

[Interventions for preventing child abuse](#)**Q2: What are the effective interventions for preventing child abuse and its mental health consequences?****Background**

There is substantial amount of evidence that child abuse leads to mental disorders in future life. A long list of mental disorders has been found to be consequent to child abuse (WHO, 2009; Gilbert et al, 2009; Gershoff, 2002). Health systems commonly have to deal with the physical and mental health consequences. Health care systems at primary and secondary level need to develop skills on how to prevent child abuse and how to provide secondary prevention in terms of early identification and treatment and preventing further aggravation of the problem.

Population/Intervention(s)/ Comparator/Outcome(s) (PICO)

Population: children and adolescents

Interventions: home visiting, parent education, child sex abuse prevention, abusive head trauma prevention, multi-component interventions, media-based interventions, and support and mutual aid groups

Comparator: treatment as usual

Outcomes: prevention of child abuse/maltreatment

reduction of risks of abuse/maltreatment

overall performance at school and family

user and family satisfaction

improvement in physical health

[Interventions for preventing child abuse](#)

List of the systematic reviews identified by the search process

INCLUDED IN GRADE TABLES OR FOOTNOTES

The following two systematic reviews were identified, both are recent.

- Mikton C, Butchart A (2009). Child maltreatment prevention: a systematic review of reviews. *Bulletin of World Health Organization*, 87:353-61.
- MacMillan H et al.(2009). Interventions to prevent child maltreatment and associated impairment. *Lancet*, 373:250-66.

The first review was a review of reviews which applied the tool for the assessment of multiple systematic reviews (AMSTAR). It also included the second recent review which had been released as an e-version in 2008.

PICO table

Serial No	Intervention/Comparator	Outcomes	Systematic reviews/relevant studies	Comments
1	Seven main types of intervention: home visiting, parent education, child sex abuse prevention, abusive head trauma prevention, multi-component interventions, media-based interventions, and support and mutual aid groups.	Physical abuse, sexual abuse, neglect, or emotional abuse perpetrated by a parent or caretaker against a child (bullying and witnessing intimate partner violence were excluded)	Mikton & Butchart (2009).	More comprehensive, better graded and has covered the second review as well.
2	Home-visiting programmes—the Nurse—Family Partnership population-level parenting programme;	Child physical abuse and neglect; Child protection reports; Maternal self-reported	MacMillan et al (2009).	Search strategy not clear enough

[Interventions for preventing child abuse](#)

	<p>In-hospital and clinic strategies show;</p> <p>School-based educational programmes prevent child sexual abuse;</p> <p>Specific parent-training programme;</p> <p>Cognitive-behavioural therapy;</p> <p>Foster care placement measures.</p>	<p>child abuse;</p> <p>Substantiated child maltreatment, out-of-home placements, and reports of injuries;</p> <p>Abusive head injuries;</p> <p>Children's knowledge and protective behaviours;</p> <p>Psychological abuse;</p> <p>Recurrence of physical abuse or neglect.</p>		
--	---	--	--	--

Narrative description of the studies that went into the analysis

Mikton & Butchart (2009) was a systematic review of reviews which focused on seven main types of intervention: home visiting, parent education, child sex abuse prevention, abusive head trauma prevention, multi-component interventions, media-based interventions, and support and mutual aid groups. Of the 3299 identified titles, 26 met the inclusion criteria which summarized 298 publications on primary single outcome evaluation studies and another 85 reviews and commentaries. Six of them were metaanalyses. They graded the quality of systematic reviews using AMSTAR score from 1-11 and graded evidence of effectiveness using scores of 1-5, and measured the impact both on direct outcome measures and risk factors.

Below is the Table 1 from the WHO publication by Mikton & Butchart 2009. You may refer to the footnote to learn about their grading system.

Table 1. Effectiveness scores for universal and selective child maltreatment prevention interventions, according to a systematic review of reviews

Reviews by type	Home visiting		Parent education programmes		Sexual abuse prevention		Abusive head trauma		Multi-component interventions		Media-based public awareness		Support and mutual aid groups	
	Direct measure	Risk factor	Direct measure	Risk factor	Direct measure	Risk factor	Direct measure	Risk factor	Direct measure	Risk factor	Direct measure	Risk factor	Direct measure	Risk factor
Review of reviews														
Barlow et al., 2006 ⁹	4	5	3	5					3					2 ^a
Bull et al., 2004 ¹⁰	3 ^a													
Meta-analyses⁹														
Davis & Gidycz, 2000 ¹¹					3	5 (1.07)								
Geeraert et al., 2004 ¹²			5 (0.26)	5 (0.29)										
Lundahl et al., 2006 ¹³			5 (0.45)	5 (0.52)										
MacLeod & Nelson, 2000 ¹⁴		5 (0.41) ^e							5 (0.58) ^e		5 (1.26) ^e		5 (0.38) ^e	
Sweet & Appelbaum, 2004 ¹⁵	3	5 (0.24) ^d												
Zwi et al., 2007 ¹⁶					3	5 ^a								
Systematic reviews														
Blukha et al., 2005 ¹⁷		5 (39%)												
Elkan et al., 2000 ¹⁸		3												
Higgins et al., 2006 ¹⁹	3	5												
Holzer et al., 2006 ²⁰			4	5				3						
Klewen, 2003 ²¹									3					
MacMillan, 2000 ²²	5		3		3	5			3					
Machhure & Carr, 2000 ²³					3	5								
Comprehensive reviews														
Chaffin & Schmidt, 2006 ²⁴	3				3									
Dano & McCurdy, 2007 ²⁵	5	5	3	4	4	4					3	3		3
Hébert & Tourigny, 2004 ²⁶					3	5								
Kees & Bonner, 2005 ²⁷	3	5			3	5			4					
Krugman et al., 2007 ²⁸	4		3		3	5		4						
Mace, 2000 ²⁹														
MacMillan et al., 2007 ³⁰	4				3	5								
Olds et al., 2000 ³¹	4	5												
Olds et al., 2007 ³²	4							3				3		
Rubin et al., 2001 ³³		4												
Other														
Chaffin, 2005 ³⁴	3													
Overall evaluation	4	5	4	5	3	5	4	4	4	4	3	4	4	3

1, judged to be harmful or, if no explicit judgment given, found to have a detrimental effect in two or more well-designed studies or a systematic review; 2, judged not to be effective or, if no explicit judgment given, found to have no effect in two or more well-designed studies or a systematic review; 3, judged to have insufficient, weak, or mixed evidence supporting it; 4, judged to be promising or, if no explicit judgment given, found to be supported by one well-designed study; 5, judged to be effective or, if no explicit judgment given, found to be supported by two or more well-designed studies or a systematic review.

^a In several cases it was not possible to distinguish between evaluations of effectiveness involving direct measures or risk factors.

^b Only significant effect sizes reported.

^c Total mean effect size for (proactive) programmes for all outcomes (out-of-home placements, direct and proxy measures of child maltreatment, measures of parent attitudes, observation of parent behaviour, measures of home environment).

^d Potential abuse only.

^e Effect sizes for different types of outcomes: behaviour change: odds ratio, OR: 6.7/6; increase in questionnaire-based knowledge: OR: 0.59; increase in vignette-based knowledge: OR: 0.37.

[Interventions for preventing child abuse](#)

Results of analyses, including statistical summaries

Overall effectiveness score (1-5) for "home visiting" was calculated to be 4 for the direct outcome measure and 5 for the risk factor.

Overall effectiveness score (1-5) for "parent education programmes" was calculated to be 4 for the direct outcome measure and 5 for the risk factor.

Overall effectiveness score (1-5) for "sexual abuse prevention" was calculated to be 3 for the direct outcome measure and 5 for the risk factor.

Overall effectiveness score (1-5) for "abusive head trauma" was calculated to be 4.

Overall effectiveness score (1-5) for "multi-component interventions" was calculated to be 4 for the direct outcome measure and 4 for the risk factor.

Overall effectiveness score (1-5) for "media based public awareness" was calculated to be 3 for the direct outcome measure and 4 for the risk factor.

Overall effectiveness score (1-5) for "support and mutual aid groups" was calculated to be 3.

Methodological limitations

The methodological limitations come from the reviews themselves and the outcome evaluations they were based on. Internal validity problems included lack of control group in 15% of publications which increased to 18.9% to 23.9 % for sexual abuse and parent education respectively. Studies were non-randomized in 27.5% of cases. The mean AMSTAR score of 6.3 indicated the quality of reviews to be moderate.

Directness (in terms of population, outcome, intervention and comparator)

Over 99% of the studies came from high income countries. Otherwise directness is high.

Narrative conclusion

At least four of the seven interventions - home-visiting, parent education, abusive head trauma prevention and multi-component interventions - show promise in preventing actual child maltreatment. Three of them - home visiting, parent education and child sexual abuse prevention - appear effective in reducing risk factors for child maltreatment. Strength of evidence is however weakened because of the methodological problems and the fact that great majority of studies were conducted in high income countries.

Additional information that was not GRADEd (safety and tolerability issues, cost, resource use, and other feasibility issues, if appropriate)

The second systematic review (MacMillan et al, 2009) provided more details on what works and how. The information was incorporated in the recommendations.

References

WHO (2009). World Report on Violence and Health. Geneva, World Health Organization.
whqlibdoc.who.int/publications/2002/9241545615_chap3_eng.pdf . accessed 25 August 2009.

Gilbert R et al (2009). Burden and consequences of child maltreatment in high-income countries. *Lancet*, 373:68-81.

Gershoff E (2002). Corporal punishment by parents and associated child behaviours and experiences: A meta-analytic and theoretical review. *Psychological Bulletin*, 128:539–79.

Mikton C, Butchart A (2009). Child maltreatment prevention: a systematic review of reviews. *Bulletin of World Health Organization*, 87:353-361.

MacMillan H et al (2009). Interventions to prevent child maltreatment and associated impairment. *Lancet*, 373:250-66.

From evidence to recommendations

Factor	Explanation
Narrative summary of the evidence base	There are two recent systematic reviews on prevention of child abuse: Mikton & Butchart, 2009 and MacMillan et al, 2009. The first one is more comprehensive, better graded and has covered the second review as well. This systematic review covered all available systematic reviews of which 26 met the inclusion criteria which summarized 298 publications on primary single outcome evaluation studies and another 85 reviews and commentaries. The review focused on seven main types of interventions: home visiting, parent education, child sex abuse prevention, abusive head trauma prevention, multi-component interventions, media-based

[Interventions for preventing child abuse](#)

	<p>interventions, and support and mutual aid groups. Four of the seven - home-visiting, parent education, abusive head trauma prevention and multi-component interventions - show promise in preventing actual child maltreatment. Three of them - home visiting, parent education and child sexual abuse prevention - appear effective in reducing risk factors for child maltreatment, although these conclusions are tentative due to the methodological shortcomings of the reviews and outcome evaluation studies they draw on. The main limitation of the review was its reliance on studies from high income countries.</p>
<p>Summary of the quality of evidence</p>	<p>The mean AMSTAR score of 6.3 indicated the quality of reviews to be moderate.</p>
<p>Balance of benefits versus harms</p>	<p>The only perceived harm could be the involvement of inexperienced non specialized health care workers in sensitive areas such as sexual abuse. The issue of confidentiality is very important as well. On the other hand the right of the children and the ethical principle of protecting their rights from abuse and torture are of paramount importance. Most of the evidence comes from high income countries with better quality services. In view of the high physical and psychological impact of children's abuse; if well conducted and well monitored, the benefits of preventing child abuse outweighs the perceived harms.</p>
<p>Values and preferences including any variability and human rights issues</p>	<p>Universal passion for children and the UN conventions including the one against torture provide high amount of uniform support for the interventions. How to deliver the interventions should of course be flexible and culturally sensitive.</p>
<p>Costs and resource use and any other relevant feasibility issues</p>	<p>Costs of training and transportation in case of home visiting need to be considered. However focussing on high risk families and involvement of community volunteers will reduce costs.</p>
<p>Recommendation</p> <p>Non-specialized health facilities should facilitate home visiting and offer parent education to prevent child abuse, especially among at risk individuals and families.</p>	

[Interventions for preventing child abuse](#)

Strength of recommendation: STANDARD

Non-specialized health facilities should collaborate with school based "sexual abuse prevention" programmes which should be facilitated in schools where the availability of personnel and cultural context are conducive to such interventions.

Strength of recommendation: STANDARD

School based "sexual abuse prevention" programmes should be integrated within the ongoing programmes at the district level on violence and injury prevention and other school health programmes, if available.

Strength of recommendation: STANDARD

Update of the literature search – June 2012

In June 2012 the literature search for this scoping question was updated. The following systematic review was found to be relevant without changing the recommendation:

Barlow J, Johnston I, Kendrick D, Polnay L, Stewart-Brown S. Individual and group-based parenting programmes for the treatment of physical child abuse and neglect. Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD005463. DOI: 10.1002/14651858. CD005463.pub2. (Edited (no change to conclusions), published in Issue 4, 2008.)