BRIEFING PAPER

A systematic review of parenting interventions to prevent child abuse tested with Randomised Control Trial (RCT) designs in high income countries[a]

The risk factors for child abuse

Child abuse is not a stand-alone family problem, and is associated with multiple risk factors.[1,2] Some demographic risk factors which correlate with child abuse are low family income; bearing a child before age 18; mother unmarried and low educational attainment. Psychosocial risks include drug or alcohol dependency, depression and parenting stress. Finally, parents who are coercive, lack knowledge about childrearing, and tend to blame infants and children for age appropriate behaviors are at risk for abusing their children. Many parenting interventions reviewed in this paper target more than one risk factor.

Highlights from the Systematic Review of Parenting interventions tested with RCT designs in High Income Countries

Population: Mostly mothers (some fathers); low-income; previous reports of abuse

Parenting Interventions: Target risk behaviors and attitudes linked to abuse

Results: Measured official reports of abuse and risk for abuse post-intervention; two-thirds of studies show decreases in abuse

Abuse and gender-based violence: Early child abuse a risk marker for adult male violence against women; little intervention success modifying gender roles

Program Portability: Home visiting best model for replication; need modification for any exported program

Summary and Conclusions: Programs show potential yet need enrichment to sustain positive effects

The impact of child abuse

Child maltreatment is associated with later adjustment failures, including internalizing disorders,[b] externalizing disorders,[c] social difficulties, physical health problems, and suicide ideation, aggression, crime, and a cycle of gender-based violence[d] - specifically partner violence and sexual abuse.[3] Child abuse history and foster care placement are implicated in adolescent and adult crime.[4] Individuals with abuse histories face the risk of serious health conditions across the lifespan[5] and even shortened lifespan. Child abuse also predicts adult psychopathology.[6]

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[b] Internalising disorders in children represent a risk for the development of mental health problems in adulthood and include anxiety, depression and somatoform disorders (where stress can manifest as physical illness)

[c] Externalising disorders include Attention-Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and Conduct Disorder (CD) – all of which can impair academic and social functioning.

[d] Exposure to violence in childhood is a risk factor for both perpetration by men/boys and victimization of women/girls and thus the violence continues from one generation to the next.

Exposure to gender-based violence in the home and socialization of child aggression

Child abuse and witnessing domestic violence often co-occur.[7] Childhood exposure to domestic violence in the home – usually in the form of witnessing the father assault the mother – potentially sets in motion a cycle of violence, with children growing up to adopt violent behaviors in intimate relationships, most notably boys.[8] Boys who come from such households are more likely than other boys to develop patriarchal and proprietary attitudes towards women in relationships, which later may give rise to intimate partner violence and rape perpetration.[9,10,11,12,14] There is strong evidence that girls who are sexually abused in childhood face an elevated risk of sexual assault in adolescence and young adulthood.[13] The cycle of gender-based violence can be seen across the life-course and often has early roots in witnessing and /or experiencing child abuse and neglect or gender-based abuse in the home.[13,]

Describing parenting interventions

Parenting interventions address some of the psychological and social reasons for parenting failures in the case of abuse. The aim of all parenting interventions is to promote some aspect of effective parenting. Interventions vary with some promoting attachment and emotional self-regulatory capabilities[15] and others behavioral skills.[16] In this review they take place in the home or in the clinic. The duration (or dose) of interventions in this review ranges from two weeks to five years.[17,18] Most interventions are oriented towards mothers although one focuses exclusively on fathers.[19] Table 1 lists each study and intervention in this review.

Results of the systematic review

Criteria for including studies for review

A final list of 22 studies were selected for review (from 592 abstracts) because they met the inclusion criteria of: 1. Parents at risk for abuse; 2. Child abuse-related variables; 3. Random control trial; 4. Stand-alone intervention arm with the aim of minimizing child abuse risk.

Setting

The studies were mostly conducted in English-speaking high income countries (HIC) and in urban settings. Twelve of the studies used *only* home visiting models and nine were delivered at a clinic only.

Characteristics of the participants

Studies included between 26 and 1,173 parents; one population-based intervention assessed 85,000 parents (for Triple P).[e] Excluding the population-based program, the results of 5,160 parents are reflected in the review. The majority of parents were mothers with less than a high school education and low-income. In the U.S., most studies enlisted minorities.

[e] Triple P is a 'multilevel' parent training intervention. For more information go to: http://www1.triplep.net/

Outcomes

Ten of the 22 studies obtained official records of child abuse over time; eleven elicited parent self-reports of abusive behavior; and many assessed the risk of abuse by measuring parental attitudes and videotaping parents with their children to code them for parental sensitivity. Nine of the studies addressed the future risk for child abuse and neglect usually with questionnaires that assessed unique risk profiles (parenting stress) or the social and cognitive potential for abuse as captured by the Child Abuse Potential Inventory or CAP(I).[20]

Effects of treatment

Showing a reduction in child abuse reports is the highest bar to cross because the authorities only identify a fraction of total abuse cases. Often large samples are needed to detect an effect. Half of the studies collecting abuse reports showed a drop for those parents who received the intervention. Olds'et al.,[27] showed a 48% reduction in abuse reports for mothers who received home visiting over the course of a year. Yet the other half of the studies showed no or negative differences between treatment and control groups. For instance, in a UK-based study, there were twice as many child abuse reports for mothers who received home visiting compared to controls in a UK based study.[15] In the same study 6% of children were removed from their home compared to none of the controls.

Table 1. Studies evaluating parenting interventions

Authors	Description of the Intervention	Where	Intervention Staff	Duration
Barlow[21] (2007)	Family Partnership Model : parent education, support	Home	Health Paraprofessionals	Weekly for 18 months
Brunk [22] (1987)	Multisystemic Family Therapy: therapy w/different family members/also Parent training	Clinic	M.A. Psychologists	1.5 hrs. for 8 weeks
Bugental (2009) [23]	Enriched Healthy Start; cognitive reframing to raise awareness in mother	Home visit	Paraprofessionals	17 visits over a year
Chaffin [10] (2004)	PCIT: parent behavioral therapy and coaching in p-c sessions (CDI=Child Directed Interaction)	Clinic	Therapists (MA, MFT, MSW)	6 orientation sessions; 12-14 CDI sessions
Cicchetti (2006) [11]	Infant-Parent psychotherapy; psychodynamic emotion-focused	Home	MA (Psychology) Therapists	Weekly for 12 months
Cowan[14] (2009)	Fathers' group focusing on increasing father involvement	Clinic	Mental Health Professionals	1-2 hr. sessions 16 weeks
Dawe [24] (2007)	Strengthen parental competence and coping	Home	Case managers	10 1-2 hr. sessions over 10-12 weeks
Duggan[1] (2004)	Home visits to provide support and education to mothers	Home	Paraprofessionals (Agency Home visitors)	Varied
Dumont[13] (2008)	Improve p-c relationship by instruction, reinforcement	Home	Paraprofessionals (33% college-educated)	Weekly ch's first year; less often until child is 5
Egan [25] (1983)	Focus on behavioral child management, stress management	Clinic/ class	Unspecified	1/week 1-2 hrs for 6 weeks

Fergusson (2005)[26]	Early Start: Actively involving parents to increase parental sensitivity	Home	100% college educated paraprofessionals; some nursing, social work	Unspecified
Hughes (2004)[27]	Parent groups; Webster-Stratton videotaped program with facilitator to assist parents to play w/children, reduce punishment; increase praise	Clinic	Mental health nurse	2 hour sessions over 8 weeks
Hutcheson (1997)[28]	Nutritional, medical, behavioral intervention including video	Home	Unspecified	One-year; frequency unspecified
Jouriles (2010)[29]	Project Support teaches mothers child behavior management; emotional support to mothers	Home	MA level licensed mental health service workers (therapists)	1-1.5 hrs weekly for 8 months
Kolko[30] (1995)	Apply CBT to alter parents' cognitive, affective and behavioral-social schemas	Home Clinic	Therapists (credentials unspecified)	Twelve weekly one-hour clinic plus home visits
Linares[31] (2006)	Webster-Stratton manual promoting play, praise, limit setting; reduce hitting	Agency	Paraprofessionals Parent team leader	2 hr. sessions for 12 weeks
Macmillan (2005)[32]	Provide family support, parent education, link to services	Home	Public Health Nurse	Weekly for 6 mos; then monthly for 12 mos
Olds[33] (1997)	Nurse-Family Partnership offers individualized support to mothers	Home	Public Health Nurse	
Olds[34] (2002)	Nurse-Family Partnership	Home	Nurse v paraprofessional	Weekly for one year
Oveisi[12] (2010)	SOS! Group intervention about parenting skills, common mistakes, role-playing	Health Clinic	Physician Certified in SOS!	2 hr weekly sessions for 2 weeks
Prinz[35] (2009)	Triple P uses media, parent training and behavioral family interventions	Clinic	Paraprofessionals	Unspecified
Sanders[36] (2002)	Triple P: behavioral intervention; videotapes; book w/17 core child-management strategies; focus on abuse	Clinic	Trained psychologists (M.A. students) and social workers	4 parent training sessions (2 hrs); 4 phone consults plus 4 sessions on abuse

Other measures showed more positive effects. Parents self-reported fewer abusive practices; their attitudes and knowledge improved; and mother-child interaction showed less coercion and more sensitivity post-intervention. The proportion of toddlers who displayed an inability to respond to stress in a rational manner i.e. "disorganized" attachment,[f] also dropped from 80% to 35% when mothers received psychologically-based therapy.[11] Some of the large-scale home visiting programs were ineffectual. Of the 13 home visiting programs reviewed, nearly half (6) showed null or weak results. Such weak findings are cause for concern since home visiting is the most widely adapted intervention model in HIC. On an optimistic note, one researcher [17] discovered that an otherwise ineffectual home visiting program (Healthy Start) was enriched by adding "cognitive re-framing".[g]

Gender and parenting interventions

Gender role stereotypes are powerful moderators of behavior in families and relationships. Parents influence their children's gender-typed preferences, behaviors and attitudes. Rigid gender roles may undermine the warmth and closeness in parent-child relationships.

[f]Children who display disorganised attachment behaviours are said to experience their caregiver as frightening, and the world as an unsafe place. There is increasing evidence of linkages between child abuse, disorganised attachment and psychopathology in adulthood.

[g]Cognitive reframing is a therapeutic tool that helps us to reframe how we view the world, and the meanings that we give to certain events or situations.

Moreover, as youth grow older, strong stereotypes can give rise to tolerance of gender-based violence.[9,37] Interventions to change parental gender-role socialization are uncommon and only marginally successful. Cowan's program for fathers at risk is a gender-based intervention to promote paternal nurturance against stereotypes, showed success with fathers reporting a better relationship with their child post-treatment.[14]

Portability of interventions

The clinic-based parenting programs are the least suited for global distribution. Some interventions require sophisticated laboratory set-ups and highly trained personnel. The home visiting programs appear to be good candidates except about a third show null effects. Yet programs can be strengthened and outcomes improved (e.g. Healthy Start). Any intervention would need to be adapted to suit local realities.

Summary and Conclusions

Parenting interventions are important tools to eliminate the risk of child maltreatment. The majority of interventions have a positive impact, especially when the outcomes are measured with interview and observations rather than objective records of abuse. The evaluation of home visiting interventions shows mixed results, but programs can be enriched.

Recommendations

- Develop richer and innovative content in parenting interventions that could strengthen effectiveness;
- Test the effectiveness with different ethnic groups and in different cultures;
- Build in a gender component to parenting interventions to increase parental flexibility;
- Simplify the parenting intervention approach by testing which facets of a given intervention account for most of the change in parents' behavior and attitudes;
- Improve the effectiveness of home visiting interventions delivered by paraprofessionals.

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