

Prevention / Parent or Caregiver: Knowledge and Awareness

School-based interventions involving parents to tackle abuse can improve parent and caregiver knowledge and attitudes toward physical and sexual abuse.

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| Evidence status | Moderate risk of bias | School-based prevention interventions that involve parents can improve their knowledge regarding abuse and attitudes on violence against children. |
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The summary in brief

School-based interventions to reduce child abuse and violence against children include training for teachers and parents. These interventions generally improve parent knowledge regarding abuse and attitudes toward the use of harsh discipline. The impact on parent or caregiver knowledge and attitudes varies, possibly on account of the varying intensity and duration of the intervention.

Contents of the cell

The cell has eight studies (Kolko 1987, Kolko 1989, MacIntyre 1991, Merrill 2018, McElearney 2021, Green 2020, Jewkes 2019, Francis 2021), and one protocol (Wangamati 2021). There are no systematic reviews.

A full summary of Merrill 2018 is available in the guidebook.

The interventions

All seven programmes covered in the eight studies are school-based, being delivered to preschoolers, primary and secondary school students, and their teachers and parents. They are from a diverse set of countries.

| Programme | Country | Description |
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| <i>Good School Toolkit</i> | Uganda | School-wide intervention implemented over 18 months. Schools are provided with booklets, posters, and facilitation guides for over 60 Toolkit activities. The activities, e.g., student discussions, debates, and booklet clubs, are mostly in a group setting. They address mutual respect, power relations, non-violent discipline techniques, classroom management strategies, and behaviour-change techniques, such as setting goals, making action plans, implementing rewards and reinforcement, and creating social support for change. |

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| <p><i>Red Flag / Green Flag People</i> (2 studies)</p> | <p>USA</p> | <p>Staff and parent sessions are followed by two classroom training sessions of one and a half hours each. <i>The Green Flag / Red Flag</i> colouring book promotes behavioural strategies such as (1) how to say no to an adult, (2) how to get away from a perpetrator, and (3) how to tell someone about the experience of an actual abusive incident. A film entitled "Better Safe than Sorry II" is also presented. Parents were directly involved in the programme in one study (Kolko 1987) but not in the other (Kolko 1989).</p> |
| <p><i>Stay Safe</i></p> | <p>Republic of Ireland</p> | <p>Teacher and parent training sessions are followed by classroom implementation of 10-12 sessions of 30-40 minutes each. Teacher (two sessions) and parent training (one session) include sexual abuse prevention concepts such as definitions, myths, realities, prevalence, and information on typical victim and offender characteristics. It also includes tips on how to identify victims and support them with disclosure and appropriate referrals to legal and social services. Community healthcare workers (doctors, nurses) also attended the parent training session.</p> <p>Pupil sessions cover five topics: feeling safe and unsafe; bullying; wanted and unwanted touches; telling adults about negative interactions with victimisers and bullies; and dealing with strangers.</p> |
| <p><i>Keeping Safe</i></p> | <p>Northern Ireland, UK</p> | <p>The 'whole-school' programme for children aged 4-11 on how to keep safe from any type of maltreatment. Teaching and learning resources are incorporated into regular curricula and the culture of the school. Classroom teaching covers three themes (healthy relationships; my body; and being safe) and 63 lesson plans for children as they progress from grade one to grade seven. School leaders and parents are also actively involved in the programme. Training and support are available for teachers and school staff.</p> |
| <p><i>Skhokho</i></p> | <p>South Africa</p> | <p>A holistic approach for 7th graders in multiple schools with a focus on preventing gender-based violence. Multiple interventions are part of the programme, including a life orientation curriculum for students, training for teachers, a workshop for parents/caregivers and teenagers, and the formation of clubs for children in year two of the programme to sustain momentum.</p> |
| <p><i>Early Head Start</i></p> | <p>US</p> | <p>Federally supported early childhood intervention for low-income households that includes day care services and home visits to provide resources to reduce parent/caregiver stress and improve the household environment.</p> |

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| <i>Irie Homes Toolbox</i> | Jamaica | A universal violence prevention programme targeted at parents of preschoolers. Training sessions are delivered via schools by preschool teachers. The aims of the programme are to move away from harsh punishment by parents and improve engagement with their children. |
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Do the interventions work in improving parent or caregiver knowledge and attitudes?

Caregivers involved with the *Good School Toolkit* programme were surveyed two years after the programme, which ran for 18 months. They expressed reduced acceptability for the use of physical discipline at home (0.7 lower on a scale of 0-low to 12-high) and in school (0.8 lower on the same scale) compared to caregivers not in the programme, although the average difference was quite small. This most likely means a reasonable change in some parents but no change in others.

No impact was seen on their view of sexual abuse (sexual relationship between teacher and pupil), but that was probably because the acceptability was already low (approximately 0.5 on a scale of 0-low to 3-high). Caregivers were not surveyed before the programme, so we do not know whether or how their beliefs changed over time.

The evaluation of *Stay Safe* used a 38-item Parents' Knowledge and Attitudes Questionnaire. Significant improvements were recorded for eight of the eighteen items, reflecting belief in children's statements, more positive attitudes towards prevention programs, and knowledge about help-seeking. Parents' knowledge and attitude changes were not related to their age or gender.

Assessing the impact of the Red Flag/Green Flag People is challenging because Kolko's 1987 study did not measure parents' actual knowledge or awareness of child sexual abuse. Instead, it relied on self-reported perceptions of knowledge and awareness. Six months after intervention, parents' ratings on "seriousness of abuse, personal knowledge of abuse, confidence in identifying abuse and preparedness to deal with abuse" were similar across intervention and control groups. Intervention group parents' ratings on "information learned" from the programme (note that this is their feeling on how much they learned but not a test of their actual knowledge) were significantly higher than those not in the programme.

In addition "there were no differences in parents' ratings of their awareness of the problem of child sexual abuse over the previous six-month period, as all three groups indicated that their awareness had very much increased since then."

Finally, intervention group parents also reported significantly higher discussions on sexual abuse at home compared to controls. In summary, it is not clear from the study what impact this programme had on parent knowledge and attitudes.

Kolko 1989 (where the parents were not directly exposed to the programme), reported that parents whose children were in the programme reported higher scores for 'awareness', 'preparedness', 'utility' (of the programme) and 'change in understanding' compared to control group parents after training and at six-month follow-up. However, only 'change in understanding' improved after training compared to

controls, whereas the other scores mostly stayed the same for the intervention group and decreased for the control group (which made the intervention group scores appear better).

In the Skhokho and Irie Homes Toolbox, parents reported better communication and engagement with their children and knowledge of positive parenting. Parents also reported less negative parenting, i.e., harsh punishments against children. Early Head Start parents tended to be more supportive of their children's development and made efforts to create a positive environment at home.

Have the interventions been implemented at scale?

Personal safety programmes such as the *Red Flag /Green Flag People* colouring book are widely adopted, although they vary in duration and intensity. However, this study had only a small sample.

Early Head Start is a truly scaled-up programme, available across the US.

The other programmes are designed as research studies implemented in various schools and classrooms but not scaled up.

Which type of organisation delivered the intervention?

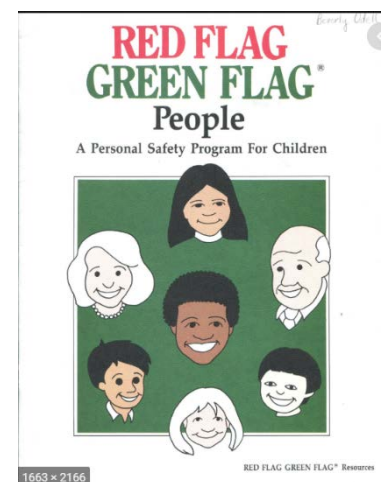
The Good School Toolkit was developed by Raising Voices, a Ugandan non-profit committed to preventing violence against women and children. They also seemed to be involved in the delivery and evaluation of effects.

The Red Flag / Green Flag programme was chosen for use by an organisation that developed community services for local school-age children "in light of its appropriate content and objectives, availability, inclusion of audio-visual materials and a workbook, limited cost, and short duration of presentation."

The delivery organisation for *Stay Safe* is not mentioned, but the first author of the study is from the Eastern Health Board and Child Abuse Prevention Programme (Dublin, Ireland). The study mentions that *Stay Safe* is implemented in nearly all primary schools in the Republic of Ireland and "has the full support of the Department of Education, the Irish Government, and leaders of the major religious traditions in the country."

The Irie Homes Toolbox is delivered by trained preschool teachers. Early Head Start employs child care workers and social workers to engage with families. Skhokho was facilitated by researchers involved in the design and implementation of the programme.

What do the interventions cost?



Cost data for the *Good School Toolkit* is reported in a study by Greco et al¹. Implementing it over 18 months in 21 schools was cost close to \$400,000. Monitoring and evaluation add another \$50,000 (for monitoring and evaluation for the whole programme). The annual cost to run the programme was approximately \$7,500 per school and \$15 per student. It cost close to \$250 to prevent a case of violence (total implementation costs including producing the toolkit materials) and approximately \$100 in annual implementation costs for every prevented case. *GST* was found to be cost-effective.

The *Red Flag / Green Flag* programme is noted in the study to be low cost, but actual cost data are not provided. Similarly, the authors claim that Irie Homes Toolbox and Skhokho can be delivered at low-cost, but actual costs are not provided.

How are the programmes meant to work? The theory of change

The logic of personal safety programmes is that children are active agents in child sexual abuse. If children are aware of what constitutes abuse (e.g., good touch versus bad touch), they are likely to recognise it, object to it, walk away from it, and report it, all of which reduce the likelihood of abuse occurring. Programmes teach children the skills for managing and reporting abusive situations. This process is supported by parent and teacher training so they can reinforce the approach and listen to children when they discuss these issues, including reporting abuse.

The *Good School Toolkit* has a six-step process based on the Transtheoretical Model of Behaviour Change. This model first makes people aware of the problem of physical and sexual abuse, and then supports the planning and implementation of behaviours to deal with the problem. The final stage is when new behaviours have become the norm.

Other programmes mention they are theory-informed but do not specify a particular theory they are based on. It is likely that programmes derive different elements from different theories to create a conceptual approach for a given intervention.

Will the results translate elsewhere?

Early childhood intervention and engagement with parents could potentially be implemented in other settings. Good touch/Bad touch-style prevention programmes are widely implemented in Western countries. Results from these programmes are likely transferrable globally (see the synthesis on *Prevention X Child Knowledge and Awareness*).

How reliable is the evidence?

Moderately so.

Risk of Bias for Randomised Controlled Trials (RCTs)

| Study | Overall | Randomise | Deviations | Missing | Measuremen | Selection |
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¹ 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.

| (Author and year) | risk of bias | d process | from intended interventions | outcome data | t of the outcome | of the reported result |
|-------------------|-------------------|---------------|-----------------------------|---------------|-------------------|------------------------|
| Merrill 2018 | High risk of bias | Low risk | Some concerns | Some concerns | High risk of bias | Some concerns |
| Green 2020 | Some concerns | Some concerns | Low risk | Low risk | Low risk | Low risk |
| McElearney 2021 | Some concerns | Low risk | Some concerns | Some concerns | Low risk | Low risk |
| Jewkes 2019 | Some concerns | Some concerns | Low risk | Low risk | Some concerns | Low risk |
| Francis 2021 | Low risk of bias | Low risk | Low risk | Low risk | Low risk | Low risk |

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 |
|-------------------------|----------------------|-------------|----------------|-------------------------------------|--------------------------------------|----------------------|----------------------------|----------------------------------|
| Kolko 1987 | Low risk of bias | Low risk | Low risk | Low risk | Low risk | Moderate risk | Moderate risk | Low risk |
| Kolko 1989 | Low risk of bias | Low risk | Low risk | Low risk | Low risk | Moderate risk | Moderate risk | Low risk |
| MacIntyre 1991 | Low risk of bias | Low risk | Low risk | Low risk | Low risk | Low risk | Moderate risk | Low risk |

What else is known from other studies about school-based programmes to prevent child sex abuse?

A Cochrane systematic review² of 24 studies of school-based programmes that deliver information about child sex abuse and strategies to help children avoid it and encourage them to report abuse found that the programmes increase children's knowledge and skills for dealing with abuse. But there is no impact on child mental health or sexual abuse. The review did not report on parent / caregiver outcomes.

² Walsh K, Zwi K, Woolfenden S, Shlonksy A. School-based education programmes for the prevention of child sexual abuse. Cochrane Database of Systematic Reviews 2015, Issue 4. Art. No.:CD004380. DOI:10.1002/14651858.CD004380.pub3.