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## Sarah Chapman

# Teaching children in schools about sexual abuse: what do we know about how well this works?

In the UK, at least one in 20 children are sexually abused and one in three of them don't tell anyone about it (Radford et al., 2011). Sexually abused children can suffer long-lasting psychological and emotional problems, especially if the abuse is never uncovered. School is perhaps the key place where strategies to prevent and uncover sexual abuse can be implemented and now we have new evidence that children who are taught at school about how to prevent sexual abuse are more likely to tell someone if they are being, or have been, sexually abused.

This evidence comes from a Cochrane review (Walsh et al., 2015). Cochrane is a global, independent network of researchers, professionals, patients, carers and other people interested in health. Cochrane systematic reviews bring together the best available research evidence, addressing a focused question, with the aim of helping people make informed decisions about health. They may identify the benefits and harms of interventions and also gaps in the evidence. One of the strengths of Cochrane reviews is that they are periodically updated, to allow relevant new research to be identified and added. A review on school-based sexual abuse prevention programmes, first published in 2007, has recently been updated with the addition of new studies, strengthening its original findings (Walsh et al., 2015).

### Background

School-based sexual abuse prevention programmes aim to equip children and adolescents with the knowledge and skills to recognize and avoid potentially abusive situations and to fend off sexual approaches by offenders. They also aim to limit the harm caused by encouraging disclosure, of actual or attempted

sexual abuse. Sexual abuse education may be delivered to any school age group, though in secondary schools it is likely to be a component of more wide-ranging sex and relationships education.

Education programmes to reduce the incidence of sexual abuse were developed in the United States in the 1970s and rapidly adopted there but provision varies, both between and within different countries. In the UK, the provision of personal, social and health education (PSHE) and sex and relationships education (SRE) is not mandatory, though a report by the House of Commons Education Select Committee in February this year called for this to change (Great Britain House of Commons Education Committee, 2015). Committee Chair, Graham Stuart, highlighted its role in abuse prevention, saying,

*'Young people have a right to information that will keep them healthy and safe. SRE forms an important part of any school's efforts to safeguard young people from abuse, and is particularly needed to protect the most vulnerable children.'* (Weale, 2015)

It is important to know whether sexual abuse education is effective and whether the concern that it may have negative effects is justified. The Cochrane review systematically assessed whether these programmes improve children's protective behaviours and knowledge and whether this lasts; whether taking part increases disclosures of sexual abuse and whether participation increases fear or anxiety in parents or children. It did not address whether there was any impact on the incidence or prevalence of sexual abuse.

### Methods

To update this Cochrane review, the team conducted systematic searches across 14 relevant

databases, two trials registers and reference lists, as well as seeking unpublished studies, using Cochrane's rigorous search methods. Randomized controlled trials (RCTs), cluster RCTs and quasi-RCTs of school-based programmes, compared with another intervention, or the standard school curriculum, were eligible for inclusion. They excluded interventions aimed at preventing relationship and dating violence and sexually coercive peer relationships, which are explored in another Cochrane review (Fellmeth et al., 2013). Interventions aimed more broadly at personal safety in which the effects of the sexual abuse component could not be isolated and those delivered entirely before and after school hours, or in early childhood day care settings, were also excluded.

Risk of bias was assessed for all studies, using the Cochrane revised Risk of bias assessment tool (Higgins & Green, 2011) and a sensitivity analysis conducted to investigate the extent to which risk of bias influenced results. The quality of the evidence was assessed according to the methods developed by the GRADE working group (<http://www.gradeworkinggroup.org>), indicating the reviewers' confidence in the effects of interventions. A full description of the methods used can be found in the review here: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004380.pub3/full#CD004380-bbs2-0132>

Protective behaviours were assessed using a stranger simulation test straight after the intervention and hypothetical scenarios were used to test applied knowledge. Questionnaires were used to measure factual knowledge and also anxiety. Disclosures, made during or after completion of the programme, could be of past or current sexual abuse.

## Results

The original review contained 15 trials, one of which was removed for this update as it was reassessed as not meeting the eligibility criteria. Ten trials were added, bringing the total to 24 trials with 5802 participants from a diverse range of ethnicities. All but one took place in primary schools in the US, Canada, Taiwan, Turkey, China, Germany and Spain. There were no suitable trials from the UK, but the review authors say there is no reason to believe that children here are 'terribly different from those in

the studies'. All studies took place in primary schools apart from one, conducted in a special school for adolescents with learning difficulties.

In all the trials, the interventions focused specifically on the prevention of sexual abuse. Fifteen different programmes were used. Programme content was not always clearly reported but combined teaching safety rules, prevention concepts (such as distinguishing between appropriate and inappropriate touching), differentiating between types of secrets, and identifying whom they could tell. Four studies also included content on abduction prevention. Methods used ranged from role play and modelling to discussion and instruction, using a variety of media including film, plays, songs, puppets, games, books, colouring books and multimedia. None of the programmes were delivered electronically in web- or computer-based formats. The programmes ranged from a single forty-five minute session to eight 20 minute sessions on consecutive days.

In 17 trials, the effectiveness of sexual abuse education was compared with a wait-listed control group. In seven trials, the control group participated in activities or presentations with no child abuse content.

Children receiving the programmes were more likely to disclose sexual abuse. They showed improved factual and applied knowledge about sexual abuse and its prevention immediately afterwards and up to a fortnight later. The four studies assessing this up to six months later showed that much of this knowledge was retained. Three studies assessed protective behaviour straight after the intervention and found that children who received sexual abuse education were much more likely to display protective behaviours in a simulated situation straight after the end of the programme. Taking part did not appear to make children more anxious and nor were there other unwanted effects.

## Discussion

The evidence from this review favours the provision of sexual abuse prevention education in schools but the reviewers recognize that it is difficult to prove that children have learned the skills considered necessary for recognizing and reporting sexual abuse. *'Even if a child demonstrates that they know how to behave in a*

certain scenario, it doesn't mean they will behave the same in a real situation where there is potential for abuse,' said lead author Kerryann Walsh of the Faculty of Education at Queensland University of Technology in Brisbane, Australia. 'Tests cannot mimic real abuse situations very well. For example, we know that most sexual abuse is perpetrated by someone known to the child whereas in the test situations, unfamiliar actors or research assistants were used.'

'This review supports the need to inform and protect children against sexual abuse,' said Walsh. 'But ongoing research is needed to evaluate school-based prevention programmes, and to investigate the links between participation and the actual prevention of child sexual abuse. To really know whether these programmes are working, we need to see larger studies with follow-up all the way to adulthood.'

There is also a need for future studies to be more rigorously designed, conducted and reported to enable better scientific evaluation of these interventions. The reviewers assessed the studies in the review to be of moderate quality and subsequent research included in later updates may change the estimate of effect.

It was not possible to evaluate the specific effects of programme characteristics such as duration, setting, frequency or type. However, the reviewers note that the programmes in the studies combined multiple topics (body safety rules, distinguishing types of touch and seeking help), varied methods of teaching and both active and passive elements, such as watching a film then taking part in an activity.

## The National Society for Prevention of Cruelty to Children (NSPCC) Schools Service

Primary schools in the UK which currently provide sexual abuse education may use their own staff to deliver it as part of the PSHE/SRE curriculum or bring in the NSPCC Schools Service (<http://www.nspcc.org.uk/fighting-for-childhood/our-services/services-for-children-and-families/childline-school-service/>)

(formerly ChildLine Schools Service). The service is free to schools and offers an assembly or workshop, delivered by specially trained volunteers and tailored to the age of the group. One of the schools using the service is Kingsfield Primary School in Cambridgeshire. Headteacher Joanne Tomlins explains:

*'With statistics of child sexual abuse being so high, and our disclosures of such abuse from our pupils being low, as a school we decided to invite in the ChildLine Service to speak to our children. Our school has almost 400 children in attendance; many from very vulnerable families often living in quite challenging circumstances. We felt strongly that our children needed further education to help them to identify if they might be a victim of such abuse, how to keep themselves safe from harm and where to go if they need to get help. ChildLine were swift to respond and talked with staff before their visit in order to ensure the facilitators met our children's needs. Furthermore, the service is delivered in an accessible way that's age-appropriate. I would not hesitate to recommend the ChildLine Schools Service to other primary schools.'*

Commenting on the latest evidence from the Cochrane review, an NSPCC spokesperson said:

*'Awareness of child sexual abuse is greater than ever but it is still incredibly hard for a child to speak out about it.'*

*'Teachers are at the frontline of keeping children safe, by educating pupils about what abuse is and knowing how to handle disclosures. Strong leadership is needed in schools and local government to make sure all teachers are trained in spotting the signs of abuse and dealing with disclosures.'*

*'The next government should make updated sex and relationship education a statutory right for every child and young person. Our ChildLine Schools Service is helping primary school pupils across the country to better understand abuse. And our Underwear Rule campaign (<http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/underwear-rule/>) is helping parents talk to their children about keeping themselves safe.'*

While the quality and availability of sex education in the UK continues to be the subject of scrutiny and debate, this Cochrane review offers support for the provision of sexual abuse education but also highlights what we still need to know and what kind of research can best address the remaining uncertainties.

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