

#### Researchers

Karen Devries

London School of Hygiene and Tropical Medicine

Camilla Fabbri

London School of Hygiene and Tropical Medicine

Vivien Barongo

National Institute for Medical Research, Tanzania

Elizabeth Shavo

National Institute for Medical Research, Tanzania

Flizabeth Aller

London School of Hygiene and Tropical Medicine

Giulia Greco

London School of Hygiene and Tropical Medicine

Rachel Steinacher

Director, Business Development

Katherine Rodrigues

Airbel Impact Lab

**Timeline** 

2018-2021

#### Sample Size

27 primary and secondary schools, 1500 students, 500 teachers

Research Implemented by IPA

Yes

# Preventing Violence Against Children in Refugee-Camp Schools in Tanzania

## **Abstract**

Exposure to violence in childhood and adolescence is associated with adverse health and socio-economic outcomes. School is one of the most common settings where children and adolescents may experience violence; and in some countries, school staff may be one of the most common perpetrators of violence against children. Levels of violence may be higher in humanitarian settings, where people are displaced and teachers and children may have recent histories of trauma. While this violence is associated with negative outcomes for students, little evidence exists on how to shift this harmful behavior, particularly within humanitarian settings. In partnership with the International Rescue Committee and Behavioral Insights Team, researchers are evaluating the impact of a school-based program, which utilizes principles of cognitive behavioral therapy, on physical and emotional violence perpetrated by teachers on students, students' mental health outcomes, and test scores.



# **Policy Issue**

Corporal punishment is linked to physical injury, interference with children's learning and mental health and behavioral issues. [1] Globally, nearly one billion children experience regular physical punishment by their caregivers, [2] and school is one of the most common settings where children experience such violence. [3] Emerging evidence suggests that in some settings, school staff may be one of the most common perpetrators of violence against children. [4]

Despite the prevalence of emotional and physical violence in schools and the negative outcomes associated with the practice, little evidence exists on how to shift the attitudes and behaviors that condone or support corporal punishment, particularly in crisis-affected contexts. The Good School Toolkit in Uganda, and the Irie Classroom Toolbox in Jamaica are exceptions, but were implemented in low-resource, stable, non-emergency settings. These programs were effective in reducing physical and emotional violence from school staff to students. [5] [6]

Levels of corporal punishment and violence could be higher in emergency settings, where people have been displaced and have recent histories of trauma, though little data is available on the prevalence of violence against children in schools in refugee camps. This study will provide the first evidence on an intervention designed to curb corporal punishment in schools in a humanitarian setting.

## **Context of the Evaluation**

As of 2018, Tanzania hosts approximately 330,000 refugees and asylum-seekers who have fled conflict in Burundi and the Democratic Republic of Congo. $_{[7]}$  The majority of refugees and asylum seekers in Tanzania reside in refugee camps in the Kigoma region, where access to basic services is limited. Nyarugusu refugee camp, where this evaluation takes place, is one of the largest refugee camps in the world, with a population of 153,024 as of 2018. $_{[8]}$  Like in many refugee camps, there is a large youth population in Nyarugusu; 55 percent of Nyarugusu's refugees and asylum seekers are under seventeen years old.  $_{[9]}$ 

The International Rescue Committee (IRC) administers schools, educational programs, and child protection response in Tanzania's refugee camps, among other services. Through initial formative research, the IRC and the Behavioral Insights Team (BIT) found that many teachers in Nyarugusu perceived physical punishment as a means to prepare students for adulthood, teach respect for elders, and guide them to a better future. [10] Following this formative research phase, the IRC and BIT partnered to design EmpaTeach, a multi-faceted school-based program that utilizes principles from cognitive behavioral therapy to promote shifts in teachers' thoughts, attitudes, and behaviors related to corporal punishment.

The IRC conducted a small-scale pilot of EmpaTeach in two schools in Mtendeli refugee camp. Findings show a lower incidence of physical and emotional violence in schools exposed to the program, as self-reported by students. Researchers also found that students in program



schools reported feeling more connected, less depressed, and more engaged in school than students in non-program schools. The small-scale pilot did not evaluate the impact of EmpaTeach.

# **Details of the Intervention**

In partnership with the IRC and BIT, researchers and IPA are evaluating the impact of EmpaTeach on physical violence committed by teachers against students. Researchers will also assess the impact of the program on depressive symptoms among students, their experience of emotional violence, and educational test scores, as secondary outcomes of interest. The evaluation is complemented by a qualitative component and a cost-effectiveness analysis.

The 27 primary and secondary schools in Nyarugusu camp will be randomly assigned to one of two groups:

- 1. EmpaTeach group: Teachers in these schools will be offered the opportunity to participate in groups that meet fourteen times for one to one-and-a-half hour length sessions led by their peers over the course of ten weeks. Peer leaders use cognitive behavioral therapy techniques to shift teachers' negative thought and behavior patterns related to corporal punishment through the following activities:
  - providing information on the harmful effects of corporal punishment on children, reflection exercises intended to build empathy for children, and alternatives to corporal punishment
  - building action plans to respond to student behavior
  - exercises that focus on improving teacher emotional regulation
  - facilitating group sessions, where teachers can receive social support from other participants and discuss their experiences and challenges of teaching
  - receiving text messages that reinforce the messages from the sessions
  - take home assignments that take roughly thirty minutes to complete
- 2. Comparison group: These schools will not receive the intervention during the evaluation period, but will receive it in the future if research findings demonstrate that it has positive outcomes.

The research team will conduct surveys with teachers and students before EmpaTeach is initiated, immediately after the program is completed, and at least six months after the end of the program. The research team will also conduct in-depth interviews with headteachers and other community stakeholders, and focus group discussions with teachers and students.

# **Results and Policy Lessons**

Evaluation ongoing; results forthcoming



### **Sources**

- [1] Gershoff, Elizabeth T. School Corporal Punishment in Global Perspective: Prevalence, Outcomes, and Efforts at Intervention. Psychology, Health & Medicine, 2017, 224-39. doi:10.1080/13548506.2016.1271955.
- [2] UNICEF 2014. Violent Discipline: Current Status & Progress. (n.d.). from http://data.unicef.org/ child-protection/violent-discipline.html
- [3] Dahlberg, L et al., Chapter One, in *World Report on Violence and Health*. Geneva: World Health Organization, 2002.; Devries, K., et al., *Who Perpetrates Violence Against Children? A Systematic Analysis of Age and Sex Specific Data*. BMJ Pediatrics, 2018. **2**: p. e000180.
- [4] UNICEF Tanzania, Centers for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences, *Violence against Children in Tanzania: Findings from a National Survey, 2009. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioural Consequences of Violence Experienced in Childhood.* 2011, UNICEF Tanzania, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for DiseaseControl and Prevention, Muhimbili University of Health and Allied Sciences: Dar es Salaam, Tanzania.
- [5] Devries, K.M., et al., The Good School Toolkit for Reducing Physical Violence from School Staff to Primary School Students: A Cluster-Randomised Controlled Trial in Uganda. Lancet Global Health, 2015. **3**(7): p. E378-86.; Baker-Henningham, H., et al., Reducing Child Conduct Problems and Promoting Social Skills in a Middle-income Country: Cluster Randomised Controlled Trial. The British Journal of Psychiatry, 2012. **201**(2): p. 101-108.; Baker-Henningham, H., et al., A Pilot Study of the Incredible Years Teacher Training Programme and a Curriculum Unit on Social and Emotional Skills in Community Pre-schools in Jamaica. Child: Care, Health and Development, 2009. **1**: p. 1-13.
- [6] Baker-Henningham, H., et al., Reducing child conduct problems and promoting social skills in a middle-income country: cluster randomised controlled trial. The British Journal of Psychiatry, 2012. **201**(2): p. 101-108.
- [7] Global Focus: United Republic of Tanzania. UNHCR. Accessed September 3, 2019. http://reporting.unhcr.org/tanzania.
- [8] Nyarugusu Refugee Camp Profile. July 31, 2018. https://data2.unhcr.org/es/documents/download/65654.



[10] Rodrigues, Katherine. "Encouraging Empathy, Sharing Science, or Raising Awareness of Rights?" 2017.

https://medium.com/airbel/encouraging-empathy-sharing-science-or-raising-awareness-of-rights-106e205e5191.

October 28, 2019