Childhelp | PREVENTION EDUCATION

EVALUATION & EVIDENCE

INTRODUCTION

Childhelp seeks to educate and empower everyone in a community with aligned adult- and child-focused prevention programs and resources.

Our programs:

- are based on scientific research and prevention best practices.
- are informed by youth, survivors, and professional and community expertise.
- focus on preventing perpetration AND reducing the risk of children experiencing harm.
- focus on fostering healthy relationships, positive social norms, resilience, and protective factors.
- are inclusive and adaptable to educate diverse audiences and communities with various cultural needs and training mandates while maintaining integrity and fidelity.

Childhelp **Speak Up Be Safe** is recognized as "supported by research evidence" (level-2) by the California Evidence-Based Clearinghouse (www.CEBC.org) and to our knowledge is the only youth-focused prevention education program that is evidence-based for all grades levels, Pre-K – 12. All of our other curricula and modules are evidence-informed, ensuring they are impactful and effective. ***(CEBC listing: https://www.cebc4cw.org/program/childhelp-speak-up-be-safe/)***

We are committed to ongoing research to ensure the efficacy of all of our programs and will publish additional research as studies are completed.

EVIDENCE-BASED PROGRAMS

There are many prevention programs that claim to be "evidence-based." However, there is no single definition to explain what that means and no standard criteria that must be met to make this claim. Utilizing program registries can help potential program users better understand the evidence behind a program and enable comparisons of evidence across programs. However, it's also important to note that quality programs exist that are not listed on a registry due to the expense and time required to do program evaluations.

We encourage program users to do their own analysis and comparison of prevention programs to determine the validity and rigor of "evidence-based" claims and to look at programs from a holistic perspective to better understand program quality and efficacy. It's important to look at both the strength of evidence as well as the effectiveness of a program to achieve desired outcomes. It is equally important to know that a program will work and be successful in the particular context and setting in which it will be implemented. To do such analysis, it is important to understand what evidence is and the different types of evidence.

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UNDERSTANDING EVIDENCE

Evidence enables researchers, practitioners, and policymakers to determine whether or not a prevention program, practice, or policy is of high quality and will actually achieve the outcomes it aims to and in the way it intends. According to the Centers for Disease Control, there are multiple types of evidence and all are important when making decisions based on evidence.

Research Evidence

Evidence is a broad term that refers to any information or facts (empirical data) that support a claim. In the case of prevention programs, evidence suggests that the program works. Research and evidence are terms that are often used interchangeably, however they are different. Research is the process to collect and analyze data. The results of research is the evidence. The more rigorous the research (research characterized by thoroughness, adherence to standards, and carefully controlled, sound methodology), the more compelling the evidence.

Experiential Evidence

Experiential evidence refers to the collective experience and expertise of stakeholders who have practiced or lived in a particular setting and who have knowledge about the community in which a prevention strategy will be implemented. Based on their experience, these individuals or groups have knowledge about what has or has not worked previously in their specific setting with their particular population. They also have insight about potential implementation challenges and the general needs and challenges of their community. Experiential evidence also includes the knowledge of subject matter experts.

Contextual Evidence

Contextual evidence refers to information that may impact the success of a prevention strategy such as community history, organizational capacity, and social norms. This type of evidence provides information to help determine whether a prevention strategy is likely to be acceptable, feasible, and useful in a particular community or setting.

Source:

Centers for Disease Control - Understanding Evidence: Evidence Based Decision-Making Summary
https://www.cdc.gov/violenceprevention/pdf/understanding_evidence-a.pdf

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Randomized Control Trial
Speak Up Be Safe | Elementary & Middle School
2022

Journal/Publication:
Wolfersteig, W., Diaz, M. J., & Moreland, D. (2022).
Empowering Elementary and Middle School Youth to Speak Up and Be Safe: Advancing prevention of child maltreatment with a universal school-based curriculum
International Journal of Environmental Research and Public Health, 19(19), Article 11856.
https://doi.org/10.3390/ijerph191911856

Research Design:
Randomized controlled trial

Number of Participants/Sample Size:
2,797

Population:
- Age: 5–13 years
- Race/Ethnicity: Not specified
- Gender: 1,411 Female, 1,386 Male
- Participants: Students in kindergarten through 8th grade from 13 schools
- Location/Institution: Not specified

Summary/Findings:
The purpose of the study was to determine the efficacy of the Childhelp Speak Up Be Safe (SUBS) curriculum with students in kindergarten through 8th grade. Participant schools were randomly assigned to either the CH SUBS or control condition. Measures utilized include the Flesch–Kincaid Grade Level score. Results indicate that the CH SUBS group had significantly higher scores at follow-up than the students in the control group. Limitations include the results relied on self-reported data from elementary and middle school students; the researchers could have conducted, or could as future research conduct, a qualitative follow-up component such as focus groups with youth to help measure the specific knowledge and skills they acquired from these lessons; the pilot study before the randomized controlled trial did not receive survey responses for grade 7, which resulted in a lack of feedback on the curriculum and survey measures for that grade and may have contributed to the lack of significant findings for that grade level; and length of follow-up.

Length of Controlled Post-Intervention Follow-Up:
6 months

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EVALUATION STUDIES



Randomized Control Trial
Speak Up Be Safe | High School
2021

***Journal/Publication*:**
Diaz, M. J., Moreland, D., & Wolfersteig, W. (2021).
Assessing the Effects of Childhelp's Speak Up Be Safe Child Abuse Prevention Curriculum for High School Students
Journal of Child & Adolescent Trauma, 14, 425–432.

***Research Design*:**
Randomized controlled trial

***Number of Participants/Sample Size*:**
2,887

***Population*:**
- Age: Not specified
- Race/Ethnicity: Not specified
- Gender: Not specified
- Participants: Students in 9th to 12th grade in 3 schools
- Location/Institution: Not specified

***Summary/Findings*:**
The purpose of the study was to examine the Childhelp® Speak Up Be Safe (SUBS) child abuse prevention curriculum for high school students and address a gap in evidence-based child maltreatment prevention programs. Three high schools were randomly assigned to the SUBS curriculum or the control group. Measures utilized include study developed measures which collected demographic, child maltreatment, and a resistance strategy items survey (Run, Escape, Scream, Ignore, and Stay Away). Results indicate that there were positive significant results indicating that child maltreatment knowledge and resistance skills were significantly different from pre-to-post for the SUBS group and showed no significant control group changes. Limitations include barriers resulting from COVID-19 school closures and remote learning; the small number of returned follow-up surveys was less than ideal for analysis; one of the two control schools dropped out due to COVID-19 complications thus, although the follow-up was completed, results are not reported; reliance on the self-reported data from youth taught by different high school teachers; and amount of time between pre- and post-surveys for the implementation group was less than ideal.

***Length of Controlled Post-Intervention Follow-Up*:**
6 months (Results not reported although follow-up was completed)

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