

Child Sexual Abuse Prevention Framework

This is a first draft narrative and logic model about preventing child sexual abuse (CSA).

It is written by **practitioners** for **practitioners** so we can explain and evaluate our work to prevent child abuse happening in the first place. The framework is also for funders and policy makers.

We came together to create this framework because we and others can find it difficult to evaluate prevention. How do we evaluate something that hasn't happened? How do we measure our impact when ours is not the only intervention or service working to prevent CSA. We hope this framework will start to help us tackle those challenges.

We have worked hard to create this framework and have drawn on our significant and wide-ranging practice expertise. We will not have got it completely right. We hope colleagues will test it and improve it.

The framework covers "primary" and some "secondary" prevention. There are a number of different ways to explain what primary and secondary mean but for our purposes, in simple terms:

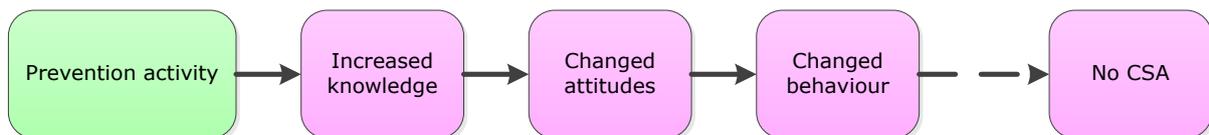
- **Primary** means activities to prevent harm before it occurs: often provided universally or not in a targeted way.
- **Secondary** means activities to respond to early signs of difficulty or risk.
- **Tertiary** (not covered by this framework) means reducing the impact of something negative that's already happened.

Explaining the framework in words

The main part of our framework is a logic model (page 4). The logic model is drawn from our experience, knowledge and research.

It sets out in a diagram and a few simple words the prevention **ACTIVITIES** we undertake and the **OUTCOMES** of these prevention activities for different groups. Ultimately our **long term outcome is that no one is abused**. But our model focuses on **outcomes along the way** – those that flow more immediately or directly from primary prevention activities and that those activities contribute to or influence.

At the simplest level our model is as follows:



Below is a list of some of the assumptions that underpin our model. Most of these are widely agreed and backed up by the research. But some may be contentious and might need further evaluation.

Assumptions about prevention

1. This framework is about **child sexual abuse (CSA)**. Activities to prevent CSA may also be relevant to preventing physical abuse, emotional abuse and neglect.
2. Our model comes from our expertise as practitioners who are working to prevent abuse.
3. Preventing child abuse is a children's rights issue. Our approach to prevention is underpinned by the UN Convention on the Rights of the Child.
4. Child abuse is an issue for everyone and all areas of public policy. It affects all of society and can happen in all places.
5. Nevertheless there is an important equalities dimension. Reducing gender and socio-economic inequalities will decrease child abuse.
6. This framework has been discussed and developed within the context of human ecology theory acknowledging the relationship between an individual's development and the environmental context in which they live. For further detail of human ecology theory see Bronfenbrenner¹. Bronfenbrenner states that there are four environmental systems that exert an influence within and between each other with the individual at the centre (see figure in Annex A).
7. For clarity, our model is intended to include activities to prevent peer to peer sexual abuse as well as adult to child, and to prevent non-contact / online sexual abuse as well as contact abuse. In line with the Scottish Government's recent definition, child sexual exploitation is a form of CSA and so is included.

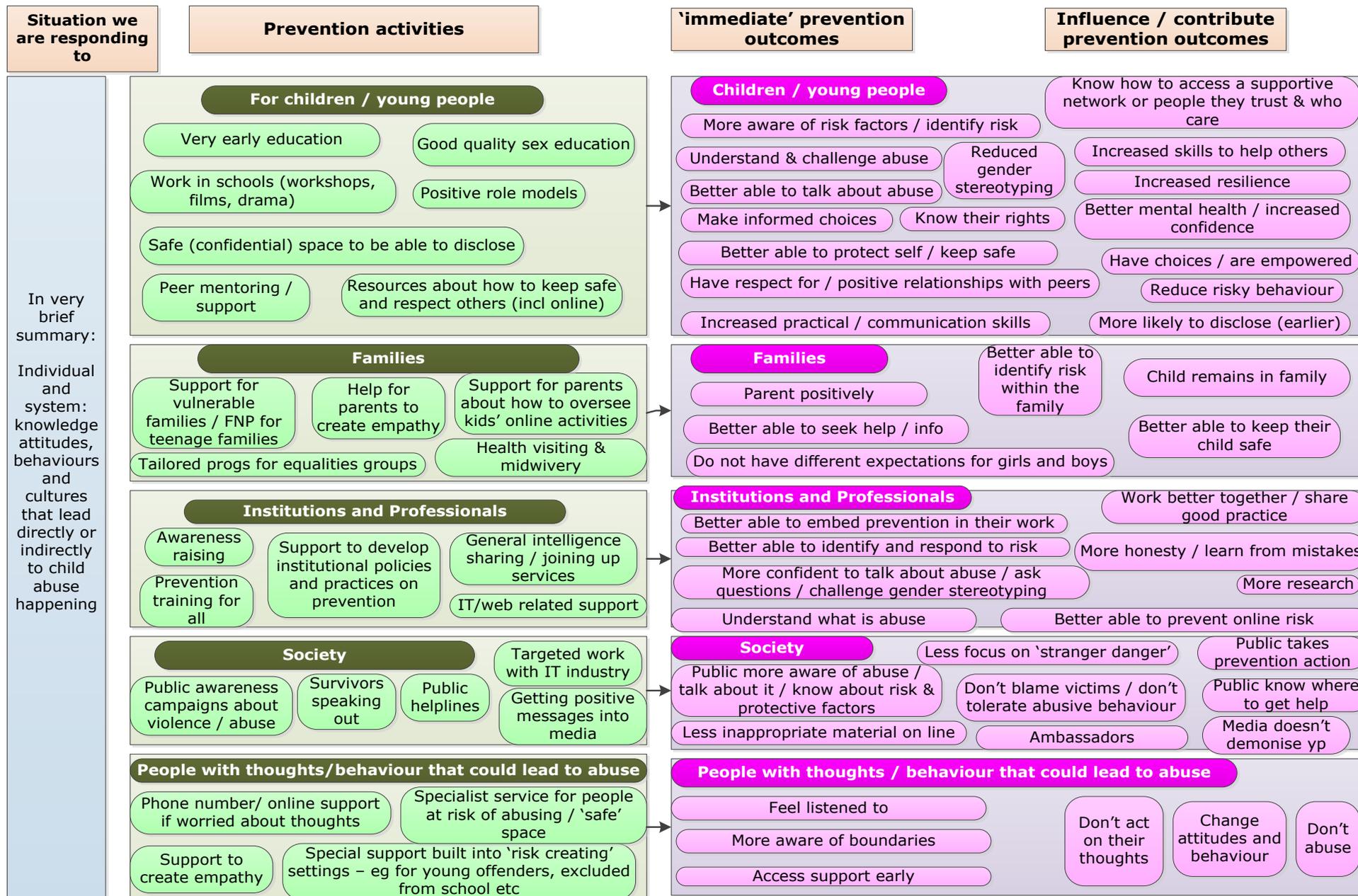
¹ Bronfenbrenner U (1979) *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: [Harvard University Press](#)

Assumptions about how to ensure activities lead to outcomes

1. Some prevention activities need to be delivered by people with specialist knowledge of preventing CSA. One example of this is programmes in schools should delivered by non-teachers.
2. But prevention can only happen if everyone takes responsibility. So for example prevention also needs to be embedded mainstream education. Pre-school work is also crucial.
3. Targeted programmes need to be delivery in a non-stigmatised way: 'you are entitled to this', and accessible to the needs of the group.
4. Activities are more effective if delivered in a participative way that involves children and young people.
5. Activities need to be delivered in a way that takes account of and seeks to address gender and structural inequalities.

We have also identified some **external factors** that might get in the way of prevention activities achieving outcomes.

1. Resources and services may be focused on crisis and on people who have been convicted of abuse. Early warning signs may not be spotted or ignored.
2. Prevention may not be a priority for funding.
3. A lack of partnership working, joined up funding or joined up messages. Services delivered in a piecemeal way - not holistic or person centred. Commissioning structures not aligned.
4. Lack of shared language about prevention and why it matters.
5. A focus on meeting targets rather than outcomes. No priority to learn from what doesn't work.
6. Gender and wider structural inequalities can limit or counteract the impact of prevention activities.



Evaluating prevention

This section of the framework sets out some principles and ideas for evaluating prevention work.

Key points

1. We can't measure whether something hasn't happened. So for individual interventions the focus should be on evaluating the **early outcomes** in our logic model as a contribution to preventing CSA.
2. We can measure the **quality** of our intervention to ensure we are delivering activities in line with good practice and in a way that is likely to achieve positive outcomes.
3. Evaluation is for learning. The evidence base for 'what works' in prevention is at an early stage so we need good (enough) evaluation along with research to increase understanding about what works and does not work.
4. Evaluating prevention needs to involve individual interventions evaluating, and sharing the quality and outcome of their own interventions (see below).
5. But we also need broader, population level evidence gathering – for example about public awareness. We think this is a gap that we as practitioners cannot fill on our own.
6. Evaluation must be simple and meaningful to the people we work with.
7. We need to reflect on evaluation and reach agreement amongst everyone in the prevention arena about the types of qualitative and quantitative evidence that is good enough to take action.

Steps to evaluate our prevention activity

1. Be clear what **outcome(s)** your prevention activity is intended to achieve. See our logic model for suggestions about outcomes.
2. Identify some simple **indicators** that might show the outcome has happened. For example (and this is just an illustrative suggestion):

Outcome:	Children are more aware of risk factors
Indicators:	<ul style="list-style-type: none">• Children can state what risk factors are• Children can give examples of what to do if they don't feel safe• Children feedback that they have taken action to keep safe• Teachers say that children are talking about risk

3. Identify a **method(s)** to collect evidence about your indicators
For example for an activity to increase awareness of risk factors you might:
 - Use quizzes to find out what children know before and after the session
 - Write down children's' comments on a comment card or observation sheet
 - Follow up with the teacher later to find out what happened next

Some other example indicators

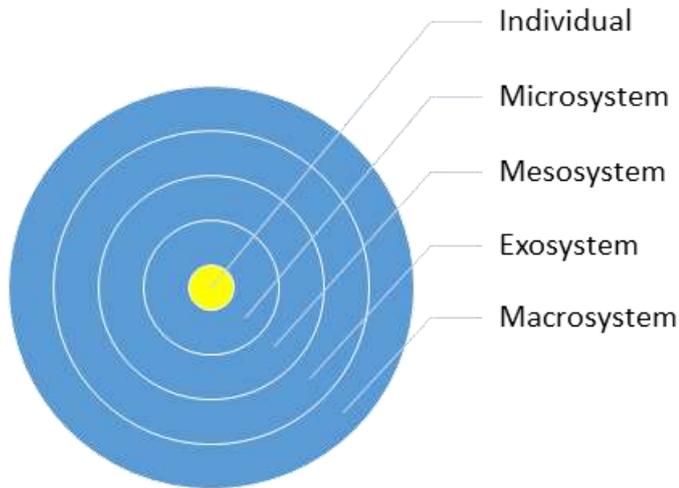
Indicators for outcomes that are about changes in knowledge

- I (anyone) know where to go for support
- I know how to protect my child
- Professionals know how to have a conversation about their or others' concerns
- Parents understand positive attachment
- The wider public knows the early signs of risk and know where to go for help

Indicators for outcomes that are about changes in behaviour:

- Children and young people say they have positive relationships in their lives
- Professionals focus on prevention
- Children and young people have a choice in what they do
- Children and young people say they are supported to take action
- Short or no time between negative experience and disclosure
- Professionals (are able to) challenge organisational practices that are not helpful to prevention

Annex A – simple diagram to explain Bronfenbrenner



Microsystem:

- the immediate contextual environment of the individual (this could be their family, school, churches, local community)
- the individual's biological make-up

Mesosystem:

- the connections between the immediate environmental systems (parents and nursery, parents and school)

Exosystem:

- external systems that have an indirect effect on the individual (could be work patterns, can also include mass media, local politics)

Macrosystem:

- the larger system of cultural context, national or political landscape, public policy, attitudes, norms and values, ideologies (could be welfare reform for example)

This framework was developed by a working group that met 4 times between November 2016 and February 2017. The working group members are:

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Sharon Guest, Barnardos Scotland
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The working group was facilitated by Steven Marwick, Evaluation Support Scotland and Victoria Milne, Scottish Government, Survivor Scotland Policy Team

www.evaluationsupportscotland.org.uk

www.gov.scot/Topics/Health/Support-Social-Care/Support/Survivors-Sexual-Abuse