="checkbox"/>	<input type="checkbox"/>
To increase my knowledge or transform my attitudes	<input type="checkbox"/>	<input type="checkbox"/>
To share with others	<input type="checkbox"/>	<input type="checkbox"/>
To implement, sustain, or improve programs (e.g., program management, logic model development, program evaluation, change management)	<input type="checkbox"/>	<input type="checkbox"/>
To share in a formal training environment	<input type="checkbox"/>	<input type="checkbox"/>
To support practice improvement or sustain good practice	<input type="checkbox"/>	<input type="checkbox"/>
To support policy change or sustain good policies	<input type="checkbox"/>	<input type="checkbox"/>
To conduct research or evaluation	<input type="checkbox"/>	<input type="checkbox"/>
For grant writing or fundraising	<input type="checkbox"/>	<input type="checkbox"/>

For my professional development	•	•
For personal use	•	•
For a class assignment	•	•
I have not used or do not intend to use NCAPM resources.	•	•
Other (Please describe in the text box below.) _____	•	•

**8a. Please explain your response above.** \_\_\_\_\_

**9. Please rate your agreement with the following statements about the NCAPM campaign page.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
The information on the NCAPM campaign page increased my understanding of how to support families' and communities' protective capacities.	0	0	0	0	0	0
The information and resources on the NCAPM campaign page increased my knowledge of how communities can tailor prevention efforts to engage fathers and support families impacted by incarceration.	0	0	0	0	0	0

**9a. Please explain your ratings.** \_\_\_\_\_

**10. [If the respondent checked have used or intends to use "to share with others" in Q8] Please indicate with whom you have shared or plan to share the information you found on the NCAPM campaign page.**

	<b>I have already shared the NCAPM resources with. . .</b>	<b>I intend to share the NCAPM resources with. . .</b>
Families or clients	•	•
Community-based service providers	•	•
My supervisor or agency leader	•	•
My agency's outreach and marketing representatives	•	•
Staff who report directly to me	•	•
Colleagues	•	•
Friends and family	•	•
Other (Please describe in the text box below.) _____	•	•

**10a. Please provide more information about your response to the question above.** \_\_\_\_\_

**11. How did you hear about the NCAPM campaign this year?**

- ☐ Search engine (e.g., Google, Yahoo)
- ☐ Notification (e.g., email, intranet posting) from my local or State agency or organization
- ☐ Linked from another website (Please describe in the text box below.) \_\_\_\_\_
- ☐ Conference or presentation
- ☐ Email from Information Gateway or the Children's Bureau (Please describe in the text box below.) \_\_\_\_\_
- ☐ Notification (e.g., email, internet posting) from another organization (Please describe in the text box below.) \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ Notification (e.g., email, intranet posting) from my internal organization
- ☐ Browsing Information Gateway's website
- ☐ Colleague or friend told me about it
- ☐ Social media (e.g., Facebook, X [formerly Twitter])
- ☐ Hardcopy publication
- ☐ Podcast or webinar
- ☐ Mobile app search
- ☐ Other (Please describe in the text box below.) \_\_\_\_\_

**12. Please indicate which tools from the Outreach Toolkit you have used or intend to use to help educate and promote awareness for NCAPM in your network or community.**

	<i>I have already used these tools from the Outreach Toolkit. . .</i>	<i>I intend to use these tools from the Outreach Toolkit. . .</i>
Graphics	•	•
GIFs	•	•
Zoom/Teams virtual background	•	•
Email signature	•	•
Social media banners (Facebook, LinkedIn, and X [formerly Twitter])	•	•
Social media posts	•	•

**13. Please select how you have used or intend to use the tools in the Outreach Toolkit to educate and promote awareness of NCAPM.**

	<i>I have already used the tools in the Outreach Toolkit to. . .</i>	<i>I intend to use the tools in the Outreach Toolkit to. . .</i>
Post on X (formerly Twitter)	•	•
Post on Facebook	•	•
Post on Instagram	•	•
Post on LinkedIn	•	•
Update my social media profile picture or banners	•	•
Post a link on an organization's website	•	•
Provide information to colleagues or child welfare professionals	•	•
Provide information in an email newsletter	•	•
Post information on my organization's internal website or intranet	•	•
Use a virtual background to show support in meetings	•	•
Other (Please describe in the text box below.) _____	•	•

**14. Do you have any additional comments or suggestions about the NCAPM campaign information and resources or Information Gateway's other products and services?** \_\_\_\_\_