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Oppsummert forskning om effekt av tiltak rettet mot barn og unge som begår voldelige og/eller seksuelle overgrep

Systematisk litteratursøk med sortering

Utgitt av Folkehelseinstituttet,
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Hovedbudskap

Kunnskapscenteret for helsetjenesten i Folkehelseinstituttet ved Seksjon for velferdstjenester fikk i oppdrag av Barne-, ungdoms- og familiedirektoratet å utføre et systematisk litteratursøk med påfølgende sortering av mulig relevante publikasjoner. Oppdraget var å identifisere studier om effekt av tiltak rettet mot barn og unge som begår voldelige og/eller seksuelle overgrep.

Metode

Søk etter litteratur ble utført i juni 2016. En bibliotekar søkte i 12 samfunnsvitenskapelige og medisinske databaser fra år 2000 til juni 2016. To forskere gikk uavhengig av hverandre gjennom identifiserte referanser og vurderte relevans i forhold til inklusjonskriteriene. Vi utførte metodisk kvalitetsvurdering og hentet ut beskrivende data fra inkluderte systematiske oversikter.

Resultater

Vi inkluderte 19 oversikter: 8 systematiske oversikter og 11 ikke-systematiske oversikter. Resultatene fra de 8 inkluderte systematiske oversiktene var:

- Metodologisk kvalitet på de systematiske oversiktene varierte mellom lav og moderat.
- De fleste av studiene var utført i USA blant gutter.
- Forfatterne av 5 oversikter konkluderte med at det ser ut til å være *positiv* effekt av:
 - skolebaserte tiltak på vold mot partner og aggressiv/voldelig atferd mot andre unge
 - terapeutisk fosteromsorg på vold mot andre unge
 - kognitiv atferdsterapi og sammensatte tiltak på voldelige, kriminelle handlinger blant ungdomskriminelle
- Forfatterne av en oversikt konkluderte med at det er *negativ* effekt av tiltak som støtter overføring av ungdomskriminelle til vanlig fengsel på ungdoms kriminelle handlinger.
- Forfatterne av en oversikt trakk ingen konklusjoner mens den siste konkluderte med at det mangler dokumentasjon angående effekt av internett-baserte tiltak på voldelige handlinger.

Tittel:

Oppsummert forskning om effekt av tiltak rettet mot barn og unge som begår voldelige og/eller seksuelle overgrep

Publikasjonstype:

Systematisk litteratursøk med sortering

Et systematisk litteratursøk med sortering er resultatet av å

- søke etter relevant litteratur ifølge en søkestrategi og
- eventuelt sortere denne litteraturen i grupper presentert med referanser og vanligvis sammendrag

Svarer ikke på alt:

- Ingen analyse eller sammenfatning av resultatene
- Ingen anbefalinger

Hvem står bak denne publikasjonen?

Kunnskapscenteret har gjennomført oppdraget etter forespørsel fra Barne-, ungdoms- og familiedirektoratet

Når ble litteratursøket utført?

Søk etter studier ble avsluttet juli 2016

Key messages

The Unit for Social Welfare Research at the Norwegian Knowledge Centre in the National Institute of Public Health was commissioned by the Norwegian Directorate for Children, Youth and Family Affairs to conduct a systematic literature search with a subsequent categorization of relevant research. The commission was to identify research on the effects of interventions aimed at children and young people who commit violent and/or sexual abuse.

Methods

In June 2016, a librarian carried out the literature search in 12 social and medical scientific databases from 2000 to June 2016. Two researchers independently screened all identified references to assess inclusion according to predefined criteria. We evaluated the methodological quality of and extracted descriptive data from each of the included systematic reviews.

Results

We included 19 reviews: 8 systematic reviews and 11 non-systematic reviews. The results of the 8 systematic reviews were:

- Methodological quality of the systematic reviews ranged from low to moderate.
- Most of the studies were conducted in the USA among males.
- The authors of 5 reviews concluded that there seems to be *positive* effects of:
 - school-based interventions on intimate partner violence and aggression/ violence against other young people
 - therapeutic foster care on violence against other young people
 - cognitive-behavioral therapy and multi-focus programs on violent crime among juvenile offenders
- The authors of one review concluded that there are *negative* effects of interventions that facilitate the transfer of juvenile offenders to the adult judicial system.
- The authors of one review drew no conclusions and the last concluded that there is a lack of evidence about internet-based interventions to prevent violence.

Title:
Reviews about the effect of interventions aimed at children and young people who commit violent and/or sexual abuse

Type of publication:
Systematic reference list
A systematic reference list is the result of a search for relevant literature according to a specific search strategy. The references resulting from the search are then grouped and presented with their abstracts

Doesn't answer everything:
- No analysis or synthesis of the results
- No recommendations

Publisher:
National Institute of Public Health

Updated:
Last search for studies:
July 2016

Forord

Seksjon for velferdstjenester ved Kunnskapssenteret i Folkehelseinstituttet fikk våren 2016 i oppdrag av Barne-, ungdoms- og familiedirektoratet å identifisere forskning om effekt av tiltak rettet mot barn og unge som begår voldelige og/eller seksuelle overgrep. Dette oppdraget skulle være et systematisk litteratursøk med sortering. Vi har derfor gjort systematiske litteratursøk, lest sammendrag og fulltekst av oversiktene i tråd med definerte inklusjonskriterier, sortert inkluderte oversikter etter type og vurdert kvaliteten på de systematiske oversiktene. Vi har ikke sammenstilt resultatene, slik vi ville gjort det i en systematisk oversikt.

Prosjektgruppen har bestått av:

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Prosjektleder

Innledning

Problemstilling

Hva fins av oppsummert forskning om effekt av tiltak rettet mot barn og unge som begår voldelige og/eller seksuelle overgrep?

Bakgrunn

Vold mellom barn og unge (heretter, vold mellom barn) er et komplekst fenomen, som kan innebære ulike former for vold slik som fysiske og seksuelle overgrep, partnervold, vold innen familien og i nær-samfunnet (1). Forskning viser at vold mellom barn er et resultat av komplekse relasjoner mellom individuelle, biologiske og miljøbestemt faktorer (2).

Undersøkelser fra Folkehelseinstituttet viser at i 2007 var én av fire barn utsatt for fysisk vold av andre barn (23,1 % gutter og 11,7 % jenter), og nesten 4 % av unge i alderen 16-17 år har opplevd en eller annen form for partnervold (3). Nylig viste en nasjonal undersøkelse blant 2062 unge mellom 16-17 år at 18 % av dem var blitt utsatt for alvorlig fysisk vold fra andre unge. Gutter var mer utsatt enn jenter (29 % versus 8 %) (4). Å bli utsatt for vold, også av andre barn og unge, kan ha alvorlige helsekonsekvenser, slik som depresjon, selvmordstanker, posttraumatiske stressforstyrrelser, aggressiv atferd, hukommelsessvikt og lærevansker (5).

Forskning viser at nesten halvparten av alle voksne seksuelle lovbrøtere begikk sitt første seksuelle overgrep i barndommen eller ungdomsårene (6). Det er også dokumentert at mange unge seksuelle lovbrøtere fortsetter å bli arrestert for de samme seksuelle overgrepene gjennom voksenlivet (7). En studie fra Universitetet i Cambridge fant blant annet at en tredjedel av unge som ble arrestert for voldsepisoder før de fylte 20 år ble re-arrestert i alderen 21-40 år (8).

Ulike programmer og forebyggende tiltak mot vold mellom barn har vist seg å være lovende, slik som tilskuer-baserte tiltak ('bystander-based prevention programs') (9) og skolebaserte tiltak (10). Det er imidlertid behov for kunnskapsbaserte tiltak. Henggeler

og Schoenwald har uttrykt bekymring for at om lag bare fem prosent av unge lovbyrtere i USA får kunnskapsbasert behandling (11).

Styrker og svakheter ved litteratursøk med sortering

Vi gjennomførte systematiske litteratursøk i elektroniske databaser, innhentet relevante oversikter i fulltekst for endelig vurdering opp mot inklusjonskriteriene og vurderte den metodiske kvaliteten til de inkluderte systematiske oversiktene. De to sistnevnte trinnene utføres vanligvis ikke ved litteratursøk med sortering, men ble gjort i dette tilfellet etter diskusjon med oppdragsgiver. Ved litteratursøk med sortering gjennomfører vi ingen sammenstilling av resultatene. I dette litteratursøket med sortering trakk vi ut noe deskriptiv informasjon fra de systematiske oversiktene, men vi sammenstilte ikke resultatene kvantitativt.

Metode

Søkestrategien ble utarbeidet av forskningsbibliotekar Lien Nguyen. Vi søkte systematisk etter litteratur i følgende databaser:

- MEDLINE (Ovid)
- EMBASE (Ovid)
- PsycINFO (Ovid)
- CINAHL (EBSCO)
- The Campbell Library
- Cochrane Library
- Epistemonikos
- Web of Science Core Collection (SCI-EXPANDED & SSCI)
- Sociological Abstracts (ProQuest)
- Social Services Abstracts (ProQuest)
- PubMed
- ERIC (ProQuest)

Søket bestod av emneord og tekstord som omfattet barn/unge, vold/overgrep og tiltak. Det ble avgrenset til år 2000 og nyere. Søket ble avsluttet i juni 2016. Den fullstendige søkestrategien er vist i Vedlegg 1.

Inklusjonskriterier

Populasjon: Barn og unge (under 18 år) som a) utøver vold overfor andre barn eller unge eller i nære relasjoner, og/eller b) begår seksuelle overgrep og/eller har krenkende seksuell atferd overfor andre barn eller unge.

Tiltak: Alle typer tiltak, alene eller i kombinasjon med andre tiltak, som er rettet mot populasjonen beskrevet ovenfor og som har som mål å forebygge ytterligere vold og/eller seksuelle overgrep eller krenkende seksuell atferd. Både sekundærforebyggende og tertiærforebyggende tiltak var inkludert.

Sekundærforebyggende tiltak er alle tiltak rettet mot avgrensede risikogrupper av barn og unge, dvs. barn og unge som er identifisert som å ha høy risiko for å utøve vold eller

begå seksuelle overgrep, basert på tidligere problematisk atferd (12). Tertiærforebyggende tiltak er alle tiltak rettet mot barn og unge som allerede har utøvd vold eller begått seksuelle overgrep, dvs. at tiltaket tar sikte på å begrense konsekvensene, hindre forverring og snu utviklingen (12).

Sammenligning: Andre aktive tiltak, standard tiltak, ingen tiltak.

Utfall: Alle typer utfall.

Studiedesign: Kunnskapsoversikter. Vi inkluderte systematiske kunnskapsoversikter og kunnskapsoversikter som ikke er systematiske. For at en oversikt skal kunne klassifiseres som en systematisk oversikt må følgende tre kriteriene være oppfylt: oversikten må ha en oppgitt søkestrategi, inneholde klare inklusjonskriterier og ha kvalitetsvurdert de inkluderte studiene og/eller oversiktene (13).

Språk: Vi inkluderte oversikter på alle språk så lenge det fantes sammendrag på engelsk eller et annet språk som beherskes av prosjektgruppen (norsk, svensk, dansk, tysk, spansk).

År: 2000-2016.

Eksklusjonskriterier

Tiltak: Tiltak mot mobbing.

Studiedesign: Ikke-empiriske studier og observasjonsstudier.

Artikkelutvelging

To av forfatterne (JM og RB) vurderte uavhengig av hverandre titler og sammendrag fra litteratursøket mot inklusjons- og eksklusjonskriteriene. De vurderte deretter uavhengig av hverandre potensielt relevante oversikter i fulltekst. Eventuell uenighet om en oversikts relevans ble avgjort ved gjentatt lesing av oversikten og påfølgende diskusjon.

Kvalitetsvurdering av studier

To av forfatterne (JM og RB) utførte uavhengig av hverandre en metodisk kvalitetsvurdering av de inkluderte systematiske oversiktene ved hjelp av Kunnskapscenterets sjekklister (14). Uenighet ble avgjort ved gjentatt lesing av oversikten og påfølgende diskusjon.

Vi utførte ingen metodisk kvalitetsvurdering av ikke-systematiske oversikter. Ikke-systematiske oversikter mangler ett eller flere elementer ved den metodisk gjennomføring

som gjør slike oversikter mindre pålitelige enn systematiske oversikter. De kan for eksempel mangle søkestrategi for å identifisere studier eller mangle vurdering av den metodiske kvaliteten til inkluderte studier.

Uthenting av data

Prosjektleder (JM) hentet ut følgende data fra de inkluderte systematiske oversiktene: forfattere, år, tittel, formålet med oversikten, dato for litteratursøket, inkluderte studier, populasjon, kontekst, tiltak, sammenlikning(er), utfall, resultat og konklusjon. RB sjekket at korrekte data var hentet ut.

Det var i noen tilfeller vanskelig å trekke ut data pga. manglende eller motstridende informasjon i oversiktene. Utfordringen var særlig knyttet til type studiedesign for de inkluderte primærstudiene i oversiktene. Der vi var i tvil gjenga vi forfatterens rapportering så godt som mulig. Det var i tillegg i noen tilfeller ikke alle inkluderte studier i oversiktene som var relevante for vår problemstilling og vi trakk i slike tilfeller kun ut de data som var relevante.

Beskrivelse av data

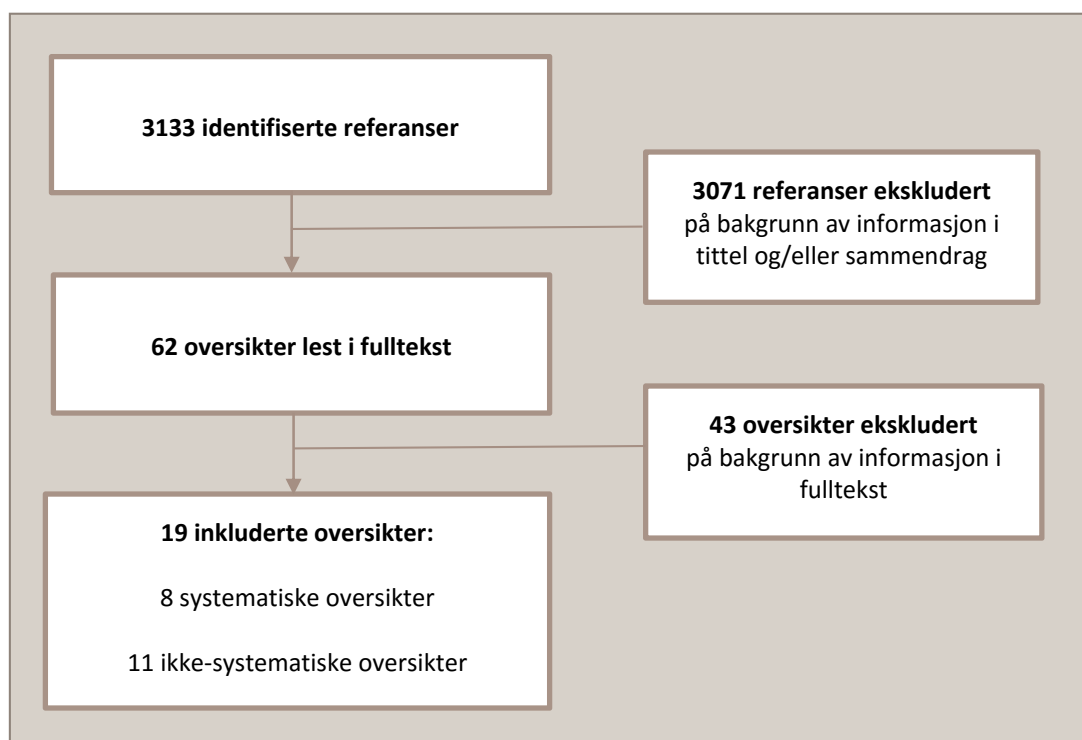
Basert på datauttrekket beskrev vi data for hver enkelt systematisk oversikt i tekst og tabeller. I tillegg gjenga vi forfatterens resultater og konklusjoner.

For inkluderte kunnskapsoversikter som ikke var systematiske gjenga vi referansen og abstraktet.

Resultater

Resultat av litteratursøket

Søket resulterte i 3133 referanser totalt. Av disse leste vi 62 publikasjoner i fulltekst. Vi inkluderte 19 oversikter i henhold til våre inklusjonskriterier: åtte systematiske oversikter og 11 ikke-systematiske oversikter. Utvelgelsesprosessen er illustrert i Figur 1.



Figur 1. Flytskjema over identifisert litteratur.

Beskrivelse av inkluderte systematiske oversikter

Vi inkluderte åtte systematiske oversikter (15-22) som var publisert mellom 2002-2015 (Tabell 1). Blant de fem oversiktene som oppga dato for litteratursøket, så var søket utført mellom 2001 og 2015. Oversiktene inkluderte til sammen 169 primærstudier. De inkluderte primærstudiene i oversiktene var hovedsakelig randomiserte kontrollerte studier (RCTer) fra USA.

Vi vurderte at seks av de åtte systematiske oversiktene hadde moderat metodisk kvalitet mens to hadde lav metodisk kvalitet. De vanligste svakhetene ved oversiktene var knyttet til hvordan validiteten til primærstudiene var vurdert og hvordan resultatene fra studiene var sammenfattet. En fullstendig beskrivelse av vår metodiske kvalitetsvurdering for hver oversikt er presentert i vedlegg 2.

Tabell 1: Beskrivelse av inkluderte systematiske oversikter (n=8)

Forfatter, år (ref)	Søkedato	Inkluderte studier	Metodisk kvalitet
Chan, 2004 (15)	Oktober 2003	32 studier (13 RCTer, 10 kontrollerte studier, 2 tverrsnittsstudier, 3 kohortstudier med før-og-etter måling, 1 tidsserie, og 3 andre design som ikke var beskrevet)	Lav
De Koker, 2014 (16)	Februar 2014	6 RCTer	Moderat
Garrido, 2007 (17)	Ikke oppgitt	17 studier (7 eksperimentelle studier, 10 kvasi-eksperimentelle studier)	Lav
Hahn, 2005 (18)	Juli 2001	5 studier (3 kontrollerte før-og-etter studier, 2 studier med før-og-etter måling)	Moderat
McGowan, 2007 (19)	Ikke oppgitt	6 kontrollerte kohortestudier	Moderat
Mytton, 2002 (20)	Ikke oppgitt	44 RCTer	Moderat
Mytton, 2006 (21)	Mai 2003	56 RCTer	Moderat
Tait, 2015 (22)	Januar 2015	3 studier (2 kontrollerte studier, 1 avbrutt tidsserie)	Moderat

Beskrivelse av PICO i de systematiske oversiktene

Tabell 2 nedenfor og vedlegg 3 gir en beskrivelse av populasjonene, tiltakene, sammenligningene og utfallene i de åtte systematiske oversiktene. Vi sammenfatter disse kort her.

Populasjon. To av oversiktene omhandlet barn og unge generelt (20,21), tre omhandlet unge generelt (15,16,22), to oversikter studerte ungdomskriminelle (17,19) og én tok for seg barn og unge i fosterfamilie der noen av deltakerne i studiene var ungdomskriminelle (18).

Majoriteten av studiedeltakerne var gutter, i alderen 5-21 år. De fleste var fra USA.

Tiltak. Tiltakene varierte. Én av oversiktene sammenfattet alle typer tiltak som hadde til hensikt å redusere vold blant unge (18), to undersøkte effekten av skolebaserte tiltak for å redusere vold (20,21), og to andre så på tiltak for ungdomskriminelle innen rettssystemet (17,19). De tre siste oversiktene dreide seg henholdsvis om ulike tiltak for å redusere partnervold (16), terapeutisk fosteromsorg (Therapeutic Foster Care) (18) og internett-baserte tiltak (22).

Flere av oversiktene inkluderte skolebaserte tiltak som ett av flere tiltak. Der var også kognitive tiltak og opplæringstiltak med vektlegging av seksualitet, problemløsning, kommunikasjonsferdigheter og empati, samt andre tiltak (se vedlegg 3).

Sammenligning. De aller fleste oversiktene inkluderte en rekke mulige sammenligninger. Ett unntak var oversikten av McGowan og kolleger (19), som undersøkte effekten av tiltak for å støtte overføring av unge fra ungdomsfengsel til vanlig fengsel for voksne, sammenlignet med når unge ikke ble overført til vanlig fengsel.

Utfall. Alle de åtte systematiske oversiktene rapporterte virkningen av tiltakene på barn og unges voldelig atferd, deriblant også seksualisert vold, vold mot en partner (kjæreste, samboer) og kriminelle handlinger som innbefattet voldsbruk.

Tabell 2: Beskrivelse av PICO i de inkluderte systematiske oversiktene (n=8)

Forfattere, år (ref)	Populasjon	Intervensjon	Sammenligning	Utfall
Chan, 2004 (15)	Unge	Tiltak for å redusere vold	Standard tilbud, annet aktivt tiltak, ingen tiltak	Voldelig atferd, seksualisert voldelig atferd, gjentakelse av seksuelle overgrep, arrestasjon
De Koker, 2014 (16)	Unge	Tiltak for å redusere partnervold	Ikke oppgitt	Partnervold ('Intimate Partner Violence')
Garrido, 2007 (17)	Ungdomskriminelle	Tiltak innen rettssystemet for å redusere vold	Annet aktivt tiltak	Gjentakelse av kriminelle handlinger
Hahn, 2005 (18)	Barn og unge i fosterfamilie	Terapeutisk fosteromsorg ('Therapeutic Foster Care')	Annet aktivt tiltak, ingen tiltak	Skolegang, arrestasjon, voldelig atferd, avvikende atferd
McGowan, 2007 (19)	Ungdomskriminelle	Overføring fra ungdomsfengsel til vanlig fengsel	Ungdomsfengsel	Gjentakelse av kriminelle handlinger
Mytton, 2002 (20)	Barn og unge	Skolebaserte tiltak for å redusere vold	Standard tilbud, annet aktivt tiltak, ingen tiltak	Aggressiv / voldelig atferd
Mytton, 2006 (21)	Barn og unge	Skolebaserte tiltak for å redusere vold	Standard tilbud, ingen tiltak	Aggressiv / voldelig atferd, skader pga voldsbruk
Tait, 2015 (22)	Unge	Internett-baserte tiltak som omhandlet alkoholbruk	Standard tilbud, annet aktivt tiltak	Seksualisert vold, partnervold, bruk av alkohol

Beskrivelse av resultatene i de systematiske oversiktene

Tabell 3 gjengir oversiktsforfatterens egne resultater og konklusjoner (på engelsk). Vi presenterer en kort sammenfatning av disse her. Oversikten av Chan og kolleger (15) trakk ingen konklusjoner om effekt av ulike tiltak for å redusere vold blant unge i alderen 12-17 år. Tre andre oversikter fant imidlertid at skolebaserte tiltak ser ut til å ha en positiv effekt på omfang av partnervold blant unge (16), samt aggressiv og voldelig atferd blant voldelige barn og unge (20,21).

Garrido og kolleger (17) konkluderte med at kognitiv atferdsterapi og sammensatte tiltak ser ut til å redusere risiko for gjentakelse av voldelige, kriminelle handlinger blant ungdomskriminelle i alderen 12-21 år.

To av de inkluderte systematiske oversiktene var utarbeidet av Task Force on Community Preventive Services i USA. Oversikten som omhandlet terapeutisk fosteromsorg fant dokumentasjon for, og anbefalte bruk av, fosteromsorg for å redusere voldelig atferd blant unge som begår gjentatte kriminelle handlinger ('chronic delinquents') (18). Den andre oversikten fant imidlertid at tiltak for å støtte overføring av ungdomskriminelle til fengsel for voksne førte til at ungdommene begikk flere, ikke færre, kriminelle handlinger. Task Force anbefalte derfor i sin oversikt *imot* tiltak som støtter overføring av ungdomskriminelle ut av ungdomsfengsel til vanlig fengsel for voksne (19).

Til slutt nevner vi at Tait og kolleger (22), som oppsummerte internett-baserte tiltak, kun fant én studie som var relevant for vår problemstilling. De fant ingen dokumentasjon for at internett-baserte tiltak reduserer omfanget av seksualisert vold eller partnervold blant unge.

Tabell 3: Resultater og konklusjoner fra de inkluderte systematiske oversiktene (n=8)

Resultater og konklusjon
Chan, 2004 (15)
"A total of 32 articles were selected to address Key Questions #3, #4, and #5, the questions that address safety and effectiveness of interventions. Not considering the study design and excluding one inconclusive study, effectiveness was reported in five of 15 (33 percent) primary interventions, four of 10 (40 percent) secondary interventions, and five of six (83 percent) tertiary interventions. When only RCTs were considered, effectiveness was reported in one of five (20 percent) primary intervention, three of six (50 percent) secondary intervention, and two of two (100 percent) tertiary interventions."
<i>Conclusion:</i> "We found little agreement with respect to the definitions used to measure youth violence and the ways in which risk/protective factors are conceptualized, operationally defined, measured, analyzed, and reported. As a result, the findings showed little consistency across individual studies and the research literature is not growing cumulatively. Consequently, we are limited in our ability to draw conclusions and make recommendations. With respect to the review of the effectiveness of prevention interventions, the number of studies was too small for the detection of any systematic differences among programs with different characteristics."
De Koker, 2014 (16)

Resultater og konklusjon

“Eight articles reporting on six randomized controlled trials were retrieved. Four interventions contained both school and community components. We found positive intervention effects on IPV perpetration (three studies) and IPV victimization (one study). Compared with the studies with no effects on IPV, the effective interventions were of longer duration, and were implemented in more than one setting. There were quality issues in all six trials.”

Conclusion: “Interventions targeting perpetration and victimization of IPV among adolescents can be effective. Those interventions are more likely to be based in multiple settings, and focus on key people in the adolescents’ environment. Future trials should assess perpetration and victimization of IPV among male and female adolescents with and without prior experiences with IPV, taking gender differences into account.”

Garrido, 2007 (17)

“The overall results at the last follow up for completers showed a statistically significant positive result in favour of treatment. For the intent-to-treat data, both fixed- and random-effects models were statistically significant. This result showed that even under the more conservative intent to treat model, the interventions were still effective overall. Moderator variables did not show a statistically significant results to explain the heterogeneity in relation to effectiveness of the treatment. We found evidence for positive effects of the cognitive and cognitive-behavioural treatments and of the multi-focus programmes.”

Conclusion: “In general, the programmes “do work” to reduce the general and, specially, the serious recidivism of serious institutionalised juvenile offenders. This is particularly true in the case of interventions with a cognitive or cognitive-behavioural emphasis, applied to male samples in centres of juvenile reform. It seems also that the educative non-structured programs did not work to reduce the recidivism.”

Hahn, 2005 (18)

“Two studies of therapeutic foster care for children with severe emotional disturbance yielded inconsistent results; evidence to date is insufficient to determine effectiveness. Three studies of therapeutic foster care for adolescents with chronic delinquency by one research team indicated that this intervention can reduce subsequent violence in this population.”

Conclusion: “The Task Force on Community Preventive Services (the Task Force) recommends therapeutic foster care for the reduction of violence among adolescents with chronic delinquency.”

McGowan, 2007 (19)

“Using the methods developed by the Community Guide to conduct a systematic review of literature and provide recommendations to public health decision makers, the review team found that transferring juveniles to the adult justice system generally increases, rather than decreases, rates of violence among transferred youth. Evidence was insufficient for the Task Force on Community Preventive Services to determine the effect of such laws and policies in reducing violent behavior in the overall juvenile population.”

Conclusion: “The Task Force recommends against laws or policies facilitating the transfer of juveniles from the juvenile to the adult judicial system for the purpose of reducing violence.”

Mytton, 2002 (20)

“Of the 44 trials identified, none reported data on violent injuries. For the 28 trials that assessed aggressive behaviors, the pooled difference between study groups was -0.36 (95% confidence interval, -0.54 to -0.19) in favor of a reduction in aggression with intervention. For the 9 trials that reported data on school or agency responses to aggression, the pooled difference was -0.59 (95% confidence interval, -1.18 to 0.01). Subgroup analyses suggested greater effectiveness in older students and when administered to mixed-sex groups rather than to boys alone.”

Resultater og konklusjon

Conclusion: "School-based violence prevention programs may produce reductions in aggressive and violent behaviors in children who already exhibit such behavior. These results, however, need to be confirmed in large, high-quality trials."

Mytton, 2006 (21)

"Of 56 trials identified, none reported data on violent injuries. Aggressive behaviour was significantly reduced in intervention groups compared to no intervention groups immediately post intervention in 34 trials with data, (Standardized Mean Difference (SMD)= -0.41; 95% confidence interval (CI) -0.56 to -0.26). This effect was maintained in the seven studies reporting 12 month follow-up (SMD= -0.40, (95% CI -0.73 to -0.06)). School or agency disciplinary actions in response to aggressive behaviour were reduced in intervention groups for nine trials with data, SMD= -0.48; 95% CI -1.16 to 0.19, although this difference may have been due to chance and was not maintained, based on two studies reporting follow-up to two to four months (SMD= 0.03; 95% CI -0.42 to 0.47). Subgroup analyses suggested that interventions designed to improve relationship or social skills may be more effective than interventions designed to teach skills of non-response to provocative situations, but that benefits were similar when delivered to children in primary versus secondary school, and to groups of mixed sex versus boys alone."

Conclusion: "School-based secondary prevention programmes to reduce aggressive behaviour appear to produce improvements in behaviour greater than would have been expected by chance. Benefits can be achieved in both primary and secondary school age groups and in both mixed sex groups and boys-only groups. Further research is required to establish whether such programmes reduce the incidence of violent injuries or if the benefits identified can be maintained beyond 12 months."

Tait, 2015 (22)

"From 569 titles, 23 were assessed in detail: five articles (four studies) fulfilled the inclusion criteria. All these studies were undertaken in the USA, with three recruiting college students (n=17,332), and one using an emergency department (n= 262) sample of adolescents. We summarized the characteristics of the samples, the interventions and outcomes for alcohol use and sexual violence or IPV. Most interventions were unguided, with only one group receiving a guided intervention. Effect sizes, where they could be calculated, were small (Cohen's $d < 0.2$) or not significantly different to zero for alcohol, sexual violence or IPV outcomes."

Conclusion: "Currently, there are insufficient data to evaluate the effectiveness of online alcohol interventions in reducing sexual or IPV. Given the prevalence of these behaviors and their association with alcohol use, this deficit requires urgent attention."

Beskrivelse av inkluderte ikke-systematiske oversikter

Fra litteratursøket identifiserte vi 11 ikke-systematiske oversikter. Disse oversiktene ble klassifisert som ikke-systematiske pga. at ett eller flere av de tre kriteriene for å betegnes som en systematisk oversikt manglet (oppgitt søkestrategi, klare inklusjonskriterier, kvalitetsvurdering av de inkluderte studiene).

Vi gir fullstendig referanse og sammendraget til hver av disse 11 ikke-systematiske oversiktene i vedlegg 4. Seks av oversiktene omhandler tiltak for unge som begår seksuelle overgrep/seksuell kriminalitet. Fire oversikter tok for seg ulike tiltak for å forebygge/reducere vold og aggresjon, deriblant skolebaserte tiltak, Mode Deactivation

Therapy og kognitiv atferdsterapi. Det var i tillegg en oversikt som ga en sammenfatning av litteratur om tiltak gitt hos legevakten. Listen nedenfor gir en beskrivelse over tema i hver av oversiktene.

- Burbach 2012: Tiltak for unge som begår seksuelle overgrep.
- Derzon 2006: Skolebaserte tiltak for å forebygge/reducere vold.
- Dopp 2015: Tiltak for unge som begår seksuell kriminalitet.
- Fanniff 2013: Målemetoder og tiltak benyttet for unge som er dømt for seksuell kriminalitet.
- Houston 2007: Mode Deactivation Therapy for å redusere fysisk og seksuell aggresjon.
- Ozabaci 2011: Kognitiv atferdsterapi for å behandle barn og unge som har voldelig atferd.
- Reitzel 2006: Tiltak for unge som er dømt for seksuell kriminalitet.
- Snider 2009: Tiltak gitt hos legevakten (emergency department) for unge som er blitt skadet pga. vold.
- St.Amand 2008: Tiltak for barn og unge med seksuelle atferdsproblemer.
- van der Merwe 2007: Risikofaktorer og tiltak for unge som er antisosiale, inkludert unge som begår voldelige handlinger.
- Walker 2004: Tiltak for ungdomsgutter som er dømt for seksuell kriminalitet.

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Vedlegg

Vedlegg 1 - Søkestrategi

Database: Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Dato: 30.06.2016

Treff: 511

- 1 exp Child/ [+ preschoolers] (1689518)
- 2 Minors/ (2339)
- 3 Adolescent/ (1754766)
- 4 or/1-3 (2638518)
- 5 Violence/pc, th [Prevention & Control, Therapy] (5310)
- 6 Intimate Partner Violence/pc [Prevention & Control] (63)
- 7 Aggression/dt, pc, th [Drug Therapy, Prevention & Control, Therapy] (48)
- 8 Problem Behavior/ (186)
- 9 Physical Abuse/pc [Prevention & Control] (11)
- 10 Sex Offenses/pc [Prevention & Control] (912)
- 11 Rape/pc, rh [Prevention & Control, Rehabilitation] (604)
- 12 Sexual Harassment/pc [Prevention & Control] (250)
- 13 Conduct Disorder/dt, pc, rh, th [Drug Therapy, Prevention & Control, Rehabilitation, Therapy] (557)
- 14 or/5-13 (7601)
- 15 4 and 14 (3071)
- 16 (school-based violence* or school violence*).ti,ab,kw,kf. (257)
- 17 ((adolescent* or child or children or boy? or boyfriend* or boy-friend* or girl? or girlfriend* or girl-friend* or juvenile? or kid? or minor? or preteen? or pre-teen? or peer? or pubescent? or pupil? or schoolage* or school-age* or schoolchild* or school-child* or teenager? or underage* or under-age* or youngster? or youth or young m?n or young wom?n or young people or young person?) adj5 (abus* or aggression* or aggressive* or aggressor* or assault* or (behavio?r* adj1 problem*) or conduct disorder* or fighting* or harass* or hitting or mistreat* or maltreat* or neglect* or offend* or rape* or rapist* or violence* or violent*).ti,ab,kw. (38083)

- 18 (teen? adj5 (abus* or aggression* or aggressive* or aggressor* or assault* or (behavio?r* adj1 problem*) or conduct disorder* or fighting* or harass* or hitting or mistreat* or maltreat* or neglect* or offend* or rape* or rapist* or violence* or violent*)).ti,ab,kw. (360)
- 19 ((preschool* or pre-school* or toddler* or day care cent* or kindergarten*) adj5 (abus* or aggression* or aggressive* or aggressor* or (behavio?r* adj1 problem*) or conduct disorder* or fighting* or hitting or violence* or violent*)).ti,ab,kw. (661)
- 20 or/16-19 (38607)
- 21 (intervention? or prevent* or program? or programme? or rehab* or treatment* or therap*).ti,ab,kw,kf. (6345881)
- 22 20 and 21 (16558)
- 23 15 or 22 (18627)
- 24 Meta-Analysis/ (68000)
- 25 Meta-Analysis as Topic/ (15113)
- 26 ((systematic* adj3 (review* or overview*)) or (methodologic* adj3 (review* or overview*)) or overview* of overview* or overview* of review*).ti,ab,kw,kf. (98146)
- 27 ((quantitative adj3 (review* or overview* or synthes*)) or (research adj3 (integrati* or overview*))).ti,ab,kw,kf. (7269)
- 28 (integrative adj3 (review* or overview*)).ti,ab,kw,kf. (1982)
- 29 (data synthes* or data extraction* or data abstraction*).ti,ab,kw,kf. (17168)
- 30 (handsearch* or hand search*).ti,ab,kw,kf. (6879)
- 31 (met analy* or metanaly* or technology assessment* or HTA or HTAs or technology overview* or technology appraisal*).ti,ab,kw,kf. (6530)
- 32 (meta-analy* or metaanaly* or systematic review*).mp,hw. (173219)
- 33 (comparative adj3 (efficacy or effectiveness)).ti,ab,kw,kf. (9121)
- 34 (outcomes research or relative effectiveness).ti,ab,kf,kw. (6755)
- 35 Review.pt. and (pubmed or medline).tw. (80539)
- 36 or/24-35 (247978)
- 37 23 and 36 (584)
- 38 exp Animals/ (20389296)
- 39 Humans/ (16118519)
- 40 38 not (38 and 39) (4270777)
- 41 (news or editorial or comment).pt. (1122888)
- 42 37 not (40 or 41) (580)
- 43 limit 37 to yr="2000-Current" (532)
- 44 remove duplicates from 43 (511)

Database: Embase 1974 to 2016 June 29

Dato: 30.06.2016

Treff: 501

- 1 child/ (1466483)
- 2 "minor (person)"/ (324)
- 3 adolescent/ (1359992)

4 or/1-3 (2230084)
 5 violence/dt, pc, rh, th [Drug Therapy, Prevention, Rehabilitation, Therapy] (3761)
 6 dating violence/pc [Prevention] (5)
 7 physical violence/ (682)
 8 sexual abuse/ (11807)
 9 sexual harassment/pc [Prevention] (167)
 10 sexual violence/th [Therapy] (1)
 11 sexual crime/pc [Prevention] (431)
 12 sexual assault/ (930)
 13 assault/dt, pc, rh, th [Drug Therapy, Prevention, Rehabilitation, Therapy] (70)
 14 behavior disorder/dt, pc, rh, th [Drug Therapy, Prevention, Rehabilitation, Therapy] (8944)
 15 conduct disorder/dt, pc, rh, th [Drug Therapy, Prevention, Rehabilitation, Therapy] (725)
 16 rape/dt, pc, rh, th [Drug Therapy, Prevention, Rehabilitation, Therapy] (431)
 17 acquaintance rape/ (9)
 18 attempted rape/ (24)
 19 aggression/dt, pc, th [Drug Therapy, Prevention, Therapy] (31)
 20 or/5-19 (27337)
 21 4 and 20 (9625)
 22 (school-based violence* or school violence*).ti,ab,kw. (315)
 23 ((adolescent* or child or children or boy? or boyfriend* or boy-friend* or girl? or girlfriend* or girl-friend* or juvenile? or kid? or minor? or preteen? or pre-teen? or peer? or pubescent? or pupil? or schoolage* or school-age* or schoolchild* or school-child* or teenager? or underage* or under-age* or youngster? or youth or young m?n or young wom?n or young people or young person?) adj5 (abus* or aggression* or aggressive* or aggressor* or assault* or (behavio?r* adj1 problem*) or conduct disorder* or fighting* or harass* or hitting or mistreat* or maltreat* or neglect* or offend* or rape* or rapist* or violence* or violent*).ti,ab,kw. (45730)
 24 (teen? adj5 (abus* or aggression* or aggressive* or aggressor* or assault* or (behavio?r* adj1 problem*) or conduct disorder* or fighting* or harass* or hitting or mistreat* or maltreat* or neglect* or offend* or rape* or rapist* or violence* or violent*).ti,ab,kw. (437)
 25 ((preschool* or pre-school* or toddler* or day care cent* or kindergarten*) adj5 (abus* or aggression* or aggressive* or aggressor* or (behavio?r* adj1 problem*) or conduct disorder* or fighting* or hitting or violence* or violent*).ti,ab,kw. (752)
 26 or/22-25 (46368)
 27 (intervention? or prevent* or program? or programme? or rehab* or treatment* or therap*).ti,ab,kw. (8097577)
 28 26 and 27 (20444)
 29 21 or 28 (28068)
 30 Meta Analysis/ (111236)
 31 Systematic Review/ (109441)
 32 ((systematic* adj3 (review* or overview*)) or (methodologic* adj3 (review* or overview*)) or overview* of overview* or overview* of review*).ti,ab,kw. (118343)

- 33 ((quantitative adj3 (review* or overview* or synthes*)) or (research adj3 (integrati* or overview*))).ti,ab,kw. (8309)
- 34 (integrative adj3 (review* or overview*)).ti,ab,kw. (1697)
- 35 (data synthes* or data extraction* or data abstraction*).ti,ab,kw. (20528)
- 36 (handsearch* or hand search*).ti,ab,kw. (7704)
- 37 (met analy* or metanaly* or technology assessment* or HTA or HTAs or technology overview* or technology appraisal*).ti,ab,kw. (9435)
- 38 (meta-analy* or metaanaly* or systematic review*).ti,ab,kw. (189386)
- 39 (comparative adj3 (efficacy or effectiveness)).ti,ab,kw. (12824)
- 40 (outcomes research or relative effectiveness).ti,ab,kw. (9872)
- 41 (review and (pubmed or medline)).tw. (96585)
- 42 or/30-34 (226537)
- 43 29 and 42 (570)
- 44 exp animals/ or exp invertebrate/ or animal experiment/ or animal model/ or animal tissue/ or animal cell/ or nonhuman/ (23302311)
- 45 human/ or normal human/ or human cell/ (17402220)
- 46 44 not (44 and 45) (5946855)
- 47 (news or editorial or comment).pt. (512586)
- 48 43 not (46 or 47) (567)
- 49 limit 48 to yr="2000 -Current" (524)
- 50 remove duplicates from 49 (501)

Database: PsycINFO 1806 to June Week 4 2016

Dato: 30.06.2016

Treff: 696

- 1 ("100" or "160" or "180" or "200").ag. [note: Childhood, Preschool Age, School Age, Adolescence] (667192)
- 2 violence/ (25539)
- 3 intimate partner violence/ [note: dating violence] (5257)
- 4 partner abuse/ (4542)
- 5 aggressive behavior/ (22143)
- 6 behavior problems/ (25836)
- 7 physical abuse/ (5312)
- 8 sexual abuse/ (17929)
- 9 exp rape/ (5275)
- 10 sex offenses/ (8077)
- 11 sexual harassment/ (2204)
- 12 conduct disorder/ (3809)
- 13 or/2-12 (109278)
- 14 1 and 13 (43431)
- 15 school violence/ (1651)
- 16 14 or 15 (44850)
- 17 prevention/ (24280)
- 18 rehabilitation/ (16396)

- 19 treatment/ [note: therapy] (64374)
- 20 intervention/ (47058)
- 21 early intervention/ (9379)
- 22 family intervention/ (2473)
- 23 group intervention/ (1448)
- 24 school based intervention/ (13544)
- 25 or/17-24 (167029)
- 26 16 and 25 (5145)
- 27 (school-based violence* or school violence*).ti,ab,id. (1477)
- 28 ((adolescent* or child or children or boy? or boyfriend* or boy-friend* or girl? or girlfriend* or girl-friend* or juvenile? or kid? or minor? or preteen? or pre-teen? or peer? or pubescent? or pupil? or schoolage* or school-age* or schoolchild* or school-child* or teenager? or underage* or under-age* or youngster? or youth or young m?n or young wom?n or young people or young person?) adj5 (abus* or aggression* or aggressive* or aggressor* or assault* or (behavio?r* adj1 problem*) or conduct disorder* or fighting* or harass* or hitting or mistreat* or maltreat* or neglect* or offend* or rape* or rapist* or violence* or violent*).ti,ab,id. (70626)
- 29 (teen? adj5 (abus* or aggression* or aggressive* or aggressor* or assault* or (behavio?r* adj1 problem*) or conduct disorder* or fighting* or harass* or hitting or mistreat* or maltreat* or neglect* or offend* or rape* or rapist* or violence* or violent*).ti,ab,id. (661)
- 30 ((preschool* or pre-school* or toddler* or day care cent* or kindergarten*) adj5 (abus* or aggression* or aggressive* or aggressor* or (behavio?r* adj1 problem*) or conduct disorder* or fighting* or hitting or violence* or violent*).ti,ab,id. (1548)
- 31 or/28-30 (71410)
- 32 (intervention? or prevent* or program? or programme? or rehab* or treatment* or therap*).ti,ab,id. (1184323)
- 33 31 and 32 (34171)
- 34 26 or 33 (36501)
- 35 meta analysis/ (3820)
- 36 meta analysis.md. (14647)
- 37 systematic review.md. (14020)
- 38 ((systematic* adj3 (review* or overview*)) or (methodologic* adj3 (review* or overview*)) or overview* of overview* or overview* of review*).ti,ab,id. (20393)
- 39 ((quantitative adj3 (review* or overview* or synthes*)) or (research adj3 (integrati* or overview*))).ti,ab,id. (7585)
- 40 (integrative adj3 (review* or overview*).ti,ab,id. (1456)
- 41 (data synthes* or data extraction* or data abstraction*).ti,ab,id. (1533)
- 42 (handsearch* or hand search*).ti,ab,id. (869)
- 43 (met analy* or metanaly* or technology assessment* or HTA or HTAs or technology overview* or technology appraisal*).ti,ab,id. (707)
- 44 (meta-analy* or metaanaly* or systematic review*).ti,ab,id,hw. (36427)
- 45 (comparative adj3 (efficacy or effectiveness)).ti,ab,id. (1603)
- 46 (outcomes research or relative effectiveness).ti,ab,id. (3049)
- 47 (review and (pubmed or medline)).ti,ab. (10553)

48 or/35-47 (60610)
 49 34 and 48 (810)
 50 limit 49 to yr="2000-Current" (697)
 51 remove duplicates from 50 (696)

Database: Cochrane Library

Dato: 30.06.2016

Treff: 233

#1 [mh Child] 191
 #2 [mh ^Minors] 8
 #3 [mh ^Adolescent] 85294
 #4 {or #1-#3} 85404
 #5 MeSH descriptor: [Violence] this term only and with qualifier(s): [Prevention & control - PC] 193
 #6 MeSH descriptor: [Intimate Partner Violence] this term only 4
 #7 MeSH descriptor: [Aggression] this term only 937
 #8 MeSH descriptor: [Problem Behavior] this term only 1
 #9 MeSH descriptor: [Sex Offenses] this term only and with qualifier(s): [Prevention & control - PC] 40
 #10 MeSH descriptor: [Rape] this term only and with qualifier(s): [Prevention & control - PC] 23
 #11 MeSH descriptor: [Sexual Harassment] this term only and with qualifier(s): [Prevention & control - PC] 3
 #12 MeSH descriptor: [Conduct Disorder] this term only 196
 #13 {or #5-#12} 1281
 #14 #4 and #13 443
 #15 ("school-based violence*" or "school violence*"):ti,ab,kw 12
 #16 ((adolescent* or child or children or boy or boys or boyfriend* or boy-friend* or girl or girls or girlfriend* or girl-friend* or juvenile* or kid or kids or minor* or preteen or preteens or pre-teens or peer or peers or pubescent* or pupil or pupils or school-age* or school-age* or schoolchild* or school-child* or teenager* or underage* or under-age* or youngster* or youth or "young m*n" or "young wom*n" or "young people" or "young person*") near/5 (abus* or aggression* or aggressive* or aggressor* or assault* or (behavio*r* near/1 problem*) or "conduct disorder*" or fighting* or harass* or hitting or mistreat* or maltreat* or neglect* or offend* or rape* or rapist* or violence* or violent*)):ti,ab,kw 2990
 #17 (teen* near/5 (abus* or aggression* or aggressive* or aggressor* or assault* or (behavio*r* near/1 problem*) or "conduct disorder*" or fighting* or harass* or hitting or mistreat* or maltreat* or neglect* or offend* or rape* or rapist* or violence* or violent*)):ti,ab,kw 24
 #18 ((preschool* or pre-school* or toddler* or day care cent* or kindergarten*) near/5 (abus* or aggression* or aggressive* or aggressor* or (behavio?r* near/1 problem*) or conduct disorder* or fighting* or hitting or violence* or violent*)):ti,ab,kw 179
 #19 {or #15-#18} 3002

#20 (intervention* or prevent* or program or programs or programme or programmes or rehab* or treatment* or therap*):ti,ab,kw 629161

#21 #19 and #20 2408

#22 #14 or #21 Publication Year from 2000 to 2016, in Cochrane Reviews (Reviews and Protocols) 65

#23 ("school-based violence*" or "school violence*") 15

#24 ((adolescent* or child or children or boy or boys or boyfriend* or boy-friend* or girl or girls or girlfriend* or girl-friend* or juvenile* or kid or kids or minor* or preteen or preteens or pre-teens or peer or peers or pubescent* or pupil or pupils or school-age* or school-age* or schoolchild* or school-child* or teenager* or underage* or under-age* or youngster* or youth or "young m*n" or "young wom*n" or "young people" or "young person*") near/5 (abus* or aggression* or aggressive* or aggressor* or assault* or (behavio*r* near/1 problem*) or "conduct disorder*" or fighting* or harass* or hitting or mistreat* or maltreat* or neglect* or offend* or rape* or rapist* or violence* or violent*)) 3274

#25 (teen* near/5 (abus* or aggression* or aggressive* or aggressor* or assault* or (behavio*r* near/1 problem*) or "conduct disorder*" or fighting* or harass* or hitting or mistreat* or maltreat* or neglect* or offend* or rape* or rapist* or violence* or violent*)) 40

#26 ((preschool* or pre-school* or toddler* or day care cent* or kindergarten*) near/5 (abus* or aggression* or aggressive* or aggressor* or (behavio?r* near/1 problem*) or conduct disorder* or fighting* or hitting or violence* or violent*)) 190

#27 {or #23-#26} 3295

#28 (intervention* or prevent* or program or programs or programme or programmes or rehab* or treatment* or therap*) 713850

#29 #27 and #28 2823

#30 #14 or #29 Publication Year from 2000 to 2016, in Other Reviews and Technology Assessments 168

Database: CINAHL (EBSCO)

Dato: 30.06.2016

Treff: 78

S1	(MH "Child")	(221,818)
S2	(MH "Child, Preschool")	(100,423)
S3	(MH "Adolescence")	(229,967)
S4	S1 OR S2 OR S3	(384,573)
S5	(MH "Violence/DT/PC/RH/TH")	(2,514)
S6	(MH "Dating Violence/DT/PC/RH/TH") OR (MH "Intimate Partner Violence/DT/PC/RH/TH")	(882)
S7	(MH "Aggression/DT/PC/RH/TH")	(816)
S8	(MH "Sexual Abuse/DT/PC/TH/RH")	(472)
S9	(MH "Rape/DT/PC/RH/TH")	(236)
S10	(MH "Sexual Harassment/PC")	(145)
S11	S5 OR S6 OR S7 OR S8 OR S9 OR S10	(4,845)

S12	S4 AND S11	(1,412)
S13	(MH "School Violence/DT/PC/RH/TH")	(53)
S14	S12 OR S13	(1,461)
S15	TI (((adolescent* or child or children or boy# or boyfriend* or "boy-friend*" or girl# or girlfriend* or "girl-friend*" or juvenile# or kid# or minor# or preteen# or "pre-teen#" or peer# or pubescent# or pupil# or schoolage* or "school-age*" or schoolchild* or "school-child*" or teenager# or underage* or "under-age*" or youngster# or youth or young m#n or young wom#n or young people or young person#) N4 (abus* or aggression* or aggressive* or aggressor* or assault* or (behavio#r* N0 problem*) or "conduct disorder*" or fighting* or harass* or hitting or mistreat* or maltreat* or neglect* or offend* or rape* or rapist* or violence* or violent*))) OR AB (((adolescent* or child or children or boy# or boyfriend* or "boy-friend*" or girl# or girlfriend* or "girl-friend*" or juvenile# or kid# or minor# or preteen# or "pre-teen#" or peer# or pubescent# or pupil# or schoolage* or "school-age*" or schoolchild* or "school-child*" or teenager# or underage* or "under-age*" or youngster# or youth or young m#n or young wom#n or young people or young person#) N4 (abus* or aggression* or aggressive* or aggressor* or assault* or (behavio#r* N0 problem*) or "conduct disorder*" or fighting* or harass* hitting or mistreat* or maltreat* or neglect* or offend* or rape* or rapist* or violence* or violent*))))	(12,388)
S16	((teen# N4 (abus* or aggression* or aggressive* or aggressor* or assault* or (behavio#r* N0 problem*) or "conduct disorder*" or fighting* or harass* or mistreat* or maltreat* or neglect* or offend* or rape* or rapist* or violence* or violent*))) OR ((teen# N4 (abus* or aggression* or aggressive* or aggressor* or assault* or (behavio#r* N0 problem*) or "conduct disorder*" or fighting* or harass* or mistreat* or maltreat* or neglect* or offend* or rape* or rapist* or violence* or violent*))))	(285)
S17	TI (((preschool* or "pre-school*" or toddler* or "day care cent*" or "kindergarten*") N4 (abus* or aggression* or aggressive* or aggressor* or (behavio#r* N0 problem*) or "conduct disorder*" or fighting* or violence* or violent*))) OR AB (((preschool* or "pre-school*" or toddler* or "day care cent*" or "kindergarten*") N4 (abus* or aggression* or aggressive* or aggressor* or (behavio#r* N0 problem*) or "conduct disorder*" or fighting* or violence* or violent*))))	(178)
S18	TI (("school-based violence*" or "school violence*")) OR AB (("school-based violence*" or "school violence*"))	(147)
S19	S15 OR S16 OR S17 OR S18	(12,742)

S20	TI ((intervention# or prevent* or program# or programme# or rehab* or treatment* or therap*)) OR AB ((intervention# or prevent* or program# or programme# or rehab* or treatment* or therap*))	(764,285)
S21	S19 AND S20	(5,472)
S22	S14 OR S21	(6,513)
S23	PT systematic review	(38,878)
S24	(MH systematic review) OR (MH meta analysis)	(37,134)
S25	TI (((systematic* N2 (review* or overview or search*)) or metaanaly* or "meta-analy*" or "overview of overview*" or "overview of review*" or (methodologic* N2 (review* or overview*)))) OR AB (((systematic* N2 (review* or overview or search*)) or metaanaly* or "meta-analy*" or "overview of overview*" or "overview of review*" or (methodologic* N2 (review* or overview*))))	(43,617)
S26	TI (((quantitative N2 (review* or overview* or synthes*) or (research N2 (integrati* or overview*)) or (integrative N2 (review* or overview*)) or ("data synthes*" or "data extraction*" or "data abstraction*") or (comparative N2 (efficacy or effectiveness)) or "outcomes research" or "relative effectiveness")) OR AB (((quantitative N2 (review* or overview* or synthes*) or (research N2 (integrati* or overview*)) or (integrative N2 (review* or overview*)) or ("data synthes*" or "data extraction*" or "data abstraction*") or (comparative N2 (efficacy or effectiveness)) or "outcomes research" or "relative effectiveness"))	(10,968)
S27	S23 OR S24 OR S25 OR S26	(70,902)
S28	S22 AND S27 [Limiters - Exclude MEDLINE records; Published Date: 20000101-20160731]	(78)

Database: Web of Science Core Collection: Science Citation Index Expanded (SCI-EXPANDED) --1987-present & Social Sciences Citation Index (SSCI) --1987-present

Dato: 30.06.2016

Treff: 1477

1 TS=(("school-based violence*" or "school violence*")) 610

2 TS=(((adolescent* or "child" or "children" or boy\$ or boyfriend* or "boy-friend*" or girl\$ or girlfriend* or "girl-friend*" or juvenile\$ or kid\$ or minor\$ or preteen\$ or "pre-teen*" or peer\$ or pubescent\$ or pupil\$ or schoolage* or "school-age*" or school-child* or "school-child*" or teen\$ or teenager\$ or underage* or "under-age*" or youngster\$ or youth or ("young" NEAR/0 (m\$n or wom\$n or "people" or person\$))) NEAR/4 (abus* or aggression* or aggressive* or aggressor* or assault* or (behavio*r* NEAR/0 problem*) or "conduct disorder*" or fighting* or harass* or hitting or mistreat* or maltreat* or neglect* or offend* or rape* or rapist* or violence* or violent*))) 45,319

3 TS=((preschool* or "pre-school*" or toddler* or "day care cent*" or "kindergarten*") NEAR/4 (abus* or aggression* or aggressive* or aggressor* or "conduct disorder*" or fighting* or hitting or (behavio*r* NEAR/0 problem*) or violence* or violent*)) 1,261

4 #3 OR #2 OR #1 45,946

5 TS=((intervention\$ or prevent* or program\$ or programme\$ or rehab* or treatment* or therap*)) 4,849,605

6 #5 AND #4 20,691

7 TS=((systematic* NEAR/2 (review* or overview or search*)) or metaanaly* or "meta-analy*" or "overview of overview*" or "overview of review*" or (methodologic* NEAR/2 (review* or overview*))) 262,77

8 TS=((quantitative NEAR/2 (review* or overview* or synthes*)) or (research NEAR/2 (integrati* or overview*)) or (integrative NEAR/2 (review* or overview*)) or ("data synthes*" or "data extraction*" or "data abstraction*") or (comparative NEAR/2 (efficacy or effectiveness)) or "outcomes research" or "relative effectiveness") 37,098

9 #8 OR #7 289,139

10 #9 AND #6 [Indexes=SCI-EXPANDED, SSCI Timespan=2000-2016] 1,484

Database: Sociological Abstracts & Social Services Abstracts (ProQuest)

Dato: 30.06.2016

Treff: 212

((SU.EXACT("Adolescents" OR "Children" OR "Minor/Minors" OR "Preschool Children" OR "Youth") AND SU.EXACT("Violence" OR "Abuse" OR "Assault" OR "Sexual Abuse" OR "Sexual Assault" OR "Sexual Harassment" OR "Aggression" OR "Behavior Problems" OR "Rape") AND SU.EXACT("Delinquency Prevention" OR "Prevention" OR "Intervention" OR "Behavior Modification" OR "Rehabilitation" OR "Counseling" OR "Treatment" OR "Family Therapy" OR "Group Therapy")) OR ((TI,AB,SU("school-based violence*" OR "school violence*") OR TI,AB,SU((adolescenc* OR child OR children OR boy[*1] OR boyfriend* OR "boy-friend*" OR girl[*1] OR girlfriend* OR "girl-friend*" OR juvenile[*1] OR kid[*1] OR minor[*1] OR preteen[*1] OR "pre-teen[*1]" OR peer[*1] OR pubescent[*1] OR pupil[*1] OR schoolage* OR "school-age*" OR schoolchild* OR "school-child*" OR teen[*1] OR teenager[*1] OR underage* OR "under-age*" OR youngster[*1] OR youth OR (young NEAR/0 (m[*1]n OR wom[*1]n OR people OR person[*1])))) NEAR/4 (abus* OR aggression* OR aggressive* OR aggressor* OR assault* OR (behavio*r* NEAR/0 problem*) OR "conduct disorder*" OR fighting* OR harass* OR hitting OR mistreat* OR maltreat* OR neglect* OR offend* OR rape* OR rapist* OR violence* OR violent*)) OR TI,AB,SU((preschool* OR "pre-school*" OR toddler* or "day care cent*" or "kindergarten*") NEAR/4 (abus* OR aggression* OR aggressive* OR aggressor* OR "conduct disorder*" OR fighting* OR hitting OR (behavio*r* NEAR/0 problem*) OR violence* OR violent*)) AND TI,AB,SU(intervention[*1] OR prevent* OR program[*1] OR programme[*1] OR treatment* OR therap*)) AND (DType("Systematic review") OR TI,AB,SU((systematic* NEAR/2 (review* OR overview OR search*)) OR metaanaly* OR "meta-analy*" OR "overview of overview*" OR "overview of review*" OR (methodo-

logic* NEAR/2 (review* OR overview*) OR (quantitative NEAR/2 (review* or overview* or syntheses*)) or (research NEAR/2 (integrati* or overview*)) or (integrative NEAR/2 (review* or overview*)) or ("data syntheses*" or "data extraction*" or "data abstraction*") or (comparative NEAR/2 (efficacy or effectiveness)) or "outcomes research" or "relative effectiveness"))

[Publication date: 2000-01-01 – 2016-07-01]

Database: ERIC (ProQuest)

Dato: 30.06.2016

Treff: 278

((SU.EXACT("Adolescents" OR "Late Adolescents" OR "Preadolescents" OR "Early Adolescents" OR "Children" OR "Young Children" OR "Minor/Minors" OR "Preschool Children" OR "Youth") AND SU.EXACT("Violence" OR "Assault" OR "Sexual Abuse" OR "Sexual Assault" OR "Sexual Harassment" OR "Aggression" OR "Behavior Problems" OR "Rape") AND SU.EXACT("Delinquency Prevention" OR "Prevention" OR "Intervention" OR "Early Intervention" OR "Behavior Modification" OR "Rehabilitation" OR "Counseling" OR "Group Therapy")) OR ((TI,AB,SU("school-based violence*" OR "school violence*") OR TI,AB,SU((adolescen* OR child OR children OR boy[*1] OR boyfriend* OR "boy-friend*" OR girl[*1] OR girlfriend* OR "girl-friend*" OR juvenile[*1] OR kid[*1] OR minor[*1] OR preteen[*1] OR pre-teen[*1] OR peer[*1] OR pubescent[*1] OR pupil[*1] OR schoolage* OR "school-age*" OR schoolchild* OR "school-child*" OR teen[*1] OR teenager[*1] OR underage* OR "under-age*" OR youngster[*1] OR youth OR (young NEAR/0 (m[*1]n OR wom[*1]n OR people OR person[*1]))) NEAR/4 (abus* OR aggression* OR aggressive* OR aggressor* OR assault* OR "conduct disorder*" OR fighting* OR harass* OR mistreat* OR maltreat* OR neglect* OR offend* OR (behavio*r* NEAR/0 problem*) OR rape* OR rapist* OR violence* OR violent*)) OR TI,AB,SU((preschool* OR "pre-school*" OR toddler* OR "day care cent*" OR "kindergarten*") NEAR/4 (abus* OR aggression* OR aggressive* OR aggressor* OR (behavio*r* NEAR/0 problem*) OR "conduct disorder*" OR fighting* OR hitting OR violence* OR violent*))) AND TI,AB,SU(intervention[*1] OR prevent* OR program[*1] OR programme[*1] OR treatment* OR therap*))) AND (DType("Systematic review") OR SU.EXACT("Meta Analysis" OR "Literature Reviews") OR TI,AB,SU((systematic* NEAR/2 (review* OR overview OR search*) OR metaanaly* OR "meta-analy*" OR "overview of overview*" OR "overview of review*" OR (methodologic* NEAR/2 (review* OR overview*)) OR (quantitative NEAR/2 (review* OR overview* OR syntheses*)) OR (research NEAR/2 (integrati* OR overview*)) OR (integrative NEAR/2 (review* OR overview*)) OR ("data syntheses*" OR "data extraction*" OR "data abstraction*") OR (comparative NEAR/2 (efficacy OR effectiveness)) OR "outcomes research" OR "relative effectiveness"))

Database: Epistemonikos

Dato: 30.06.2016

Treff: 538

[Title/Abstract:] (child* OR preschool* OR adolescent* OR youth OR teen* OR youngster* OR "young people" OR youth) AND [Title/Abstract:] (abus* OR aggression* OR aggressive* OR aggressor* OR assault* OR "behavior problem" OR "problem behavior" OR "conduct disorder" OR harass* OR fighting OR rape OR rapist* OR violence* OR violent)

Database: Campbell Library

Dato: 30.06.2016

Treff: 196

[All text:] (child* OR preschool* OR adolescent* OR youth OR teen* OR youngster* or "young people" or youth) AND [All text:] (abus* OR aggression* OR aggressive* OR aggressor* OR assault* OR "behavio*r* problem*" OR "problem* behavio*r*" OR "conduct disorder*" OR harass* OR fighting OR rape OR rapist* OR violence* OR violent)

Database: PubMed

Dato: 30.06.2016

Treff: 41

[All Fields:] (child* OR preschool* OR adolescent* OR youth OR teen* OR youngster* or "young people" or youth) AND [All Fields:] (abus* OR aggression* OR aggressive* OR aggressor* OR assault* OR "behavio*r* problem*" OR "problem* behavio*r*" OR "conduct disorder*" OR harass* OR fighting OR rape OR rapist* OR violence* OR violent) AND [All Fields:] ("systematic* review*" or meta-analy*) AND [All Fields:] pubstatusaheadofprint

Vedlegg 2 – Metodisk kvalitetsvurdering av systematiske oversikter

Kriterier for metodisk kvalitetsvurdering av systematiske oversikter:

1. Beskriver forfatterne klart hvilke metoder de brukte for å finne primærstudiene?
2. Ble det utført et tilfredsstillende litteratursøk?
3. Beskriver forfatterne hvilke kriterier som ble brukt for å bestemme hvilke studier som skulle inkluderes (studiedesign, deltakere, tiltak, ev. endepunkter)?
4. Ble det sikret som systematiske skjevheter (bias) ved seleksjon av studier (eksplisitte seleksjonskriterier brukt, vurdering gjort av flere personer uavhengig av hverandre)?
5. Er det klart beskrevet et sett av kriterier for å vurdere intern validitet?
6. Er validiteten til studiene vurdert (enten ved inklusjon av primærstudier eller i analysen av primærstudier) ved bruk av relevante kriterier?
7. Er metodene som ble brukt da resultatene ble sammenfattet, klar beskrevet?
8. Ble resultatene fra studiene sammenfattet på forsvarlig måte?
9. Er forfatternes konklusjoner støttet av data og/eller analysen som er rapportert i oversikten?

Tabell 4: Kvalitetsvurdering av de inkluderte systematiske oversiktene (n=8)

Forfatterne, år	Kriteria 1	Kriteria 2	Kriteria 3	Kriteria 4	Kriteria 5	Kriteria 6	Kriteria 7	Kriteria 8	Kriteria 9	Kvalitet
Chan, 2004 (13)	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Nei	Uklart	Lav
De Koker, 2014 (14)	Ja	Uklart	Ja	Ja	Ja	Ja	Nei	Uklart	Uklart	Moderat
Garrido, 2007 (15)	Ja	Uklart	Ja	Uklart	Nei	Uklart	Ja	Uklart	Uklart	Lav
Hahn, 2005 (16)	Ja	Uklart	Ja	Ja	Nei	Uklart	Ja	Ja	Uklart	Moderat
McGowan, 2007 (17)	Ja	Uklart	Ja	Uklart	Ja	Ja	Ja	Uklart	Ja	Moderat
Mytton, 2002 (18)	Ja	Ja	Ja	Uklart	Nei	Uklart	Ja	Ja	Ja	Moderat
Mytton, 2006 (19)	Ja	Ja	Ja	Uklart	Ja	Nei	Ja	Ja	Ja	Moderat
Tait, 2015 (20)	Ja	Ja	Ja	Uklart	Ja	Ja	Uklart	Uklart	Ja	Moderat

Vedlegg 3 – Beskrivelse av systematiske oversikter

Tabell 5: Beskrivelse av de inkluderte systematiske oversiktene (n=8)

Forfatterne, år (ref)	Populasjon Kjønn, alder	Tiltak Lengde/varighet	Sammenligning	Utfall	Kontekst/Land
Chan, 2004 (15)	n=13328 (uncompleted reporting). Around 50% females Kindergarten to 8 th grade. School setting. Incarcerated male juvenile offenders were also included.	Secondary prevention interventions (11 papers): safe dates program, moving to opportunity, early community based intervention for the prevention of substance abuse and delinquency, triple modality social learning program, positive adolescent's choices, etc. Tertiary prevention interventions (7 papers): turning point: rethinking violence, project back-on-track, a multimodal approach with two orientations, multisystemic therapy, etc. Duration of the interventions ranged from 10 minutes up to one hour sessions. Follow-up: up to 1 year.	No intervention or treatment as usual. Alternative programs were used in few studies.	Violent/aggressive behavior, sexual violence perpetration, recidivism of sexual assault, violent offenses, frequency of fighting or injury, arrest rate, violent crimes,	USA
De Koker, 2014 (16)	n=13725 Adolescents' ages across studies ranged from 11 to 26 years with mean ages of 11.8 to 17.9 years.	All interventions but one (Coaching boys) included a curriculum that consisted of sessions on, for example, personal safety, sexuality, and related health problem-solving or communication skills.	Not reported.	All six trials included at least one type of IPV: physical, sexual, psychological, and/or threats of violence perpetration	Four trials were conducted in America, one in Canada and one in South Africa.

Forfatterne, år (ref)	Populasjon Kjønn, alder	Tiltak Lengde/varighet	Sammenligning	Utfall	Kontekst/Land
	All trials included both males and females.	All except "Ending Violence" included a focus on gender power inequities. The implementers were teachers in two interventions, attorneys, school staff, sports coaches, or trained facilitators in the others. Duration of intervention: 3h – 5 months.		and/or victimization, and/or sexual harassments.	
Garrido, 2007 (17)	n= 6658 serious juvenile offenders; most of them were males. Mean age of 16 years 11 studies were conducted in juvenile prisons	Non-behavioural (30%), cognitive behavioural (23.3%), cognitive (23.3%), behavioural (13.4%) and educational interventions (10%) 63.3% of the interventions were individual	Residential educational, vocational and group living programs and behavioral interventions.	General and serious recidivism	USA (73.4%), England and Canada
Hahn, 2005 (18)	n= 299 children with severe emotional disturbance (two studies) and chronic delinquency (three studies).	Weekly group meetings with foster families, calls and home visits, behaviour management methods, training and reinforcement of prosocial skills. Duration of intervention: 5 - 18.7 months	Structural learning of prosocial behaviours, group care programs and no intervention.	Proportion of incarcerated juveniles in state training schools, number of arrests for violent crimes, rate of assaults, externalizing behaviours and conduct disorders.	USA
McGowan, 2007 (19)	n= 6277 arrested youth between 15-18 years old. Most males.	Youth arrested on any serious felonies, or with specified offending histories, and transferred to criminal justice system.	Youth retained in the juvenile justice system	Re-offending data: violent felony re-arrests and re-arrests for any crime.	USA

Forfatterne, år (ref)	Populasjon Kjønn, alder	Tiltak Lengde/varighet	Sammenligning	Utfall	Kontekst/Land
		<p>Youth arrested in the juvenile justice system and transferred to the adult justice system.</p> <p>Follow-up time for re-offending varied from 18 months to six years.</p>			
Mytton, 2002 (20)	<p>n= 5012 Most children were boys. Grades 1-12. Age not reported</p>	<p>School-Based Interventions: anger control training, and individual counseling, relaxation and coping skills, affective imagery training, conflict resolution/management, therapeutic mentoring, structured life skills program, cognitive skills training, empathy training, assertion training and others.</p> <p>Duration of intervention: 35-min sessions for 3 sessions, 3 weeks, up to 16 months.</p>	<p>No intervention, usual school services, parent and teacher information, and placebo (i.e., alternative classroom activity).</p>	<p>Aggressive behavior</p>	<p>Canada (three studies), Australia (one study), the remaining trials were from USA.</p>
Mytton, 2006 (21)	<p>n=7118 Age 4-17 years Kindergarten, 1-9 grades</p> <p>The majority of pupils selected for entry into trials were boys.</p>	<p>School-Based Interventions: Moral dilemma discussion group, parent only training (PT), deficit specific social skills training, social skills training, children taught social skills, anger management & conflict resolution, therapeutic mentoring + parent & teacher consultation, cognitive self-instruction training, structured life skills program, shame reduction group therapy, individual conflict management training, cognitive relaxation & coping skills training</p>	<p>No intervention or treatment as usual.</p>	<p>Aggressive or violent behaviours or actual counts of aggressive behaviours like fights, responses to aggressive or violent behaviours and violent injuries.</p>	<p>One study was from Australia, two were from Argentina, five were from Canada and the remaining trials were from the USA.</p>

Forfatterne, år (ref)	Populasjon Kjønn, alder	Tiltak Lengde/varighet	Sammenligning	Utfall	Kontekst/Land
		Duration of interventions varied from 6 weeks up to 9 months. Duration varied between 12-90 minutes/session.			
Tait, 2015 (22)	n=17332 1st year students (mean age 18 years) Teenagers (14-18 years) Female (52%-66%)	Online alcohol interventions incorporating elements of motivational interviewing, personalized feedback, self-efficacy, behavioral intentions, drinking norms, the effects of alcohol and policies. Duration of interventions: all interventions were short duration (30min-3h).	Treatment as usual and leaflet.	Sexual violence; intimate partner violence (IPV); alcohol use (i.e., frequency of heavy drinking and frequency of getting drunk in the last 30 days).	USA

Vedlegg 4 – Liste over ikke-systematiske oversikter

Tabell 6: Referanse og sammendrag av de inkludert ikke-systematiske oversiktene (n=11)

Referanse	Sammendrag
Burbach KM. A systematic review of treatments used with adolescents who sexually offend. California State University, Long Beach, 2012, 59; 1517592. ISBN: 9781267459947	“The purpose of this study was to perform a systematic review of the literature on the efficacy of current treatments implemented with adolescents who sexually offend. Extensive electronic and manual searches were conducted. Only studies consisting of empirical data, a comparison group, a minimum of 30 participants, and were published between 2000 and 2011 were eligible. Seven studies were found permissible for review. The review revealed that available research addressing treatment effectiveness is extremely limited. The most commonly implemented treatments found to be used with the adolescent sexually offending population were Multisystemic Therapy and Offense Specific/Cognitive Behavioral Therapy. The models proved to be effective in addressing different behaviors and cognitions that were specific to the individual study. Follow-up reports showed that the target population sexually recidivated in small percentages and criminally recidivated in larger percentages. Policy implications for sex offender registry and implications for social work practice are discussed”.
Derzon J. How effective are school-based violence prevention programs in preventing and reducing violence and other antisocial behaviors? A meta-analysis. Handbook of school violence and school safety: From research to practice. Mahwah, NJ: Lawrence Erlbaum Associates Publishers; US; 2006. pp. 429-441.	“Although student crime victimization has fallen in recent years, school bullying has increased. Bullying can contribute to an environment of fear and intimidation in schools (Ericson, 2001). In 2003, 7% of students reported being bullied at school in the previous 6 months (U.S. Department of Education, 2004). The percentage of students who reported being bullied increased between 1999 and 2001, although no increase was detected between 2001 and 2003 (ISCS, 2004). School violence can make students fearful of the education environment and negatively affect their ability to learn. In response to this continuing threat of school violence and because No Child Left Behind requires a local education action plan that uses "evidence-based" programs, many school districts have adopted science- or evidence-based programs to reduce the violence among their students. Although there may well be many important and valuable secondary effects from school-based violence prevention programming, it is worth asking how effective these programs are in reducing the violent and antisocial behaviors they are funded to prevent. Although a seemingly simple question to ask, estimating the effectiveness of school-based violence prevention programs is not straightforward. In the current meta-analytic study, we describe the overall effectiveness of school-based violence prevention programs in reducing various violent and other antisocial behaviors. From this investigation, several observations emerged. The first and perhaps most profound observation concerned the depth of knowledge available on the effectiveness of these programs for reducing violent behavior. Of the 261 reports, 50 used the term violence in their title. Once the data were coded, however, only five independent study samples presented data on the effectiveness of these programs at preventing or reducing interpersonal physical violence. Although these programs are generally, and in some cases remarkably, effective, knowing that they are worth implementing cannot be determined from the evidence summarized because elements of worth are not generally reported in the research that is included in this meta-analysis. As a final caution, although this summary provides an accurate

representation of the impact of these programs on violent and antisocial behaviors, the absolute effect of these programs on the incidence these behaviors may, in fact, be higher or lower than the evidence summarized suggests”.

Dopp AR, Borduin CM, Brown CE. Evidence-based treatments for juvenile sexual offenders: Review and recommendations. *Journal of Aggression, Conflict and Peace Research* 2015;7(4):223-236.

“Purpose: Effective treatments for juvenile sexual offenders are needed to reduce the societal impact of sexual crimes. The purpose of this paper is to review the empirical literature on treatments for this clinical population. Design/methodology/approach: The authors searched PsycINFO and MEDLINE (via PubMed) for studies that evaluated outcomes of treatments with juvenile sexual offenders. Findings: There are a small but growing number of treatment studies (n = 10) with juvenile sexual offenders, and all of these studies evaluated cognitive-behavioral therapy or multisystemic therapy for problem sexual behaviors. The results of these studies are promising, although conclusions about treatment effectiveness have been frequently limited by methodological problems. Originality/value: The authors provide recommendations for treatment providers and policymakers to consider in their decisions about interventions for juvenile sexual offenders. Furthermore, the authors offer suggestions for researchers who seek to develop effective interventions targeting this clinical population”.

Fanniff AM, Becker JV. Adolescents adjudicated for sexual offenses. *Handbook of child and adolescent sexuality: Developmental and forensic psychology*. San Diego, CA: Elsevier Academic Press; US; 2013. pp. 519-546.

“(from the chapter) This chapter will review the empirical support for assessment measures and interventions developed for or used with adolescents adjudicated for sexual offenses, after a brief review of research on characteristics of this population. The review of assessment measures focuses on sexual interest measures, polygraph, amenability measures, risk assessment instruments, and treatment progress measures. The review of interventions focuses on cognitive behavioral and multisystemic therapy, with some discussion of potentially promising new approaches that have not yet been the subject of rigorous outcome research. Recommendations for both assessment and treatment practices are offered for clinicians working with male adolescents adjudicated for sexual offenses. The focus of this chapter is specifically limited to assessment and treatment for male adolescents. Males are more commonly arrested for sexual offenses, with females comprising 8.84% of arrests of individuals under age 18 for sexual crimes in 2010. Female adolescent offenders are an important population that has historically been understudied, but given the unique needs of this subpopulation, they are outside the scope of the current review. Fortunately, the body of literature regarding this subpopulation is growing, leading to advances in the understanding of the prevalence, etiology, and appropriate treatment for female adolescents. Additionally, children with sexual behavior problems (CSBPs) are also outside the scope of the current chapter, as this group is also quite different from adolescent males adjudicated for sexual offenses. Readers are referred to recent qualitative and quantitative reviews for information about etiology, assessment, and treatment for CSBPs”.

Houston MA, Apsche JA, Bass CK. A comprehensive literature review of Mode Deactivation Therapy. *International Journal of Behavioral Consultation and Therapy* 2007;3(2):271-309.

“In this article literature published on Mode Deactivation Therapy (MDT) was reviewed in depth. Several studies were identified that used a common outcome measure of reduction of physical and sexual aggression, other risk related behaviors. Comparisons of MDT and, other standardized approaches typically used in treating aggression in juveniles, were made. The studies involved individual clients and small groups using MDT and comparative methodology. The studies involved varying periods in treatment settings and longitudinal follow ups. The results document a greater degree of treatment success for MDT as compared with a standard Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT) or Social Skills Training (SST). These comparisons were made in varying combinations, with observances made with similar subjects or

subject groups. The degree of change associated with MDT was highly discernable in the studies, and will be reviewed and evaluated in meta-analysis study in the near future. MDT was developed for an specific age group, (141/2-18) with specific disorders. It has been demonstrated as an effective methodology as an Evidenced Based Psychotherapy. Implications for further outcome and process studies in cognitive therapy are discussed”.

Ozabaci N. Cognitive behavioural therapy for violent behaviour in children and adolescents: a meta-analysis. *Children and Youth Services Review* 2011;33(10):1989-1993.

“Aggressive behaviours often co-occur with other emotional, behavioural, academic, and social relationship problems. During adolescence, these children often exhibit increased rates of school dropout, depression, juvenile delinquency, substance abuse, and poor peer relationships. Some definitions focus on aggression as an emotion; according to this framework, aggressive behaviours stem from anger. Other definitions emphasise the motivational aspect of aggression, wherein intentions are thought to indicate the behavioural characteristics. Cognitive-behavioural therapy (CBT) is one of the most extensively researched forms of psychotherapy. This paper aims to review the literature on the use of CBT for treating children and adolescents who demonstrate high levels of violence. Studies were searched for using several methods. First, we used large database of literature on psychological treatments of violence in general. Studies were traced by means of several methods. A large database of 240 papers on the psychological treatment of aggression and violence in general were used. This database was developed through a comprehensive literature search (from 1997 to March 2009) in which we examined abstracts in ERIC (19 abstracts), Psycinfo (30), and Medline (23). Keywords used in computer searches were: Aggression, Violence, CBT, cognitive-behavioural therapy, cognitive therapy, behaviour therapy, and behavioural activation. The options were used in computer searches so that all relevant topics within the broader categories were searched as well. Six studies met the inclusion criteria, all of which indicated beneficial results of using CBT. A meta-analysis suggested an effect size of -0.094 for reduced violence as a result of CBT treatment; this is considered to be a medium effect. The differential effects of cognitive-behavioural therapy and affective education were variable, although they were also generally in the medium range. In this meta-analytic study, CBT treatment proved less effective in reducing aggressive behaviour. This review tentatively suggests potential for using CBT to reduce violence in children and adolescents. However, there is only a small body of research exploring this relationship at present. Further research is needed before any solid conclusions can be drawn”.

Reitzel LR. The effectiveness of sexual offender treatment for juveniles as measured by recidivism: A meta-analysis. Dissertation Abstracts International: Section B: The Sciences and Engineering 2006;66(11-B):6291.

“Summative research regarding the effectiveness of juvenile sexual offender treatment and recidivism rates in a juvenile sexual offender population is comparatively less well established than similar research with an adult population. The purpose of this study was to help redress this gap in the literature with a research synthesis on the effectiveness of juvenile sex offender treatment using the statistical techniques of meta-analysis. Published and unpublished data from 33 studies on juvenile sexual offender recidivism were summarized. Overall, the total recidivism rates for sexual, non-sexual violent, non-sexual non-violent crimes, and unspecified non-sexual were as follows: 11.87%, 16.25%, 19.66%, and 16.53%, respectively (N = 5335, 4805 male), based on an average 56-month follow-up period. The difference in sexual recidivism rates for treated (8.60% sexual recidivism, n = 3730, 29 studies) versus untreated (i.e., in no treatment control groups or in recidivism only studies, 19.44% sexual recidivism, n = 1605, 8 studies) offenders was statistically significant. Of the 33 studies included in the recidivism calculation, 9 studies contained a no treatment control group (n = 4 studies) or a comparison treatment group (n = 5 studies) and could be included in the

meta-analysis. Results of the meta-analysis on the effectiveness of sexual offender treatment yielded an average weighted effect size of 0.43 (N = 2986, 9 studies, CI = 0.33-0.55), indicating a statistically significant effect of treatment on sexual recidivism”.

Snider C, Lee J. Youth violence secondary prevention initiatives in emergency departments: a systematic review. *CJEM Canadian Journal of Emergency Medical Care* 2009;11(2):161-168.

“OBJECTIVE: Youth violence continues to trouble Canadians. Emergency department (ED) visits by youth after a violent injury may represent a "teachable moment," and thus secondary violence prevention interventions may be effective. We conducted a systematic review to identify the success rates of any interventions, the populations likely to benefit and the outcome measures used. DATA SOURCE: We searched 8 databases (i.e., MEDLINE, EMBASE, PubMed, CINAHL, the Cochrane Database of Systematic Reviews, the ACP Journal Club, DARE and CENTRAL). STUDY SELECTION: Studies were included if they described and evaluated an intervention, were health care-based and targeted youth who were injured by violence. Two blinded investigators selected 15 articles from 181 abstracts. After full-text review, 8 articles were excluded, leaving 7 articles from 4 intervention programs. DATA EXTRACTION: All interventions used ED case management of the violently injured patient. One randomized control trial (RCT) demonstrated a significant reduction in reinjury rates (treatment group 8.1% v. control group 20.3%, $p = 0.05$). Another small RCT found no statistically significant reductions in repeat violence or service use. One retrospective cohort study demonstrated a lower relative risk (RR) in future criminal justice involvement (RR = 0.67, 95% confidence interval 0.45-0.99). A retrospective study of pediatric patients with violent injuries found only 1% of these youth returned with injuries as a result of repeat violence. DATA SYNTHESIS: Although all 4 case management interventions that we reviewed showed promise in the United States, small sample sizes and incomplete follow-up limited their ability to demonstrate significant decreases in reinjury. CONCLUSION: Future research is necessary to help EDs capitalize on the opportunity to effectively reduce youth violence”.

St Amand A, Bard DE, Silovsky JF. Meta-analysis of treatment for child sexual behavior problems: practice elements and outcomes. *Child Maltreat*. 2008;13(2):145-66.

“This meta-analysis of 11 treatment outcome studies evaluated 18 specific treatments of sexual behavior problems (SBP) as a primary or secondary target. Specifically, it examines relations among child characteristics, treatment characteristics (including practice elements), and short-term outcome (including sexual and general behavior problems). Utilizing pre- and post-intervention results, the overall degree of change over the course of treatment was estimated at a 0.46 and 0.49 standard deviation decline in SBP and general behavior problems, respectively. As hypothesized, the caregiver practice element Parenting/Behavior Management Skills (BPT) predicted the Child Sexual Behavior Inventory (and the Child Behavior Checklist when BPT was combined with caregiver Rules about Sexual Behaviors). In contrast, practice elements that evolved from Adult Sex Offender (ASO) treatments were not significant predictors. BPT and preschool age group provided the best model fit and more strongly predicted outcome than broad treatment type classifications (e.g., Play Therapy or Cognitive Behavior Therapy). Results question current treatments for children with SBP that are based on ASO models of treatment without caregiver involvement”.

van der Merwe A, Dawes A. Youth violence: A review of risk factors, causal pathways and effective inter-

“This paper presents a review of theoretical and empirical research on risk factors for: 1) the development of violent and other antisocial behaviour; 2) international interventions targeting antisocial, including violent youths; and 3) outcome evaluations and meta-analyses of interventions targeting antisocial, including violent youths. Taken together, the international literature indicates that interventions which effectively reduce violent and other antisocial behaviours are informed by a number of generic principles which should guide the development and implementation

vention. *Journal of Child & Adolescent Mental Health* 2007;19(2):95-113.

of South African violence-prevention programmes. Common characteristics of interventions which effectively reduce youth violence are presented, with the aim of informing the design and delivery of local interventions. In light of the alarmingly high levels of violence in South Africa, there is an urgent need to develop intensive, multi-modal, evidence-based, structured, cognitive-behavioural programmes for violent adolescents and young adults. Furthermore, it is imperative that efforts are directed at developing a reliable local evidence base of 'what works' for young offenders generally, and violent young offenders specifically”.

Walker DF, McGovern SK, Poey EL, Otis KE. Treatment effectiveness for male adolescent sexual offenders: a meta-analysis and review. *J Child Sex Abus.* 2004;13(3-4):281-93.

“Research concerning the treatment of sexual offenders has generally focused on the treatment of adult offenders. The effectiveness of treatments for male adolescent sexual offenders (N = 644) was assessed in a meta-analysis of 10 studies. Overall, the results were surprisingly encouraging, suggesting that treatments for male adolescent sexual offenders appear generally effective ($r = .37$). Studies which used self-report measures of outcome obtained a 6% higher effect size than studies which used measures of arousal in response to deviant stimuli, and a 22% higher effect size than studies using actual recidivism rates. A descriptive review of the set of 10 studies indicates that studies utilizing cognitive-behavioral therapy approaches were the most effective”.

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