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Research article

Effectiveness of a school-based intervention to prevent child sexual abuse—Evaluation of the German IGEL program

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ABSTRACT

Background: Child sexual abuse (CSA) is a problem with severe consequences for victimized children. A variety of interventions have been developed and implemented over the last decades to prevent CSA. However, most of them have not been systematically evaluated to determine their effectiveness. The IGEL program is a school-based intervention to prevent CSA in third-grade primary school children in Germany.

Methods: This study was conducted using a quasi-experimental design, in which almost 300 children and their parents from eight intervention and four control schools were surveyed three times (pretest, posttest, 3 months later). In order to measure outcomes, a questionnaire was developed based on validated instruments to assess the knowledge, courses of action and self-protective skills of the children. Furthermore, increased anxiety and generalized touch aversion were examined as potentially harmful side effects of the program.

Results: The results clearly demonstrate increased CSA-related knowledge and courses of action in children from the intervention group compared to the control children. These effects were medium-sized and sustained for at least three months after the last session. No meaningful negative side effects were detected in the evaluation for either the children or parents.

Conclusion: The outcome evaluation indicates that the IGEL program is an effective intervention in terms of knowledge about CSA and known courses of action, and may therefore contribute to the prevention of CSA in primary schools. Despite this positive core finding of the intermediate outcomes, some adaptations of the program to children with different cultural backgrounds were made prior to further dissemination.

1. Background

Although children have the right to be protected from all forms of violence, including sexual victimization (United Nations, 1989), child sexual abuse (CSA) is a significant social problem associated with severe negative consequences for the victims as well as their families, social environment and the entire society (Collin-Vézina, Daigneault, & Hébert, 2013; Wurtele, 2009). In Germany, the issue of sexual violence against girls and boys has gained particular public attention in recent years due to a series of delayed disclosures of widespread CSA in institutional contexts (e.g., residential schools and churches). As a result, specific research activities for the development and evaluation of preventive efforts to protect children from CSA have been funded by the Federal Ministry of

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Education and Research (Runder Tisch, 2011).

The objective of this paper is to present the results of the evaluation of a school-based prevention program for primary school children in Germany. After a brief description of the prevalence of CSA, we focus on established prevention programs and their efficacy as revealed by recent research. We then briefly describe the intervention and the methods used to evaluate its impact. Finally, the results of the outcome evaluation are presented and discussed.

1.1. CSA prevalence and prevention

Prevalence estimates differ across studies depending on the definition of CSA adopted. In addition, comparability is further limited due to the differences in study designs, sampling procedures and methods used (UNICEF, 2014). Data from an international review on the prevalence of CSA including fifty-five studies from 24 countries showed that according to four predefined types of sexual abuse, prevalence estimates ranged from 8 to 31% for girls and 3 to 17% for boys (Barth, Bermetz, Heim, Trelle, & Tonia, 2013), but heterogeneity of included studies was high in all analyses. In 2011, a large sample of 16 to 40 year olds was drawn to assess the recent prevalence of CSA in Germany by using postal questionnaires, but despite the sample size (n = 11,428) this study has some methodological shortcomings. These retrospective data showed that 6.7% of females and 1.4% of males reported CSA that included bodily contact to the perpetrator during childhood up to an age of 15, of which only 14% and 11.6% were reported to the police; in addition, 5.6% of females and 1.4% of males reported experiences involving exhibitionism (Posch & Bieneck, 2016; Stadler, Bieneck, & Pfeiffer, 2012). In comparison with a similar study conducted in 1992, the authors report that CSA prevalence has declined over the past decades, which is consistent with international findings (Finkelhor, Turner, Ormrod, & Hamby, 2010; Laaksonen et al., 2011). This decline is partly attributed to the widespread implementation of school-based interventions aimed at preventing CSA (Finkelhor et al., 2010). Some indications of such preventive effects were found by Gibson and Leitenberg (2000) in the U.S., who retrospectively surveyed 825 female students aged 16 to 28 on both their participation in “good touch-bad touch” interventions and their history of CSA. For the group that had participated in preventive programs, the authors reported a prevalence of 8%; in the group that had not participated, the prevalence was twice as high (16%).

A separate analysis of victim-reported data in Germany showed that most cases of CSA occur in either a familial (57%) or institutional (29%) context, with girls being more frequently victimized by male family members and boys more often reporting CSA in institutional settings (e.g., residential schools) (Fegert et al., 2011).

Many prevention programs focus primarily on improving the abuse-related knowledge and skills of children via group-based interventions (Wurtele, 2009). Typically, children-oriented interventions convey knowledge of concepts and strategies proposed to be helpful to avoid CSA by teaching the three R’s (recognize, resist, report) to the children, often supplemented by other concepts related to CSA (e.g.. that CSA is never the victim’s fault, that perpetrators can also be well-known people etc.). These interventions mainly differ with respect to the methods and materials used to improve children’s knowledge and skills, their length/intensity and the degree to which CSA is clearly labeled (Topping & Barron, 2009). Such programs are usually conducted in school settings because of the school’s ability to reach a maximum number of children in a relatively cost-effective manner while avoiding the stigmatization of a particular population (Collin-Vézina et al., 2013).

1.2. Evaluation of school-based prevention programs

More recently published reviews and meta-analyses (Davis & Gidycz, 2000; Topping & Barron, 2009; Walsh, Zwi, Woolfenden, & Shlonsky, 2015) report significant positive effects of children’s participation in programs with respect to a wide range of outcomes, which can be generally categorized as knowledge (discrimination between good/bad touch, dealing with secrets, etc.) and self-protective skills (e.g., saying no, reporting to trusted adults). In combining the effect sizes for the outcomes “knowledge” and “self-protective skills,” Rispens and colleagues in their meta-analysis found a pooled effect size of d = 0.71 (Rispens, Aleman, & Goudena, 1997). Davis and Gidycz (2000) reported an even higher average effect size of d = 1.07. Another systematic review of this topic found an overall effect size of d = 0.61 (Topping & Barron, 2009), which was also combined for the two main outcomes “knowledge” and “self-protective skills”.

However, the authors of these reviews reported very restricted comparability of their results due to the large heterogeneity in the field of school-based prevention and the lack of methodological standards. One part of the answer to this problem is provided by the Cochrane review conducted by Walsh et al. (2015), who applied somewhat stricter inclusion criteria (e.g., randomization). They distinguished between questionnaire-based and vignette-based knowledge outcomes and found pooled effect sizes of d = 0.61 for questionnaire-based evaluations and d = 0.45 for vignette-based evaluations. Although there is an ongoing methodological development with some excellent newer evaluation studies, many of the existing studies lack methodological quality, e.g., in terms of the use of measures with unknown psychometric properties, the frequent absence of evaluation of program implementation fidelity (Topping & Barron, 2009) or the failure to account for possible negative side effects of program participation (Walsh et al., 2015).

Walsh and colleagues reported that only few studies had assessed negative outcomes of the intervention (e.g., increased anxiety, nightmares or nocturnal enuresis), although some did find such adverse effects (Walsh et al., 2015). Negative effects were frequently reported but tended to be “small in number, mild in nature” (Topping & Barron, 2009, p. 452) and short in duration. Furthermore, they were usually based on the observations of teachers or parents rather than the responses of the participating children. Walsh et al. (2015) point out that a methodological problem of the studies included in their review is that “the appropriate analysis for cluster-randomization was not used in any of the studies” (p. 31) and “ICCs were not reported in the studies or available from study authors” (p. 13). This failure to take the clustered structure of the given data into account may have led to incorrect effect estimates at the