



What Works for
**Children's
Social Care**



SCHOOL-BASED EDUCATION PROGRAMMES FOR THE PREVENTION OF CHILD SEXUAL ABUSE

EMMIE Summary





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This evidence summary is based on the following systematic review

Walsh, K., Zwi, K., Woolfenden, S., & Shlonsky, A. (2018). School-based education programs for the prevention of child sexual abuse: A Cochrane systematic review and meta-analysis. *Research on social work practice*, 28(1), 33-55.

About What Works for Children's Social Care

What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. We

generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.

About CASCADE

The Children's Social Care Research and Development Centre (CASCADE) at Cardiff University is concerned with all aspects of community responses to social need in children and families, including family support services,

children in need services, child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

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School-based education programmes for the prevention of child sexual abuse

What is the intervention?

School-based education programmes for the prevention of child sexual abuse were first developed in the US in the 1970s. Since then, they have been widely adopted across many schools in the United States and other countries. School-based education programmes lend themselves to a public health approach as they can be implemented in schools at comparatively little cost without stigmatising those at greater risk (Wurtele and Kenny, 2010).

Child sexual abuse can affect all socioeconomic groups and ethnicities, with an estimated 10-20% of girls and 5-10% of boys having experienced child sexual abuse before the age of 18, ranging from unwanted touching to penetrative assault, (Walsh et al., 2018). Child sexual abuse is associated with adverse psychological outcomes including depression (Roosa et al., 1999), posttraumatic stress disorder (Widom, 1999), suicidal behaviors (Bensley et al., 1999), eating disorders (Perkins and Luster, 1999), alcohol and substance abuse (Spak et al., 1998), and physical health conditions such as gastrointestinal problems (Irish et al., 2010). School-based education programmes aim to equip children with the knowledge, skills and strategies to avoid potentially risky situations or advances as well as appropriate help-seeking behaviours. They tend to be delivered to whole classes and tailored to age and cognitive ability. This summary is based on the systematic review and meta-analysis by Walsh and colleagues which assessed the effectiveness of school-based education programmes for the prevention of child sexual abuse. Of the 24 studies included in the review, Walsh and colleagues (2018) identified 15 interventions:



- Behavioural Skills Training¹
- Good Touch/Bad Touch²
- Red Flag/Green Flag³
- Child Abuse Primary Prevention Programme⁴
- Child Sexual Abuse Prevention Programme⁵
- Children Need to Know Personal Safety Training Programme⁶
- ESPACE⁷
- Good Secrets/Bad Secrets⁸
- No Child's Play⁹
- Prevention of Child Sexual Abuse Program¹⁰
- Project TRUST¹¹
- Safe Child Programme¹²
- Stop, Tell someone, Own your body, Protect yourself (STOP!)¹³
- TOUCH¹⁴
- Who Do You Tell?¹⁵

Most of the interventions focused specifically on child sexual abuse prevention for primary school children aged from 5 to 12 years. As well as this journal article summarising the review's findings, a full report is available from the Cochrane Library (Walsh et al, 2015) which updates their previous systematic review (Zwi et al., 2007).

¹ Lee and Tang(1998); Wurtele et al. (1986)

² Crowley (1989); CeCen-Erogul and Kaf Hasirci (2013); Harvey et al. (1988)

³ Chen et al. (2012); Kolko et al. (1989)

⁴ Blumberg et al. (1991)

⁵ Grendel (1991)

⁶ Fryer et al. (1987).

⁷ Daigneault et al (2012); Hébert et al (2001)

⁸ Snyder (1983)

⁹ Krahé (2009)

¹⁰ Del Campo Sanchez (2006)

¹¹ Oldfield et al (1998)

¹² Kraizer (1991)

¹³ Blumberg (1991)

¹⁴ Saslawsky and Wurtele (1986)

¹⁵ Tutty (1997)



How strong is the evidence?

Walsh et al.'s meta-analysis and systematic review included seven randomised controlled trials based on randomisation of individuals, eleven cluster-randomised trials and six quasi-randomised trials.

Quality of evidence was rated as moderate according to the Grading of Recommendations Assessment, Development and Evaluation. This was because most studies had an unclear risk of bias due to lack of reporting for random allocation sequencing and allocation concealment (Walsh et al., 2015). Where schools randomly allocated classes there was a risk of contamination between the intervention and control group due to child interactions on the playground. There were also issues around detection bias as group allocation is difficult to conceal in a school setting.

The authors highlight that the extent to which knowledge and skill acquisition in the classroom extends to practical knowledge in real-life situations is unknown. Further it is unknown whether the skills demonstrated in simulated scenarios of repelling strangers are the same skills children require to protect themselves from threats from familiar adults. Finally, the review does not provide evidence as to how much knowledge children need to produce clinically important protective effects.

Which outcomes were studied?

- Child self-protective skills
- Factual knowledge of sexual abuse and its prevention
- Application of knowledge of sexual abuse and its prevention
- Child anxiety or fear (due to participation)
- Sexual abuse disclosures

Effectiveness: how effective are the interventions examined?

Outcome 1: Child self-protective skills

Effect rating	1
Strength of Evidence rating	1





Outcome 2: Factual knowledge of sexual abuse and its prevention

Effect rating	2
Strength of Evidence rating	2

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Outcome 3: Application of knowledge of sexual abuse and its prevention

Effect rating	2
Strength of Evidence rating	2

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Outcome 4: Child anxiety or fear

Effect rating	0
Strength of Evidence rating	2

0



Outcome 5: Sexual abuse disclosures

Effect rating	-/+
Strength of Evidence rating	2

-+



Two of the 24 studies reported findings on child protective behaviours with a sample of 152 children. The Children Need to Know Personal Safety Training Programme (Fryer et al., 1987) and the Videotape Intervention (Poche et al., 1988) were effective in increasing protective behaviours for children immediately after the intervention. Children in the



intervention group were more likely to learn protective behaviours than individuals in the control group ($OR= 5.71$, $95\% CI = [1.98, 16.51]$, $p = .001$).

Eighteen studies comprising 4657 participants found that children had higher levels of factual knowledge as assessed by questionnaire measures than children in the control group ($SMD = 0.61$, $95\% CI = [0.45, 0.78]$, $p < .00001$). When studies with high risk of bias were excluded, the increase in factual knowledge reduced. This may be due to assessor bias or contamination from group assessment. When findings were considered according to child age, results suggested that older children of ten years or more may be better suited to questionnaire-based knowledge ($SMD = 0.89$, $95\% CI = [0.59, 1.19]$, $p < .00001$) compared to younger children of below nine years ($SMD = 0.42$, $95\% CI = [0.08, 0.77]$, $p < .00001$).

Knowledge retention six months after the school-based education programme was assessed by ten studies. Of these, complete data was provided for four studies comprising 956 participants. Results showed that knowledge retention remained six months after the intervention. The differences between the intervention and control group immediately after the intervention was high ($I^2= 84\%$, $p = .0003$) and therefore may have occurred due to external factors, whereas the differences between the groups 6 months post intervention was low ($I^2= 25\%$, $p = 0.26$) that could be due to chance and not due to any other external variables.

Eleven studies comprising 1688 participants assessed the application of knowledge using vignettes in a range of formats including verbal, picture and video vignettes. Findings showed that children who received the education programme displayed higher levels of applied knowledge than children in the control group ($SMD = 0.45$, $95\% CI = [0.24, 0.65]$, $p < .0002$). When studies with a high risk of bias regarding blinding of children in the intervention group and those in the control group were excluded the effect reduced suggesting a slight testing effect. There was no difference found for applied knowledge between the two age groups.

Three studies, comprising 795 participants, measured the potential harm to children from participating in school-based education programmes for the prevention of child sexual abuse. Based on findings from child self-report measures of anxiety and fear, the results showed that there was no increase or decrease in anxiety or fear scales for children in the intervention group ($SMD= -0.08$, $95\% CI = [-0.22, -0.07]$, $p = 0.29$).



Three studies comprising 1788 participants, reported on disclosure of previous or current sexual abuse during or after programme participation. The results found that children in the intervention group were more likely to report disclosures than children in the control group ($OR= 3.56$, $95\% CI = [1.13, 11.24]$, $p < 0.05$). However, when the results were adjusted for the effect of clustering in two of the three studies, the authors conclude that the effect of school-based education programmes on disclosures of sexual abuse is less certain.

Mechanisms: How does it work?

School-based education programmes for the prevention of child sexual abuse aim to provide children with the knowledge and skills to recognise and avoid potentially sexually abusive situations. Children are equipped with strategies to verbally and physically repel sexual approaches and minimise harm by understanding appropriate help-seeking in the event of abuse or attempted abuse. This is based on the notion that children will transfer classroom-based learning to real-life situations. The underlying mechanisms draw upon classroom pedagogical principles such as social cognitive learning theories (Bandura, 1986; Vygotsky, 1986) which highlight the social context of learning using techniques such as modelling, rehearsal and reinforcement of the desired behaviours.

Moderators: When, where and who does it work for?

Sixteen interventions were carried out in the United States, three in Canada and one each in China, Germany, Spain, Taiwan and Turkey. Practitioners should consider the different national contexts when applying these interventions to the UK context.

All interventions were delivered to school-aged children with 23 of the studies conducted in primary schools and one in a special school. Of the studies that reported ethnicity, school-based education programmes were delivered to a diverse range of children.

Characteristics of the interventions varied widely with each intervention focusing specifically on child sexual abuse knowledge and prevention. The content of the interventions included safety rules, body ownership, private parts, distinguishing appropriate and in-appropriate touches, distinguishing types of secrets and whom to



tell and four studies included abduction prevention. Programmes used a range of strategies including discussion, practice and role-play.

Implementation: How do you do it?

The delivery of the interventions included film, video and DVD formats in 12 studies, theatrical plays in three studies and multimedia presentations in two studies. Programme facilitators used additional resources such as songs, puppets, comics, colouring books, storybooks and games. None of the programmes were delivered electronically in web or computer-based formats. The duration of the interventions ranged from a single 45-minute session to eight 20 minute sessions on consecutive days. Fourteen interventions were brief and lasted less than 90 minutes while the remainder were longer and lasted from 90 to 180 minutes. All intervention programs were delivered on school premises and during school hours. Only one intervention was delivered in the morning before the school class began.

Economics: What are the costs and benefits?

The review mentions that school-based education programs for prevention of CSA can be implemented at comparatively little cost, but no economic analysis and cost-effectiveness was included in the review.

What are the strengths and limitations of the review?

This is an objective and robust review which adhered to the Cochrane Handbook for Systematic Reviews of Interventions (Higgins and Green, 2011) for every aspect of the review including searching for and screening papers, data extraction and assessing risk of bias. The review is supplemented by the full Cochrane report which provides detailed findings regarding the calculation of effect sizes, assessment of heterogeneity and data synthesis. However, the review is restricted by the methodological limitations of the included studies.

The authors conclude that there is moderate quality evidence that school-based education programmes for the prevention of child sexual abuse can increase primary school aged children's self-protective skills and knowledge. However, more research is needed regarding the long-term effects of programmes, their effectiveness for specific



groups of children and which components are associated with the strongest effects and the cost of delivery.

Finally, the authors emphasise that while school-based education programmes can help children to protect themselves from sexual abuse, this does not replace the need for interventions focused on adolescents, perpetrators of child sexual abuse, situations where it is likely to occur and the wider community.

Summary of key points

- Children's self-protective knowledge and skills can be increased by school-based education programmes for the prevention of child sexual abuse.
- There was no evidence that the school-based education programmes included in this study increased or decreased children's anxiety or fear.
- The evidence is unclear as to whether participation on a school-based education programmes for the prevention of child sexual abuse increases the number of sexual abuse disclosures during or after participation.
- More research is needed regarding the long-term effects of programmes, their effectiveness for specific groups of children, which components are most effective and their associated costs.



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