

A Pilot Study of eLearning Training for a School-Based Child Victimization Prevention and Safety Education Program: *radKIDS*[®] 2.0

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Abstract

Child victimization is a global public health challenge, jeopardizing the healthy development of millions of children every day. The *radKIDS*[®] Personal Empowerment and Safety Education Program is a school-based child victimization prevention program developed in the United States to respond to comprehensive child behavioral safety skill training needs. To support implementation fidelity for broad-scale dissemination, we adapted the current *radKIDS*[®] in-person training model into a blended learning, web-based multimedia technology training program called *radKIDS2.0*. We conducted a preliminary evaluation of *radKIDS2.0* to assess pre-post changes in self-efficacy in teaching *radKIDS2.0* and *radKIDS2.0* instructor knowledge, as well as program usability, acceptability, satisfaction and fidelity. We found a large effect size evident for the increase in instructor scores for self-efficacy towards *radKIDS2.0* instruction and *radKIDS2.0* knowledge from pre to post-program timepoints ($\eta^2 = 0.20$; $\eta^2 = 0.17$, respectively). The overall sample means for usability, acceptability, and satisfaction using a 5-point scale, were 3.97 ($SD = 0.56$), 4.01 ($SD = 0.79$), and 4.2 ($SD = 0.83$), respectively. Average fidelity scores were 3.7 out of 5. This study found that eLearning instructor training via *radKIDS2.0* appeared to be a viable, feasible, and usable alternative to the current in-person *radKIDS*[®] training.

Keywords: Child Victimization; Prevention; Child Safety Planning; School-Based Program; Peer Interaction; Child Mental Health

Abbreviation

BST: Behavioral Skill Training

Introduction

Children are among the most highly victimized members of society [1]. Like adults, children can be exposed to crime and violence, and can also be exposed to childhood-specific forms of victimization such as child maltreatment and victimization by siblings and peers [2]. Traumas experienced in childhood have enormous consequences, potentially disrupting personality formation, healthy adult and peer relationship building, and mental health and psychosocial well-being across the life span [3]. Children exposed to violence, maltreatment, or victimization are more likely to be anxious, depressed, and aggressive [4] and show lower self-esteem and increased rates of suicide [5], compared to those without such exposure. The educational impacts of child victimization are also extensive. Bullied and victimized children have significantly higher school absenteeism, underachieve their peers academically, engage less in prosocial activities, and are more at risk of school drop-out [6,7].

While research on bullying and victimization prevention has grown significantly over the last two decades, and multiple programs have been developed for schools and communities, the field of child safety and victimization prevention is nonetheless early in its development. Despite some progress in decreasing school bullying, overall incidences of physical, verbal, and relational aggression, and increasingly cyberbullying, continue to seriously challenge the safety of students and undermine the positive learning environments of schools [8-10]. Recent meta-analyses conducted on anti-bullying school programs [11-13] have found only modest to moderate reductions in bullying/victimization and changes in attitudes towards school violence. These meta-analyses found that the most effective programs are multicomponent, school-wide programs that have sought to reduce bullying, victimization, and aggression across a variety of school settings.

To date, child bullying and victimization prevention programs have relied primarily on classroom-level instruction and discussion formats and/or behavior monitoring and modification strategies, individualized support for higher-risk children, reinforcement of expectations for social and behavioral interactions, school-wide deployment of policies and behavioral frameworks aimed at bullying prevention and positive social development of children, and social-emotional learning (SEL) techniques using direct instruction, modeling, and observational learning opportunities [14-21]. Existing programs universally lack a-priori attention to the concept of child safety and are not targeting the recommended mechanisms for effectively protecting children from victimization and violence [15,22-27]. To increase effectiveness, it is recommended that programs empower and support children to understand safety issues through their own lived context; be based on accepted educational theories; provide knowledge and skills that can inform children's behavioral choices and actions when confronted with dangerous people or situations; be appropriate for the age, educational, and developmental levels of the child; offer concepts that will help children build self-confidence protecting themselves in all types of situations; have multiple program components that are repeated several years in a row; and utilize qualified presenters who use role-playing, behavioral rehearsal, feedback, and opportunities for active participation for effectively equipping children to protect themselves from victimization and violence. National safety education guidelines have determined that effective safety programs must be characterized by adequate intensity (e.g., providing an experience powerful enough to socially, emotionally, and cognitively engage children in new learning), duration, and utilize scalable approaches for supporting age-appropriate safety knowledge and harm-resistant skills that can be generalized across multiple school settings [8,28]. As the demand for effective bullying and violence prevention programs has grown over the last two decades, with many states mandating school-based programs, new types of bullying and victimization prevention programs are being sought that can meet the increasing need for effective programs [8,28].

radKIDS[®] (<https://www.radkids.org/>) is a behaviorally based bullying and violence prevention program for schools and communities that was developed in response to national recommendations for effective safety education [29]. *radKIDS*[®] aims to empower children to protect themselves against victimization by both peers and adults, including verbal, physical, relational, and cyberbullying. Since 2001, over 3,000 instructors in 45 states and Canada have been certified and licensed to teach *radKIDS*[®] to over 400,000 children. The *radKIDS*[®] safety Behavioral Skills Training (BST) provides students with risk reduction skills that generalize across all school, community, and home settings. In alignment with *radKIDS*[®], BST has been used effectively for diverse child safety training foci [30], improving abduction prevention skills among young school-aged children [31,32]. Despite the wide deployment of the existing program, the current in-person *radKIDS*[®] training protocol can benefit from expanded use of BST, improved efficiency in delivery (including flexible online training), extended practice opportunities, and improved fidelity.

To address these needs, and with guidance from a six-member multi-disciplinary advisory board, we adapted the first six current in-person *radKIDS*[®] instructor training lessons into a multimedia, blended learning approach to support scaling, disseminating, and implementing the program. This adapted training protocol, called *radKIDS2.0*, includes standardized instructional assets to support implementation fidelity for broad-scale program dissemination to schools. Instructors-in-training are directed to practice the *radKIDS2.0* lessons with a partner, to obtain hands-on experience teaching the material, and to upload these videos to be rated on implementation fidelity.

Purpose of the Study

The purpose of this study was to evaluate the preliminary feasibility and fidelity of *radKIDS2.0*, with both those who are already trained in *radKIDS*[®] as well as for new instructors who were trained via *radKIDS2.0*. Our hypotheses are as follows: (1) inexperienced instructors would improve their self-efficacy and knowledge towards teaching the *radKIDS* curriculum from pre to post program, evident by a partial eta squared effect size of $\geq .14$; and (2) all a priori benchmarks for program usability, acceptability, satisfaction, and fidelity would be exceeded.

Materials and Methods

Participants

We recruited 37 adults to evaluate the *radKIDS2.0* prototype. These volunteers included a mix of 15 experienced (i.e., received prior instructor training and had implemented the program previously) and 22 inexperienced *radKIDS*[®] instructors who had no familiarity with the *radKIDS*[®] program. Mean instructor age was 42 years (SD = 9.6; range 21-60 years). See table 1 for participant demographics.

	Frequency	Percent
Sex		
Male	10	27%
Female	27	73%
Geographic Location		
Florida	8	21.6%
Georgia	4	10.8%
Louisiana	2	5.4%
New Jersey	2	5.4%
Oregon	14	37.8%
Texas	3	8.1%
Utah	4	10.8%
Race		
African American	4	10.8%
American Indian/AN	1	2.7%
White/Caucasian	30	81.1%
Prefer not to say	2	5.4%
Ethnicity		
Hispanic/Latinx	4	10.8%
Not Hispanic/Latinx	32	86.5%
Education		
High School Diploma/ GED	4	10.8%
Some college	2	5.4%
Associate/Tech degree, vocational training	4	10.8%
Bachelor's degree	13	35.1%

Master’s degree	13	35.1%
Doctoral or MD degree	1	2.7%
Trained in radKIDS		
Yes	15	40.5%
No	22	59.5%
Background/Vocation		
Special Education teacher	1	2.7%
Regular Ed teacher	1	2.7%
Early Childhood Ed teacher	3	8.1%
Community professional	6	16.2%
Law enforcement professional	5	13.5%
PE teacher	5	13.5%
Parent	7	18.9%
Other*	9	24.3%

Table 1: Participant demographics (N = 37).

Note: *Background/vocation other written in responses: (a) Attendance mentor k-6, (b) Children’s Advocacy Center, (c) Fitness Specialist, (d) Martial arts instructor, (e) scientist, (f) parent, (g) Research Assistant, (h) Researcher, (i) RN.

Study design

Following the development of the six *radKIDS2.0* prototype lessons, we conducted a preliminary mixed method evaluation (questionnaires, focus groups, and interviews) of the usability and feasibility of the *radKIDS2.0* instructor training program. This evaluation was deemed Human Subjects exempt through the study’s Institutional Review Board (under Exemption Category 45 CFR 46.104 (d)1). Adults who were interested in learning and evaluating the program were recruited from diverse regions of the United States. All 37 participants completed a pre-questionnaire online, in Qualtrics, prior to participation in the required orientation to the program. Once the orientation was complete participants were given access to the online training and conducted practice teaching lessons. Instructors-in-training practiced teaching lessons with another instructor-in-training. During the practice teaching lessons, one person served as an instructor and the other as a student, and then partner roles were reversed. The partners recorded each of their practice lessons and uploaded the videos to the online training platform. Investigators tracked individual progress in completing training and practice sessions for each of the six *radKIDS2.0* lessons by monitoring the progress on the online training program and uploading of practice videos. Once the videos were uploaded for all six lessons, individuals were sent an invitation to complete the post-program Qualtrics online survey which included the measures listed above as well as open-ended questions to provide additional feedback. The study’s lead investigator and the *radKIDS*[®] program founder reviewed and scored the Lesson 6 practice videos to determine the level of fidelity to implementation. A final focus group with two experienced and three inexperienced *radKIDS*[®] instructors, as well as two individual participant interviews were done to discuss findings and obtain detailed feedback to inform the continued development of *radKIDS2.0*.

Measures of primary outcomes

Measures included pre- and post-program surveys on self-efficacy in teaching the *radKIDS2.0* program as well as *radKIDS2.0* knowledge, in addition to post-program measures of program usability, acceptability, and satisfaction. Fidelity was assessed via observational coding of one video-recorded lesson using a pre-established program checklist. Post-program focus groups and one-on-one interviews were conducted as well to obtain additional qualitative feedback on *radKIDS2.0*.

Self-efficacy

14-item self-efficacy scale was constructed to assess instructors' beliefs in their ability to learn the *radKIDS2.0* program and to teach it to children [33]. Each item was rated from 0 (cannot do at all) to 100 (highly certain can do). Example items are 'Access instructional materials and equipment needed to teach *radKIDS2.0*' and 'Empower each student to understand that no one has the right to hurt him or her'. An overall average of each question was reported as the total score out of 100, with a greater score indicating higher self-efficacy towards *radKIDS2.0* instruction.

Knowledge

Instructor knowledge of the *radKIDS2.0* program was assessed via a 21-item scale in which participants rated their perceived knowledge towards various components of *radKIDS2.0* to children. Responses were on a Likert scale from 1 (strongly disagree) to 7 (strongly agree). All items started with the stem 'I have the knowledge necessary to teach children participating in *radKIDS2.0* to:'; example items are 'use the three *radKIDS2.0* rules in their daily lives' and 'develop personal safety plans'. Responses to each item were averaged to create an overall score out of 7, with a greater score indicating higher instructor knowledge.

Measures of implementation

***radKIDS2.0* usability, acceptability, and user satisfaction**

Post-program, usability of the *radKIDS2.0* training program was assessed with 21 items adapted from the System Usability Scale (SUS) [34], evaluating program enjoyment, ease of use, engagement, organization, and appropriate content. Items were rated on a Likert scale from 1 (strongly disagree) to 5 (strongly agree). To assess acceptability, we used 5 items adapted from the Acceptability Factor of the Behavior Intervention Rating Scale (BIRS) [35] which asked instructors about program acceptability, effectiveness, reasonableness, liking of the procedures used in the program, and overall perceived benefit of the program for instructors and subsequently children, rated from 1 (strongly disagree) to 5 (strongly agree). We assessed user satisfaction with components of *radKIDS2.0* and the program overall with an adaptation of the Therapy Attitude Inventory; six items were rated on a 1- to 5-stars scale.

Consumer satisfaction

Participants rated how likely they would be to recommend that schools purchase the program, and if they would recommend this program to a friend or colleague using a pre-established online consumer satisfaction survey [36].

Program fidelity

Fidelity of *radKIDS2.0* lesson implementation was assessed via coded videos ($n = 28$) of instructors teaching Lesson 6, with their training partner(s) acting as the student audience. Using a Likert 5-point scale, from 1 (lowest) to 5 (highest), instructional practices were assessed on five program-related factors: (1) followed the curriculum guide, (2) followed guidance in conducting the elements of BST, (3) correctly taught the physical skills to their partner, (4) provided their partner "student" feedback on skills, and (5) provided positive reinforcement during the lesson. Lessons were coded independently by the *radKIDS*[®] program founder and the lead study investigator. A 90% agreement was required between raters, and consensus was reached on any disagreements.

Social validity, utility, and implementation barriers of *radKIDS2.0*

Post-program, open-ended survey questions, a focus group, and individual interviews provided in-depth feedback on: (1) instructor satisfaction and challenges with the *radKIDS2.0* training; (2) program usability and adaptations to the program's training and instructional delivery model; and (3) recommended revisions for the continued development of *radKIDS2.0*. All focus group and interview audio were

transcribed, de-identified, and prepared in a written document. An investigator then performed a thematic coding analysis for each qualitative measure with major themes reported as qualitative findings.

Statistical analysis

Descriptive statistics for each measure were analyzed and reported. Separate one-way repeated measures analysis of variance (ANOVA) tests were conducted to evaluate pre-post changes in self-efficacy and knowledge towards *radKIDS2.0* instruction for inexperienced instructors only ($n = 22$). Partial Eta squared (η^2) is reported as a measure of small, medium, or large effect size for our two primary outcomes. An *a priori* benchmark for program feasibility was established as a mean score of at least 4 on the 5-point ratings of instructor-reported usability, satisfaction, and acceptability scales for participants with and without previous *radKIDS2.0* training experience. To determine fidelity to session delivery, an average fidelity rating for each of the 5 instructional practices were calculated from the coded Lesson 6 practice videos. An overall fidelity score of ≥ 4 out of 5 was the established benchmark and indicated acceptable levels of adherence to delivering session content as planned and proficiency in delivering session material. Qualitative focus group and interview data were coded, organized by themes, and summarized in narratives.

Results

Self-efficacy

Mean scores at pre- and post-program timepoints for the subsample of inexperienced instructors are displayed in table 2. A large effect size was evident for an increase in self-efficacy towards *radKIDS2.0* instruction from pre to post-program timepoints ($F(1,21) = 5.26, p = 0.03, \eta^2 = 0.20$).

Instructor knowledge

Mean scores at pre- and post-program timepoints for the subsample of inexperienced instructors are displayed in table 2. There was a large effect size for improvements in instructor knowledge scores from pre to post program timepoints ($F(1,22) = 4.16, p = 0.05, \eta^2 = 0.17$).

	N	Mean	SD	SD Error Mean
Instructor Self-Efficacy (min = 0; max = 100)				
Pre ($\alpha=.99$)	22	83.24	21.64	4.61
Post ($\alpha=.94$)	22	94.58	5.33	1.14
Instructor Knowledge (min = 1; max = 7)				
Pre ($\alpha=.99$)	22	5.50	1.69	0.36
Post ($\alpha=.96$)	22	6.30	0.53	0.11

Table 2: Mean scores for self-efficacy and knowledge outcomes and pre- and post-program timepoints for instructors with no prior *radKIDS* training experience.

Program usability, acceptability, and satisfaction

Usability

The overall sample mean was 3.97 ($SD = 0.56$), “Agree” on the 1 to 5 scale, indicating that the program was deemed usable by all participants. We found a significant difference ($t[35] = 3.15, p = .003$) in the SUS between those who had and those who had not received prior *radKIDS*[®] training. Those with past training in *radKIDS*[®] rated the program at an average usability of 4.28 ($SD = 0.43$) on a 1-5 scale, while those with no *radKIDS*[®] experience rated the program at an average usability of 3.75 ($SD = 0.55$).

Acceptability

The overall sample mean was 4.01 (*SD* = 0.79), “Agree”, on a 5-pt scale, indicating that the program was deemed acceptable, effective, reasonable, beneficial, and likable. We found no significant pre-test difference in the BIRS between those who had/had not received prior *radKIDS*[®] training ($t[35] = 1.61, p = .116$).

User satisfaction

Overall satisfaction for the program was 4.24 (*SD* = 0.83), indicating strong support for the *radKIDS2.0* child safety focus, instructional content, and training/teaching approach. There was only one significant difference found on one item, between the experienced *radKIDS*[®] instructors and those who only had the *radKIDS2.0* training. For online Physical Skills training, experienced instructors ($M = 4.40 [SD = 0.51]$); inexperienced instructors $M = 3.55 [SD = 1.14]$; $F_{35} = 8.94; p < .05$).

Consumer satisfaction

All participants indicated they would recommend the program to schools; 78.3% indicated they would be very or extremely likely to recommend *radKIDS2.0* to schools. Similarly, 87% of the participants indicated they would recommend the program to a friend or colleague.

Program fidelity

Results (See table 3) show that experienced instructors scored slightly higher in all areas, except in following the new curriculum guide. Yet, performance between the two groups was not significantly different.

Participants	Followed curriculum guide	Followed BST guidance	Correctly taught physical skills	Provided student feedback	Provided pos. reinforcement	Total individual scores	Overall individual scores
Certified instructors (10 reviewed lessons)	3.7	3.4	3.4	4.3	4.6	[15.5 - 24.5]	3.9
Inexperienced instructors (18 reviewed lessons)	4.5	3.1	2.7	3.7	4.1	[13 - 23.5]	3.6
Overall	4.2	3.2	2.9	3.9	4.2	n/a	3.7

Table 3: Descriptive summary of instructor lesson videos reviewed for fidelity of implementation.

Note: BST = Behavioral Skills Training; All scores are on a scale of 1 to 5, low to high, with the exception of the Total Individual Scores which are presented as a range (min = 5, max = 25).

Social validity, utility, and implementation barriers of *radKIDS 2.0*

Overall, qualitative responses to *radKIDS2.0* in post-survey open-ended questions and interviews were very positive, particularly around the value of instructional content for students and the learning modality of activity-based BST. Some experienced instructors preferred the original program instructor training format and the 40 hour in-person training modality. However, almost all instructors felt the training and curriculum changes made in the *radKIDS2.0* prototype were important for building a scalable program. Recommended

changes for future studies included revisions to training, curriculum design, and implementation approaches for the program. Participants recommended improvements to the project's online training to include in-person physical skill training, more interactive and practiced-based learning processes, flexible options in instructional materials to make the program workable in different school settings, and a whole school approach that integrated *radKIDS*[®] principles and school staff engagement within a fully developed *radKIDS2.0* program.

Discussion

This preliminary pilot study demonstrated that the adapted blended multimedia instructor training approach, *radKIDS2.0*, resulted in significant pre-post improvements in self-efficacy towards teaching *radKIDS2.0* and in *radKIDS2.0* knowledge among instructors with no previous *radKIDS* training experience. Further, *radKIDS2.0* met all *a priori* benchmarks in usability, acceptability, user satisfaction, consumer satisfaction, and fidelity of implementation. These findings support the continued development and evaluation of the effectiveness of *radKIDS2.0*, which, if effective, would facilitate further dissemination.

BST is a unique feature of the original *radKIDS*[®] instructor training and child safety curriculum and is a core process in the blended learning training and student instructional content adapted for *radKIDS2.0*. *radKIDS*[®] is unique in its use of BST to help children establish personal boundaries for safety, focus on critical thinking skills to respond to threats of danger, develop age-appropriate coping strategies for dealing with current and past victimization, strengthen child self-assertiveness skills for defending themselves and others (when bystanders), learn communication skills for reporting incidences to parents and adults, develop positive peer relations and respectful interactions during conflict, and grow child self-worth—the program's cornerstone for personal safety and healthy development. In BST, instruction, modeling, rehearsal, and feedback are sequenced to facilitate skill acquisition and efficacy of instruction which likely in part explain the large effect sizes evident for improvements in instructor self-efficacy and knowledge scores following the *radKIDS2.0* evaluation.

The web-based multimedia instructor training tool developed and evaluated in this study represents an opportunity to improve the quality of instructor learning and knowledge acquisition compared to the current face-to-face training. This was accomplished via enhanced opportunities for exploration, practice, and mastery of skills through video skill modeling, a focus on lesson knowledge and skill mastery for instructor understanding, fidelity when delivering content, and visual aids that promote practice and guided instruction. These features likely contributed to the high program engagement and fidelity scores observed among program instructors [37]. The multimedia instructor training tool also provided easy access to learning, practice, and reinforcement opportunities to prepare instructors to work effectively with elementary school aged children. The unique instructional content and active learning approaches of the program and the interactive nature of the training, including having instructors model lessons with their peer(s), resulted in high usability, acceptability, and satisfaction scores among instructors [37].

Qualitative feedback from instructors was positive overall and provided helpful suggestions for improving the *radKIDS2.0* prototype. Instructors realized the importance of transitioning the in-person *radKIDS* training to a multimedia blending learning training to support the scalability of the program for nationwide implementation in schools. While BST has been found to rate highly in social validity among teachers [30], our instructors noted the need for improvement in the online training approach, including more interactive learning opportunities. Further, the final online training curriculum will need to incorporate strategies for implementing the *radKIDS2.0* at a whole-school level to address potential fidelity and feasibility issues commonly associated with school-based programs [38,39].

Limitations of the Study

This study used a small convenience sample of volunteers from around the United States who were interested in learning the *radKIDS*[®] program, or who are already experienced with *radKIDS*[®] and wanted to assist in further development of the instructor training. Thus, the

results are not generalizable, and do not address program efficacy. Instructors did not teach *radKIDS*[®] to children as part of this study, which may have impacted their post-test self-efficacy and knowledge reports. Another limitation is that the self-efficacy scale was adapted for *radKIDS2.0*-specific domains, and the knowledge measure was created specifically to address *radKIDS2.0* knowledge acquisition. Thus, psychometric properties of these measures are not established. However, Cronbach alphas were ranged from .94 to .99 for the self-efficacy measure, and from .96 to .99 for the knowledge measure, indicating high reliability.

Conclusion

Reducing and preventing child bullying and victimization has become a national priority for improving safety in schools and the health and educational outcomes for children. Results from this preliminary evaluation support efforts for final development of the integrated technology approach along with in-person training, as part of a comprehensive *radKIDS2.0* program. *radKIDS2.0* is aligned with evidence-based national guidelines for effective child safety education and prevention of full spectrum victimization, including sexual abuse and abduction, and will address a significant gap in bullying and violence prevention programs that strive to engage schools with diverse cultural, racial, and low-income populations in supporting their children's safety at school, at home, and in their communities [40]. Our study hypotheses were confirmed, and the *radKIDS2.0* prototype met all benchmarks in usability, acceptability, user satisfaction, consumer satisfaction, and fidelity of implementation. The evaluation provided insightful suggestions for next steps in improving *radKIDS2.0* in future studies and garnered strong support for broadly disseminating the program, while ensuring adherence to the program model and fidelity of program implementation.

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Conflict of Interest

This study was funded by the National Institute of Minority Health and Health Disparities. This evaluation was deemed Human Subjects exempt through the study's Institutional Review Board (under Exemption Category 45 CFR 46.104 (d)1). The authors have no relevant financial or non-financial interests to disclose.

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