School based education programmes for the prevention of child sexual abuse

10 February 2014

An updated version of this systematic review has been published and can be found online at www.cochrane.org. We will soon update the below RHL summary to reflect the updated findings of the systematic review.

RHL summary

Findings of the review: Sexual abuse of children is a serious problem worldwide. Education programmes in some countries include a variety of interventions at the school level to protect children from sexual abuse. This review assessed if school-based programmes are effective in improving knowledge and protective behaviours to shield children from sexual abuse. Fourteen randomized controlled trials and one quasi-experimental study were included. The quality of most of the studies was inadequate, with over half of them having statistical analyses errors. Overall, the review found statistically significant improvements in knowledge measures and retention of knowledge up to one year and development of self-protective behaviours. However, this should be interpreted with caution due to unit analysis errors mentioned above. No meta-analysis could be performed to assess harm, although three studies reported adverse events. Disclosures of past or current abuse showed no difference between groups. The variation of programme type, age and setting and time of follow-up limited the conclusions. It is also yet to be determined if improving knowledge and self-protective behaviour has an impact in the reduction of child sexual abuse.

Implementation: Current evidence is not sufficient to establish that school-based education programmes are effective in the prevention of child sexual abuse.

Cochrane review
Abstract

Child sexual abuse is a significant problem that requires an effective means of prevention.

To assess: if school-based programmes are effective in improving knowledge about sexual abuse and self-protective behaviours; whether participation results in an increase in disclosure of sexual abuse and/or produces any harm; knowledge retention and the effect of programme type or setting.

Electronic searches of Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, PsycINFO, CINAHL, Sociological Abstracts, Dissertation Abstracts and other databases using MESH headings and text words specific for child sexual assault and randomised controlled trials (RCTs) were conducted in August 2006.

RCTs or quasi-RCTs of school-based interventions to prevent child sexual abuse compared with another intervention or no intervention.

Meta-analyses and sensitivity analysis, using two imputed intraclass correlation coefficients (ICC) (0.1, 0.2), were used for four outcomes: protective behaviours, questionnaire-based knowledge, vignette-based knowledge and disclosure of abuse. Meta-analysis was not possible for retention of knowledge, likelihood of harm, or effect of programme type and setting.

Fifteen trials measuring knowledge and behaviour change as a result of school-based child sexual abuse intervention programmes were included. Over half the studies in each initial meta-analysis contained unit of analysis errors. For behaviour change, two studies had data suitable for meta-analysis; results favoured intervention (OR 6.76, 95% CI 1.44, 31.84) with moderate heterogeneity (I²=56.0%) and did not change significantly when adjustments using intraclass coefficients were made. Nine studies were included in a meta-analysis evaluating questionnaire-based knowledge. An increase in knowledge was found (SMD 0.59; 0.44, 0.74, heterogeneity (I²=66.4%). When adjusted for an ICC of 0.1 and 0.2 the results were SMD 0.6 (0.45, 0.75) and 0.57 (0.44, 0.71) respectively. Heterogeneity decreased with increasing ICC. A meta-analysis of four studies evaluating vignette-based knowledge favoured intervention (SMD 0.37 (0.18, 0.55)) with low heterogeneity (I²=0.0%) and no significant change when ICC adjustments were made. Meta-analysis of between-group differences of reported disclosures did not show a statistically significant difference.

Studies evaluated in this review report significant improvements in knowledge measures and protective behaviours. Results might have differed had the true ICCs from studies been available or cluster-adjusted results been available. Several studies reported harms, suggesting a need to monitor the impact of similar interventions. Retention of knowledge should be measured beyond 3-12 months. Further investigation of the best forms of presentation and optimal age of programme delivery is required.