

## ***Prevention / Child Wellbeing: Mental Health***

School-based sexual abuse prevention interventions do not increase anxiety in young children: a possible harm. Mixed findings on other mental health outcomes.

<b>Evidence status</b>	<b>Moderate risk of bias</b>	Moderate strength evidence that sexual abuse prevention interventions do not increase anxiety among young children. Unclear effects on other mental health outcomes.
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### **The summary in brief**

This cell includes studies that report on mental health outcomes for children participating in various types of abuse-prevention programmes. They include: (1) classroom-based programmes for younger children to prepare them to recognize, avoid, and report sexual abuse; (2) programmes focused on preventing the use of violence as punishment by teachers in school in settings where it is widely prevalent; and (3) prevention programmes for older children (adolescents) to deter sexual harassment and prevent violence. The bulk of the evidence in this cell is from the first category.

The evidence suggests that abuse-prevention programmes do not lead to increased anxiety, which is often considered a potential “side effect” of sexual abuse prevention interventions. For other mental health outcomes, the results are mixed across studies.

### **Contents of the cell**

This cell includes 25 primary studies (in 27 papers) conducted over a long time period (Devries 2015, Knight 2018<sup>1</sup>, Ratto 1990, van Lieshout 2019, del Campo Sanchez 2006, Fryer 1987, Kraizer 1988<sup>2</sup>, Grendel 1991, Hazzard 1991, Oldfield 1996, White 2018, Wurtele 1992a, Czerwinski 2018, Weatherley 2012, MacIntyre 1991, Taal 1997, Baker-Henningham 2019, White 2019, Jewkes 2019, Green 2020, Karmaliani 2020, Baker-Henningham 2021, Fabbri 2021, Baker-Henningham 2021a, Francis 2021, Urbann 2020). Six are QEDs. Additionally, there are protocols for three new RCTs (Masath 2020, Lopez Garcia 2021, Scharpf 2021).

Except for one intervention that took place in a residential care setting for boys, all interventions in this cell are school based.

There is a full summary of Karmaliani 2020 in the guidebook.

### **The interventions**

The interventions can be classified into four broad categories:

#### **1) Child abuse prevention programmes:**

- Number of programmes: 15 programmes were assessed, with one programme reported in two papers.

<sup>1</sup> Devries 2015 and Knight 2018 are papers from the same RCT on *The Good School Toolkit (GST)*

<sup>2</sup> Fryer 1987 and Kraizer 1988 are papers from the same RCT on the *Children Need To Know Personal Safety Program*

- Countries: Eight programmes are from the US, two from Australia, and one each from Spain, Germany, the Netherlands, Malaysia, Australia, and the Republic of Ireland.
- Participants: Most programmes target students in middle childhood (6-11 years), although a few also include early childhood students (2-5 years). Teachers play an active role in the intervention, often delivering the curriculum in their classroom. In some cases, parents are also involved. One study specifically included deaf and hard-of-hearing children in Germany (Urbann 2020).
- Interventions: The interventions typically consist of classroom-based education to increase knowledge and awareness of young children on prevention concepts related to sexual abuse and to provide them with skills to identify, avoid, and respond to sexual abuse. Intervention activities are tailored to younger children and often include roleplay and simulations of inappropriate and appropriate interactions with adults. The interventions are generally offered over a short period (a few weeks to a few months).

## 2) Preventing violence by teachers:

- Number of programmes: Five programmes with one programme reported in two papers.
- Countries: Jamaica (three programmes by the same researchers), Uganda and Tanzania (one programme each)
- Participants: Pre-schoolers to adolescents, along with teachers, school administrators, and parents/caregivers. The programme in Tanzania took place in Nyarugusu refugee camp.
- Interventions: The Jamaican studies are based on an intervention called the 'Irie Classroom Toolbox'. The intervention is for teachers of preschoolers and grade 1 students. Trained facilitators offer multiple sessions of training to teachers with the goals of reducing their use of violence against children and improving their classroom management skills. In addition to the training sessions, teachers also receive in-classroom support. The study in Uganda is of a whole-school approach to reducing violence by teachers called the 'Good School Toolkit'. This is a school-wide programme involving teachers, students, school administrators, parents, and community members. The goal is to change the culture and environment of schools to move away from violence and improve relationships among various stakeholders, i.e., students, teachers, parents, and community members. The Tanzanian study is based on an intervention called 'EmpaTeach' that is focussed on reducing impulsive violence by teachers against students. This intervention is implemented in the Nyarugusu refugee camp in Tanzania that houses refugees from the Congo and Burundi. The intervention, like the others in this category, targets teachers' knowledge, attitudes, beliefs, and behaviours regarding the use of violence as a form of punishment. Teachers participate in self-guided groups inspired by the principles of cognitive behavioural therapy.

- All three RCT protocols in this cell also target preventing violence by teachers and are based on the same curriculum 'Interaction Competencies with Children – for Teachers (ICC-T).' The studies are taking place in various sites in sub-Saharan Africa and in Haiti.

3) **Programme focused on preventing adolescents from harassing or being violent against their peers:**

- Number of programmes: Three
- Countries: The Netherlands, Pakistan, and South Africa
- Participants: Adolescent boys and girls (11-17 years) attending primary or secondary school and living in youth residential care settings (one study).
- Interventions: For the boys in residential care, the intervention is a sexual harassment prevention programme delivered by freelance trainers via weekly sessions over two months. The main goals are respectful relationships and preventing sexual harassment. The other two interventions are school-based programmes. One in South Africa 'Skhokho' uses a life skills curriculum, teacher training, and workshops for teenagers and caregivers to prevent gender-based violence against girl students. The other from Pakistan uses a play-based intervention delivered by trained coaches in school. Children are encouraged to reflect on how the activities made them feel and to relate them to their daily lives at school and home. The goals here are to prevent peer violence and reduce depression although these are not explicitly stated to participants.

4) **Programme focused on parents/caregivers:**

- Number of programmes: One
- Country: Jamaica
- Participants: Parents and caregivers of preschoolers
- Interventions: The intervention called the 'Irie Homes Toolbox' is inspired by the classroom version described earlier. The target participants for this intervention are parents/caregivers of preschoolers. Parents received multiple training sessions over two semesters of the school year at their children's school. The goal is to reduce harsh punishment and improve engagement with their children.

**Who delivers the intervention?**

The *Good School Toolkit* actively engages students, teachers, and school staff in various intervention activities. It was developed by a Ugandan non-profit, Raising Voices, and though the papers don't specify clearly, they imply that it was delivered by them.

The other programmes in this cell are delivered by researchers (who often have developed the programme), by personnel from community-based organisations, by teachers in the classroom, or by older students (high school students teaching elementary school students).

### **Have the interventions been implemented at scale?**

There are some examples of large-scale programmes. For example, *Stay Safe* (MacIntyre 1999) has been delivered in most primary schools in Ireland. However, most studies evaluate interventions conducted in a few schools or classrooms.

### **What do the interventions cost?**

*GST*: A separate study by Greco et al<sup>3</sup> found *GST* to be cost-effective. Implementing *GST* over 18 months in 21 schools cost close to \$400,000. Monitoring and evaluation add another \$50,000 to the cost. The annual cost to run *GST* was approximately \$7,500 per school and \$15 per student. It costs close to \$250 to prevent a case of violence (total costs including producing the materials for *GST*) and approximately \$100 in annual implementation costs (to keep the programme running excluding initial costs to launch the programme) for every prevented case.

Other programmes: While cost information is not explicitly provided, classroom-based prevention programmes are generally considered to be low-cost since they are of short duration and can be incorporated into regular school scheduling.

### **Do the interventions work in improving mental health?**

1. **Anxiety**: School-based prevention curricula on sexual abuse prevention for young children can cause anxiety given the nature of the topic and the content of the programme (e.g., “good touch” vs. “bad touch”). Therefore, studies on these programmes assess anxiety as a “side effect”. The goal is to avoid increasing anxiety levels. Approximately half of the studies on school-based sexual abuse prevention programmes reported on anxiety and, ***in general, found that anxiety levels did not increase for children*** in the programme or compared to the control group. The size of the impact is not as important here since the main issue is to see if anxiety increases after exposure to the programme.

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<sup>3</sup> Greco G, Knight L, Ssekadde W, et al Economic evaluation of the Good School Toolkit: an intervention for reducing violence in primary schools in Uganda. *BMJ Global Health* 2018;**3**:e000526.

2. **Self-esteem and pro-social behaviours:** Children with higher self-esteem before participating in sexual abuse prevention interventions tended to learn programme content and skills better. Self-esteem and pro-social behaviours (such as “helping peers”) improved for intervention group children compared to controls albeit, in a few studies while other studies showed no differences for these outcomes between intervention participants and those in the control group. However, the one study on sexual harassment prevention did not find any difference in self-esteem, self-efficacy, or emotional intelligence between interventions and controls.
  
3. **Wellbeing:** Mental health and wellbeing status remained mostly the same after intervention and were similar for the intervention and control groups. Children with mental health difficulties were likely to be least exposed to the intervention (the papers are not clear about why), which meant they were most vulnerable to experiencing violence from staff.

**Are the results generalisable?**

On anxiety and self-esteem, the results seem generalisable because there are several studies on school-based sexual abuse prevention interventions. For the other categories of interventions (preventing violence by teachers; preventing sexual harassment), the small number of studies and mixed results on mental health outcomes limits generalisability.

**How reliable is the evidence?**

Moderately so: see below. The risk of bias in the studies is mixed.

**Risk of Bias for Randomised Controlled Trials (RCTs)**

Study (Author and year)	Overall risk of bias	Randomised process	Deviations from intended interventions	Missing outcome data	Measurement of the outcome	Selection of the reported result
Baker-Henningham 2019	Low risk of bias	Low risk	Low risk	Low risk	Low risk	Low risk
Baker-Henningham 2021	Low risk of bias	Low risk	Low risk	Low risk	Low risk	Low risk
Baker-Henningham 2021a	Low risk of bias	Low risk	Low risk	Low risk	Low risk	Low risk

<b>Devries 2015</b>	High risk of bias	Low risk	Some concerns	Low risk	High risk	Some concerns
<b>Fabbri 2021</b>	Low risk of bias	Low risk	Low risk	Low risk	Low risk	Low risk
<b>Francis 2021</b>	Low risk of bias	Low risk	Low risk	Low risk	Low risk	Low risk
<b>Green 2020</b>	Some concerns	Some concerns	Low risk	Low risk	Low risk	Low risk
<b>Jewkes 2019</b>	Some concerns	Some concerns	Low risk	Low risk	Low risk	Some concerns
<b>Karmaliani 2020</b>	Low risk of bias	Low risk	Low risk	Low risk	Low risk	Low risk
<b>Knight 2018</b>	High risk of bias	Low risk	Some concerns	Low risk	High risk	Some concerns
<b>Ratto 1990</b>	High risk of bias	Some concerns	High risk	Some concerns	High risk	Some concerns
<b>vanLieshout 2019</b>	High risk of bias	Some concerns	High risk	High risk	Some concerns	Some concerns
<b>del Campo Sanchez 2006</b>	Some concerns	Some concerns	Some concerns	Low risk	Low risk	Some concerns
<b>Fryer 1987</b>	Some concerns	Low risk	Some concerns	Low risk	Some concerns	Some concerns
<b>Grendel 1991</b>	Some concerns	Low risk	Some concerns	Low risk	Low risk	Some concerns
<b>Hazzard 1991</b>	Some concerns	Some concerns	Some concerns	Low risk	Some concerns	Some concerns

<b>Kraizer 1988</b>	High risk of bias	Some concerns	High risk	High risk	High risk	High risk
<b>Oldfield 1996</b>	Some concerns	Some concerns	Some concerns	Low risk	Low risk	Some concerns
<b>White 2018</b>	Some concerns	Low risk	Low risk	Low risk	Low risk	Some concerns
<b>White 2019</b>	Low risk of bias	Low risk	Low risk	Low risk	Low risk	Low risk
<b>Wurtele 1992a</b>	Some concerns	Low risk	Some concerns	Low risk	Low risk	Some concerns

#### Risk of Bias for Quasi-Experimental Designs (QEDs)

Study (Author and year)	Overall risk of bias	Confounding	Selection bias	Bias in intervention classification	Deviation from intended intervention	Missing outcome data	Measurement of the outcome	Selection of the reported result
<b>Czerwinski 2018</b>	Moderate risk of bias	Moderate	Low	Low	Moderate	Moderate	Moderate	Low
<b>Weatherley 2012</b>	Moderate risk of bias	Low	Low	Low	Moderate	Low	Moderate	Low
<b>Kraizer 1991</b>	Serious risk of bias	Serious	Serious	Low	Moderate	Low	Moderate	Low
<b>MacIntyre 1991</b>	Low risk of bias	Low	Low	Low	Low	Low	Moderate	Low
<b>Taal 1997</b>	Low risk of bias	Low	Low	Low	Low	Low	Moderate	Low
<b>Urbann 2020</b>	Some concerns	Low	Moderate	Moderate	Low	Moderate	Low	Low

