

Prevention/Institutional Safeguarding: Operations

The effect of prevention-focused interventions to improve institutional operations to safeguard children is uncertain.

Evidence status	High risk of bias	Unclear impact of prevention interventions focussed on institutional operations to safeguard children.
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The summary in brief

Training people who look after children - such as teachers and day care workers – might protect children from sexual abuse. Training programmes can improve the knowledge, attitudes, and practices of these caregivers to prevent abuse.

This synthesis includes three completed studies and two protocols of primary studies. In all three completed primary studies, teachers received training on preventing child sexual abuse. One large scale study from Spain also trained other professionals such as social workers, police officers and hospital staff. That latter study (*Cerezo 2004*) reported increased detection rates of child maltreatment after training of childcare professionals from different disciplines. Results from the other primary studies suggested modest improvements in knowledge, attitudes, and some behaviours (compared to controls) although these were usually only in the short term. Results need to be interpreted with caution because of the high risk of bias/low quality of studies.

The cell has three completed studies (*Cerezo 2004*; *Gushwa 2018*; *Rheingold 2014*) and two protocols for new studies (Perez 2021; Wangamati 2022). A full summary of *Rheingold 2014* is available in the guidebook.

Studies in this cell

Completed Primary Studies	
<i>Cerezo 2004</i> QED, high risk of bias	Spain (Balearic Islands). Professionals such as teachers, social workers, hospital staff, child protection services (CPS) staff and police. Evaluation of a large-scale training programme to improve detection of child maltreatment by professionals who worked with children
<i>Gushwa 2018</i> <i>RCT, high risk of bias</i>	USA (3 states – 2 Midwest, 1 Northeast). K-12 teachers from 3 public school districts. Evaluation of the <i>Enough! Preventing Child Sexual Abuse in My School</i> programme

<i>Rheingold 2015</i> <i>RCT, moderate risk of bias</i>	USA (three sites: one each in Atlanta, GA; Beaufort, SC; Bend, OR). Caregivers of children in day care, churches, schools Evaluation of the <i>Stewards of Children</i> programme to prevent CSA
Protocols for Primary studies	
Perez 2021 <i>Study protocol for RCT</i>	USA: California Testing implementation strategy for "ACEs Aware" policy that provides Medicaid reimbursement for Adverse childhood experiences (ACEs) screening annually for child primary care visits to low-income families in Southern California
Wangamati 2022 <i>Study protocol for QED</i>	Kenya and Tanzania Quasi experimental pilot to assess the delivery and potential changes in knowledge, attitudes, behaviours and violence against children (VAC) prevalence and incidence in and around schools following the whole school approach (WSA) intervention implementation

PRIMARY STUDIES

The interventions

Programme	Country	Description
Large-scale programme to increase child maltreatment detection	Spain	Phase 1: Training frontline professionals such as social workers, paediatricians, police officers, psychologists, psychiatrists, and nurses who are involved in reporting cases of child maltreatment to Child Protective Services (CPS). Phase 2: Focused on training teachers, psychologists, and support staff in preschools and primary schools. The training for professionals in both phases included 16-20 hours training over 2-3 days, covering various aspects of child maltreatment and the protocol to follow to report cases to CPS. A form was developed for streamlined referral of potential cases to CPS. Support was provided to trained professionals by a Local Coordination Team (LCT) through a helpline and in-person visits.

Enough! Preventing Child Sexual Abuse in My School	USA	Online training course developed for schools to help them prevent child sexual abuse (CSA). Nature and scope of CSA is covered in the course for school staff. Specific actions that school personnel can take to prevent CSA or precursor activities like grooming. Training can be completed in 1 hour or in 20-minute increments. The training was developed as part of a campaign (the "Enough Abuse Campaign") which was a citizen education and community engagement initiative. A collaborative of child-centred agencies came together to launch the campaign.
Stewards of Children	USA	Brief training programme for childcare professionals (e.g., teachers, childcare personnel, clergy, counsellor, probation officer, day care worker, coaches) to improve their knowledge, attitudes, and response to child sexual abuse (CSA). Training is delivered in two modes: in-person in a 2.5-hour session, and via the internet over 2 weeks.

Do these interventions work in improving institutional operating practices to safeguard children?

Cerezo 2004: found that the intervention increased the number of cases reported to CPS from in both phases. The study reports a threefold increase in the number of cases detected after the intervention compared to before. The second phase, i.e., training teachers, led to detection of 2-3 children per 1000 as new cases after accounting for duplications from the first phase. The higher the proportion of professionals trained, the higher was the detection rate.

The first phase, i.e., training frontline workers, was sequentially implemented in three territories. Referrals increased before and later the intervention in the first two territories but not in the third. According to the authors, this might be due to the intervention's knowledge spreading to the third territory before implementation via mass media, professional networks and professionals moving territories for new jobs. A later comparison of the outcomes with a different region of the Balearic Islands found expected increase in referrals.

In **Gushwa 2018:** teachers who received the online training intervention had significantly higher scores on a CSA knowledge scale than the comparison group. The awareness program included aspects of CSA such as prevalence rates, types of behaviours, impact on children, signs and symptoms, veracity of children's reports, perpetrator backgrounds/behaviours backgrounds/behaviours, factors associated with CSA in schools including examples of boundary-violating behaviours, specific behaviours to support prevention, reporting responsibilities, and responses to suspected abuse. Teachers who received the online training intervention scored significantly higher on average (nearly 90%) than the control group did (approximately 75%). Additionally, most of the trained teachers reported an increase in their knowledge, awareness, likelihood of taking action to prevent CSA: many indicated a "great deal" or "somewhat" increase, compared to "a little" or "none, already knew".

Rheingold 2014 found that *Stewards of Children* training improved childcare professionals' knowledge and behaviours about CSA:

- **Knowledge** about CSA increased after the intervention but declined over the next three months. The control group also showed increased knowledge during this period, but not to the same extent as the intervention group.
- **Attitudes.** Participants' belief in CSA myths was low initially, leaving little room for improvement. After training, the control group had the better score but at three months there was no difference between groups.
- **Behaviours.** Participants who received the training reported improvement in their behaviors three months after training, as compared to the control group. The behaviours reported to have improved most were:
 - "Limiting the opportunity for older youth and younger youth to have one-to-one interaction". This is significant given that juveniles are offenders for over a third of CSA cases (Finkelhor et al. 2009¹). And
 - Participants in the intervention group reported an increase in behaviours such as "Sharing with another adult an article, brochure, or other information about CSA prevention" within three months of the training. The control group also showed improvement in these behaviours during the same period, possibly due to the influence of the changed behavior of their trained colleagues or knowledge sharing.

In terms of the difference between being trained in-person vs online, the evaluation also found:

- Knowledge: The group trained in-person learned 'significantly' less about CSA (their knowledge had changed less) than the group trained on-line. Three months after training, however, there were no differences in CSA knowledge between the two groups.
- Attitudes: No difference between the group trained in-person vs. the group trained on-line.
- Behaviours: No difference between the group trained in-person vs. the group trained on-line.

The size of the impact of training in terms of implications for practice are unclear.

Protocols for new studies

Perez 2021 (US, California) proposes to develop a better implementation strategy to improve the awareness and uptake of "ACEs Aware" policy that provides Medicaid reimbursement for Adverse childhood experiences (ACEs) screening annually for child primary care visits to low-income families in

¹ Finkelhor, D., Ormrod, R., & Chaffin, M. (2009). Juveniles who commit sex offenses against minors. Office of Juvenile Justice and Delinquency Prevention. <http://www.ncjrs.gov/pdffiles1/ojjdp/227763.pdf>.

Southern California. The study will test a multifaceted implementation strategy in partnership with a Federally Qualified Health Center (FQHC) system. The Exploration, Preparation, Implementation, Sustainment (EPIS) framework is a widely used implementation framework¹. This study plans to follow the EPIS framework for implementation mapping to refine implementation. The refined implementation strategy will include online training videos, a customized algorithm and use of technology to improve workflow efficiency, implementation training to internal FQHC personnel, clinic support and coaching, and written implementation protocols. This randomized trial with five primary care clinics will assess this implementation strategy for (a) fidelity to the ACE screening protocol, (b) reach, defined as the proportion of eligible children screened for ACEs, and (c) the impact of the ACE policy on child-level mental health referrals and symptom outcomes.

Wangamati 2022 (Kenya and Tanzania) proposes to evaluate the whole school approach (WSA) for reducing violence against children (VAC) in and around schools in Tanzania and Kenya. WSA is developed by Investing in Children and their Societies-Strengthening Families & Protecting Children (ICS-SP) for reducing VAC in and around schools. The study plans to (1) test intervention's feasibility, (2) assess the extent to which the WSA can help reduce prevalence and incidence of VAC (3) learn from insights into changes in stakeholders' knowledge, attitudes and practices in relation to VAC following intervention implementation and (4) to build evidence base for refining intervention content, delivery and theory of change (ToC). The study is a mixed-methods, controlled before-and-after, quasi experimental pilot. The pre-intervention phase will involve school safety audits and stakeholder enhancement of the WSA ToC and surveys of teaching and non-teaching staff; parents (knowledge, attitude and practices); and pupils (VAC incidents and school climate). There will be process evaluation and random school visits. afterwards, there will be end-line surveys similarly to those at baseline. Focus groups are also planned, and in-depth interviews with ICS-SP staff, training facilitators, teachers, parents, and pupils to gain insights into acceptability, delivery and intervention effects.

Have the interventions been implemented at scale?

Cerezo 2004 was implemented on a large scale in the Balearic Islands, an autonomous community of Spain, with 161,287 children under 18 at the time of the intervention. The intervention was designed to include professionals from all frontline agencies, preschools, and primary schools that served the children living in this area.

The programs in *Rheingold 2014* and *Gushwa 2018* might have been implemented in many sites but not much detail is provided in the papers.

Which type of organisation delivered the intervention?

For the intervention in Spain (*Cerezo 2004*), a local coordinator was appointed (unclear by whom or what the selection criteria were) and they worked with two professionals from CPS and two school professionals. This Local Coordination Team (LCT) was responsible for coordinating intervention activities with the various agencies involved.

Stewards of Children (Rheingold 2014) was developed and delivered by a US NGO, Darkness to Light.²

Enough! Preventing Child Sexual Abuse in My School (Gushwa 2018) was developed in Massachusetts as part of the Enough Abuse Campaign (EAC), a citizen education and community engagement initiative with the aim of preventing CSA.” The EAC was created by a collaboration of child-centered organisations with a shared purpose of preventing CSA.

What do the interventions cost?

None of the studies report any cost data.

How is the programme meant to work? The theory of change

Cerezo 2014 does not mention any theory in particular for its programme. Instead, the intervention was based on the principles of motivational interviewing to overcome barriers and change attitudes towards reporting potential cases of maltreatment.

Stewards of Children is not a theory-based prevention programme, but its principles are in line with Finkelhor’s³ theory, which suggests that certain conditions need to exist for CSA to occur. They include: an individual’s tendency to abuse, absence of internal or external inhibitions for the offender, and having access to the child. Preventing one or more of these preconditions should reduce the likelihood of CSA. This program aims to reduce access to children by offenders and to increase external barriers for them improving the knowledge, attitudes, and response of adults responsible for childcare.

Enough! Preventing Child Sexual Abuse in My School was developed based on adult learning theory and how educators learn best⁴.

Are the results generalisable?

The results from the US studies might be generalisable to school settings that are like the US. The large study from Spain has issues with risk of bias which affects its generalisability.

How reliable is the evidence?

Not very.

Cerezo 2004 and Gushwa 2018 are rated as having a *serious risk of bias*. Rheingold 2014 is rated as having a *moderate risk of bias*.

² <https://www.d2l.org/get-trained/>

³ Finkelhor, D. (1984). *Child sexual abuse: New theory and research*. New York: Free Press.

⁴ Jarvis, P, & Jarvis, P. (2004). *Adult education and lifelong learning: Theory and practice*. London, UK: RoutledgeFalmer.

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
<i>Cerezo 2014</i>	High Risk of Bias	Serious	Moderate	Moderate	Serious	Low	Moderate	Serious

¹Moullin, J.C., Dickson, K.S., Stadnick, N.A. et al. Systematic review of the Exploration, Preparation, Implementation, Sustainment (EPIS) framework. *Implementation Sci* 14, 1 (2019). <https://doi.org/10.1186/s13012-018-0842-6>