PREVENTION X ADULT INSTITUTIONAL CARE PROVIDER

School and institution-based training improve teachers' and childcare providers' knowledge and awareness on child abuse prevention and reducing corporal punishment.

Evidence status	***Low risk of bias***	Strong evidence that teacher and childcare provider training leads to improved knowledge and attitudes to recognizing signs of child sexual abuse and to reduce use of corporal punishment.

The summary in brief

This synthesis is of a cell that has more than twenty studies; most of them recently published. The cell has 15 primary studies, two systematic reviews, and four protocols. Studies are from a mix of high-income and low- and middle-income countries, and in one case, teachers were trained in a refugee camp.

The evidence shows that:

- school-based training for teachers and childcare providers (in one case an e-training for healthcare professionals and in another training for orphanage personnel) can improve their knowledge, attitudes, and sense of preparedness in responding to signs of sexual abuse among their students.
- where corporal punishment is common, teacher training can help change attitudes of teachers away from harsh disciplinary methods.

However, it is uncertain whether these improvements directly translate into reductions in child maltreatment (few studies report this outcome).

Contents of the cell

This cell includes four protocols (*Wangamati 2022, Lopez Garcia, 2021 Scharpf 2021, Masath 2020*), 15 primary studies (*McElearney 2021, Baker-Henningham 2019, Baker-Henningham 2021, Fabbri 2021, Hecker 2021, Jewkes 2019, Kim 2019, Konig 2020, Nkuba 2018, Rheingold 2014, Ssenyonga 2022, Kolko 1987, Kolk 1989, MacIntyre 1999, and Martin 2020)* and two systematic reviews (*Lo 2021 and Russell 2020).*

Four of the primary studies come from the US, three from Tanzania, two from Jamaica, and one each from Germany, the UK, South Africa, Uganda, Iran, and Ireland. There are no studies from South Asia, East Asia, or South America. For the protocols, one is for a study in Haiti. The other three span multiple African countries: Tanzania (in three protocols), Kenya, Ghana, and Uganda.

The two systematic reviews are wide in scope and cover a range of interventions to prevent child maltreatment that are not specifically focussed on institutional care providers. *Lo 2021* assesses community-based interventions to reduce child maltreatment and identifies four major elements: involving community members, establishing community partnerships with institutions, promoting

multidisciplinary collaborations, and responsiveness to community needs. *Russell 2020* looks at the efficacy of child sexual abuse prevention interventions in "developing countries" and finds that most evaluations are in educational settings.

The interventions

The interventions in this cell vary in their approach to child protection. Teachers (in most cases), childcare providers, and healthcare providers are engaged to improve their knowledge of child maltreatment, so they are better prepared to identify signs of it. Additionally, some of these interventions aim to reduce corporal punishment by teachers.

One approach involves training teachers, childcare professionals, or healthcare professionals on child sexual abuse so that they are better able to recognize and respond to potential abuse. Some trainings are delivered in-person while others are through e-learning. Most of these studies come from the US with one each from Germany and Iran.

The second approach aims to reduce corporal punishment by teachers in the classroom and in one case by institutional care staff at orphanages in Dar es Salaam, Tanzania. All studies included in-person group training for teachers to move away from physical or emotional violence as a form of discipline. Two studies are from Jamaica and the rest are from sub-Saharan Africa, including one in a refugee camp.

The third approach is in-classroom training for young children, such as the 'Red Flag/Green Flag' programme. It teaches children about inappropriate physical touching and trains teachers and parents to improve their knowledge and ability to recognize sexual abuse.

The fourth approach is a whole-school approach that engages children, teachers, parents, school administrators to create processes and a culture against violence in the school. One study from Northern Ireland (UK) using this approach focussed on all types of abuse and bullying. In another study, the same approach was used to prevent gender-based violence among eighth graders in South Africa.

Who delivers the intervention?

The interventions are delivered by researchers (who have developed the intervention), personnel from community-based organisations, or teachers in the classroom.

Have the interventions been implemented at scale?

Examples of large-scale programmes include *Stay Safe (MacIntyre 1999),* which has been delivered in most primary schools in Ireland, and *Keeping Safe (McElearney 2021)*, a whole-school approach that teaches young children to identify abusive behaviours included 64 primary schools in Northern Ireland (UK). An ongoing study evaluating the *Interaction Competencies with Children – for Teachers ICC-T (Scharpf 2021)* has 72 schools enrolled across three African countries. However, most studies are small with few schools or classrooms.

What do the interventions cost?

Only three studies provided information on programme costs. In the *Irie Classroom Toolbox* intervention in Jamaica *(Baker-Henningham 2021)*, teachers received lunch and a small stipend to cover transportation (USD 4 per workshop). In *Skhokho* (South Africa), a whole-school approach to reduce gender-based violence among eighth graders *(Jewkes 2019),* caregivers received Rand 50 and teenage participants received Rand 20 for transportation costs for each session. Similar compensation for travel (USD 2.17) and free food and beverages were available to institutional caregivers in Tanzania in the *ICC-T* intervention *(Hecker 2021).*

How are the programmes meant to work? The theory of change

Most of the programmes are theory-informed, drawing from multiple behavioural theories rather than entirely depending on one theory. These theories include the transtheoretical model, stages of change, social learning, and attachment theories.

Do the interventions work in improving adult institutional care provider outcomes?

Seems like it. Most studies report improvements in the knowledge, awareness, and attitudes after the programme of institutional care providers (teachers in most cases). Teachers reported feeling more prepared to recognize and respond to signs of child sexual abuse among their students. Other teachers reported that they reduced their use of corporal punishment to discipline students. However, it is important to keep in mind that these are intermediate outcomes and we do not know if these actually and reliably lead to sustained reductions in child maltreatment.

Are the results generalisable?

Yes. The number of studies and the consistency of results – particularly given the number and diversity of countries in which the studies are run – indicate that results are highly generalisable.

How reliable is the evidence?

Pretty reliable. Almost half of the studies are rated 'low risk of bias.' The number of studies and the consistency of findings suggests that the evidence is quite reliable.

Risk of Bias for Randomised Controlled Trials (RCTs)

Study (Author and year)	Overall risk of bias	Randomised process	Deviations from intended interventions	Missing outcome data	Measurement of the outcome	Selection of the reported result
Baker-Henningham *2019*	Low risk of bias	Low risk	Low risk	Low risk	Low risk	Low risk
Baker-Henningham *2021*	Low risk of bias	Low risk	Low risk	Low risk	Low risk	Low risk
Fabbri *2021*	Low risk of bias	Low risk	Low risk	Low risk	Low risk	Low risk
Kim *2019*	Low risk of bias	Low risk	Low risk	Low risk	Low risk	Low risk
Hecker *2021*	Some concerns	Some concerns	Low risk	Some concerns	Some concerns	Low risk
Jewkes *2019*	Some concerns	Some concerns	Low risk	Low risk	Low risk	Some concerns
Konig *2020*	Some concerns	Some concerns	Low risk	Low risk	Some concerns	Low risk
McElearney *2021*	Some concerns	Low risk	Some concerns	Some concerns	Low risk	Low risk
Rheingold *2014*	Some concerns	Low risk	Some concerns	Low risk	Some concerns	Some concerns
Nkuba *2018*	High risk	Some concerns	High risk	High risk	Some concerns	Some concerns
Ssenyonga *2022*	High risk	Some concerns	Low risk	Some concerns	Low risk	High risk

Risk of Bias for Quasi-Experimental Designs (QEDs)

Study (Author and year)	**Overall risk of bias**	**Confounding**	**Selection bias**	**Bias in intervention classification**	**Deviation from intended intervention**	**Missing outcome data**	**Measurement of the outcome**	**Selection of the reported result**
Kolko *1987*	Low risk of bias	Low	Low	Low	Low	Moderate	Moderate	Low
Kolko *1989*	Low risk of bias	Low	Low	Low	Low	Moderate	Moderate	Low
MacIntyre *1999*	Low risk of bias	Low	Low	Low	Low	Low	Moderate	Low
Martin *2020*	Some concerns	Low	Low	Low	Low	Low	Low	Moderate