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Short Article

Preventing abuse in residential child care: A narrative review of support for residential child care staff

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Abstract

This narrative review examines support for residential care staff which aims to prevent abuse in residential child care. In Japan, many children in residential care have experienced abuse prior to placement, such that staff are required to respond to complex emotional and behavioural difficulties. Using Google Scholar, PubMed, ScienceDirect, and J-STAGE, literature published between 2010 and 2025 was reviewed. Twenty studies and reports were included, and the review identified three main theoretical strands: cognitive behavioural approaches, trauma-informed care, and attachment-based approaches. Across these studies, staff support commonly combined psychoeducation, skills training, attention to cognition and emotion, and organisational implementation processes such as supervision. However, many studies evaluated indirect outcomes, such as improved caregiving skills, rather than direct changes in levels of abuse. This review suggests that future programmes should integrate cognitive behavioural, trauma-informed, and attachment-based perspectives, while developing more compact and culturally sensitive models that can be implemented in Japanese residential child care settings.

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Introduction

Residential child care occupies an important place in the Japanese child welfare system. Children who cannot receive adequate care from their parents may be placed in children's homes (jidō yōgo shisetsu) following decisions made by child guidance centres under the Child Welfare Act. Children's homes provide everyday care and support for family reunification or the transition to independent living. At the end of the 2023 financial year, there were 607 children's homes in Japan, of which 579 were privately operated, mainly by social welfare corporations, and 28 were publicly operated (Watanabe, 2025).

Residential care is funded primarily through the statutory placement funding system known as sochi-hi. Most of the costs are met by national and local governments in accordance with nationally prescribed staffing and operational standards, although families may also be required to make a limited contribution according to their financial circumstances. Japanese policy has increasingly promoted smaller and more family-like living arrangements, including small-group units within a main facility or community-based homes. These living units generally accommodate four to six children (Watanabe, 2025).

A national survey conducted on the 1st of February 2023 identified 23,043 children living in children's homes. Their mean age was 11.8 years, ranging from infancy to 19 years. The mean age at admission was 6.7 years, and the mean length of residence was 5.2 years. These figures indicate that children's homes care for a wide age range and that residential placements frequently extend over several years (Children and Families Agency, 2024a).

Residential care is provided by a multidisciplinary workforce. Most everyday care is undertaken by residential care workers, including staff employed under the Japanese professional categories of jidō shidōin and hoikushi, with additional support provided by psychologists, nurses, and other professionals. Staff appointed as jidō shidōin qualify through recognised professional or educational routes, including social welfare, psychology, and education, whilst hoikushi hold a nationally recognised childcare qualification. Recent national statistics do not provide a detailed gender breakdown specifically for the workforce in children's homes. Evidence concerning occupational motivation is also limited, although one Japanese study found that practical placements and direct experience of

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residential care during professional education contributed to some staff members' decisions to enter the field (Akama & Inadomi, 2023; Watanabe, 2025).

In Japan, abuse occurring within residential care is legally defined as the abuse of children under placement or other forms of care (hisocchi jidō-tō gyakutai). Under the Child Welfare Act, this comprises physical abuse, sexual abuse, neglect, and psychological abuse (Watanabe, 2025). These categories may involve different circumstances and underlying dynamics. Sexual abuse and other exploitative forms of abuse generally involve deliberate violations of children's boundaries and serious misuses of power, requiring immediate safeguarding, investigation, and, where appropriate, criminal or disciplinary action. By contrast, many reported incidents of physical and psychological abuse occur in the context of everyday residential care, including behavioural guidance, limit-setting, and responses to aggression or other challenging behaviour (Watanabe, 2025). The present review focuses primarily on support intended to prevent harmful physical and psychological responses arising within these everyday caregiving interactions. It does not examine interventions for deliberate sexual or other predatory abuse, which require distinct safeguarding and legal responses.

Against this institutional background, more than 70% of children living in children's homes have experienced abuse by their parents or guardians before admission (Children and Families Agency, 2024a). Such experiences may be associated with complex difficulties, including problems in interpersonal relationships, self-harm, and aggression towards others, making everyday residential care a particularly demanding workplace. Reported cases of abuse by residential care staff, hereafter referred to as abuse in residential care, have also increased in recent years (Children and Families Agency, 2024b). Previous research suggests that such abuse is associated not only with the complexity of children's needs but also with organisational conditions, including staff shortages, and individual staff factors, such as dysfunctional caregiving-related thoughts (Sasaki, 2025).

At the same time, although practical knowledge about how to support residential care staff to reduce abuse in residential care has gradually accumulated, trends in the research have not yet been sufficiently studied. To promote more effective prevention, it is necessary to examine

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the current distribution of research, the theoretical frameworks on which staff support is based, the components commonly used in such support, and the remaining challenges. This study therefore conducts a narrative review of the literature on support for residential care staff, with the aim of clarifying the distribution of research, its theoretical foundations, and common elements in this field.

Method

This study is a narrative, rather than systematic, review. Its main purpose is to understand the theoretical foundations, practical features, and challenges related to support in this field. Literature was searched using Google Scholar, PubMed, ScienceDirect, and J-STAGE, focusing on studies published between 2010 and 2025. Search terms included combinations of institutional care, residential care, child abuse, maltreatment, staff training, and trauma-informed care. Literature related to support for residential care staff and the prevention of abuse in residential care was extracted.

The review primarily included peer-reviewed academic articles. Given the limited accumulation of empirical studies and practice reports in this field, university bulletins and government reports were also included when necessary. Newspaper articles and general magazine articles were excluded. The collected literature was then narrowed down to programmes and reports relevant to staff support or the prevention of abuse in residential care. In total, 20 studies from countries including the United States, Canada, Tanzania, Russia, Nepal, Turkey, Pakistan, and Japan were included.

Results

The 20 studies included in this review were concentrated mainly in Europe, North America, and some countries in the global south, while research from Japan was limited. The findings are discussed below in terms of two points: the theoretical background to support, and common elements of support.

Theoretical background to support

Three main theoretical foundations were identified: cognitive behavioural theory (Hermenau et al., 2011), trauma theory (Schmid et al., 2020) and attachment theory (Hawk et al., 2018). Some programmes were based on

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a single theory, whereas others drew on multiple theories, such as attachment theory and cognitive behavioural theory.

With regard to programme content, support based on cognitive behavioural theory included, for example, programmes centred on parent training (Hecker et al., 2022). In addition, a study examining the causes of abuse in residential care suggested the importance of including awareness of staff members' own victim-based cognitions and anger management within staff support programmes (Sasaki, 2025). This indicates the need for support that addresses behaviour, cognition, and emotion. Support based on attachment theory included sensitivity training to help staff notice children's emotional needs, and approaches designed to increase one-to-one interactions with children (McCall et al., 2010). Support based on trauma theory centred on trauma-informed care (TIC) (Schmid et al., 2020). Its components included psychoeducation about trauma and trauma-sensitive responses. In addition to support for individual staff members, these approaches also addressed changes in institutional culture and climate.

Common elements of support

A common feature across the studies was the relatively large number of sessions and the substantial amount of time required. Examples included a programme consisting of 40 sessions lasting 90 minutes each (Hecker et al., 2021), and an online programme consisting of 15 two-hour sessions (Rygaard, 2010). Another common feature was that many studies did not use designs that quantitatively examined direct increases or decreases in abuse. Instead, they mainly measured indirect indicators, such as improvements in caregiving skills.

The programmes also commonly addressed multiple elements, including caregiving behaviour, cognition, emotion, and interpersonal relationships. They combined psychoeducational elements that deepened cognitive understanding with skills training that taught about concrete ways of interacting with children. Furthermore, the programmes were designed from a preventive perspective rather than as responses after abuse had occurred. They also assumed the need for organisational as well as individual intervention. Specifically, in addition to training, they included implementation processes such as continuing supervision and the review of organisational management. They were therefore premised on long-term efforts rather than one-off interventions (Schmid et al., 2020).

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Discussion

Interpretation of the three theoretical strands

The results suggest that support for residential care staff is based on three theoretical strands and that these are complementary. Each theory addresses a different aspect of support; therefore, when they are used in an integrated way, they can make more comprehensive support possible. In trauma-focused cognitive behavioural therapy (TF-CBT), for example, it has been suggested that incorporating attachment theory into TF-CBT can further enhance its effectiveness (Pleines, 2019). The findings of this review are therefore consistent with contemporary trends in psychotherapy, which increasingly integrate cognitive behavioural, trauma-informed, and attachment-based perspectives. When supporting residential care staff, it is important to integrate these components and incorporate them into staff support programmes.

Implications for practice and future research

Several issues remain to be addressed. First, further evaluation of intervention effects is needed. Although the studies reviewed aimed to prevent abuse in residential care, most evaluated indirect indicators, such as improvements in caregiving skills. Only a limited number of studies, such as Hermenau et al. (2015) and Hecker et al. (2021), quantitatively examined direct changes in levels of abuse in residential care. Future research should therefore further examine quantitative effects. Second, the content of support requires further development. Many studies focused on the prevention of physical abuse, whereas other forms of abuse, such as sexual abuse by staff, were not addressed. Indeed, the need to address forms of violence other than physical abuse has been noted (Hermenau et al., 2017).

Third, more compact programmes are needed. As illustrated by Hecker et al. (2021), many programmes involve long durations and many sessions. However, introducing such full packages is not easy in Japan, where resources are limited. It is therefore essential to develop shortened versions and to adapt programmes to the realities faced by Japanese children’s homes. Fourth, cultural considerations are necessary. In Japan, for example, feelings directed towards the group, such as feeling sorry for other staff members, or fearing being seen as an incompetent worker, have been identified as indirect factors contributing to abuse in residential



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care (Sasaki, 2025). In specific cultural contexts, programmes therefore need to be culturally sensitive and attentive to diversity (Khalid et al., 2023).

Limitations

This study has limitations. First, it is a narrative, rather than a systematic, review, and the selection of literature therefore includes a degree of subjectivity. Second, many of the included studies were conducted outside Japan, meaning that careful consideration is needed when applying their contents to staff support in Japan. Addressing these challenges and increasing the feasibility of implementation will be an important task for child welfare in Japan.

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Daiki Sasaki received his PhD from the graduate school of education, Kyoto University, Japan, and subsequently took up his current position as associate professor in the faculty of psychology at Tokaigakuen University. His work has contributed to the development of clinical psychology in the field of welfare in Japan.

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