

## RESPONSE X ADULT INSTITUTIONAL CAREGIVER: BEHAVIOUR, KNOWLEDGE, ATTITUDES

Training for childcare professionals can improve knowledge, attitudes, and perceptions of readiness to respond to child maltreatment.

<b>Evidence status</b>	<b>Some concerns</b>	Moderate evidence of impact on teacher, childcare provider, healthcare personnel knowledge, attitudes, and perceptions of readiness to respond to potential child maltreatment.
------------------------	----------------------	---

### The summary in brief

Training interventions – both online and in-person – for adult professionals who work closely with children can be successful in improving knowledge, attitudes, and readiness to respond to signs of child abuse. The cell has nine primary studies, one protocol for a primary study, and one systematic review. Professionals in the studies include teachers, early childhood educators, physicians, nurses, psychotherapists, residential care staff, victim advocates and counsellors. The components of the training include multiple modules spaced out over a few weeks or months that provide information on child maltreatment, the signs to look for, and how professionals can respond. One study for paediatric intensive care unit (PICU) doctors in the US combined training with a clinical decision-making tool to better identify abuse-related head trauma in children. Other settings for training included day care centres, churches, residential care for youth, and primary school classrooms.

Most primary studies in the cell are recently published. Five studies are from the US, two from Turkey, and one each from Germany, Portugal, and Iran.

The impact on childcare professional knowledge, attitudes, and behaviours suggests that improvements through training are possible, but the long-term effects on reducing child maltreatment are unclear because few studies measure them. Most studies were small, short-term, and run by researchers, which limits generalizability to other settings and contexts.

### Contents of the cell

The cell includes eight studies (*Hymel 2021, Humphreys 2021, Kim 2019, Konig 2020, Martin 2020, Peker 2020, Rheingold 2014, Santos 2022, Turan 2022*), one protocol (*Taylor 2021*) and one systematic review (*Lo 2021*).

<i>Humphreys 2021</i> RCT, moderate risk of bias	US (one state). Evaluation of <i>iLookOut</i> , an online child abuse identification and reporting training for early childhood professionals.
<i>Hymel 2021</i> RCT, moderate risk of bias	US (eight paediatric intensive care units across the country). Evaluation of a clinical decision rule and training for physicians to reduce missed abusive head trauma in PICUs.

<i>Kim 2019</i> RCT, low risk of bias.	US (eight schools in one state). 161 teachers in study.  Evaluation of <i>Second Step Child Protection Unit</i> , a multipronged approach to child sexual abuse prevention and response.
<i>Konig 2020</i> RCT, moderate risk of bias	Germany (nationwide recruitment). 80-262 participants in the training arm for the three courses.  Evaluation of E-learning training for healthcare professionals (physicians, psychotherapists, nurses) called “Child protection in medicine, Safeguarding standards in medicine, and Basic knowledge of child protection in institutions.” The last course was for managers.
<i>Rheingold 2014</i> RCT, moderate risk of bias	US (three sites in three states – Atlanta, GA; Beaufort, SC; Bend, OR). Caregivers of children in day care, churches, schools.  Evaluation of the Stewards of Children programme to prevent child sexual abuse.
<i>Santos 2022</i> RCT, low risk of bias	Portugal (11 residential care homes for at-risk adolescents). Residential youth care (RYC) staff.  Evaluation of a compassionate mind training program for caregivers of RYC (CMT- Care Homes).
<i>Taylor 2021</i> RCT protocol, results forthcoming	US. 81 victim advocates.  Evaluation of E3, a webinar- based training for victim advocates to improve engagement with families in mental health services and referral of children to Children’s Advocacy Centers (CACs).
<i>Martin 2020</i> QED, moderate risk of bias	Iran. 80 preschool teachers.  Evaluation of a teaching intervention for preschool teachers on sex education for preschoolers including recognizing signs of child sexual abuse.
<i>Peker 2020</i> QED, high risk of bias	Turkey. 16 counselors.  Evaluation of a psychoeducation program to improve reporting of child sexual abuse by counselor teachers.
<i>Turan 2022</i> QED, low risk of bias	Turkey. 62 student nurses.  Evaluation of an online educational course a nursing students’ attitudes to child abuse disclosure.
<i>Lo 2021</i>	Systematic review on community-based interventions to

Systematic Review, high risk of bias	reduce child maltreatment.
--------------------------------------	----------------------------

**The interventions**

The interventions involve training for various professionals who work with children including healthcare providers (physicians, nurses, psychotherapists), early childhood educators, residential care providers, primary school teachers, school administrators, victim advocates, and counselors.

The training includes online or in-person modules for professionals increase their knowledge on the signs of child maltreatment and provides them with tools and skills to respond to potential cases in their practice and classrooms. For example, PICU doctors in multiple US hospitals were trained to use a tool to assess whether head trauma in the children they treated could be from abuse (*Hymel 2021*). In other examples, early childhood educators who work in day cares, churches, schools were trained to identify and respond to possible cases of child abuse. One study in residential care settings in Portugal, provided caregivers with a compassion-based programme. An ongoing study (*Taylor 2021*) is offering webinar-based training for victim advocates to improve rates of screening, referral, and access to evidence-based practices for child victims. In two instances, one, the *Second Step Child Protection Unit* (*Kim 2019*) in primary schools and second, an e-learning programme in healthcare settings in Germany, managers and administrators are also trained on institutional standards and responses against child maltreatment.

The RCT evidence mostly comes from high income countries primarily the US, with one study each from Germany and Portugal. The QED evidence is from Iran and Turkey, both middle-income economies.

The cell also has one systematic review (*Lo 2021*) that examines community-based interventions to reduce child maltreatment and identifies four key elements to be effective: involving community members, establishing community partnerships with institutions, promoting multidisciplinary collaborations, and responsiveness to community needs.

**Do the interventions work in improving adult institutional caregiver outcomes?**

In general, the trainings increase knowledge and attitudes of institutional caregivers of children. Participants reported feeling better prepared to respond to signs of child maltreatment. However, whether these results translate into increased disclosure by students and reduced child maltreatment was not reported in these studies.

In the PICU study, high risk cases were evaluated more thoroughly, and the number of potential cases of missed abusive head trauma fell. However, the number of estimated cases of missed abusive head trauma did not differ statistically significantly from the control group.

**Have the interventions been implemented at scale?**

Does not seem like it. Most studies were small, and run by researchers assessing whether a programme works or not.

### Which type of organisation delivered the intervention?

In most cases, the interventions were delivered by the researchers who developed it and are testing it out.

*Stewards of Children (Rheingold 2014)* was developed and delivered by a US NGO, Darkness to Light<sup>1</sup>.

### What do the interventions cost?

None of the studies report costs.

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

Studies did not explicitly mention a theory on which they were based except the compassion-based training (*Santos 2022*) which was based on the *Social Mentalities* theory.

### How reliable is the evidence?

Moderately so. Most studies are of 'moderate quality' indicating some concerns.

### *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
<i>Humphreys 2021</i>	Some concerns	Some concerns	Low risk	Low risk	Low risk	Low risk
<i>Hymel 2021</i>	Some concerns	Some concerns	Low risk	Low risk	Low risk	Low risk
<i>Kim 2019</i>	Low risk of bias	Low risk	Low risk	Low risk	Low risk	Low risk
<i>Konig 2020</i>	Some concerns	Some concerns	Low risk	Low risk	Some concerns	Low risk
<i>Rheingold 2014</i>	Some concerns	Low risk	Some concerns	Low risk	Some concerns	Some concerns
<i>Santos 2022</i>	Low risk of bias	Low risk	Low risk	Low risk	Low risk	Low risk

<sup>1</sup> <https://www.d2l.org/get-trained/>

***Risk of Bias for Quasi-Experimental Designs (QEDs)***

<b>Study (Author and year)</b>	<b>Overall risk of bias</b>	<b>Confounding</b>	<b>Selection bias</b>	<b>Bias in intervention classification</b>	<b>Deviation from intended intervention</b>	<b>Missing outcome data</b>	<b>Measurement of the outcome</b>	<b>Selection of the reported result</b>
<b><i>Martin 2020</i></b>	Some concerns	Low risk	Low risk	Low risk	Low risk	Low risk	Moderate risk	Low risk
<b><i>Peker 2020</i></b>	High risk of bias	Low risk	Serious risk	Low risk	Low risk	Low risk	Moderate risk	Low risk
<b><i>Turan 2022</i></b>	Low risk of bias	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk