



Test of an insurance approach to the prevention of violence

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Abstract

The New Zealand Accident Compensation Corporation (ACC) pays compensation to everyone who is disabled temporarily or permanently by accidents. Accidents include intentional violence received from another person and the costs of such "accidents" run into billions of dollars. ACC is seeking to reduce its liability in this area by funding programmes that that prevent violence.

One such programme is *Jade Speaks Up* a violence prevention programme targeted at 8 to 11 year olds and which over a 6-week period teaches children how to keep themselves safe. This paper describes the programme and the outcomes from the first school in which the programme has been delivered, and shows excerpts from the animated video that is centre-piece of the programme

ACC is funding a trial of this programme which will be delivered to nine intermediate level schools involving 1250 children and over 40 teachers. The evaluation involves both experimental and control groups, pre- and post-tests, a six-month follow-up and a switch of the control group to the experimental condition at the beginning of the subsequent term.

The evaluation includes two standardised tests of child well being (the Center for Epidemiologic Studies' Depression Scale for Children, Weissman, Orvaschel, & Padian, 1980; and the Child Outcomes Rating Scale, Duncan, Miller & Sparks, 2003). and measures of learning, practice and programme engagement. Teachers as well as students are participants. Preliminary results show that children on the *Jade Speaks Up* programme make significant gains at post-test in the well being tests compared to pre-test and compared to the control group

The children overwhelmingly felt the programme was interesting, useful and fun. Teachers were also positive about the programme. Still to come is the 6-month follow-up where we will be able to see whether the skills and knowledge taught have been used and the well-being gains sustained.

Introduction

Every year 16% of children experienced some form of child abuse in the home and the estimated economic cost of this in terms of extra health, welfare, education expenditure, loss of productivity, premature mortality and administration costs is estimated to be over \$1 billion a year (Kahui & Snively 2014). These estimates do not include violence outside of the family group. The Adolescent Health Research Group (2013) in a survey of 8,436 New Zealand children in secondary schools showed that 33.1% had been hit or physically harmed in the last 12 months and that over 85% of this was intentional. 14.8% had been sexually abused, so it is clear the economic cost of injury through violence will be substantially higher than \$1 billion. ACC claims relating to violence towards children have cost \$1.43 million a year in 2014/15 and the Government expects that physical violence will continue to grow (Ministry of Social Development, 2015).



The Accident Compensation Corporation has recognised that, apart from well-being gains to New children, there are significant financial benefits for ACC if successful violence prevention programmes came be run in schools. A current example is *The Mates and Dates Secondary School Programme* (Accident Compensation Corporation, 2015), designed “promote safe, healthy and respectful relationships” (p3) in 9-13 year olds with the “aims to prevent sexual and dating violence” (p4). The preliminary results suggest success of the programme in that a clear majority of participants feel they better understand importance of consent and are better equipped to deal with unwanted and potentially harmful sexual situations (Accident Compensation Corporation, 2016). These results have encouraged ACC to look at funding programmes focussed on supporting year 6 primary school and year 7 and 8 intermediate school children to prevent occurrences of physical violence. The Adolescent Health Research Group (2013) has shown that children under 14 can be more vulnerable than older children (36.2% “hit or physically harmed by someone in the last 12 months” (p132) compared with 25.2% for over 17 year olds) and 1 in 7 have been involved “in a serious physical fight in the last 12 months” (p133).

In 2016 ACC decided to fund a pilot of the *Jade Speaks Up* (JSU), a violence prevention programme targeted at 8 to 11 year olds and which over a 6-week period teaches children how to keep themselves safe from threats of violence. *Jade Speaks Up* is a best practice *School-based Youth Violence Prevention* programme (David-Ferdon & Simon, 2014), “providing students and school staff with information about violence, changing how youth think and feel about violence, and teaching nonviolent skills to resolve disputes.” (p22). JSU is based on social and emotional learning in the affective, behavioural and cognitive domains covering “self-awareness, regulation of emotions, social awareness, good relationship skills, and responsible decision-making” (EPIScenter, 2012, p4).

The Jade Speaks Up programme

JSU focusses on making sure that key specific messages vital to children’s safety are easily understood by children. These messages are delivered through a series of catchy phrases and songs that are taught by the children’s teacher in class whilst talking about what to do to keep oneself safe. These are:

- You have a right to be safe
- Breathe Think Do
- Get somewhere safe
- It’s OK to ask for help
- Write it on your thumb...111
- It’s not OK to hurt someone, even if you’re feeling mad
- “A scary person is like an earthquake; you don’t know what will happen next”
- Make a plan on how to keep yourself safe before you need to use it e.g. Jade says to her little brother “I’m scared too, but I’ve thought about it and I know what to do”
- Feelings matter, and talking about them helps
- The choices we make influence what happens to us next

These key messages are also integrated into take-home resources such as bookmarks, safety plans and stickers provided to the children (developed in conjunction with the Social Workers in Schools and Family Works Northern). Other key messages are that children should prioritise their safety over getting involved in issues between adults, and to let an adult that they trust know what is going on. This is essential messaging for children in this age group (9-12 year olds) and is easily accepted by children on both ends of this age spectrum.

JSU uses animation as a video teaching medium rather than dramatized real life as the former provides a more enduring resource less dependent on changing fashions/ hairstyles etc. which can



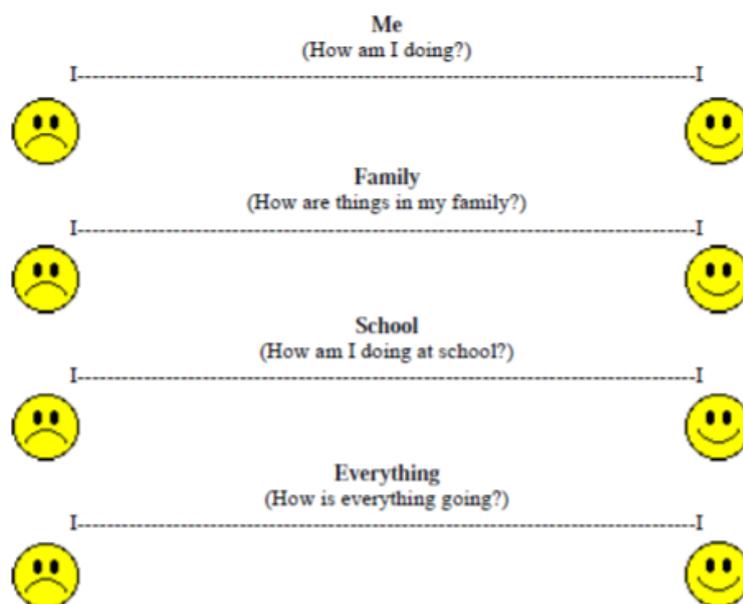
quickly date and be off-putting for children. Animation also creates a distance between what might be the reality of children’s lives and what is depicted, enabling better reception of the key messages.

[\[excerpt of JSU animation\]](#)

We have recruited nearly 1000 10-12-year-old children attending years 6-8 classes in 8 New Zealand schools (over 40 classrooms and teachers) in the Northern half of the North Island including at least one rural/small town school and covering communities of low to high levels of disadvantage. In each school students are divided into two equal class groups, one class as usual (the control group) and one receiving the JSU programme (the experimental group). After the JSU programme group has completed the post-test, the programme would then be offered to the control group participants. Table 1 shows the components of the evaluation questionnaires across the pre- and post-programme and follow-up (6-months later) stages of the evaluation. The evaluation also includes teacher questionnaires and interviews.

TABLE 1: Questionnaire components for student participants	JSU programme			Class as usual	
	pre-test	post-test	follow-up	pre-test	post-test
Demographic questions: school, decile, class, age, gender, culture.	✓	✓	✓	✓	✓
Emotional literacy questions: two picture based and a four short answer questions.	✓	✓		✓	✓
Protection resources: five short answer questions.	✓	✓	✓	✓	✓
Safety skills questions: five tick box questions	✓	✓		✓	✓
Measures of global distress: CES-DC and CORS	✓	✓	✓	✓	✓
Outcome scenario		✓	✓		✓
Rating and comment questions on the overall value of JSU		✓			

As well as measures of satisfaction and relevant knowledge and skills used, our evaluation also seeks to explore gains in child well-being using two scales: the Center for Epidemiologic Studies’ Depression Scale for Children (CES-DC; Weissman, Orvaschel, & Padian, 1980) and the Child Outcomes Rating Scale (CORS; Duncan, Sparks, Bohanske & Claud 2006). The 20-item CES-DC a good





record of internal consistency and convergent validity with other children’s scales of depression, social adjustment, protective factors, anxiety, self-esteem, loneliness and quality of life. It has been factor analysed into four distinct subscales - somatic symptoms and retarded activity, depressive affect, positive affect, interpersonal problem (Barkmann, Erhart & Schulte-Markwort, 2008) and translated into many languages.

CORS (Duncan et al, 2006)) is a four-item scale recorded as marks on 10cm lines anchored at each end by the positive and negative limits of each item. It takes less than five minutes to complete test-retest reliability; internal consistency and convergent validity between caregiver administrations and other much longer tests of child well-being such as the Youth Outcome Scale (Lambert & Burlingame, 1996 and the Strengths and Difficulties Questionnaire (Goodman, 1999

There has been a recent strong uptake of the use of CORS in counselling services in British schools and generally in child mental health services (Timimi, Tetley, Burgoine & Walker, 2012; Barth, Lee, Lindsey, Collins et al 2012; Law & Wolpert, 2014).

Seven schools are ready to go in the JSU programme in late February, but one small integrated school has already completed the first stage of the programme through to the post-tests for the JSU programme and the Class as Usual (control group).

What we found

Table 2: Correlations of CORS and CES-DC scores, pre- and post-test (N=56)

	CORS pre	CORS post	CES-DC pre
CORS post	0.69*		
CES-DC pre	0.53*	0.33#	
CES-DC post	0.60*	0.75*	0.53*

#=p<0.025; *=p<0.0005

The CORS and CES-DC data for the pre- and post-tests completed by one school are promising. 112 children out 130 children in two level 7 and two level 8 classrooms completed part or all of the CORS and CES-DC pre and post-tests. Half of these children completed all

Table 3: Control vs JSU group comparisons for two scales of well-being and pre- and post-test conditions

Pre-test	Group (N)	Mean	P value
CES-DC	Control (25)	30.52	0.41
	JSU (31)	33.23	
CORS	Control (25)	29.60	0.32
	JSU (31)	31.55	
Post Test			
CES-DC	Control (25)	36.60	0.01
	JSU (31)	43.77	
CORS	Control (25)	29.68	0.03
	JSU (31)	34.23	

questions on both scales. While all children in the JSU classrooms did the JSU programme there were many reasons why they did not do the evaluation ranging from withdrawal of consent (either child or parent) to being sick on the day of evaluation (6%-25% of the children can be away on a particular day). Just missing one question on the tests invalidated use of global test scores. We had full data sets from 26 control children and 31 JSU children. Table 2 shows there are highly significant correlations between pre and post scores on the two scales suggesting that the two scales are both reliable and valid in that they are both measuring similar features of wellbeing.

The scoring on CES-DC was reversed so that improvements in well-being were shown by an increase in score on CES-DC, matching CORS. This meant that the CES-DC score and the CORS scores obtained were over a similar range of numbers. A 3-way ANOVA showed that JSU children scored significantly higher on the scales (p=0.001) and that the post-test scores were significantly higher than pre-test scores (p=0.000)



Table 3 shows that in the pre-tests there was no significant difference between the control and the JSU groups, but that in the post tests the differences were significant. In practical terms this change could have major downstream consequences. Both scales have cut off points below which children are regarded as at risk of depression or “global distress”. Table 4 shows that a very high percentage of children exceed the cut-off points of both scales, but in the case of the JSU this drops dramatically on the second assessment, suggesting major improvement in well-being. There is also a big drop in Control CES-DC scores (but not in CORS scores) exceeding the cut-off point which may have something to do with Christmas trips and other activities that happened in the school at the time of the post test.

Table 4: percent of students exceeding the cut-off point for being at risk of a mental health issue.

Pre test	CES-DC	CORS
Control (N=25)	72%	56%
JSU (N=31)	71%	48%
Post test		
Control (N=25)	52%	52%
JSU (N=31)	23%	32%

47 of the JSU group completed the post-test (all or in part) and of these 60% indicated that they would recommend the programme to a friend. Another 23% ticked “maybe” and only 2% ticked “no”. Table 5 shows that between 76% and 78% of JSU children though the JSU programme was “somewhat” or “a lot” interesting, fun and helpful – mainly a lot.

Table 5: Children's assessment of the value of the JSU programme

	How interesting was the JSU programme?	How much fun was the JSU programme?	How helpful was the JSU programme?
A lot	70%	57%	62%
Somewhat	6%	21%	15%
A little	6%	4%	2%
Not sure	0%	0%	4%
No answer	17%	17%	17%

In their comments, when asked “what was not so good about Jade Speaks Up?” almost everyone said “nothing”. One boy wrote “To me there is nothing that is not good as it spreads a good message”, another said “It wasn't long enough” and a girl thought “if there was food then that would make it better”. 77% of the group wrote about what they liked in the programme. Some said “everything” or “the whole thing, such as the story telling, the videos and just knowing that kids and adults have the right to be safe in any situation”. Others referred to specific activities – “It was interesting to learn the 'Breathe, Think , Do' when you are in a scary situation”, “Malosi's story, games, 111 on your thumb, Jade’s video”, and “the video of Jade and her family, ‘you have the right to be safe’”. Many referred to the message of the programme – “About them teaching us the different ways to avoid or escape a dangerous situation”, “It teaches you about situations that could be life threatening and teaches you how to fix or help it”, “was an interesting programme because it helps me improve how I feel”, “How to be more confident with some bullies” and ,” It was helpful knowing what to do in a bad situation and others things that would keep you calm” The facilitators were described by one child: : THEY WERE OUTSTANDING PEOPLE”.

[\[video excerpt from the promotional video\]](#)

The two teachers in charge of the JSU classrooms were not the facilitators of the programme, but were participants in it. They felt that the programme was *practical/no problem* with existing resources and that it was “of some value to a majority of children” For the two children that each



teacher was asked to especially observe in their class rooms, one felt that they were “more settled” and “more open”.

Conclusion

With programmes to run in another seven schools, and with only a fraction of the data from the first school fully analysed, and 6-month follow-ups to come, there much that will need to happen before we can confidently assert that JSU programme is making a real difference to school culture, which if sustained will lead to the significant reductions of violence and resultant injury that ACC is hoping for

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