

Protocol for evidence reviews

Evidence reviews to support the guideline on: Harmful Sexual Behaviours among children and young people

Guideline webpage	http://www.nice.org.uk/guidance/indevelopment/gid-phg66
Scope available at	http://www.nice.org.uk/guidance/GID-PHG66/documents/sexually-harmful-behaviour-among-young-people-final-scope2
Committee	Public Health Advisory Committee (PHAC) F

Review Team

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Introduction

This guideline focusses on Harmful Sexual Behavior in children and young people. This includes the early identification of and interventions to help those displaying problematic or harmful sexual behavior.

	Details	Additional comments
Review 1	Identifying Children and Young People who display Harmful Sexual Behaviour (HSB)	
Research Questions	<p>How effective are different models or tools in identifying the level of risk posed by, and address the needs of, children and young people who display harmful sexual behaviour (HSB)?</p> <p>Within this main review question the review aimed to investigate and describe data on the effectiveness of the assessment measures and tools focusing on risk and need of children and young people with harmful sexual behaviour.</p>	
Objectives	<p>The following elements of the tools will be explored and described:</p> <ul style="list-style-type: none"> • The effectiveness of the tools in assessing the level of seriousness of the behaviour • The extent to which they determine/inform the most appropriate treatment • The extent to which they draw upon multi-agencies in the diagnosis, the extent to which the tools can be used by multi-agencies and the methods of communicating the results between agencies. • The theoretical integrity of the tools and models, i.e. the extent to which they are supported by theory. 	
Type of review	Mixed Methods Systematic Review	
Study design	We included quantitative and qualitative study designs	
Population	<ul style="list-style-type: none"> • Children and young people aged under 18 years who display harmful sexual behaviour. In this guideline, the term 'children' refers to children under 10 – the age of criminal responsibility in the UK. The term 'young people' refers to those aged 10 to 18 and includes those serving community sentences, those on remand and those serving custodial sentences. • Children and young people up to the age of 25 who display harmful sexual behaviour and have special educational needs or a disability. This age extension is in light of the Children and Families Act 2014. • Formal and informal caregivers of children and young people aged under 18 who display harmful sexual behaviours. 	

Intervention	<ul style="list-style-type: none"> • Commissioning and partnership work (among the statutory, voluntary and private sectors) to identify, assess and help children and young people who display harmful sexual behaviour. • Models or tools, including checklists that can distinguish between: normal behaviour, behaviour that needs to be assessed and monitored, and behaviour that needs a legal response and treatment. • Programmes that help parents, carers and families to challenge negative behaviours before they reach a need for formal interventions such as ‘early help’ projects and support from family nurse partnerships or telephone helplines. • Assessment tools to identify the specific level of risk posed by children and young people who display harmful sexual behaviour and to identify how to address their needs. • Testing to determine the internal and external validity of instruments to assess harmful sexual behaviour among children and young people. 	
Comparator	<p>Comparator interventions may include current practice or usual care or a modified version of the intervention.</p>	
Outcomes	<p>Short term outcome measures</p> <ul style="list-style-type: none"> • Engagement, participation and attendance of the young person and/or the family • (Re)offence outcomes (sexual recidivism and non sexual offending/recidivism) • Anti/pro-social outcomes (including general health and wellbeing) • Placement outcomes • Victim empathy scales • Self-esteem measures • Depression scales • Psychometric tests • Depression, post-traumatic stress disorder (PTSD), anxiety and child behaviour problems <p>Medium/Longer term outcome measures</p> <ul style="list-style-type: none"> • Pre-adolescent outcomes will include stability of transition to secondary school • Pro-social outcomes – positive educational outcomes, stable living environment, stable relationships • Positive peer group interaction • Physical health • Resilient functioning outcomes (Farrington) 	
Other criteria	<p>Activities and measures that will not be covered</p> <ul style="list-style-type: none"> • Testing to determine the internal and external validity of instruments to assess harmful 	

for inclusion/ exclusion	<p>sexual behaviour among children and young people.</p> <ul style="list-style-type: none"> Measures designed to test risk of recidivism of non-sexual offending 	
Search strategies	<p>Searching Completed to date (28 May 2015) Searches will be conducted in a range of multi-disciplinary bibliographic databases. Following the findings of the initial scoping search and in discussions with the NICE, a two stranded approach will be applied to the searches, whereby a specific search naming particular assessment tools was conducted, followed by a more sensitive search using generic intervention terms. All references from the specific search will be screened. The references from the sensitive search will be screened using the “progressive fractions” technique. Search terms will be developed from the scoping search and in discussion with the NICE team. Thesaurus and free-text terms will be utilised, relating to the population (children and young people who demonstrate harmful sexual behaviour) combined with terms relating to assessment. The specific search focused on named interventions or the term “assessment*” in the title. The sensitive search utilised generic intervention terms. All searches will be limited to English Language, Humans, and the publication time span of 1990-present.</p>	
Selecting evidence (data screening)	<p>Screening will be undertaken by two reviewers, Excluded citations will be screened twice to reduce risk of missing relevant studies.</p>	
Data extraction and quality assessment	<p>Data extraction and management Two reviewers will independently extract data into a group data extraction form. Disagreements will be solved by discussion, or arbitration by a third person. Data extraction of the included studies will include: setting (country, location, provider and site of provision), methods (study design, methods of measuring outcomes, assessment of confounders), intervention (focus, funding, context, attributes, duration, service configuration, theoretical underpinnings), outcomes (including harmful effects). Assessment of risk of bias in included studies We will appraise the quality of all included quantitative and qualitative studies using the NICE checklists as appropriate and potentially supplemented by additional tools where this is deemed useful..</p>	
Data synthesis	<p>Data synthesis Studies were according to the type of assessment tool. Statistical pooling of recidivism rates will be undertaken if there is sufficient data and where there is homogeneity (in terms of population, assessment tool and comparison) If pooling is not possible the results will be described narratively.</p>	

	<p>Thematic synthesis will be used to analyse data on general aspects of the assessment process. The resultant themes will then be examined within the accounts of specific tools and approaches.</p> <p>In a secondary analysis of the quantitative and qualitative evidence the findings of each initial synthesis will be integrated and will be further synthesised. We will construct a matrix bringing together the quantitative and qualitative components of the review.</p>	
Sub group analysis	<p>Subgroup analysis and investigation of heterogeneity Where the I-squared estimate is greater than 50% using a random effects model, indicating substantial levels of heterogeneity, then data will be not be presented in a statistical summary but will be presented narratively. The potential reasons for heterogeneity will be discussed.</p> <p>Sensitivity analysis We will perform a sensitivity analysis to explore the potential effects of study design and risk of bias on pooled outcomes. Studies judged to be at high risk will be excluded in a sensitivity analysis and the impact explored. . We will also perform qualitative sensitivity analysis to test the robustness of the qualitative synthesis. (Carroll et al 2012)</p>	
Strategies for managing lack of evidence	<p>We anticipate that there may be relevant evidence that may not be listed in electronic databases of published evidence. We shall search the websites of relevant organisations such as ‘Barnardo’s in order to identify potentially relevant data. We shall also be working closely with a team of clinical experts who are supporting the review and inviting them to provide relevant search terms, author names and also identify potentially relevant publications.</p>	

	Details	Additional comments
Review 2	Interventions to help Children and Young People who display Harmful Sexual Behaviour (HSB)	
Research Questions	What types of interventions, including family and carer interventions, are effective and acceptable for children and young people who display harmful sexual behaviour (HSB)	
Objectives	<p>The following elements of the interventions will also be explored and described:</p> <ul style="list-style-type: none"> • The theoretical underpinnings of the interventions and explanatory mechanisms that 	

	<p>describe how, why and when they are effective.</p> <ul style="list-style-type: none"> • The settings and context in which the interventions are delivered and how these impact on their effectiveness. • Barriers and facilitators to intervention effectiveness • The agencies involved in the delivery of the intervention and the degree of interagency communication the intervention promotes. 	
Type of review	Mixed Methods Systematic Review	
Study design	We included quantitative and qualitative study designs	
Population	<ul style="list-style-type: none"> • Children and young people aged under 18 years who display harmful sexual behaviour. In this guideline, the term 'children' refers to children under 10 – the age of criminal responsibility in the UK. The term 'young people' refers to those aged 10 to 18 and includes those serving community sentences, those on remand and those serving custodial sentences. • Children and young people up to the age of 25 who display harmful sexual behaviour and have special educational needs or a disability. This age extension is in light of the Children and Families Act 2014. • Formal and informal caregivers of children and young people aged under 18 who display harmful sexual behaviours. 	
Intervention	<ul style="list-style-type: none"> • Commissioning and partnership work (among the statutory, voluntary and private sectors) to identify, assess and help children and young people who display harmful sexual behaviour. • Programmes that help parents, carers and families to challenge negative behaviours before they reach a need for formal interventions such as 'early help' projects and support from family nurse partnerships or telephone helplines. . • Interventions with children, young people and their families and carers to address harmful sexual behaviour. This includes behavioural or cognitive behavioural approaches and clinical treatments such as the 'Turn the page' or 'Good lives' models. 	
Comparator	Comparator interventions may include current practice or usual care or a modified version of the intervention.	
Outcomes	<p>Short term outcome measures</p> <ul style="list-style-type: none"> • Engagement, participation and attendance of the young person and/or the family • (Re)offence outcomes (sexual recidivism and non sexual offending/recidivism) • Anti/pro-social outcomes (including general health and wellbeing) 	

	<ul style="list-style-type: none"> • Placement outcomes • Victim empathy scales • Self-esteem measures • Depression scales • Psychometric tests • Depression, post-traumatic stress disorder (PTSD), anxiety and child behaviour problems <p>Medium/Longer term outcome measures</p> <ul style="list-style-type: none"> • Pre-adolescent outcomes will include stability of transition to secondary school • Pro-social outcomes – positive educational outcomes, stable living environment, stable relationships • Positive peer group interaction • Physical health • Resilient functioning outcomes (Farrington) 	
Other criteria for inclusion/exclusion	<p>Activities and measures that will not be covered</p> <ul style="list-style-type: none"> • Testing to determine the internal and external validity of instruments to assess harmful sexual behaviour among children and young people. • Primary prevention programmes such as strategies to promote healthy sexual behaviours through personal, social and health education or sex and relationship education in schools. 	
Search strategies	<p>Searching Completed to date (28 May 2015)</p> <p>Searches will be conducted in a range of multi-disciplinary bibliographic databases. Following the findings of the initial scoping search and in discussions with the NICE, a two stranded approach will be applied to the searches, whereby a specific search naming particular interventions was conducted, followed by a more sensitive search using generic intervention terms. All references from the specific search will be screened. The references from the sensitive search will be screened using the “progressive fractions” technique.</p> <p>Search terms will be developed from the scoping search and in discussion with the NICE team. Thesaurus and free-text terms will be utilised, relating to the population (children and young people who demonstrate harmful sexual behaviour) combined with terms relating to interventions. The specific search focused on named interventions or the term “intervention*” in the title. The sensitive search utilised generic intervention terms, such as campaign, programme, initiative, or the term “intervention*” in the abstract. All searches will be limited to English Language, Humans, and the publication time span of 1990-present.</p>	
Selecting evidence	Screening will be undertaken by two reviewers, Excluded citations will be screened twice to	

(data screening)	reduce risk of missing relevant studies.	
Data extraction and quality assessment	<p>Data extraction and management Two reviewers will independently extract data into a group data extraction form. Disagreements will be solved by discussion, or arbitration by a third person. Data extraction of the included studies will include: setting (country, location, provider and site of provision), methods (study design, methods of measuring outcomes, assessment of confounders), intervention (focus, funding, context, attributes, duration, service configuration, theoretical underpinnings), outcomes (including harmful effects). Assessment of risk of bias in included studies We will appraise the quality of all included quantitative and qualitative studies using the NICE checklists as appropriate and potentially supplemented by additional tools where this is deemed useful..</p>	
Data synthesis	<p>Data synthesis Studies were according to the type of intervention. Where there was insufficient data for pooling or substantial heterogeneity (in terms of population, intervention and comparison between studies) data was described narratively.</p> <p>If meta-analysis is not possible due to heterogeneity in interventions, settings and methods of collecting and reporting the outcome measures, we will present effect sizes for each study. If data are available, results and conclusions about the effects (and potential harms) of different interventions, including size of effects and quality of the evidence will be summarised in the text as well as in a summary of findings table.</p> <p>In the synthesis of the qualitative studies we will address questions that differ from effectiveness but are related to it, including those about intervention context, implementation, appropriateness, acceptability and need. We will do by analysing the views of participants other affected parties (e.g. families, parents, carers etcetera) and those delivering the intervention. Thematic synthesis (Thomas 2004) will be conducted in three main stages: 1) the coding of text 2) the development of descriptive themes and 3) the generation of analytical themes. The analysis aimed identify barriers and facilitators to successful brief interventions to promote physical activity</p> <p>In a secondary analysis of the quantitative and qualitative evidence the findings of each initial synthesis will be integrated and will be further synthesised. We will construct a matrix bringing together the quantitative and qualitative components of the review. The extent to which</p>	

	<p>interventions have addressed the barriers and facilitators to successful interventions, and their corresponding effectiveness will be highlighted in the logic model. Where interventions have been effective, the factors that may have contributed to their effectiveness may be elicited by the findings of the qualitative review. Where interventions have been less effective, the factors that may have limited its effectiveness will also be considered in the light of the qualitative review. See Harden 2009 and Campbell 2011 for examples of this method.</p>	
<p>Sub group analysis</p>	<p>Subgroup analysis and investigation of heterogeneity Where the I-squared estimate is greater than 50% using a random effects model, indicating substantial levels of heterogeneity, then data will not be presented in a statistical summary but will be presented narratively. The potential reasons for heterogeneity will be discussed.</p> <p>Sensitivity analysis We will perform a sensitivity analysis to explore the potential effects of study design and risk of bias on pooled outcomes. Studies judged to be at high risk will be excluded in a sensitivity analysis and the impact explored. . We will also perform qualitative sensitivity analysis to test the robustness of the qualitative synthesis. (Carroll et al 2012)</p>	
<p>Strategies for managing lack of evidence</p>	<p>We anticipate that there may be relevant evidence that may not be listed in electronic databases of published evidence. We shall search the websites of relevant organisations such as 'Barnardo's in order to identify potentially relevant data. We shall also be working closely with a team of clinical experts who are supporting the review and inviting them to provide relevant search terms, author names and also identify potentially relevant publications.</p>	

Search approach

The search will be designed to address the challenges of identifying relevant literature of complex evidence that will address a broad range of interventions, with many interacting components, that may be evaluated with a range of different study designs and will be from multiple and disparate sources. The search strategies will therefore include both comprehensive strategies and in addition a set of techniques termed 'berry-picking'. (Bates, 1989). A 'berry-picking' approach does not require that the search strategy is fully formed before formal searching begins and the searching may evolve in a more iterative manner. Whilst it might be used for those types of reviews where exhaustive searching is not formally required such as qualitative meta-synthesis (refs from Booth 2014), in this context some of the methods will be adopted to allow for more targeted searches. Six techniques were highlighted by Bates as a means to identify additional information: footnote chasing (backwards chaining from articles of reference, tracking back footnotes), citation searching (forward chaining, using a citation index to jump forward), journal run (using authoritative journals on a subject and going through the entire run), area scanning (using the physical location or layout of a resource on the assumption that relevant materials will be co-located), abstracting and indexing searches (using organized bibliographies and indexes, usually arranged by subject area) and author searching [Bates 1989, Booth et al 2014). As the review evolves, these techniques will be explored and the most relevant or fruitful will be used. In addition specific searches will be performed, for example, searches on the names of potentially relevant assessment tools or community programmes or report author names.

We shall also want to identify literature that provides a theoretical framework for effective assessment and intervention. The location and description of key theories will be used to explore the quality of identified tools and interventions. The purposive identification of relevant theories will be done by both the use of berry picking strategies as described and will also draw upon the expert knowledge within the review team. The team will seek information on the theoretical bases for the tool and for the interventions in order to understand context as an explanatory variable (i.e. why an intervention works well in one setting but not well, or even not at all, in another) (Booth, 2014).

Expert knowledge within the review team, and its clinical advisors will be used in the design and implementation of a search strategy, as well as a source of citations (Pearson et al 2011). The review team has already undertaken extensive searches of both electronic data bases and grey literature. A wide search of electronic databases, including Web of Knowledge, WorldCat, ArticleFirst, PsychInfo, International Bibliography of the Social Sciences and Social Care Online, was undertaken using a variety of key terms, both singly and in combination with other terms. The search strategy covered variations in descriptors for 'child', 'adolescent', 'young person', 'youth', etc. Similarly diverse descriptors were used to search for the behaviours in question, such as 'sexual abuse', 'sexual harm' and 'sexually

problematic behaviour' as well as variety in labels often used to identify the focus of research on the person responsible for that behaviour, such as 'abuser', 'offender' and 'perpetrator'. In addition, indices of key journals focusing on the treatment of offenders, sexual abuse and/or child welfare were reviewed to find papers of relevance. In total, 860 relevant publications were identified from the international literature which were then sorted into sub-themes – for example, research describing the general characteristics of young sexual abusers, studies of typologies of young offender, research into specific populations such as young women offenders, young people with learning disabilities who sexually abuse or evaluation studies.

This work will inform the development of the search strategy and act as an additional resource. The comprehensive database searches will develop the free text and subject heading terms already developed for the scoping search. We will identify terms using concepts derived from the guidance scope and by scanning relevant publications e.g. Hackett (2014). We will use age-related population terms such as adolescent combined with terms related to harmful sexual behavio(u)r .

The comprehensive search protocol will be developed following the structure outlined in the Methods for development of NICE Public Health Guidance (2014). The SchARR Information Specialist would work closely with the rest of the review team and the NICE team throughout the process. We will build on the strategies used for the previous review of this topic and use a wide range of databases to ensure all relevant evidence is included.

Due to the diverse nature of public health evidence no study type filters would be applied in order to retrieve papers with any study type. Where data sources will allow, searches will however be limited to English language papers in order to retrieve a manageable set of results within the time frames available. Results will be downloaded into a Reference Manager database and duplicates removed. A thorough audit trail of the search process will be kept, with all searches, number of hits and number of relevant references identified recorded in table form, in order that the search process would be transparent and replicable.

Data Sources

Due to the dispersed nature of public health evidence we will search across a broad coverage of health, social science, education and criminal justice literature. Web searching would be undertaken in order to identify any “grass roots” public health research not indexed in bibliographic databases. Specific websites will be examined and searched within as indicated below.

Websites

Department of Health: <http://www.dh.gov.uk>

Public Health Observatories: <http://www.apho.org.uk/>,

NHS Evidence:Public Health: <http://www.evidence.nhs.uk/nhs-evidence-content/public-health>.

Sustrans: <http://www.sustrans.org.uk>

Save the Children

Child and Maternal Health Observatory (ChiMat)

Criminal Justice Social Work Development Centre for Scotland.

Other websites may be identified for searching as the project progressed.

Evaluations and Grey Literature

As we have highlighted in the draft logic model, there may be relevant evidence available from evaluations of specific programmes, such as 'The Junction' from which results may be specifically relevant to this work. We will therefore ensure that grey literature, from the suggested or other websites, is also searched for any applicable results and that our existing networks are utilised to ensure that we are aware of forthcoming relevant publications.

Relevant Journals

The Journal of Forensic Psychiatry & Psychology

Journal of Sexual Aggression

Child Abuse Review

Relevant organisations

National Executive Committee of the National

Association for the Treatment of Abusers (NOTA)

NSPCC

Stopitnow

The Junction – Rotherham

Barnardos