

# 2017

RAPPORT

SYSTEMATISK LITTERATURSØK MED SORTERING

## Forskning om effekt av primær- og sekundærforebyggende tiltak mot foreldres bruk av vold i oppdragelsen

<b>Utgitt av</b>	Folkehelseinstituttet Avdeling for kunnskapsoppsummering i Kunnskapssenteret
<b>Tittel</b>	Forskning om effekt av primær- og sekundærforebyggende tiltak mot foreldres bruk av vold i oppdragelsen: Systematisk litteratursøk med sortering
<b>English title</b>	Research on the effects of primary- and secondary prevention interventions on parents' use of violence in parenting: Systematic literature search with sorting
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<b>Antall sider</b>	28 (61 inklusiv vedlegg)
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<b>Emneord(MeSH)</b>	Parenting, child rearing, child abuse [prevention & control], physical abuse
<b>Sitering</b>	Meneses-Echavez JF, Munthe-Kaas HM, Nguyen L, Berg RC. Forskning om effekt av primær- og sekundærforebyggende tiltak mot foreldres bruk av vold i oppdragelsen: Systematisk litteratursøk med sortering. [Research on the effects of primary- and secondary prevention interventions on parents' use of violence in parenting: Systematic literature search with sorting] Rapport - 2017. Oslo: Folkehelseinstituttet, 2017.

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# Hovedbudskap

Kunnskapssenteret for helsetjenesten i Folkehelseinstituttet ved Seksjon for velferdstjenester fikk i oppdrag av Barne-, ungdoms- og familiedirektoratet å identifisere oversikter om effekten av primær- og sekundærforebyggende tiltak mot foreldres bruk av vold i barneoppdragelsen.

## Metode

Vi utførte et systematisk litteratursøk med sortering av mulig relevante publikasjoner. En bibliotekar søkte i januar 2017 etter litteratur i ni relevante databaser. To forskere gikk gjennom alle identifiserte referanser og vurderte relevans i forhold til de forhåndsdefinert inklusjonskriteriene. Vi utførte metodisk kvalitetsvurdering og hentet ut beskrivende data fra inkluderte systematiske oversikter.

## Resultater

Vi inkluderte 80 oversikter: 12 systematiske oversikter og 68 ikke-systematiske oversikter. De fleste av de systematiske oversiktene hadde moderat eller høy metodisk kvalitet. De fleste av oversiktene omhandlet både mødre og fedre, mens fire oversikter tok for seg kun mødre. Oversiktene oppsummerte to hovedtyper av tiltak: hjemmebesøksprogram og foreldreveiledningsprogram. Forekomst av vold og mishandling av egne barn var de vanligste utfalene rapportert i de systematiske oversiktene.

Resultatene fra de 12 systematiske oversiktene viste:

- Hjemmebesøksprogram så ut til å redusere forekomst av barnemishandling og forsømmelse, forbedre foreldreferdigheter og forbedre relasjoner mellom foreldre og barn.
- Foreldreveiledningsprogram så ut til å redusere risiko for barnemishandling og forbedre foreldreferdigheter.
- Foreldreveiledning i kombinasjon med tiltak mot rusmisbruk så ut til å forbedre mødres foreldreferdigheter.

### Tittel:

Forskning om effekt av primær- og sekundærforebyggende tiltak mot foreldres bruk av vold i oppdragelsen: Systematisk litteratursøk med sortering

### 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?

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

### Når ble litteratursøket utført?

Søk etter studier ble avsluttet januar 2017.

# 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 identify reviews on the effects of primary- and secondary intervention for parents' use of violence in parenting.

### Methods

We conducted a systematic literature search with sorting of potentially relevant publications. In January 2017, a librarian carried out a literature search in nine relevant databases. Two researchers screened all references and assessed whether they met the pre-defined inclusion criteria. They assessed the methodological study quality and extracted data from the included systematic reviews.

### Results

We included 80 reviews: 12 systematic reviews and 68 non-systematic reviews. Most of the systematic reviews had moderate or high methodological quality. The majority of them concerned both fathers and mothers, while four reviews focused on mothers. The reviews summarized two main types of interventions: home visitation programs and parenting training programs. Violence against and abuse of own children were the most common outcomes reported in the systematic reviews.

The results of the 12 systematic reviews showed:

- Home visitation programs appeared to reduce child maltreatment in parenting and neglect, improve parenting skills, and improve parent-child relationships.
- Parenting programs appeared to reduce the risk of child maltreatment and improve parenting skills.
- Parenting programs combined with drug abuse treatments seemed to improved mothers' parenting skills.

**Title:**  
Research on the effects of primary- and secondary prevention interventions on parents' use of violence in parenting: Systematic literature search  
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**Type of publication:**  
Systematic search and sort  
A systematic search and classification 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  
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**Doesn't answer everything:**  
- No analysis or synthesis of the results  
- No recommendations  
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**Publisher:**  
Norwegian Institute of Public Health  
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**Updated:**  
Last search for studies:  
January 2017

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# Forord

Seksjon for velferdstjenester ved Kunnskapssenteret i Folkehelseinstituttet fikk våren 2016 i oppdrag av Barne-, ungdoms- og familiedirektoratet å identifisere forskning om effekten av primær- og sekundærforebyggende tiltak mot foreldres bruk av vold som ledd i barneoppdragelsen. Tiltakene skulle være gitt til foreldrene og ta sikte på å motvirke/reducere deres bruk av vold mot barna sine i oppdragerøyemed. Oppdraget var å utføre et systematisk litteratursøk med sortering av relevante studier. I dette systematiske litteratursøket med sortering har vi derfor gjort et systematiske litteratursøk, lest sammendrag og titler av identifiserte oversikter i tråd med definerte inklusjonskriterier, sortert inkluderte oversikter og presentert noe data fra de inkluderte systematiske oversiktene. Vi har ikke sammenstilt resultatene, slik vi ville gjort det i en systematisk oversikt.

Prosjektgruppen har bestått av:

- Jose F. Meneses-Echavez, forsker, Kunnskapssenteret
- Heather M. Munthe-Kaas, Kunnskapssenteret
- Lien Nguyen, forskningsbibliotekar, Kunnskapssenteret
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*Seksjonsleder*

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# Innledning

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## Problemstilling

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Hva fins av oppsummert forskning om effekten av primær- og sekundærforebyggende tiltak mot foreldres bruk av vold i barneoppdragelsen?

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## Bakgrunn

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Barnemishandling er et globalt helseproblem. Det fins mye dokumentasjon som viser at barnemishandling har negative konsekvenser for barnets fysiske og psykiske helse, samt sosiale funksjon. I et samfunnsperspektiv er barnemishandling knyttet til langsiktige sosiale og økonomiske kostnader (1,2). Flere tilfeller av barnemishandling og død forårsaket av foreldrene har vært diskutert nylig i pressen i Norge (3,4). Forekomsten av fysisk mishandling av barn i den generelle norske befolkningen er rundt 5-6 % (5). I følge resultater fra Nasjonalt kunnskapssenter om vold og traumatisk stress (NKVTS) bevitner én av 10 barn at en av foreldrene er utsatt for vold, og mange av disse barna er selv utsatt for vold (6).

Det er allment kjent at foreldre begår de fleste tilfellene av barnemishandling. Omstendighetene kjennetegnes ofte ved at foreldrene oppfatter barna som problematiske, har mangelfulle relasjoner med barna, har dårlig kunnskap om foreldreomsorg og barns utvikling, og at de lever under vanskelige sosioøkonomiske kår (7). Foreldreveiledning og opplæring er derfor ansett som viktige tiltak for å forebygge barnemishandling og vold i oppdragerøyemed (8).

Foreldreveiledning kan forstås som en hvilken som helst opplæring, trening, program eller annet tiltak som hjelper foreldre å tilegne seg ferdigheter til å forbedre oppdragelsen og kommunikasjonen med barna med sikte på å redusere risikoen for barnemishandling [8]. Foreldreveiledningen kan leveres individuelt eller i gruppe, i hjemmet, på skolen eller på annen sted; det kan være personlig veiledning eller nett-basert; og det kan inkludere direkte instruksjon, diskusjon, videoer, modellering, eller andre formater (8,9).

Resultater fra forskning tyder på at foreldreveiledning kan ha positive effekter når det gjelder forebygging av barnemishandling samt foreldrenes generelle atferd overfor barna, evne til problemløsning og ferdigheter med hensyn til barneoppdragelse. Foreldreveiledning gagnar dermed barna og hele familien (10). Et eksempel på en studie med positive resultater er en nylig publisert randomisert kontrollert studie fra Norge

(11). Den evaluerte effekten av et foreldreveiledningsprogram kalt De Utrolige Årene (The Incredible Years) blant 117 mødre fra Nord-Norge. Tiltaksgruppen mottok foreldreveiledningstiltaket mens mødre i kontrollgruppen mottok et standard tilbud. Ved oppfølging fire år senere viste resultatene at mødre i tiltaksgruppen hadde lavere bruk av negativ disiplin og høyere selvrapportert positiv barneoppdragelse samt økt tro på egne foreldreferdigheter (11). Det fins også noe forskning som tyder på at hjemmebesøksprogram (Home Visiting) er til god støtte for mange familier. Hjemmebesøksprogram tar sikte på å forbedre familiemiljø, velferd og trivsel (12,13), samt å forebygge vold i oppdragerøyemed ved å styrke foreldrenes oppdragsferdigheter (14,15). Det er imidlertid varierende dokumentasjon for effekten av disse tiltakene og nyere forskning har pekt på problemer med hensyn til implementering av slike tiltak (16).

Denne rapporten identifiserte oppsummert forskning om effekten av primær- og sekundærforebyggende tiltak mot foreldres bruk av vold som ledd i oppdragelsen.

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### **Styrker og svakheter ved systematisk litteratursøk med sortering**

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Vi gjennomførte et systematisk litteratursøk i elektroniske databaser og vurderte referansene opp mot inklusjonskriteriene. Vi innhentet deretter relevante systematiske oversikter og ikke-systematiske oversikter i fulltekst for endelig vurdering opp mot inklusjonskriteriene. Vi vurderte også den metodiske kvaliteten til de inkluderte systematiske oversiktene. De to sistnevnte trinnene utføres vanligvis ikke ved litteratursøk med sortering, men vi gjorde det 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 og vi vurderte ikke vår tillit til resultatene.



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# Metode

Søkestrategien ble utarbeidet av forskningsbibliotekar Lien Nguyen. Strategien ble fagfelle-vurdert av en annen bibliotekar. Vi søkte systematisk etter litteratur i følgende databaser:

- MEDLINE (Ovid)
- PsycINFO (Ovid)
- EMBASE (Ovid)
- Cochrane Library (Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effects, Health Technology Assessment Database)
- Campbell Library
- CINAHL (EBSCO)
- Web of Science Core Collection (SCI-EXPANDED & SSCI)
- Epistemonikos
- Sociological Abstracts & Social Services Abstracts (ProQuest)

Søket ble avgrenset til år 2000 og nyere. Søket ble avsluttet i januar 2017. Den fullstendige søkestrategien er vist i Vedlegg 1.

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## Inklusjonskriterier

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**Populasjon:** Foreldre som bruker eller er i risiko for å bruke fysisk og/eller psykisk vold mot barn i oppdragerøyemed.

Vi benyttet Verdens helseorganisasjons (World Health Organization, WHO) definisjon av vold mot barn i oppdragerøyemed: alle former for fysisk og / eller følelsesmessig mishandling, vanskjøtsel eller forsømmende behandling, som resulterer i faktisk eller potensiell skade på barnets helse, overlevelse, utvikling eller verdighet i sammenheng med et forhold av ansvar, tillit eller makt (17).

Videre ble uttrykket 'oppdragerøyemed' forstått som prosessen med å fremme og støtte barns fysiske, følelsesmessige, sosiale, økonomiske og intellektuelle utvikling, fra barndom til voksenlivet (18). Denne definisjonen omfatter særlig barnets biologiske foreldre, men kan også vise til andre omsorgspersoner, slik som eldre søsken, beste-foreldre, verger, tanter, onkler eller andre familiemedlemmer eller venner av familien (18,19). Vi vurderte ikke vold mot barn som var plassert i institusjon.

**Tiltak:** Primær- og sekundærforebyggende tiltak som har til hensikt å motvirke og/eller redusere foreldres bruk av vold mot egne barn. Dette kan være enten hoved- eller delhensikten i et generelt tiltak som har til hensikt å fremme positive relasjoner mellom foreldre og barn.

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

**Utfall:** Forekomst av vold mot egne barn, relasjon/tilknytning mellom foreldre og barn, fysisk/psykisk helse hos barna.

**Studiedesign:** Oversikter over oversikter, systematiske oversikter, ikke-systematiske litteraturoversikter.

For å bli klassifisert som en systematisk oversikt måtte følgende tre kriterier være oppfylt: oversikten må ha en oppgitt søkestrategi, inneholde klare inklusjonskriterier, og ha kvalitetsvurdert de inkluderte studiene og/eller oversiktene (beskrevet i Kunnskapscenteret metodehåndbok).

**År:** Oversikter publiserte i perioden 2000-2016.

**Språk:** Alle språk så lenge det fantes abstrakt på engelsk eller et annet språk som beherskes av prosjektgruppen (norsk, svensk, dansk, spansk, italiensk, tysk).

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## **Eksklusjonskriterier**

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**Tiltak:** Tiltak for å begrense kvinnelig kjønnslemlestelse. Tiltak som ikke hadde foreldre som målgruppe (f.eks. tiltak gitt til barn/unge, barnehageansatte, sykepleiere, skoler, osv.).

**Studiedesign:** Primærstudier, ikke-empiriske studier.

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## **Artikkelutvelging**

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To forskere (JM og HMM) vurderte uavhengig av hverandre titler og sammendrag fra litteratursøket mot inklusjons- og eksklusjonskriteriene. Eventuell uenighet om en referanses relevans ble avgjort ved gjentatt lesing av sammendraget og påfølgende diskusjon. De samme to forskerne vurderte relevante oversikter i fulltekst på samme måte som sammendrag.

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## **Kvalitetsvurdering av inkluderte systematiske oversikter**

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To av forfatterne (JM og HMK) vurderte uavhengig av hverandre den metodisk kvaliteten til de inkluderte systematiske oversiktene ved hjelp av Kunnskapscenterets sjekklister for systematiske oversikter. Uenighet ble avgjort ved gjentatt lesing av oversikten

og påfølgende diskusjon. Vi utførte ingen metodisk kvalitetsvurdering av de ikke-systematiske oversiktene.

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## **Dataekstraksjon**

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

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## **Beskrivelse av data**

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Basert på datauttrekket beskrev vi data for de inkluderte systematiske oversiktene i tekst og tabeller. I tillegg gjenga vi forfatterens resultater og konklusjoner i tabeller.

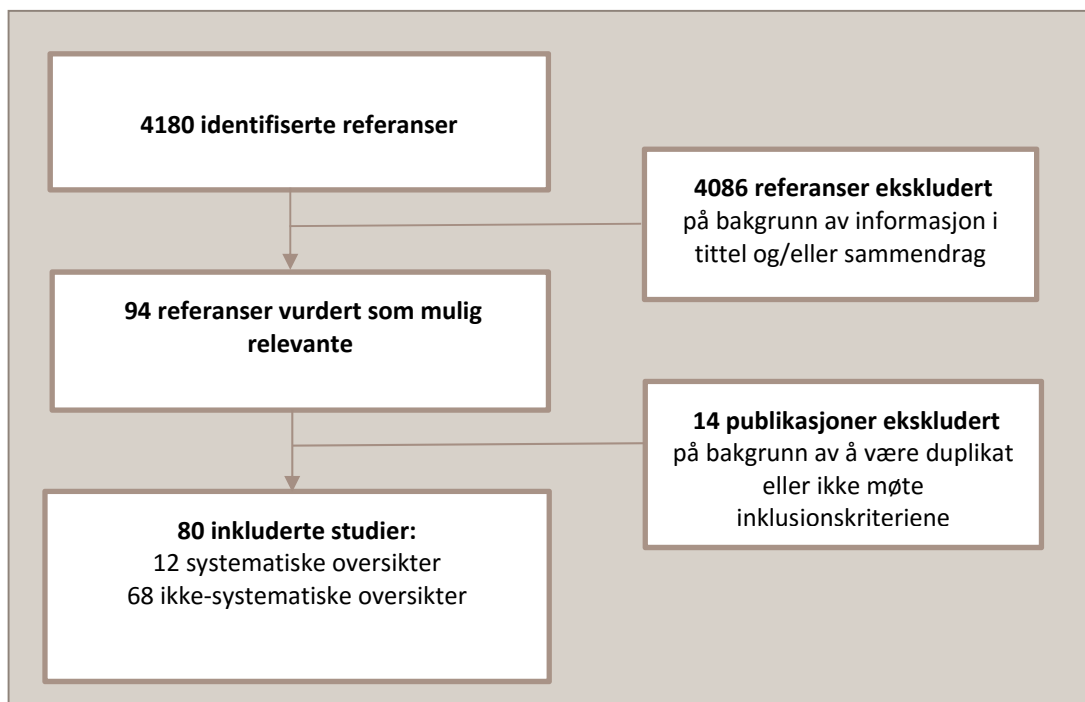
For de inkluderte ikke-systematiske oversiktene gjenga vi referansene. Abstraktet er gjengitt i de tilfellene studien er publisert som open access (dette er i henhold til opphavsrett til åndsverk).

# Resultater

## Resultat av litteratursøket

Søket ga 4180 unike referanser. Av disse ble 4086 ekskludert i henhold til våre inklusjons- og eksklusjonskriterier. Hovedårsakene til eksklusjon var at intervensjonene ikke var rettet mot foreldre og oversiktene hadde ikke vurdert utfallene beskrevet i våre inklusjonskriterier.

Vi vurderte 94 oversikter som mulig relevante, og inkluderte til slutt 80 oversikter: 12 systematiske oversikter og 68 ikke-systematiske oversikter. Utvelgelsesprosessen er illustrert i Figur 1.



**Figur 1.** Flytskjema over identifisert litteratur.

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## Beskrivelse av de inkluderte systematiske oversiktene

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De 12 inkluderte systematiske oversiktene var publisert mellom 2004 og 2013 (20-31). Disse oversiktene inkluderte: 73 randomiserte kontrollerte studier, 24 ikke-randomiserte kontrollerte studier, én ikke-kontrollert studie, 10 kohort-studier og 23 studier der designet ikke var spesifisert. Én systematisk oversikt, av Lundahl og medarbeidere (26), spesifiserte ikke studiedesign til de 23 inkluderte primærstudiene. To av de 12 inkluderte oversiktene var oversikter over oversikter (22,27) som til sammen inkluderte 24 systematiske oversikter (Tabell 1).

Vi har ikke vurdert grad av overlapp mellom primærstudiene inkluderte i de systematiske oversiktene. På grunn av at temaene i disse 12 systematiske oversiktene er nokså like er det grunn til å tro at det er noe overlapp.

### Metodologisk kvalitet av de inkluderte systematiske oversiktene

To av de inkluderte systematiske oversiktene var publiserte i Cochrane Library (20,23), mens en tredje var publiserte av U.S. Preventive Services Task Force (USPSTF) (28). Vi vurderte at disse tre oversiktene (20,23,28) og tre andre oversikter (21,22,24) hadde høy metodisk kvalitet. Én hadde moderat metodisk kvalitet (26) og de siste fem hadde mangelfull metodisk kvalitet (25,27,29-31) – dette var i stor grad på grunn av svakheter knyttet til metodene for å sammenfatte resultatene fra primærstudiene (se vedlegg 2). Ingen av de inkluderte systematiske oversiktene benyttet GRADE (Grading of Recommendations Assessment, Development and Evaluation) og vi er derfor usikre på hvilken tillit vi kan ha til forfatterens konklusjoner.

### Beskrivelse av de inkluderte systematiske oversiktene

Tabell 1 gir en kort oversikt over karakteristika ved de 12 inkluderte systematiske oversiktene.

**Tabell 1:** *Beskrivelse av de inkluderte systematiske oversiktene (n=12)*

Forfatter, år (ref)	Søkedato	Inkluderte studier	Metodisk-kvalitet
Barlow, 2006 (20)	Mai 2005	7 randomiserte kontrollerte studier	Høy
Bilukha, 2005 (21)	Juli 2001	22 studier (15 randomiserte kontrollerte studier, 6 ikke-randomiserte studier, 1 ikke-kontrollert studie)	Høy
Bull, 2004 (22)	Februar 2001	9 systematiske oversikter (72 randomiserte kontrollerte studier, 31 kontrollerte studier, 3 kohort studier, 79 ikke-spesifiserte studier)	Høy
Coren, 2010 (23)	2008	3 randomiserte kontrollerte studier	Høy

Forfatter, år (ref)	Søkedato	Inkluderte studier	Metodisk-kvalitet
Goyal, 2013 (24)	November 2012	17 studier (15 kontrollerte studier og 2 kohort studier)	Høy
Knerr, 2013 (25)	Mai 2010	12 randomiserte kontrollerte studier	Mangelfull
Lundahl, 2006 (26)	August 2004	23 studier (studiedesign var ikke spesifisert)	Moderat
Mikton, 2009 (27)	Juli 2009	15 systematiske oversikter (224 publikasjoner)	Mangelfull
Nelson, 2013 (28)	Ikke opp-gitt	10 randomiserte kontrollerte studier	Høy
Niccols, 2012 (29)	Mai 2011	13 studier (8 kohort studier, 3 ikke-randomiserte-kontrollerte studier, 2 randomiserte kontrollerte studier)	Mangelfull
Niccols, 2012 (30)	Mai 2011	4 randomiserte kontrollerte studier	Mangelfull
Peacock, 2013 (31)	Mai 2012	20 randomiserte kontrollerte studier	Mangelfull

Vi gir informasjon om populasjon, tiltak, sammenligning og utfall (PICO) i teksten nedenfor og i Tabell 2. Resultatene og konklusjoner for hver av de systematiske oversiktene fins i Tabell 3.

*Populasjon:* De fleste av de systematiske oversiktene inkluderte foreldre som på ulike vis forsømte barna sine (generelt sett beskrevet som vanskjøtsel eller forsømmende behandling), og som levde under vanskelige sosioøkonomiske kår (særlig fattigdom og arbeidsløshet). Tiltakene var dermed i stor grad sekundærforebyggende. Seks oversikter omhandlet mødre og fedre (20-22,24-26), fire oversikter tok for seg tiltak rettet mot mødre (28-31) og én oversikt inkluderte foreldre med nedsatt mental funksjonsevne (23). Oversiktene av Niccols og medarbeidere (29,30) inkluderte mødre med rusproblemer. Knerr og medarbeidere (25) vurderte kun tiltak fra lav- og mellominntektsland. Barna var i alderen 0-19 år.

*Tiltak:* De inkluderte systematiske oversiktene vurderte to hovedtyper av tiltak: hjemmebesøksprogram og foreldreveiledningsprogram. Ulike former for hjemmebesøksprogram var vurdert i fem av oversiktene (21,22,24,28,31). Fem andre oversikter handlet om foreldreveiledning (23,25,26,29,30), og i to av disse oversiktene var foreldreveiledning vurdert i kombinasjon med tiltak mot rusmisbruk (29,30). De to siste oversiktene (20,27) oppsummerte en rekke ulike tiltak, deriblant hjemmebesøksprogram og foreldreveiledning.

*Sammenligning:* De vanligste sammenligningene var standard praksis. Aktive tiltak, slik som barneomsorg, multisystemisk terapi, stress-behandling og familierapi, var sammenligningen i to oversikter (20,21). Tre oversikter rapporterte ikke sammenligningene (22,26,27).

*Utfall:* Forekomst av vold og barnemishandling mot egne barn var de vanligste utfallene rapportert i oversiktene. Forsømmelse var målt i tre systematiske oversikter (22,24,31) og hodeskader mot barna i én systematisk oversikt (27). Foreldre-barn relasjonene var målt i tre systematiske oversikter (23,24,25). Andre utfall var risiko for barnemishandling, foreldreferdigheter og hard oppdragelse ('harsh parenting'). Utfall knyttet til helse hos barna var fysisk/motorisk og kognitiv utvikling, samt barnets ernæringsstatus.

**Tabell 2:** Beskrivelse av PICO i de inkluderte systematiske oversiktene (n=12)

Forfattere, år (ref)	Populasjon og alder	Tiltak Lengde/varighet	Sammenligning	Utfall	Kontekst/land
Barlow, 2006 (20)	n=297 parents Physically abusive parents (five studies), physically abusive and neglectful parents (one study) and one study did not specify the type of abuse. Children's age: 0-19 years.	Parent-child interaction therapy (PCIT), Webster-Stratton Incredible Years programme, cognitive behavioural therapy (CBT), parent training, behavioural child management programme.  Length: One-two hours sessions up to eight to fourteen weeks.	Multi-systemic therapy, standard community parent based training, stress management, wait list control, family therapy, standard services.	Incidence of child abuse, number of injuries, abusive parenting, parental psychopathology, child abuse potential, child management skills and family functioning.	Not reported
Bilukha, 2005 (21)	n=6985 parents mean age ranged from 16.9-35 years.	Early childhood home visitation programs.  Length: 6 months up to 3 years. Frequency: Most of studies involved one visit per week and then decreased to one visit monthly. Most of the visits were after birth.	Pediatric care, psychological support counseling, free child care, free transportation services, on-call nurse availability, parent support groups, child activity groups, home visitation, case management,	Reported cases of child abuse (from self-reports or official reports).	USA and Canada

Forfattere, år (ref)	Populasjon og alder	Tiltak Lengde/varighet	Sammenligning	Utfall	Kontekst/land
			intensive health care services.		
Bull, 2004 (22)	n=35877 including parents in ante-, post-natal visits and families.	Home visitation programs by both professionals and paraprofessionals including parent education, counseling and advice, peer support, training on child health.  Length and frequency not well described. Some reviews evaluated monthly visits.	Not reported	Child abuse, child injury, child physical and intellectual development, child nutrition, parenting, neglect.	USA, Canada, Australia, UK, France, Ireland, Latin America, Netherlands, South Africa, Bermuda and Jamaica
Coren, 2010 (23)	n=125 mentally disabled parents (5 fathers and 102 mothers) Children's age: 1-36 months.	Parenting interventions: home-based individual training program focused on teaching infant and child care skills. Support to Access Rural Services (STARS) to support mothers with intellectual disability  Length: 2 to 12 weeks Frequency: weekly sessions (60-90 minutes).	Wait list control, support with monthly contact by telephone for 12 months, Treatment As Usual (TAU) and a group received lesson booklets by mail only.	Correct parenting performance, NCATS (Nursing Child Assessment Scale), measures from UCLA Parent-Child Health and Wellness Project: Health comprehension; illness and symptom recognition; life threatening emergencies; going to the doctor; using medicines safely.	Canada, USA and Australia
Goyal, 2013 (24)	n=2859 parents, 2983 children Parents' age not described Children's age: 14 months-18 years.	Home visiting groups, early discharge + home visiting  Length: 3 months up to 3 years Frequency: not described.	Standard public health nursing and non-home visiting	Infant cognitive and motor development, child health status, morbidity, growth/nutrition, parent-infant interaction, maternal competence, attachment, parenting behavior	Not reported



Forfattere, år (ref)	Populasjon og alder	Tiltak Lengde/varighet	Sammenligning	Utfall	Kontekst/land
				and environment, child abuse/neglect.	
Knerr, 2013 (25)	n=1877 participants in LMIC Mothers (6 studies), pregnant women (3 studies), families (2 studies), new mothers (one study) Children's age: 0-12 years.	Parenting programs delivered through home visiting. Most interventions were delivered by paraprofessionals or professionals.  Length: average 3-6 months Frequency: 5-15 sessions.	Treatment As Usual (TAU) and standard services.	Parent-child interaction, negative or harsh parenting, abusive parenting.	Low- and middle-income countries
Lundahl, 2006 (26)	Approximately 1777 parents completed the intervention. Data not available for control group participants.	Parenting training  Length and frequency were not described.	Not reported	Documented abuse, emotional adjustment, actual abuse.	Not reported
Mikton, 2009 (27)	Not described	Early childhood home visitation, parent education programmes, interventions to prevent abusive head trauma, multicomponent interventions (family support, preschool education, parenting skills and child care), media-based interventions and support and mutual aid groups.  Length and frequency not described.	Not reported	Child maltreatment and the incidence of abusive head trauma.	USA, China, Colombia and Canada

Forfattere, år (ref)	Populasjon og alder	Tiltak Lengde/varighet	Sammenligning	Utfall	Kontekst/land
Nelson, 2013 (28)	n=2684 women, 1240 adolescents pregnant women, and 700 families Children's age: 0-36 months.	Early childhood home visits occurring postnatally or both prenatally and postnatally for 3 to 36 months after birth.  Length: 2 weeks-9 years Frequency not described.	Usual care and Standard Healthy Start home visitation program.	Child maltreatment (child protective services reports), mothers' self-reports of abusive and neglectful behaviors toward their children, hospital emergency department visits and hospitalization.	USA, UK and New Zealand
Niccols, 2012 (29)	n= around 388 women who were pregnant or parenting, substance abusers. Mean age= 27-31 years Children's age: 0-24 months.	Integrated and non-integrated substance abuse treatments with parenting training and counseling.  Length: 6-12 months Frequency not described.	Treatment As Usual (TAU), standard services (i.e. addiction counseling, pharmacological treatment, case management).	Child development outcomes, emotional and behavioral functioning outcomes, growth parameters (length, weight and head circumference).	USA and Canada
Niccols, 2012 (30)	n=385 single mothers who had experienced trauma and mental health problems, unemployed. Mean age= 29-36 years.	Integrated and non-integrated substance abuse treatments with parenting training and counseling  Length: 3-12 months Frequency not described.	Treatment As Usual (TAU), standard outpatient treatment, methadone treatment and standard methadone treatment plus recovery training.	Parenting skills, parenting capacity, maltreatment risk (affective interaction) and parenting satisfaction.	USA
Peacock, 2013 (31)	n=6775 (6272 single pregnant adolescents, 503 children) Children's age: 0-6 years.	Paraprofessional home visiting programs  Length: pregnancy-5 years Frequency: weekly (3 studies), bi-weekly (2 studies), weekly to biweekly (4 studies),	Treatment As Usual (TAU).	Child abuse and neglect (harsh parenting, physical abuse), developmental delays (psychomotor development, language development, child behavior) and health (physical growth, hospitalization rate, illnesses or	USA, Jamaica and Bangladesh

Forfattere, år (ref)	Populasjon og alder	Tiltak Lengde/varighet	Sammenligning	Utfall	Kontekst/land
		monthly (5 studies), others (6 studies).		injuries and immunizations).	

## Beskrivelse av resultatene fra de systematiske oversiktene

Tabell 3 nedenfor gjengir forfatterens egne resultater og konklusjoner (på engelsk). I tillegg gir vi i først et kort sammendrag av hver studie på norsk.

Barlow, 2006 (20), fant mangelfull dokumentasjon for effekten av foreldreveiledningsprogram (dvs. Parent-child interaction therapy, Webster-Stratton Incredible Years programme, Cognitive behavioural therapy, Parent training, Behavioural child management programme) med hensyn til forebygging av barnemishandling og forsømmelse sammenlignet med aktive tiltak. Det var noe dokumentasjon for at noen foreldreveiledningsprogrammer hadde positiv effekt med hensyn til faktorer knyttet til foreldre som begår mishandling.

Bilukha, 2006 (21), konkluderte med at tidlig iverksatte hjemmebesøksprogram trolig forebygger barnemishandling. Forfatterne fant også forbedret sosioemosjonell og fysisk utvikling hos besøkte barn og forbedret hjemmemiljø.

Bull, 2004 (22), konkluderte med at det er mangelfull dokumentasjon for effekten av hjemmebesøksprogram når det gjelder forebygging av barnemishandling, men at hjemmebesøksprogram kan føre til forbedret barneoppdragelse og bedre kognitiv utvikling hos barna.

Coren, 2010 (23), rapporterte – basert på dokumentasjon av lav til moderat kvalitet – noe forbedringer i foreldreferdigheter etter foreldreveiledning sammenlignet med standard tiltak og støtte gjennom månedlig kontakt på telefon.

Goyal, 2013 (24), fant ingen effekt av hjemmebesøksprogram på forebygging av barnemishandling, men rapporterte forbedrede relasjoner mellom foreldrene og barna, forbedret hjemmemiljø og positiv vekst og ernæringsstatus hos barna, sammenlignet med standard tiltak.

Knerr, 2013 (25), konkluderte med at foreldreveiledningsprogram i lav- og middelinntektsland så ut til å føre til forbedrede relasjoner mellom foreldrene og barna og økt foreldreferdigheter knyttet til barnas utvikling, sammenlignet med standard tiltak.

Lundahl, 2006 (26), fant at foreldreveiledningsprogram trolig førte til redusert risiko for barnemishandling og så ut til å forbedre foreldrenes holdninger og følelser når det

gjelder bruk av vold mot egne barna, sammenlignet med kontroll (kontrollgruppene var ikke beskrevet).

Mikton, 2009 (27), konkluderte med at fire typer tiltak – hjemmebesøk, foreldreveiledning, tiltak som har til hensikt å forebygge barns hodeskader, sammensatte tiltak – så ut til å forebygge barnemishandling, sammenlignet med kontroll (kontrollgruppene var ikke beskrevet).

Nelson, 2013 (28), fant at hjemmebesøksprogram antagelig førte til reduksjoner i barnemishandling rapportert av barnevernet, færre turer til akuttmottak (emergency department visits) og bedre barneoppdragelse, sammenlignet med standard tiltak.

Niccols, 2012 (29), konkluderte med at foreldreveiledning og rådgivning i kombinasjon med integrert og ikke-integrert rusbehandling så ut til å føre til forbedringer i barnas utvikling og emosjonelle fungering, sammenlignet med standard tiltak.

Niccols, 2012 (30), fant at foreldreveiledning og rådgivning i kombinasjon med integrert og ikke-integrert rusbehandling reduserte risikoen noe for barnemishandling, og førte til forbedrede foreldreferdigheter og bedre følelsesmessige relasjoner mellom mødre og barna, sammenlignet med standard tiltak.

Peacock, 2013 (31), konkluderte med at hjemmebesøksprogram så ut til å forebygge barnemishandling – særlig når de startet tidlig – og forbedre barnas psykiske og kognitive utvikling, sammenlignet med standard tiltak.

**Tabell 3: Resultater og konklusjoner fra de inkluderte systematiske oversiktene (n=12)**

<b>Resultater og konklusjon</b>
Barlow, 2006 (20)
<p><i>Results:</i> "A total of seven studies of variable quality were included in this review. Only three studies assessed the effectiveness of parenting programmes on objective measures of abuse (e.g. the incidence of child abuse, number of injuries, or reported physical abuse), and only one of these found significant differences between the intervention and control groups. Data were also extracted on over fifty outcomes that are used as predictive measures of abusive parenting. These measured a range of aspects of parenting (e.g. parental child management, discipline practices, child abuse potential and mental health), child health (e.g. emotional and behavioural adjustment) and family functioning, thereby precluding the possibility of undertaking a meta-analysis for most outcomes for which data were extracted. While none of the programmes were effective across all of the outcomes measured, many appeared to have improved some outcomes for some of the participating parents, although many failed to achieve statistical significance."</p> <p><i>Conclusion:</i> "There is insufficient evidence to support the use of parenting programmes to treat physical abuse or neglect. There is, however, limited evidence to</p>

## Resultater og konklusjon

show that some parenting programmes may be effective in improving some outcomes that are associated with physically abusive parenting. Further research is urgently needed.”

Bilukha, 2005 (21)

“In early childhood home visitation programs, parents and children are visited at home during the child’s first 2 years of life by trained personnel who provide some combination of information, support, or training about child health, development, and care. Home visitation has been used to meet a wide range of objectives, including improvement of the home environment, family development, and the prevention of child behavior problems. The Task Force on Community Preventive Services (the Task Force) has conducted a systematic review of scientific evidence of the effectiveness of early childhood home visitation for preventing violence, with a focus on violence by and against juveniles. The Task Force recommends early childhood home visitation for preventing child abuse and neglect, on the basis of strong evidence of effectiveness. The Task Force found insufficient evidence to determine the effectiveness of early childhood home visitation in preventing violence by visited children, violence by visited parents (other than child abuse and neglect), or intimate partner violence in visited families. This report gives additional information about the findings, including diverse outcome measures and results in study population subsamples, describes how the reviews were conducted, provides information that can help in applying the intervention locally, and recommends additional research.”

Bull, 2004 (22)

“Visiting pregnant women and new mothers at home has become an increasingly important activity for public health nursing in many countries. In the US, for instance, the number of home-visiting programmes for parents of young children has grown substantially, with large numbers of children enrolled in such schemes (Olds et al., 2000.) This reflects a growing recognition of the importance of the early years of life in determining adult health and in preventing a range of adverse child health outcomes that may be associated with social disadvantage. These include outcomes such as child accidents and injuries (which display a steep social gradient in the UK), and child abuse and maltreatment. However, the emphasis in many home-visiting programmes has also been to promote positive aspects of ‘family wellness’, including the cognitive and intellectual development of children, parenting skills and support, positive maternal mental health and use of other health services.” (p1)

Coren, 2010 (23)

*Results:* “Three trials met the inclusion criteria. All three indicated improved parenting skills following parenting training”.

*Conclusion:* “The quality of the evidence is moderate to low, with limited information available to assess possible bias. The presented evidence seems promising; however, there is a need for larger RCTs of interventions before conclusions can be drawn about the effectiveness of parent training for this group of parents”.

## Resultater og konklusjon

Goyal, 2013 (24)

*Results:* "Seventeen studies (15 controlled trials, 2 cohort studies) were reviewed. Five outcome domains were identified: infant development, parent-infant interaction, morbidity, abuse/neglect, and growth/ nutrition. Six studies (n = 336) demonstrated a pooled standardized mean difference of 0.79 (95% confidence interval 0.57 to 1.02) in Home Observation for Measurement of the Environment Inventory scores at 1 year in the home-visited groups versus control. Evidence for other outcomes was limited. Methodological limitations were common."

*Conclusion:* "Reviewed studies suggest that home visiting for preterm infants promotes improved parent-infant interaction. Further study of interventions targeting preterm infants within existing programs may strengthen the impact and cost benefits of home visiting in at-risk populations".

Knerr, 2013 (25)

*Results:* "Twelve studies with 1580 parents in nine countries reported results favoring intervention on a range of parenting measures. The validity of results for most studies is unclear due to substantial or unclear risks of bias. However, findings from the two largest, highest quality trials suggest parenting interventions may be feasible and effective in improving parent-child interaction and parental knowledge in relation to child development in LMICs, and therefore may be instrumental in addressing prevention of child maltreatment in these settings."

*Conclusion:* "Given the well-established evidence base for parenting interventions in high-income countries, and increasingly good evidence for their applicability across cultures and countries, there is now an urgent need for more rigorously evaluated and reported studies, focusing on youth outcomes as well as parenting, adapted for contexts of considerable resource constraints".

Lundahl, 2006 (26)

*Results:* "A total of 23 studies were submitted to a meta-analysis. Outcomes of interest included parents' attitudes toward abuse, emotional adjustment, child-rearing skills, and actual abuse."

*Conclusion:* "Immediately following treatment and prior to moderator analyses, effect sizes for all outcomes were in the moderate range (d = 0.45-0.60). Moderator analyses suggest inclusion of home visitors and conducting parent training in both a home and office setting significantly enhanced the effectiveness. In addition, inclusion of a behavioral component and delivering some of the parent training in an individual setting, as opposed to group only enhanced outcomes significantly."

Mikton, 2009 (27)

*Results:* "The review focused on seven main types of interventions: home visiting, parent education, child sex abuse prevention, abusive head trauma prevention, multi-

## Resultater og konklusjon

component interventions, media-based 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. An analysis of the geographical distribution of the evidence shows that outcome evaluations of child maltreatment prevention interventions are exceedingly rare in low- and middle-income countries and make up only 0.6% of the total evidence base.”

*Conclusion:* “Evidence for the effectiveness of four of the seven main types of interventions for preventing child maltreatment is promising, although it is weakened by methodological problems and paucity of outcome evaluations from low- and middle-income countries.”

Nelson, 2013 (28)

*Results:* “Eleven fair-quality randomized trials of interventions and no studies of adverse effects met inclusion criteria. A trial of risk assessment and interventions for abuse and neglect in pediatric clinics for families with children aged 5 years or younger indicated reduced physical assault, Child Protective Services (CPS) reports, nonadherence to medical care, and immunization delay among screened children. Ten trials of early childhood home visitation reported reduced CPS reports, emergency department visits, hospitalizations, and self-reports of abuse and improved adherence to immunizations and well-child care, although results were inconsistent. Limitation: Trials were limited by heterogeneity, low adherence, high loss to follow-up, and lack of standardized measures.”

*Conclusion:* “Risk assessment and behavioral interventions in pediatric clinics reduced abuse and neglect outcomes for young children. Early childhood home visitation also reduced abuse and neglect, but results were inconsistent. Additional research on interventions to prevent child abuse and neglect is needed.”

Niccols, 2012 (29)

*Results:* “Thirteen studies (2 randomized trials, 3 quasi-experimental studies, 8 cohort studies; N = 775 children) were included in the review. Most studies using pre-post design indicated improvements in child development (with small to large effects,  $d_s = 0.007-1.132$ ) and emotional and behavioral functioning (with most available effect sizes being large,  $d_s = 0.652-1.132$ ). Comparison group studies revealed higher scores for infants of women in integrated programs than those not in treatment, with regard to development and most growth parameters (length, weight, and head circumference; with all available effect sizes being large,  $d_s = 1.16-2.48$ ). In studies comparing integrated to non-integrated programs, most improvements in emotional and behavioral functioning favored integrated programs and, where available, most effect sizes indicated that this advantage was small ( $d_s = 0.22-0.45$ ).”



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## Resultater og konklusjon

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*Conclusion:* "Available evidence supports integrated programs, as findings suggest that they are associated with improvements in child development, growth, and emotional and behavioral functioning. More research is required comparing integrated to non-integrated programs. This review highlights the need for improved methodology, study quality, and reporting to improve our understanding of how best to meet the needs of children of women with substance abuse issues."

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Niccols, 2012 (30)

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*Results:* "There were 24 cohort studies, 3 quasi-experimental studies, and 4 randomized trials. In the three randomized trials comparing integrated programs to addiction treatment-as-usual (N = 419), most improvements in parenting skills favored integrated programs and most effect sizes indicated that this advantage was small,  $d_s = -0.02$  to  $0.94$ . Results for child protection services involvement did not differ by group. In the three studies that examined factors associated with treatment effects, parenting improvements were associated with attachment based parenting interventions, children residing in the treatment facility, and improvements in maternal mental health."

*Conclusion:* "This is the first systematic review of studies evaluating the effectiveness of integrated programs on parenting. The limited available evidence supports integrated programs, as findings suggest that they are associated with improvements in parenting skills. However, more research is required comparing integrated programs to addiction treatment-as-usual. This review highlights the need for improved methodology, study quality, and reporting to improve our understanding of how best to meet the parenting needs of women with substance abuse issues."

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Peacock, 2013 (31)

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*Results:* "Studies that scored 13 or greater out of a total of 15 on the validity tool ( $n = 21$ ) are the focus of this review. All studies are randomized controlled trials and most were conducted in the United States. Significant improvements to the development and health of young children as a result of a home-visiting program are noted for particular groups. These include: (a) prevention of child abuse in some cases, particularly when the intervention is initiated prenatally; (b) developmental benefits in relation to cognition and problem behaviours, and less consistently with language skills; and (c) reduced incidence of low birth weights and health problems in older children, and increased incidence of appropriate weight gain in early childhood. However, overall home-visiting programs are limited in improving the lives of socially high-risk children who live in disadvantaged families."

*Conclusion:* "Home visitation by paraprofessionals is an intervention that holds promise for socially high-risk families with young children. Initiating the intervention prenatally and increasing the number of visits improves development and health outcomes for particular groups of children. Future studies should consider what dose of the intervention is most beneficial and address retention issues."

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## Beskrivelse av de inkluderte ikke-systematiske oversiktene

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Alt i alt var det 68 ikke-systematiske oversikter som møtte inklusjonskriteriene. Disse oversikter beskrev en rekke ulike tiltak, slik som foreldreveiledning, hjemmebesøksprogram, familierapi og atferdsterapi for foreldre. Vi gir fullstendig referanse og i noen tilfeller også sammendraget til hver av disse studiene i Vedlegg 3.

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# Referanser

1. WHO. (2001). Prevention of child abuse and neglect: Making the links between human rights and public health. Geneva: WHO.
2. WHO. (2010). Violence prevention: The evidence. Geneva: WHO. World Bank. (2010). Country classifications. Washington, DC: World Bank.
3. Wibe-Lund T, Vinding A. 49 mishandlede barn på sykehus meldt til barnevernet. VG Nyheter [newspaper on the internet]. 2016. [Accessed 22 February 2017]. Available at <http://www.vg.no/nyheter/innenriks/barnemishandling/49-mishandlede-barn-paa-sykehus-meldt-til-barnevernet/a/10005560/>
4. Vidning A, Wibe-Lund T. 33 barn drept og dødelig mishandlet av sine foreldre. VG Nyheter [newspaper on the internet]. 2016. [Accessed 22 February 2017]. Available at <http://www.vg.no/nyheter/innenriks/barnemishandling/33-barn-drept-og-doedelig-mishandlet-av-sine-foreldre/a/10004899/>
5. Sørbo MF, Grimstad H, Bjørngaard JH, Schei B, M L. Prevalence of sexual, physical and emotional abuse in the Norwegian mother and child cohort study. BMC Public Health. 2013;13:186.
6. Saur R, Hustad AE, Heir T. Violence prevention in Norway. Activities and measures to prevent violence in close relationships. Nasjonalt Kunnskapssenter om Vold og Traumatisk Stress, 2011.
7. Krug EG et al. eds. World report on violence and health. Geneva, World Health Organization, 2002.
8. Centers for Disease Control and Prevention. Parent Training Programs: Insight for Practitioners. Atlanta (GA): Centers for Disease Control; 2009. Retrieved from [http://www.cdc.gov/violenceprevention/pdf/parent\\_training\\_brief-a.pdf](http://www.cdc.gov/violenceprevention/pdf/parent_training_brief-a.pdf)
9. Kaminski JW, Valle LA, Filene JH, Boyle CL. A meta-analytic review of components A meta-analytic review of components associated with parent training program effectiveness. J Abnorm Child Psychol 2008; 26:567–89.

10. Chen M, Chan KL. Effects of Parenting Programs on Child Maltreatment Prevention: A Meta-Analysis. *Trauma Violence Abuse*. 2016;17(1):88-104.
11. Reedt C, Klest S. Improved parenting maintained four years following a brief parent training intervention in a non-clinical sample. *BMC Psychol*. 2016;4(1):43.
12. Elkan R, Kendrick D, Hewitt M, Robinson J, Tolley K, Blair M, George B: The effectiveness of domiciliary health visiting: A systematic review of international studies and a selective review of the British literature. *Health Tech Assess* 2000, 4(13):i-v. 1-339.
13. Sweet M, Appelbaum M: Is home visiting an effective strategy? A metaanalytic review of home visiting programs for families with young children. *Child Dev* 2004, 74(5):1435-1456.
14. Geeraert L, Noortage W, Grietens H, Onghena P: The effects of early prevention programs for families with young children at risk for physical abuse and neglect: A meta-analysis. *Child Maltreat* 2004, 9(3):277-291.
15. MacLeod J, Nelson G: Programs for the promotion of family wellness and the prevention of child maltreatment. A meta-analytic review. *Child Abuse Negl* 2000, 24(9):1127-1149.
16. Casillas KL, Fauchier A, Derkash BT, Garrido EF. Implementation of evidence-based home visiting programs aimed at reducing child maltreatment: A meta-analytic review. *Child Abuse Negl*. 2016;53:64-80.
17. Report of the Consultation on Child Abuse Prevention, 29-31 March 1999, WHO, Geneva. Geneva, World Health Organization, 1999 (document WHO/HSC/PVI/99.1).
18. Davies M. *The Blackwell encyclopedia of social work*. Wiley-Blackwell. 2000. ISBN 978-0-631-21451-9, p. 245.
19. APA. Parenting: American Psychological Association (APA). Parenting. Available from: <http://www.apa.org/topics/parenting/> [Accessed 29 October 2016].
20. 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 (3):CD005463.
21. Bilukha O, Hahn RA, Crosby A, Fullilove MT, Liberman A, Moscicki E, et al. The Effectiveness of Early Childhood Home Visitation in Preventing Violence: A Systematic Review. *American Journal of Preventive Medicine* 2005;28(2,Suppl1):11-39.

22. Bull J, McCormick G, Swano C, Mulvihill C. Ante- and post-natal home-visiting programmes: A review of reviews. NHS: Health Development Agency 2004.
23. Coren E, Hutchfield J, Thomae M, Gustafsson C. Parent training support for intellectually disabled parents. Cochrane Database of Systematic Reviews 2010 (6):CD007987.
24. Goyal NK, Teeters A, Ammerman RT. Home visiting and outcomes of preterm infants: a systematic review. *Pediatrics* 2013;132(3):502-516.
25. Knerr W, Gardner F, Cluver L. Improving positive parenting skills and reducing harsh and abusive parenting in low- and middle-income countries: a systematic review. *Prevention Science* 2013;14(4):352-363.
26. Lundahl BW, Nimer J, Parsons B. Preventing Child Abuse: A Meta-Analysis of Parent Training Programs. *Research on Social Work Practice* 2006;16(3):251-262.
27. Mikton C, Butchart A. Child maltreatment prevention: a systematic review of reviews. *Bulletin of the World Health Organization* 2009;87(5):353-361.
28. Nelson HD, Selph S, Bougatsos C, Blazina I. Behavioral interventions and counseling to prevent child abuse and neglect: systematic review to update the U.S. Preventive Services Task Force Recommendation. *Health Technology Assessment Database* 2013 (4).
29. Niccols A, Milligan K, Smith A, Sword W, Thabane L, Henderson J. Integrated programs for mothers with substance abuse issues and their children: a systematic review of studies reporting on child outcomes. *Child Abuse & Neglect* 2012;36(4):308-322.
30. Niccols A, Milligan K, Sword W, Thabane L, Henderson J, Smith A. Integrated programs for mothers with substance abuse issues: A systematic review of studies reporting on parenting outcomes. *Harm Reduction Journal* 2012:14.
31. Peacock S, Konrad S, Watson E, Nickel D, Muhajarine N. Effectiveness of home visiting programs on child outcomes: a systematic review. *BMC Public Health* 2013;13:17.

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# Vedlegg

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## Vedlegg 1 - Søkestrategi

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**Database: Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid  
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- 8 Physical Abuse/ 160
- 9 Punishment/ 5490
- 10 Violence/30133
- 11 or/6-10 60716
- 12 5 and 11 6560
- 13 Child Abuse/pc 3992
- 14 12 or 13 9364
- 15 (abus\* or ((corporal or emotional\* or physical\* or verbal\*) adj1 (aggress\* or punish\*))) or maltreat\* or mistreat\* or neglect\* or violen\*).ti,ab,kf. 228038
- 16 (childrear\* or (child\* adj1 (rear\* or rais\*)) or parenting).ti,ab,kf. 19899
- 17 15 and 16 2827
- 18 (father\* or legal guardian\* or mother\* or parent? or primary caregiver\*).ti,ab,kf. 442440
- 19 (((corporal or emotional\* or physical\* or verbal\*) adj1 (abus\* or aggress\* or punish\*)) or ((child adj1 (abus\* or maltreat\* or mistreat\* or neglect\*)) or (child\* adj2 violen\*))).ti,ab,kf. 21470
- 20 18 and 19 4729
- 21 ((child adj2 (abuse or maltreat\* or mistreat\* or neglect\*)) and (prevent\* or program? or programme?)).ti. 599
- 22 (child adj2 (abuse or maltreat\* or mistreat\* or neglect\*) adj5 (prevent\* or program? or programme?)).ab,kf. 906
- 23 14 or 17 or 20 or 21 or 22 14060

24 meta analysis.pt. 86489  
 25 Meta-Analysis as Topic/ 17527  
 26 Review Literature as Topic/ 7492  
 27 review.pt. 2451913  
 28 (review\* or overview? or meta-analy\* or metaanaly\*).ti,ab,kf. 1954690  
 29 or/24-28 3399345  
 30 23 and 29 2093  
 31 exp animals/ 23100617  
 32 humans/ 18248793  
 33 31 not (31 and 32) 4851824  
 34 (news or editorial or comment).pt. 1236927  
 35 30 not (33 or 34) 2078  
 36 limit 35 to yr="2000-Current" 1321  
 37 remove duplicates from 36 1183

**Database: PsycINFO 1806 to January Week 1 2017**

**Dato: 09.01.2017**

**Treff: 1588**

1 exp parenting/ 83919  
 2 exp parents/ 80835  
 3 1 or 2 138285  
 4 child abuse/ 25824  
 5 physical abuse/ 5421  
 6 emotional abuse/ 2242  
 7 verbal abuse/ 444  
 8 child neglect/ 3596  
 9 domestic violence/ 10130  
 10 violence/ 26528  
 11 punishment/ 6320  
 12 physical discipline/ 50  
 13 or/4-12 69641  
 14 3 and 13 6224  
 15 child abuse/ 25824  
 16 prevention/ 25111  
 17 15 and 16 1219  
 18 14 or 17 7216  
 19 (abus\* or ((corporal or emotional\* or physical\* or verbal\*) adj1 (aggress\* or punish\*))) or maltreat\* or mistreat\* or neglect\* or violen\*).ti,ab,id. 213317  
 20 (childrear\* or (child\* adj1 (rear\* or rais\*))) or parenting).ti,ab,id. 39578  
 21 19 and 20 5716  
 22 (father\* or legal guardian\* or mother\* or parent? or primary caregiver\*).ti,ab,id. 281576  
 23 (((corporal or emotional\* or physical\* or verbal\*) adj1 (abus\* or aggress\* or punish\*))) or ((child adj1 (abus\* or maltreat\* or mistreat\* or neglect\*)) or (child\* adj2 violen\*))).ti,ab,kf. 27360  
 24 22 and 23 7897

25 ((child adj2 (abuse or maltreat\* or mistreat\* or neglect\*)) and (prevent\* or program? or programme?)).ti. 737  
 26 (child adj2 (abuse or maltreat\* or mistreat\* or neglect\*) adj5 (prevent\* or program? or programme?)).ab,id. 1795  
 27 18 or 21 or 24 or 25 or 26 16015  
 28 meta analysis/ 3929  
 29 meta analysis.md. 15804  
 30 systematic review.md. 15428  
 31 "literature review"/ 22296  
 32 (review\* or overview? or meta-analy\* or metaanaly\*).ti,ab. 519763  
 33 or/28-32 525371  
 34 27 and 33 2406  
 35 limit 34 to yr="2000-Current" 1590  
 36 remove duplicates from 35 1588

**Database: Embase 1974 to 2017 January 06**

**Dato: 09.01.2017**

**Treff: 584**

1 exp child parent relation/ 75764  
 2 child rearing/ 7373  
 3 1 or 2 80781  
 4 child abuse/ 26995  
 5 child neglect/ 2730  
 6 physical abuse/ 3022  
 7 verbal hostility/ 1734  
 8 emotional abuse/ 1614  
 9 domestic violence/ 8633  
 10 violence/ 46134  
 11 punishment/ 13928  
 12 or/4-11 92072  
 13 3 and 12 5950  
 14 child abuse/pc [Prevention] 2306  
 15 13 or 14 7773  
 16 (abus\* or ((corporal or emotional\* or physical\* or verbal\*) adj1 (aggress\* or punish\*))) or maltreat\* or mistreat\* or neglect\* or violen\*).ti,ab. 246011  
 17 (childrear\* or (child\* adj1 (rear\* or rais\*))) or parenting).ti,ab. 17877  
 18 16 and 17 2510  
 19 (father\* or legal guardian\* or mother\* or parent? or primary caregiver\*).ti,ab. 483628  
 20 (((corporal or emotional\* or physical\* or verbal\*) adj1 (abus\* or aggress\* or punish\*))) or ((child adj1 (abus\* or maltreat\* or mistreat\* or neglect\*)) or (child\* adj2 violen\*))).ti,ab. 22082  
 21 19 and 20 4800  
 22 ((child adj2 (abuse or maltreat\* or mistreat\* or neglect\*)) and (prevent\* or program? or programme?)).ti. 589

23 (child adj2 (abuse or maltreat\* or mistreat\* or neglect\*) adj5 (prevent\* or pro-  
gram? or programme?)).ab. 846

24 15 or 18 or 21 or 22 or 23 12599

25 meta analysis/ 156407

26 systematic review/ 151265

27 "review"/2198715

28 (review\* or overview? or meta-analy\* or metaanaly\*).ti,ab. 2207320

29 or/25-28 3594144

30 24 and 29 2421

31 exp animals/ or exp invertebrate/ or animal experiment/ or animal model/ or an-  
imal tissue/ or animal cell/ or nonhuman/ 24340800

32 human/ or normal human/ or human cell/ 18469045

33 31 not (31 and 32) 5918571

34 (news or editorial or comment).pt. 528789

35 30 not (33 or 34) 2412

36 limit 35 to embase 722

37 limit 36 to yr="2000-current" 591

38 remove duplicates from 37 584

**Database: Cochrane Library (CDSR, HTA, DARE)**

**Dato: 09.01.2017**

**Treff: 99**

#1 [mh ^parenting] 902

#2 [mh parents] 3541

#3 [mh "parent-child relations"] 1602

#4 [mh ^"child rearing"] 83

#5 {or #1-#4} 4701

#6 [mh ^"child abuse"] 330

#7 [mh ^"domestic violence"] 155

#8 [mh ^"physical abuse"] 0

#9 [mh ^punishment] 101

#10 [mh ^violence] 478

#11 {or #6-#10} 1015

#12 #5 and #11 184

#13 MeSH descriptor: [Child Abuse] explode all trees and with qualifier(s): [Preven-  
tion & control - PC] 167

#14 #12 or #13 252

#15 (abus\* or ((corporal or emotional\* or physical\* or verbal\*) near/1 (aggress\* or  
punish\*)) or maltreat\* or mistreat\* or neglect\* or violen\*):ti,ab,kw 9735

#16 (childrear\* or (child\* near/1 (rear\* or rais\*))) or parenting):ti,ab,kw 1891

#17 #15 and #16 269

#18 (father\* or legal-guardian\* or mother\* or parent or parents or primary-care-  
giver\*):ti,ab,kw 20441

#19 (((corporal or emotional\* or physical\* or verbal\*) near/1 (abus\* or aggress\* or  
punish\*)) or ((child near/1 (abus\* or maltreat\* or mistreat\* or neglect\*)) or  
(child\* near/2 violen\*))) :ti,ab,kw 1023



- #20 #18 and #19 327
- #21 (child near/2 (abuse or maltreat\* or mistreat\* or neglect\*)):ti 162
- #22 (prevent\* or program or programs or programme or programmes):ti 54753
- #23 #21 and #22 61
- #24 (child near/2 (abuse or maltreat\* or mistreat\* or neglect\*) near/5 (prevent\* or program or programs or programme or programmes)):ab,kw 108
- #25 #14 or #17 or #20 or #23 or #24 Publication Year from 2000 to 2017 17
- #26 (abus\* or ((corporal or emotional\* or physical\* or verbal\*) near/1 (aggress\* or punish\*)) or maltreat\* or mistreat\* or neglect\* or violen\*) 13093
- #27 (childrear\* or (child\* near/1 (rear\* or rais\*)) or parenting) 2104
- #28 #26 and #27 422
- #29 (father\* or legal-guardian\* or mother\* or parent or parents or primary-care-giver\*) 23756
- #30 (((corporal or emotional\* or physical\* or verbal\*) near/1 (abus\* or aggress\* or punish\*)) or ((child near/1 (abus\* or maltreat\* or mistreat\* or neglect\*)) or (child\* near/2 violen\*))) 1241
- #31 #29 and #30 471
- #32 (child near/2 (abuse or maltreat\* or mistreat\* or neglect\*) near/5 (prevent\* or program or programs or programme or programmes)) 245
- #33 #14 or #28 or #31 or #32 or #23 Publication Year from 2000 to 2017, in Other Reviews and Technology Assessments 82

**Database: CINAHL (EBSCO)**

**Dato: 09.01.2017**

**Treff: 328**

- S1 (MH "Parenting") 8,351
- S2 (MH "Parents Education") 3,461
- S3 (MH "Parents+") 48,448
- S4 (MH "Parent-Child Relations+") 16,146
- S5 (MH "Child Rearing+") 3,869
- S6 S1 OR S2 OR S3 OR S4 OR S5 65,842
- S7 (MH "Child Abuse") 8,845
- S8 (MH "Domestic Violence") 5,674
- S9 (MH "Violence") 9,69
- S10 (MH "Punishment") 786
- S11 (MH "Verbal Abuse") 920
- S12 S7 OR S8 OR S9 OR S10 OR S11 24,28
- S13 S6 AND S12 2,709
- S14 (MH "Child Abuse/PC") 1,825
- S15 S13 OR S14 4,109
- S16 TI ( (abus\* or ((corporal or emotional\* or physical\* or verbal\*) N0 (aggress\* or punish\*)) or maltreat\* or mistreat\* or neglect\* or violen\*) ) OR AB ( (abus\* or ((corporal or emotional\* or physical\* or verbal\*) N0 (aggress\* or punish\*)) or maltreat\* or mistreat\* or neglect\* or violen\*) ) 54,697
- S17 TI ( (childrear\* or (child\* N0 (rear\* or rais\*)) or parenting) ) OR AB ( (childrear\* or (child\* N0 (rear\* or rais\*)) or parenting) ) 6,86

S18 S16 AND S17 870

S19 TI ( (father\* or legal-guardian\* or mother\* or parent# or primary-caregiver\* )  
OR AB ( (father\* or legal-guardian\* or mother\* or parent# or primary-caregiver\* ) ) 78,675

S20 TI ( (((corporal or emotional\* or physical\* or verbal\*) N0 (abus\* or aggress\* or punish\*)) or ((child N0 (abus\* or maltreat\* or mistreat\* or neglect\*)) or (child\* N1 violen\*)) ) OR AB ( (((corporal or emotional\* or physical\* or verbal\*) N0 (abus\* or aggress\* or punish\*)) or ((child N0 (abus\* or maltreat\* or mistreat\* or neglect\*)) or (child\* N1 violen\*)) ) ) 6,501

S21 S19 AND S20 1,26

S22 TI ((child N1 (abuse or maltreat\* or mistreat\* or neglect\* or violence\*)) and (prevent\* or program# or programme#)) 290

S23 AB (child N1 (abuse or maltreat\* or mistreat\* or neglect\* or violence\*) N4 (prevent\* or program# or programme#)) 274

S24 S15 OR S18 OR S21 OR S22 OR S23 5,405

S25 PT systematic review 38,833

S26 (MH "Literature Review+") 30,802

S27 (MH "Systematic Review") 27,233

S28 (MH "Meta Analysis") 18,188

S29 PT review 111,142

S30 TI ( (review\* or overview# or meta-analy\* or metaanaly\*) ) OR AB ( (review\* or overview# or meta-analy\* or metaanaly\*) ) 269,758

S31 S25 OR S26 OR S27 OR S28 OR S29 OR S30 344,332

S32 S24 AND S31 Limiters - Exclude MEDLINE records; Published Date: 20000101-20170131 328

### Database: Web of Science Core Collection

**Dato: 09.01.2017**

**Treff: 1416**

- # 1 TOPIC: ((abus\* or ((corporal or emotional\* or physical\* or verbal\*) NEAR/0 (aggress\* or punish\*)) or maltreat\* or mistreat\* or neglect\* or violen\*)) 244,284
- # 2 TOPIC: ((childrear\* or (child\* NEAR/0 (rear\* or rais\*)) or parenting)) 20,525
- # 3 #2 AND #1 3,544
- # 4 TOPIC: ((father\* or legal-guardian\* or mother\* or parent\$ or primary-caregiver\*)) 329,937
- # 5 TOPIC: (((((corporal or emotional\* or physical\* or verbal\*) NEAR/0 (abus\* or aggress\* or punish\*)) or ((child NEAR/0 (abus\* or maltreat\* or mistreat\* or neglect\*)) or (child\* NEAR/1 violen\*)))) 18,891
- # 6 #5 AND #4 4,650
- # 7 TITLE: (((child NEAR/1 (abuse or maltreat\* or mistreat\* or neglect\*)) and (prevent\* or program\$ or programme\$))) 385
- # 8 TOPIC: ((child NEAR/1 (abuse or maltreat\* or mistreat\* or neglect\*) NEAR/4 (prevent\* or program\$ or programme\$))) 844
- # 9 #8 OR #7 OR #6 OR #3 7,511
- # 10 TOPIC: ((review\* or overview\$ or meta-analy\* or metaanaly\*)) 1,539,715
- # 11 #10 AND #9 1,048

# 12 #8 OR #7 OR #6 OR #3[Refined by: DOCUMENT TYPES: ( BOOK CHAPTER OR REVIEW OR MEETING ABSTRACT OR PROCEEDINGS PAPER ) Indexes=SCI-EXPANDED, SSCI Timespan=2000-2017] 680  
# 13 #12 OR #11 1,416

**Database: Epistemonikos**

**Dato: 09.01.2017**

**Treff: 50**

(("child abuse" or "child maltreatment" or "child mistreatment" or "child neglect") and (prevent\* or program\*))

**Database: Social Services Abstracts & Sociological Abstracts (ProQuest)**

**Dato: 09.01.2017**

**Treff: 688**

Søk 1

((SU.EXACT("Parents") OR SU.EXACT("Fathers") OR SU.EXACT("Mothers") OR SU.EXACT("Parent Child Relations") OR SU.EXACT("Parent Training") OR SU.EXACT("Childrearing Practices")) AND (SU.EXACT("Emotional Abuse") OR SU.EXACT("Child Abuse") OR SU.EXACT("Family Violence") OR SU.EXACT("Child Neglect") OR SU.EXACT("Punishment") OR SU.EXACT("Corporal Punishment") OR SU.EXACT("Violence"))) OR (SU.EXACT("Child Abuse") AND SU.EXACT("Prevention"))) AND (Dtype("Systematic Review") OR TI,AB,SU(review\* OR overview\* OR meta-anal\* OR metaanal\*)) AND pd(20000101-20170108)  
= 286 treff [før automatisk deduplisering]

Søk 2

((ti,ab,su(abus\* or ((corporal or emotional\* or physical\* or verbal\*) NEAR/0 (aggress\* or punish\*)) or maltreat\* or mistreat\* or neglect\* or violen\*) AND ti,ab,su(childrear\* or (child\* NEAR/0 (rear\* or rais\*)) or parenting)) OR (ti,ab,su(father\* or legal-guardian\* or mother\* or parent\$1 or primary-caregiver\*) AND ti,ab,su(((corporal or emotional\* or physical\* or verbal\*) NEAR/0 (abus\* or aggress\* or punish\*)) or ((child NEAR/0 (abus\* or maltreat\* or mistreat\* or neglect\*)) or (child\* NEAR/1 violen\*)))) OR (ti(child NEAR/1 (abuse or maltreat\* or mistreat\* or neglect\*)) AND ti(prevent\* or program\$1 or programme\$1)) OR ab(child NEAR/1 (abuse or maltreat\* or mistreat\* or neglect\*) NEAR/4 (prevent\* or program\$1 or programme\$1))) AND (DType("Systematic Review") OR ti,ab,su(review\* OR overview\$1 OR meta-anal\* OR metaanal\*)) AND pd(20000101-20170109)  
= 558 treff [før automatisk deduplisering]

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## Vedlegg 2 – Metodisk kvalitetsvurdering av systematiske oversikter

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Forfatter, år	1	2	3	4	5	6	7	8	9	Kvalitet
Barlow, 2006 (20)	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Høy
Bilukha, 2005 (21)	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Høy
Bull, 2004 (22)	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Høy
Coren, 2010 (23)	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Høy
Goyal, 2013 (24)	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Høy
Knerr, 2013 (25)	Ja	Ja	Ja	Uklart	Ja	Ja	Uklart	Uklart	Ja	Mangelfull
Lundahl, 2006 (26)	Uklart	Uklart	Uklart	Ja	Ja	Ja	Ja	Ja	Ja	Moderat
Mikton, 2009 (27)	Ja	Ja	Ja	Ja	Ja	Ja	Uklart	Uklart	Ja	Mangelfull
Nelson, 2013 (28)	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Ja	Høy
Niccols, 2012 (29)	Ja	Ja	Ja	Ja	Ja	Ja	Uklart	Uklart	Ja	Mangelfull
Niccols, 2012 (30)	Ja	Ja	Ja	Ja	Ja	Ja	Uklart	Uklart	Ja	Mangelfull
Peacock, 2013 (31)	Ja	Ja	Ja	Ja	Ja	Ja	Uklart	Uklart	Ja	Mangelfull

### 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 mot 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?

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### Vedlegg 3 - Referanse og sammendrag av de inkluderte ikke-systematiske oversiktene

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I tabellen nedenfor oppgir vi referansen til hver av de 68 inkluderte ikke-systematiske oversiktene. I de tilfellene oversikten er publisert som open access gjengir vi i tillegg sammendrag av artikkelen slik det fremkommer i de elektroniske databasene eller i selve dokumentet (dette er i henhold til lov om opphavsrett til åndsverk).

**Tabell 4:** Referanse og sammendrag av de inkludert ikke-systematiske oversiktene (n=68)

Referanse	Sammendrag
Altafim ERP, Linhares MBM. Universal violence and child maltreatment prevention programs for parents: A systematic review. <i>Psychosocial Intervention</i> 2016;25(1):27-38.	“The present study aimed to review recent literature on universal violence and child maltreatment prevention programs for parents. The following databases were used: Web of Science, PsycINFO, PsycARTICLES, PubMed, LILACS, and SciELO. The keywords included the following: (Parenting Program or Parent Training or Parent Intervention) and (Maltreatment or Violence or Violence Prevention). For inclusion in this review, the programs had to be structured, working in groups of parents aiming to improve parenting practices. Twenty-three studies were included, and 16 different types of parenting programs were identified. Ninety-one percent of the studies were conducted in developed countries. All the programs focused on the prevention of violence and maltreatment by promoting positive parenting practices. Only seven studies were randomized controlled trials. All studies that evaluated parenting strategies (n = 18), reported after the interventions. The programs also effectively improved child behavior in 90% of the studies that assessed this outcome. In conclusion, parenting educational programs appear to be an important strategy for the universal prevention of violence and maltreatment against children. Future studies should assess the applicability and effectiveness of parenting programs for the prevention of violence against children in developing countries. Further randomized control trials are also required.”
Babatsikos G. Parents' knowledge, attitudes and practices about preventing child sexual abuse: A literature review. <i>Child Abuse Review</i> 2010;19(2):107-129.	“Increased concern about high rates of child sexual abuse has led to the demand for more prevention programmes, particularly those aimed at parents. Research on how parents manage and reduce the risk of child sexual abuse can help plan programmes. This literature review explores published research on the knowledge, attitudes and practices of parents on the risk and prevention of child sexual abuse and identifies gaps and needs for further research. The majority of studies reviewed originated in North America and Asia, were quantitative, surveyed mainly mothers and were more than ten years old. Recommendations are made for more current and country specific research, further research to gain a deeper understanding of how parents manage the risk of child sexual abuse, more comprehensive research covering a range of knowledge, attitude and practice variables, and greater inclusion of fathers in research.”
Batzer S, Berg T, Godinet MT, Stotzer RL. Efficacy or Chaos?	“Child abuse remains a serious and expensive social problem in the United States. Few evidence-based treatments (EBTs) exist for at-risk families and/or maltreating families where neglect or abuse has

<p>Parent-Child Interaction Therapy in Maltreating Populations: A Review of Research. <i>Trauma Violence &amp; Abuse</i> 2015;9:9.</p>	<p>occurred, limiting the ability of social service agencies to comply with legislative mandates to use EBTs with clients. One promising intervention, parent-child interaction therapy (PCIT), has been tested in 11 separate trials with this population. This review of research on PCIT with abusive adults found that overall PCIT is an appropriate, efficacious intervention method to prevent future maltreatment by targeting parenting skills and child externalizing behaviors. These findings must be taken with caution, since the key factor to determine efficacy is completion of treatment, and all the studies involved showed significant problems with sample attrition. While the current studies are promising, there is a need for research that focuses on measuring parental sensitivity and attachment levels, explores use in the foster and adoptive communities, and studies that use tertiary subjects to serve as unbiased reporters of perceived levels of behavioral changes”.</p>
<p>Bicakci MY, Er S, Aral N. An Overview of Child Neglect and Abuse: Types, Causes, Impact and Prevention. <i>Studies on Ethno-Medicine</i> 2016;10(2):221-228.</p>	<p>“This study aims at investigating the definitions, types and causes of child neglect and abuse, as well as their impacts on children, preventive efforts, and offers suggestions. Child neglect is the inhibition of a child's physical, psychological, moral or social development due to negligence on the part of the parents, caregivers or other adults to provide the basic essentials. Child abuse, in its broadest sense, is the child being intentionally exposed to circumstances, which result in the inhibition of his/her physical, sexual, economic or psychological development by parents, caregivers or other adults. Children who are exposed to neglect or abuse suffers from health problems, such as, psychological problems, developmental delay, depression, low self-esteem, aggressive behavior, poor academic and work performance, learning disorders, difficulties in peer relationships or criminal tendencies. In order to mitigate its impact, the causes of child neglect and abuse should be identified and preventive measures should be taken both governmentally and as a community.”</p>
<p>Borrego J, Jr., Klinkebiel C, Gibson A. Parent-child interaction therapy: An overview. <i>Treating traumatized children: A casebook of evidence-based therapies</i>. New York, NY: Guilford Press; US; 2014. pp. 165-182.</p>	<p>“Parent-child interaction therapy (PCIT) is an evidence-based behavioral parent training intervention that was originally developed by Sheila Eyberg for families with young children displaying socially disruptive behavior problems, such as physical aggression and non-compliance. Most of the empirical work on PCIT has focused on young children with externalizing behavior problems between the ages of 2 and 7; however, PCIT has been increasingly applied with different treatment and demographic populations. This chapter focuses on the theoretical rationale, treatment themes, program components and characteristics, research evidence, cultural considerations, and the training programs and resources for PCIT. PCIT is an effective parent training intervention for families of young children with significant behavior problems. A wealth of literature supports its efficacy in reducing disruptive child behavior problems, parenting distress, and risk for abuse, as well as improving the quality of parent-child relationships.”</p>
<p>Bowie BH. Interventions to improve interactions between drug abusing mothers and</p>	<p>“Substance abuse during pregnancy continues to be a large public health problem throughout the United States. It has been established through several studies that healthy mother-infant interactions are essential for optimal infant development. This relationship can be severely compromised when a mother is using drugs during and after</p>

<p>their drug-exposed infants: a review of the research literature. <i>Journal of Addictions Nursing</i> 2005;15(4):153-161.</p>	<p>pregnancy. A review of the literature was performed to ascertain what are the most effective interventions for enhancing mother-infant interactions of drug-abusing mothers. Ten studies were identified as meeting the criteria of using an intervention to enhance the mother-infant interaction of drug-abusing mothers and their infants. A synthesis of the findings suggests that abstinence is an important factor in determining success of interventions, as well as enhancing the mother's self-esteem or self-efficacy through education or a counseling process. In order to determine the best intervention, or combination of interventions for this high-risk population, more research is needed."</p>
<p>Carr A. The effectiveness of family therapy and systemic interventions for child-focused problems. <i>Journal of Family Therapy</i> 2009;31(1):3-45.</p>	<p>"This review updates a similar paper published in the <i>Journal of Family Therapy</i> in 2001. It presents evidence from meta-analyses, systematic literature reviews and controlled trials for the effectiveness of systemic interventions for families of children and adolescents with various difficulties. In this context, systemic interventions include both family therapy and other family-based approaches such as parent training. The evidence supports the effectiveness of systemic interventions either alone or as part of multimodal programmes for sleep, feeding and attachment problems in infancy; child abuse and neglect; conduct problems (including childhood behavioural difficulties, ADHD, delinquency and drug abuse); emotional problems (including anxiety, depression, grief, bipolar disorder and suicidality); eating disorders (including anorexia, bulimia and obesity); and somatic problems (including enuresis, encopresis, recurrent abdominal pain, and poorly controlled asthma and diabetes)."</p>
<p>Casillas KL, Fauchier A, Derkash BT, Garrido EF. Implementation of evidence-based home visiting programs aimed at reducing child maltreatment: A meta-analytic review. <i>Child Abuse and Neglect</i> 2016;53:64-80.</p>	<p>"In recent years there has been an increase in the popularity of home visitation programs as a means of addressing risk factors for child maltreatment. The evidence supporting the effectiveness of these programs from several meta-analyses, however, is mixed. One potential explanation for this inconsistency explored in the current study involves the manner in which these programs were implemented. In the current study we reviewed 156 studies associated with 9 different home visitation program models targeted to caregivers of children between the ages of 0 and 5. Meta-analytic techniques were used to determine the impact of 18 implementation factors (e.g., staff selection, training, supervision, fidelity monitoring, etc.) and four study characteristics (publication type, target population, study design, comparison group) in predicting program outcomes. Results from analyses revealed that several implementation factors, including training, supervision, and fidelity monitoring, had a significant effect on program outcomes, particularly child maltreatment outcomes. Study characteristics, including the program's target population and the comparison group employed, also had a significant effect on program outcomes. Implications of the study's results for those interested in implementing home visitation programs are discussed. A careful consideration and monitoring of program implementation is advised as a means of achieving optimal study results."</p>
<p>Channa AL, Stams GJ, Bek M, Damen E, Asscher J, van der</p>	<p>"The aims of the present study were, first, to establish the effect of brief, in-home intensive family preservation programs on prevention of out-of-home placement, family functioning, child behavior prob-</p>

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Laan P. A meta-analysis of intensive family preservation programs: Placement prevention and improvement of family functioning. *Children and Youth Services Review* 34 (2012) 1472–1479.

lems and social support and, second, to study moderators of these effects. The results of this meta-analytic study, consisting of 20 studies (31,369 participants), show that intensive family preservation programs had a medium and positive effect on family functioning ( $d=.486$ ), but were generally not effective in preventing out-of-home placement. Intensive family preservation programs were effective in preventing placement for multiproblem families, but not for families experiencing abuse and neglect. Moreover, the effect on out-of-home placement proved to be moderated by client characteristics (sex and age of the child, parent age, number of children in the family, single-parenthood, non-white ethnicity), program characteristics (case-load), study characteristics (study design and study quality), and publication characteristics (publication type, publication year and journal impact factor). The discussion addresses implications for evaluation and practice.”

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Chen M, Chan KL. Effects of Parenting Programs on Child Maltreatment Prevention: A Meta-Analysis. *Trauma Violence & Abuse* 2016;17(1):88-104.

“The objective of this study is to evaluate the effectiveness of parenting programs in reducing child maltreatment and modifying associated factors as well as to examine the moderator variables that are linked to program effects. For this meta-analysis, we searched nine electronic databases to identify randomized controlled trials published before September 2013. The effect sizes of various outcomes at different time points were computed. From the 3,578 studies identified, we selected 37 studies for further analysis. The total random effect size was 0.296. Our results showed that parenting programs successfully reduced substantiated and self-reported child maltreatment reports and reduced the potential for child maltreatment. The programs also reduced risk factors and enhanced protective factors associated with child maltreatment. However, the effects of the parenting programs on reducing parental depression and stress were limited. Parenting programs produced positive effects in low-, middle-, and high-income countries and were effective in reducing child maltreatment when applied as primary, secondary, or tertiary child maltreatment intervention. In conclusion, parenting programs are effective public health approaches to reduce child maltreatment. The evidence-based service of parenting programs could be widely adopted in future practice.”

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Comfort CB. Evaluating the effectiveness of parent training to improve outcomes for young children: A meta-analytic review of the published research. Dissertation Abstracts International: Section B: The Sciences and Engineering 2005;65(9-B):4867.

“Parent training has been frequently touted as a measure to reduce such problems as aggression, and child abuse and neglect, as well as to enhance developmental outcomes for all children, not just those at risk for future problems or those with identified problems. The preschool years have been targeted as an opportune juncture at which to train parents insofar as parents still wield much influence and problems may be resolved before becoming entrenched. However, despite the availability of a large number of parent training studies, few conclusions have been reached regarding the basic question, “What works for whom, when?”. This meta-analysis evaluated the effectiveness of parent training for children between the ages two and five as a means to enhance child outcomes and examined variables related to the differential impact of parent training. 140 effects (106 controlled, 34 single group) from 94 studies were compiled. The overall mean effect of parent training (effect size = 0.51) was positive and highly significant. Effects were maintained at approximately one



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year (12.6 months on average) follow up (effect size = 0.52). Greater effects were found for stand-alone PT programs and for programs with very low levels of attrition. When outcomes were limited to parent reports of child externalizing behaviour, better effects were found for: (1) referred, as opposed to community samples, (2) individual, as opposed to group formatted programs, and, (3) children identified with externalizing behaviour problems as opposed to children with no identified problem. Mixed findings emerged when type of sample was considered, such that indicated samples obtained better outcomes than selective samples on parent reports of externalizing behaviour but significantly worse outcomes on cognitive/language measures. When the theoretical orientation of programs was considered, there was no evidence of differential effectiveness. Various instructional techniques used in parent training were not differentially effective, with the exception of some evidence of enhanced effect when a "bug-in-the-ear" device was used. This meta-analysis strengthens conclusions in the current literature, and extends our understanding of theoretically and/or clinically relevant variables associated with effective parent training."

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Daro DA, McCurdy KP. Interventions to prevent child maltreatment. Handbook of injury and violence prevention. New York, NY: Springer Science + Business Media; US; 2007. pp. 137-155.

"The purpose of this chapter is to focus on the documented effects of a number of universal and targeted prevention services and, to the extent possible, identify those program features associated with more robust outcomes. In judging the effectiveness of the various interventions we reviewed, we primarily focused on interventions that had evidence of a reduction in child abuse and neglect reports and other child safety outcomes. In addition to these outcomes, we identified programs with documented effects on risk factors that correlate with child maltreatment, including parent characteristics, child characteristics, and the parent-child relationship. Our review pays special attention to the evidence surrounding programs that target parents of newborns and young children. Our data base involved a detailed review of meta-analyses conducted on specific program models as well as broad categories of programs. These data were augmented by an examination of specific evaluation studies conducted on both single-site as well as nationally replicated programs. We also reviewed Web-based summaries of model or exemplary programs as a secondary source for identifying evaluations beyond those typically included in academic, meta-analyses such as Blueprints for Violence Prevention (Center for the Study and Prevention of Violence) and Substance Abuse and Mental Health Services Administration (SAMHSA)'s National Registry for Effective Programs. Following this, the chapter identifies the key programmatic and policy recommendations emerging from our review. In addition, the chapter addresses the key research and evaluation questions central to improving our ability to design, implement, and integrate preventive services. The chapter concludes with a set of general recommendations regarding the importance of developing more community-focused interventions."

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Delawarde C, Briffault X, Usubelli L, Saias T. Helping parents to be parents? Evidence-

"Objectives: In France, these last years have been characterized by the emergence of a new public health movement aiming at promoting children and parents' mental health through the implementation of evidence-based programs. If a certain number of interventions

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based parenting programs models and practices. [French]. *Annales Medico-Psychologiques* 2014;172(4):273-279.

tend to be developed under a similar terminology, their contents are not homogeneous. This phenomenon compromises the clarity of the political recommendations made for this matter and engenders difficulties in regard to political decision-making. This article seeks to clarify the different types of parenting programs that can be found in international scientific literature and to present their conceptual, practical and epistemological frames. Material and methods: A literature review has been performed on articles published between 1992 and 2012 focusing on preventive parenting programs. A qualitative approach using thematic, lexical and content analysis was used to describe the operational and specific objectives of the interventions, their contents (mode and place of intervention), the targeted populations (parents and children) and their theoretical framework. Results: A diversity of approaches have been identified. The analyses revealed the existence of six fields of interest within parenting programs (physical health, mental health, positive parenting, substance use prevention, violence prevention and cognitive development). Seven distinct theoretical approaches emerged from the data (cognitive, systemic, psychoeducational, psychoanalytical, coaching, community and ecological). Different thematic of interventions as well as different modes and places of interventions were found within the 785 publications. Finally, social regulation and health promotion were identified as two polar social objectives in preventive parenting programs. Hence, within a typology, we defined parental education and parenting support as two global categories of preventing parenting programs. This paper summarizes the principal characteristics of the two categories that emerged from empirical data. Five examples of parenting programs are proposed to illustrate these categories. Conclusions: Whereas most of the identified programs refer to health promotion model, their different modes of interventions do not cover all the objectives of health promotion values (i.e., strengthening community action, creating supportive environments, reorienting health services... The reference to epidemiology and public health demonstrates the focus on risk and preventive logics. By privileging evidence based studies, scientific literature tends to promote educational programs aimed at developing individual parenting skills rather than global community actions or other types of individual interventions, which are difficult to translate in scientific experimental disposals (such as clinical interventions relying on psychodynamic models).”

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Donelan-McCall N, Eckenrode J, Olds DL. Home visiting for the prevention of child maltreatment: lessons learned during the past 20 years. *Pediatric Clinics of North America* 2009;56(2):389-403.

“For nearly two decades, home visitation has been promoted as a promising strategy to prevent child maltreatment, but reviews of the literature on home visiting programs have been mixed. This article examines how home visitation for the prevention of child maltreatment has evolved during the past 20 years. It reviews several home visitation programs focused on preventing child maltreatment and highlights the Nurse-Family Partnership home visitation program. It discusses how advocacy and public policy for prevention of child maltreatment have shifted from a general call to promote universal home visitation programs to a more refined emphasis on promoting programs that are evidence-based, targeted to those most at risk for

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	<p>maltreatment, and with infrastructure in place to ensure implementation with fidelity to the model tested in trials. Finally, it discusses how primary care providers may advocate to ensure that their patients have access to evidence-based home visiting programs that meet their needs.”</p>
<p>Drummond JE, Weir AE, Kysela GM. Home visitation programs for at-risk young families - A systematic literature review. <i>Canadian Journal of Public Health-Revue Canadienne De Sante Publique</i> 2002;93(2):153-158.</p>	<p>“This systematic literature review is stimulated by the perceived need of investigator, practice and policy stakeholders for a complete but parsimonious summary of key elements of programs that use home visitation for at-risk young families as the major delivery method. Objectives: To describe the program components, practices, outcomes, and reliability of the evaluation approaches. Methods: Computer and hand searches of literature were carried out. Reports of established programs, from the last five years, that describe home visitation services to at-risk families were included. A comprehensive data collection tool was used in the analysis of the findings. Findings: Improvements over the previous five years were seen in the following areas: use of early intervention model, inclusion of comparison groups and adequate sampling. Discussion: Challenges remain in development, targeting and reporting of home visitation practice, overall lack of impact, differential effects by program site, retention of participants and appropriate measurement.”</p>
<p>Dufour S, Chamberland C. The effectiveness of selected interventions for previous maltreatment: Enhancing the well-being of children who live at home. <i>Child &amp; Family Social Work</i> 2004;9(1):39-56.</p>	<p>“The authors critically assessed reviews of the literature published between 1984 and 2002 to describe the state-of-knowledge about the effectiveness of interventions aimed at protecting or improving the welfare of child victims of maltreatment and who remain in the family home. The interventions studied target children, parents or families. They chiefly involve cases of sexual abuse, physical abuse or neglect; very few concern psychological abuse or exposure to violence. For the most part, the intervention effectiveness indicators measure changes in parents' and children's knowledge (e.g. better knowledge of child development), attitude (e.g. gains in enthusiasm), emotion (e.g. decreased anxiety) and behaviour (e.g. decreased rates of aversive behaviours). Few assessments follow up on participants to determine whether the changes are lasting. The small number of evaluative studies, methodological limitations and disparities in the content and the carrying out of interventions make it difficult to draw sound conclusions about the effectiveness of interventions, even for interventions most often and most favourably assessed, such as behavioural and cognitive-behavioural interventions with maltreating parents. Implications for practice, research and policy are underlined.”</p>
<p>Ellenbogen S, Klein B, Wekerle C. Early childhood education as a resilience intervention for maltreated children. <i>Early Child Development and Care</i> 2014;184(9-10):1364-1377.</p>	<p>“The profound injuries caused by child maltreatment are well documented in the neurological, attachment, cognitive, and developmental literature. In this review paper, we explore the potential of early childhood education (ECE) as a community-based resilience intervention for mitigating the impacts of child abuse and neglect and supporting families in difficulty. There is clear empirical evidence that providing quality ECE to disadvantaged and vulnerable families in conjunction with other services (e.g. parenting education) is associated with positive outcomes. Challenges facing ECE centres, such as integrating children with behavioural, cognitive, and socio-emotional</p>

<p>Euser S, Alink LR, Stoltenborgh M, Bakermans-Kranenburg MJ, van IMH. A gloomy picture: a meta-analysis of randomized controlled trials reveals disappointing effectiveness of programs aiming at preventing child maltreatment. <i>BMC Public Health</i> 2015;15:1068.</p>	<p>difficulties, are considered. Examples of successful programmes are presented.”</p> <p>“Consistent findings about the effectiveness of parent programs to prevent or reduce child maltreatment are lacking. METHODS: In the present meta-analysis we synthesized findings from 27 independent samples from randomized controlled trials (RCTs) on the effectiveness of 20 different intervention programs aimed at (i) preventing the occurrence of child maltreatment in the general population or with at-risk but non-maltreating families, or (ii) reducing the incidence of child maltreatment in maltreating families. RESULTS: A significant combined effect on maltreatment (<math>d = 0.13</math>; <math>N = 4883</math>) disappeared after the trim-and-fill approach that takes into account publication bias against smaller studies without significant outcomes. However, moderator analyses showed that larger effect sizes were found for more recent studies, studies with smaller samples, programs that provide parent training instead of only support, programs that target maltreating instead of at-risk families, and programs with a moderate length (6-12 months) or a moderate number of sessions (16-30). CONCLUSIONS: More RCTs are needed to further unravel which factors are associated with program effectiveness. Because currently existing programs appeared to only reduce and not prevent child maltreatment, efforts in the field of preventive intervention should also focus on the development and testing of preventive programs for families at risk for child maltreatment.”</p>
<p>Filene JH, Kaminski JW, Valle LA, Cachat P. Components associated with home visiting program outcomes: a meta-analysis. <i>Pediatrics</i> 2013;132 Suppl 2:S100-109.</p>	<p>“Although several systematic reviews have concluded that home visiting has strong evidence of effectiveness, individual evaluations have produced inconsistent results. We used a component-based, domain-specific approach to determine which characteristics most strongly predict outcomes. METHODS: Medline and PsycINFO searches were used to identify evaluations of universal and selective home visiting programs implemented in the United States. Coders trained to the study criterion coded characteristics of research design, program content, and service delivery. We conducted random-effects, inverse-variance-weighted linear regressions by using program characteristics to predict effect sizes on 6 outcome domains (birth outcomes, parenting behavior and skills, maternal life course, child cognitive outcomes, child physical health, and child maltreatment). RESULTS: Aggregated to a single effect size per study (<math>k = 51</math>), the mean effect size was 0.20 (95% confidence interval: 0.14 to 0.27), with a range of -0.68 to 3.95. Mean effect sizes were significant and positive for 3 of the 6 outcome domains (maternal life course outcomes, child cognitive outcomes, and parent behaviors and skills), with heterogeneity of effect sizes in all 6 outcome domains. Research design characteristics generally did not predict effect sizes. No consistent pattern of effective components emerged across all outcome domains. CONCLUSIONS: Home visiting programs demonstrated small but significant overall effects, with wide variability in the size of domain-specific effects and in the components that significantly predicted domain-specific effects. Communities may need complementary or alternative strategies to home visiting programs to ensure widespread impact on these 6 important public health outcomes.”</p>

<p>Fitzgerald HE, McKelvey LM, Schiffman RF, Montanez M. Exposure of low-income families and their children to neighborhood violence and paternal antisocial behavior. <i>Parenting-Science and Practice</i> 2006;6(2-3):243-258.</p>	<p>“Objective. We examined the relation between neighborhood violence and father antisocial behavior with a national sample of fathers from low-income families with 3-year-old children Design. Children were classified into 4 groups based on their exposure to father antisocial behavior and neighborhood violence. Results. Children who experience high levels of each performed more poorly on indicators of emotion regulation. Children in risk groups were exposed to higher levels of family conflict, father depression, and poorer internal, and external physical environments than children who were in the low-risk group. Children with fathers who were not antisocial were 3 times more likely to be spanked when the father resided in a high-risk neighborhood. Conclusions. Fathers should be included in early prevention programs targeting families with very young children, and such programs simultaneously challenged to broaden into community networks.”</p>
<p>Geeraert L, Van den Noortgate W, Grietens H, Onghena P. The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: a meta-analysis. <i>Child Maltreatment</i> 2004;9(3):277-291.</p>	<p>“In this article, a meta-analysis is presented on 40 evaluation studies of early prevention programs for families with young children at risk for physical child abuse and neglect with mostly nonrandomized designs. The main aim of all programs was to prevent physical child abuse and neglect by providing early family support. For the meta-analysis, a multilevel approach was used. A significant overall positive effect was found, pointing to the potential usefulness of these programs. The study demonstrated a significant decrease in the manifestation of abusive and neglectful acts and a significant risk reduction in factors such as child functioning, parent-child interaction, parent functioning, family functioning, and context characteristics.”</p>
<p>Godenzi A, De Puy J. Overcoming boundaries: A cross-cultural inventory of primary prevention programs against wife abuse and child abuse. <i>Journal of Primary Prevention</i> 2001;21(4):455-475.</p>	<p>“This paper reviews existing primary prevention programs against wife and child abuse in the USA, Canada and France. There are a large variety of primary prevention approaches to wife and child abuse, but no systematic overview of these programs exists. In addition, knowledge of intervention programs has been limited by language barriers. This paper looks beyond language differences to provide a fuller view of the spectrum of recent intervention programs. We present a qualitative overview of existing programs and discuss the similarities and differences among different intervention strategies.”</p>
<p>Gonzalez A, MacMillan HL. Preventing child maltreatment: an evidence-based update. <i>Journal of Postgraduate Medicine</i> 2008;54(4):280-286.</p>	<p>“Child maltreatment is a significant public health problem associated with a broad range of negative outcomes in children and adolescents that can extend into adulthood. This review summarizes information about programs aimed at the prevention of child maltreatment evaluated by controlled trials, with a focus on home visitation programs. It does not include programs aimed at prevention of child sexual abuse, the subject of a separate review in this series. We discuss those programs that include one or more measures of child maltreatment and related outcomes (reports of abuse and neglect, injuries, hospitalizations and emergency room visits). Most programs targeting at-risk families have not shown evidence of effectiveness in preventing abuse or neglect. An important exception is the Nurse Family Partnership (NFP), a program provided by nurses to first-time so-</p>

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cially disadvantaged mothers beginning prenatally that has undergone rigorous evaluation in three randomized controlled trials. It has shown consistent effects in reducing reports of maltreatment and associated outcomes as well as additional benefits in maternal and child health in high-risk families. A second exception is the promising Early Start program provided by nurses and social workers to at-risk families beginning postnatally. One randomized controlled trial of the program has shown reduced rates of parental reports of severe abuse and hospital attendance for injuries and poisonings, based on records. The characteristics of the NFP and Early Start programs are discussed with special emphasis on ways in which they differ from other home visitation programs.”

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Harnett PH, Dawe S. The contribution of mindfulness-based therapies for children and families and proposed conceptual integration. *Child and Adolescent Mental Health* 2012;17(4):195-208.

“Background: Mindfulness is the development of a nonjudgmental accepting awareness of moment-by-moment experience. Intentionally attending to ones ongoing stream of sensations, thoughts, and emotions as they arise has a number of benefits, including the ability to react with greater flexibility to events and sustain attention. Thus the teaching of mindfulness-based skills to children and their carers is a potential means of improving family relationships and helping children achieve more positive developmental outcomes through increased ability to sustain attention and manage emotions. We provide a review of recent studies evaluating mindfulness-based interventions targeting children, adolescents, and families in educational and clinical settings. Method: Searches were conducted of several databases (including Medline, PsychINFO and Cochrane Reviews) to identify studies that have evaluated mindfulness-based interventions targeting children, adolescents or families published since 2009. Results: Twenty-four studies were identified. We conclude that mindfulness-based interventions are an important addition to the repertoire of existing therapeutic techniques. However, large-scale, methodologically rigorous studies are lacking. The interventions used in treatment evaluations vary in both content and dose, the outcomes targeted have varied, and no studies have employed methodology to investigate mechanisms of change. Conclusions: There is increasing evidence that mindfulness-based therapeutic techniques can have a positive impact on a range of outcome variables. A greater understanding of the mechanisms of change is an important future direction of research. We argue that locating mindfulness-based therapies targeting children and families within the broader child and family field has greater promise in improving child and family functioning than viewing mindful parenting as an independent endeavor.”

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Kearney MH, York R, Deatrick JA. Effects of home visits to vulnerable young families. *Journal of Nursing Scholarship* 2000;32(4):369-376.

“Purpose: Nurses' home visits to new parents have been replaced in many high-need communities by nonprofessional visits without clear evidence of effectiveness. Previous reviews of home visiting research have combined nurse and interventions and have pooled studies front the US, where home visiting is mainly limited to low-income families, with those from nations where home visiting is a universal service, This integrative review was focused on nurse-delivered interventions in the US and Canada to identify the nursing-specific models with the greatest effect in this cultural context. Evaluation of support for social ecology, theory was a secondary aim. Design: The sample consisted of 20 experimental and quasi-experimental studies

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	<p>of home nursing interventions for families of newborn infants who were vulnerable because of poverty, social risks, or perematurity. Methods: Each report was examined systematically using specific rules of inference and a scoring system for methodological quality. Intervention effects on five outcome domains were described. Findings: Maternal outcomes, maternal-infant interaction, and parenting were more often influenced than was child development, except in preterm infants. Well-child health care did not improve. Effective programs generally began in pregnancy included frequent visits for more than a year; had well-educated nurses, and were focused on building a trusting relationship and coaching maternal-infant interaction. Social ecology theory was partially supported. Conclusions: Future nurse home-visiting research should test a combination of these effective components. Nurses car? use this information to seek: funding of nurse-delivered interventions for vulnerable families.”</p>
<p>Kennedy SC, Kim JS, Tripodi SJ, Brown SM, Gowdy G. Does Parent-Child Interaction Therapy Reduce Future Physical Abuse? A Meta-Analysis. <i>Research on Social Work Practice</i> 2016;26(2):147-156.</p>	<p>“Objective: To use meta-analytic techniques to evaluating the effectiveness of Parent-Child Interaction Therapy (PCIT) at reducing future physical abuse among physically abusive families. Methods: A systematic search identified six eligible studies. Outcomes of interest were physical abuse recurrence, child abuse potential, and parenting stress. Results: Parents receiving PCIT had significantly fewer physical abuse recurrences and significantly greater reductions on the Parenting Stress Index than parents in comparison groups. Reductions in child abuse potential were non-significant, although 95% confidence intervals suggest clinically meaningful treatment effects. The studies examining physical abuse recurrence had a medium treatment effect (g=0.52), while results from pooled effect size estimates for child abuse potential (g=0.31) and parenting stress (g=0.35) were small. Conclusions: PCIT appears to be effective at reducing physical abuse recurrence and parenting stress for physically abusive families, with the largest treatment effects seen on long-term physical abuse recurrence. Applications to social work practice are discussed.”</p>
<p>Kotliarenco MA, Gomez E, Munoz MM, Aracena M. [The characteristics, effectiveness and challenges of home visiting in early intervention programmes]. <i>Revista de Salud Publica</i> 2010;12(2):184-196.</p>	<p>“The authors reviewed papers published between 1999 and 2009 in journals indexed in PsycInfo, PubMed, EBSCO and ProQuest concerning the characteristics, effectiveness and challenges of home visit programmes orientated towards early childhood intervention, clarifying the research's scope and limitations and its applications. Home visiting has been shown to be effective for a variety of relevant areas, especially for developing parent skills and child-caregiver relationships. The most effective programmes have started at pregnancy, lasted more than a year, had specially trained staff and have focused on building a trustworthy relationship and on modelling the infant-caregiver interaction. The importance of considering target population characteristics, the visiting model used and the visitor agent was identified in designing these programmes. In spite of the evidence accumulated in Anglo-Saxon studies, the costs associated with these programmes can be very high, thereby implying barriers which can make their dissemination difficult in Latin-American countries. The authors discuss the need for developing and evaluating other vari-</p>

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	ants (i.e. including community agents), considering their cost/effectiveness ratio for treating early childhood problems, needs and characteristics in Latin-America.”
<p>Krugman SD, Lane WG, Walsh CM. Update on child abuse prevention. <i>Current Opinion in Pediatrics</i> 2007;19(6):711-718.</p>	<p>“PURPOSE OF REVIEW: Child abuse remains a significant problem in the United States with 2.9 million reports and 825 000 indicated cases in 2005. This report will highlight recent efforts toward child abuse prevention, focusing on home visiting programs, abusive head trauma primary prevention, parent training programs, sexual abuse prevention, and the effectiveness of laws banning corporal punishment. RECENT FINDINGS: Most home visitation programs have demonstrated a lack of effectiveness in recent randomized trials. One exception is the Nurse Family Partnership, which remains the most effective and longest enduring intervention for high-risk families. Child sexual abuse prevention programs and parent training programs need further evaluation with more rigorous methodology and outcome measures. Providing universal parent education about coping with crying infants appears to be effective in lowering the incidence of abusive head trauma. Although advocated for, further study will determine the effectiveness of laws banning corporal punishment or mandating abusive head trauma education to parents of newborns. SUMMARY: Pediatricians play an important role in the prevention of child maltreatment. Their knowledge of the effectiveness of different programs can help guide parents toward appropriate services.”</p>
<p>Lafortune D, Gilbert S. Literature review on clinical issues with parents at risk of child abuse: Targeting the generational factor? <i>Pratiques Psychologiques</i> 2016;22(2):105-123.</p>	<p>“The prevalence of child abuse is higher in families with psychosocial vulnerabilities or when one or both parents experienced abuse or neglect during childhood. While the most widespread intervention approaches in Canada (e.g. material support or parenting skills programs) show mixed results in providing changes in mistreatment cycles, we examine clinical practice focused on generational repetition of trauma. In order to explore this topic, this paper has 4 objectives and will be supported by a narrative review of the literature: (1) to document the causalities of child maltreatment; (2) to identify the clinical challenges of struggling parents; (3) to develop a critical analysis of the intervention programs commonly spread in Canada; (4) to take into account multifaceted vulnerabilities of these families through innovative practice perspectives.”</p>
<p>Lagerberg D. Secondary prevention in child health: effects of psychological intervention, particularly home visitation, on children's development and other outcome variables. <i>Acta Paediatrica Supplement</i> 2000;89(434):43-52.</p>	<p>“This paper reviews interventions targeting socially deprived families, families with low birthweight/premature children, and some other problems (child abuse, sensitivity/attachment, postnatal depression). Conclusions are mainly based on randomized controlled trials. Earlier reviews in the field have emphasized the importance of intensive, enduring home visitation and of early education programmes for young children. Home visitation may positively effect several outcomes, including health behaviour, child safety and stimulation. Rates of child abuse and neglect have proven difficult to influence, but home visitation may result in other gains such as fewer accidents and serious injuries, and greater home safety. The cognitive development of low birthweight and premature children may be positively influenced by home visitation, particularly in combination with an early stimulation programme in the neonatal unit and pre-school placement. Postnatally depressed mothers have been shown</p>



	<p>to improve substantially from nurse counselling once a week for 6-8 wk. It is suggested that home visitation should be tried on a systematic basis, and that early pre-school experiences should be offered to children in different risk situations. Child Health Centres should introduce a screening programme for postnatal depression. Specialist child health units should be encouraged.”</p>
<p>Law J, Plunkett C, Taylor J, Gunning M. Developing policy in the provision of parenting programmes: integrating a review of reviews with the perspectives of both parents and professionals. <i>Child: Care, Health &amp; Development</i> 2009;35(3):302-312.</p>	<p>“BACKGROUND: Parenting programmes are a key component of the delivery of children's services, but evidence-based policy has often proved difficult to implement. METHODS: The present review addressed this issue by integrating a review of systematic reviews of parenting programmes and a series of focus groups with parents and professionals involved in parenting across three agencies in a regional area (health, education and social work). The review summarizes parenting interventions targeting infant mental health, emotional and behavioural difficulties, autism spectrum disorder and attention deficit hyperactivity disorder, abuse/neglect, alcohol/substance abuse and 'vulnerable' parents. The focus groups discussed topics such as the range of parenting services across the three agencies, accessibility, gaps in the service and future directions. RESULTS AND CONCLUSIONS: Twenty systematic reviews were summarized. These reviews demonstrated that there is a wide range of parenting programmes available that have the potential to benefit families who are affected by problems ranging from emotional and behavioural difficulties to adolescent substance abuse. However, the findings of the focus groups reveal that the success of these programmes will depend in part on how they can be tailored to meet the social context of the families targeted. These integrated findings are discussed in terms of their implications for policy and practice.”</p>
<p>Liel C. Parenting programs for mothers who are at risk or indicated for child abuse and neglect-A systematic review of the international research literature. <i>Psychologie in Erziehung und Unterricht</i> 2013;60(1):11-25.</p>	<p>“This article describes method and results of a systematic review of research literature. First, the average effect of parenting programs for high risk mothers in preventing (further) child abuse and neglect in review of reviews and meta-analysis is analyzed. Second, single evaluation studies are classified and positive outcomes for single programs are described (i.e. Child Maltreatment Prevention Program, Project SafeCare, Pathways Triple P). Results: 4 meta-analyses and two reviews show moderate effect sizes of selective prevention programs in reducing risk potential and reports of child abuse. Indicated prevention programs were only tested in reducing the risk of child abuse, also finding moderate effect sizes. 32 evaluation studies show a program array: Selective programs target academic knowledge and parenting skills whereas indicated prevention focuses on mothers' problem behavior. Group interventions are probably more effective in connection with single sessions or home-visitations.”</p>
<p>Lopes NR, Williams LC. Pediatric Abusive Head Trauma Prevention Initiatives: A Literature Review. <i>Trauma Violence &amp; Abuse</i> 2016;6:6.</p>	<p>“Abusive head trauma (AHT) is a serious form of child maltreatment that needs to be prevented. The aim of this study was to summarize the main AHT prevention strategies described in literature, aiming to identify evidence of their efficiency, as well as strengths and limitations. International databases were reviewed from 2005 to 2015 using the key words Shaken Baby Syndrome or abusive head trauma or nonaccidental head trauma or abusive head injury or nonaccidental head injury and prevention A total of 1,215 articles were found and</p>

	<p>34 complete articles were selected for this study. Five initiatives with the main objective of reducing infant crying in the first months of life were found, three aimed at caregiver's emotional regulation and 12 aimed at raising parents and caregivers awareness on AHT. Among them, parental education about infant crying and risks of shaking a baby stands out for its empirical evidence."</p>
<p>Mabe P, Turner M, Josephson AM. Parent management training. <i>Child and Adolescent Psychiatric Clinics of North America</i> 2001;10(3):451-464.</p>	<p>"Provides an overview of the theoretical and empirical basis of parent management training (PMT), the fundamental treatment characteristics of PMT, outcome findings for PMT, and process issues pertinent to PMT effectiveness. PMT involves teaching parents to understand a child's behavior in terms of its antecedents and consequences. Subsequently, parents are coached to develop prosocial behavior in the child by using reinforcement, extinction, and punishment. Significant attention is paid to methods designed to improve structure in the home and the nature of the parent-child relationship. Outcome findings strongly support the efficacy of PMT for treatment of conduct disorders, whereas more modest results have been found for attention-deficit/hyperactivity disorder and internalizing disorders. More recently PMT has been used in preventive efforts with promising outcome results. Limitations on the benefits of PMT are noted for situations in which the parents are experiencing stress and competing influences that inhibit their ability to attend to and respond in a timely and appropriate manner to parenting tasks."</p>
<p>MacLeod J, Nelson G. Programs for the promotion of family wellness and the prevention of child maltreatment: a meta-analytic review. <i>Child Abuse &amp; Neglect</i> 2000;24(9):1127-1149.</p>	<p>"OBJECTIVE: The objectives were to determine the effectiveness of programs in promoting family wellness and preventing child maltreatment and to identify factors that moderate program success. METHOD: Meta-analysis, employing a 3-step model testing procedure, was used to review 56 programs designed to promote family wellness and prevent child maltreatment. RESULTS: The effect sizes for proactive interventions were larger at follow-up than at post-assessment, while the effect sizes for reactive interventions were higher at post-assessment than follow-up. The lowest effect sizes for home visitation programs on child maltreatment were for programs with 12 or fewer visits and less than a 6-month duration. Intensive family preservation programs with high levels of participant involvement, an empowerment/strengths-based approach, and a component of social support had higher effect sizes than programs without those elements. Also, both home visitation and intensive family preservation interventions achieved higher effect sizes with participants of mixed socioeconomic status (SES) than participants with low SES. CONCLUSIONS: The total mean weighted effect size was .41, indicating that outcomes for the intervention group exceed 66% of those in control/comparison groups. The findings from this review demonstrated that child maltreatment can be prevented and that family wellness can be promoted."</p>
<p>MacMillan HL. Child maltreatment: what we know in the year 2000. <i>Canadian Journal of Psychiatry - Re-</i></p>	<p>"This paper provides an overview of child maltreatment within a public health framework, based on the Closing Plenary Address presented at the 1999 Joint Meeting of the American Academy of Child and Adolescent Psychiatry and the Canadian Academy of Child Psychiatry. A brief historical perspective is followed by a discussion of the burden of suffering associated with child maltreatment. Evidence</p>

<p><i>vue Canadienne de Psychiatrie</i> 2000;45(8):702-709.</p>	<p>about the prevention and treatment of child abuse and neglect is reviewed. Evidence supports a program of nurse home visits as effective in preventing abuse and neglect among first-time, at-risk mothers. Sexual abuse education programs improve children's knowledge and prevention skills; whether such programs reduce the occurrence of child sexual abuse remains to be established. In the area of treatment, therapeutic day-care programs improve cognitive skills among physically abused and neglected children. Abuse-specific cognitive-behaviour therapy has been shown to be effective in reducing symptoms among sexually abused children in both preschool and older age groups. Further research is necessary across all subcategories of child maltreatment, particularly neglect and emotional abuse."</p>
<p>Mah JW, Johnston C. Parental social cognitions: considerations in the acceptability of and engagement in behavioral parent training. <i>Clinical Child &amp; Family Psychology Review</i> 2008;11(4):218-236.</p>	<p>"Behavioral parent training (BPT) is a widely used, evidence-based treatment for externalizing child behaviors. However, the ability of BPT programs to be maximally effective remains limited by relatively low rates of acceptance, attendance, and adherence to treatment. Previous reviews have focused on a variety of demographic and mental health characteristics of parents and children that are predictive of poor outcomes in BPT. This paper focuses instead on consideration of parental social cognitions, and how incorporation of these cognitions may, or may not, be useful in advancing the effectiveness of BPT. We first review evidence suggesting limited incremental effects to incorporating parental cognitions within the context of BPT programs. Then, we examine the role of two particular types of parental social cognitions, attributions and parenting efficacy, in relation to the initial stages of accepting and engaging in BPT. We conclude by noting limitations in available research on the links between parental social cognitions and BPT, and we outline a number of potentially useful directions that may clarify whether or not parental social cognitions should be accorded greater attention either in the initial stages or throughout BPT programs."</p>
<p>Malekpour M. Child abuse: A review of current research. <i>Pakistan Journal of Psychological Research</i> 2004;19(1-2):73-88.</p>	<p>"Many children are victims of child abuse. There is no doubt that child abuse, whether physical abuse, sexual abuse, emotional neglect, physical neglect, or psychological abuse, indicates a gross violation of children's rights. The purpose of this paper is to emphasize the importance of various aspects of child abuse, including its definition, all types of abuse, its risk factors, its negative consequences, and its prevention strategies. It is widely recognized that a number of risk factors are associated with the occurrence of child abuse. Therefore, early identification of these risk factors is very important to prevent or to minimize the long-term consequences of abuse. Hence, the author tries to review recent literature regarding child abuse in order to decrease this social problem and to preserve the rights of children."</p>
<p>McFarlane M, Doueck HJ, Levine M. Preventing child abuse and neglect. Children, social science, and the law. New York, NY: Cambridge University</p>	<p>"Reviews some examples of newly developed programs, community-based initiatives, and recent legislation designed and implemented to prevent child maltreatment. In this context, the authors find that although there have been some successes, such programs and legislations are likely to have been driven by values, biases, and political considerations as they are to have been driven by research-based understanding of the problem. Stated differently, there tends to be a gap between what one knows empirically about prevention and what</p>

Press; US; 2002. pp. 322-341.	ultimately gets implemented. The authors conclude the chapter with some comments about how social scientists might help bridge this gap.”
McNaughton DB. Nurse home visits to maternal-child clients: a review of intervention research. <i>Public Health Nursing</i> 2004;21(3):207-219.	“Home visiting has been considered a promising strategy for addressing the multiple needs of families at risk. Research reviews are a valuable resource for researchers, policymakers, and practitioners who develop and support new home-visiting interventions. This review examines 13 research studies published between the years of 1980 and 2000 that test the effectiveness of home-visiting interventions using professional nurses as home visitors. Findings indicate that a wide range of client problems are addressed during home visits using a variety of nursing interventions. Missing from most of the reports is a clear theoretical link between the client problem addressed, the nursing intervention, and target outcomes. About half of the studies were successful in achieving desired outcomes. Future research should be directed by middle-range practice theory, clearly explicate the nursing intervention being tested, use power analysis to determine sample size, and report reliability and validity of dependent variable measures with culturally diverse samples.”
Mendelson T, Letourneau EJ. Parent-Focused Prevention of Child Sexual Abuse. <i>Prevention Science</i> 2015;16(6):844-852.	“Child sexual abuse (CSA) is a serious public health issue. Current after-the-fact approaches to treating victims and punishing offenders are not adequate to address a problem of this magnitude; development and rigorous evaluation of CSA prevention strategies are critical. We propose that CSA prevention efforts should target parents of young children. Parents have been neglected as a focus of CSA prevention; they merit attention given their potential to improve children's safety via effective communication and monitoring. This paper provides an overview of current strategies for reducing CSA prevalence and their limitations, presents a rationale for parent-focused CSA prevention, and discusses considerations pertinent to development of an effective parent-focused approach. Parent-focused CSA prevention offers potential as a public health approach to prevention of CSA, and it is time that we devote resources toward developing and studying this important area.”
Neger EN, Prinz RJ. Interventions to address parenting and parental substance abuse: Conceptual and methodological considerations. <i>Clinical Psychology Review</i> 2015;39:71-82.	“Parental substance abuse is a serious problem affecting the well-being of children and families. The co-occurrence of parental substance abuse and problematic parenting is recognized as a major public health concern. This review focuses on 21 outcome studies that tested dual treatment of substance abuse and parenting. A summary of theoretical conceptualizations of the connections between substance abuse and parenting provides a backdrop for the review. Outcomes of the dual treatment studies were generally positive with respect to reduction of parental substance use and improvement of parenting. Research in this area varied in methodological rigor and needs to overcome challenges regarding design issues, sampling frame, and complexities inherent in such a high-risk population. This area of work can be strengthened by randomized controlled trials, use of mixed-methods outcome measures, consideration of parent involvement with child protective services, involvement of significant others in treatment, provision of concrete supports for treatment attendance and facilitative public policies.”

<p>Nelson G, Laurendeau M-C, Chamberland C. A review of programs to promote family wellness and prevent the maltreatment of children. <i>Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement</i> 2001;33(1):1-13.</p>	<p>“Reviews research on programs designed to promote family wellness and prevent the maltreatment of children. Based on this review, the authors conclude that there is currently no evidence that educational programs prevent child sexual abuse. Only home visitation programs have been shown to prevent child physical abuse and neglect, and multicomponent, community-based programs have been shown to promote family wellness and prevent a number of negative outcomes for children. The most effective programs are those that address several different ecological levels of analysis, begin at birth, are long-term and intensive, are flexible, responsive, and controlled by the local community, and are based on respectful and trusting relationships between community members and staff, who are well trained and competent.”</p>
<p>Nieuwboer CC, Fukink RG, Hermanns JMA. Peer and Professional Parenting Support on the Internet: A Systematic Review. <i>Cyberpsychology Behavior and Social Networking</i> 2013;16(7):518-528.</p>	<p>“The Internet offers many opportunities to provide parenting support. An overview of empirical studies in this domain is lacking, and little is known about the design of web based parenting resources and their evaluations, raising questions about its position in the context of parenting intervention programs. This article is a systematic review of empirical studies (n = 75), published between 1998 and 2010, that describe resources of peer and professional online support for parents. These studies generally report positive outcomes of online parenting support. A number of recent experimental studies evaluated effects, including randomized controlled trials and quasi-experimental designs (totaling 1,615 parents and 740 children). A relatively large proportion of the studies in our sample reported a content analysis of e-mails and posts (totaling 15,059 coded messages). The results of this review show that the Internet offers a variety of opportunities for sharing peer support and consulting professionals. The field of study reflects an emphasis on online resources for parents of preschool children, concerning health topics and providing professional support. A range of technologies to facilitate online communication is applied in evaluated Web sites, although the combination of multiple components in one resource is not very common. The first generation of online resources has already changed parenting and parenting support for a large group of parents and professionals. Suggestions for future development and research are discussed.”</p>
<p>Olivan Gonzalvo G. [What can be done to prevent violence and abuse of children with disabilities?]. <i>Anales de Pediatria</i> 2005;62(2):153-157.</p>	<p>“Children with physical, psychological and sensorial disabilities are known to be more vulnerable to violence and maltreatment, or to be at a greater risk of these forms of abuse. Violence and maltreatment of children with disabilities is part of the general problem of child maltreatment, which is still under-researched and little known as a whole; prevention, in particular, has received little attention. Preventing violence and maltreatment against children with disabilities means preventing physical pain, emotional suffering, difficulties in integration and sequelae additional to those already experienced by children due to their disability, in addition to avoiding great expense to the community. This article presents a review of the literature published in the last 10 years on the various primary and secondary prevention strategies that have taken place in developed countries, with the aim of bringing the subject to public attention, especially</p>

<p>Pinquart M. Associations of parenting styles and dimensions with academic achievement in children and adolescents: A meta-analysis. <i>Educational Psychology Review</i> 2016;28(3):475-493.</p>	<p>that of health professionals, and of serving as a basis for the planning of future research lines and prevention strategies.”</p> <p>“Parents and researchers alike are interested in how to promote children's academic competence. The present meta-analysis integrates the results of 308 empirical studies on associations of general parenting dimensions and styles with academic achievement of children and adolescents assessed via grade point average or academic achievement tests. Parental responsiveness (warmth), behavioral control, autonomy granting, and an authoritative parenting style were associated with better academic performance both concurrently and in longitudinal studies, although these associations were small in a statistical sense. Parental harsh control, and psychological control, as well as neglectful, authoritarian, and permissive parenting styles were related to lower achievement with small to very small effect sizes. With three exceptions, parenting dimensions and styles also predicted change in academic achievement over time. Moderating effects of child age, ethnicity, reported on parenting and academic achievement, quality of the parenting and achievement measure, and publication status were identified. It is concluded that associations of academic achievement with general parenting dimensions/styles tend to be smaller than associations of school-specific parental involvement which have been addressed in previous meta-analyses.”</p>
<p>Poole MK, Seal DW, Taylor CA. A systematic review of universal campaigns targeting child physical abuse prevention. <i>Health Education Research</i> 2014;29(3):388-432.</p>	<p>“The purpose of this review was to better understand the impact of universal campaign interventions with a media component aimed at preventing child physical abuse (CPA). The review included 17 studies featuring 15 campaigns conducted from 1989 to 2011 in five countries. Seven studies used experimental designs, but most were quasi-experimental. CPA incidence was assessed in only three studies and decreased significantly in two. Studies also found significant reductions in relevant outcomes such as dysfunctional parenting, child problem behaviors and parental anger as well as increases in parental self-efficacy and knowledge of concepts and actions relevant to preventing child abuse. The following risk factors were most frequently targeted in campaigns: lack of knowledge regarding positive parenting techniques, parental impulsivity, the stigma of asking for help, inadequate social support and inappropriate expectations for a child's developmental stage. The evidence base for universal campaigns designed to prevent CPA remains inconclusive due to the limited availability of rigorous evaluations; however, Triple-P is a notable exception. Given the potential for such interventions to shift population norms relevant to CPA and reduce rates of CPA, there is a need to further develop and rigorously evaluate such campaigns.”</p>
<p>Portwood SG. What we know-and don't know-about preventing child maltreatment. <i>Journal of Aggression, Maltreatment and Trauma</i> 2006;12(3-4):55-80.</p>	<p>“Although child maltreatment is routinely acknowledged as a serious social problem, it remains widespread, raising questions about how prevention efforts can be improved. Following a review of theory and research relevant to prevention programming, the two dominant models of child abuse prevention-child empowerment and parent education-are examined, emphasizing both those factors that appear to contribute to program success (e.g., early intervention, sufficient time commitments, cultural sensitivity) and weaknesses in current efforts (e.g., poor implementation). Although underutilized, broader</p>

	<p>social and system-level reforms, including social policy and media initiatives, hold promise for prevention. Ways in which to leverage these tools are explored. Additional research is urged to explore assumptions on which programs are based, as well as to conduct more rigorous evaluation of current programs. The article concludes that a sustained commitment to prevention efforts aimed at child abuse and neglect is required."</p>
<p>Reynolds AJ, Mathieson LC, Topitzes JW. Do early childhood interventions prevent child maltreatment? <i>A review of research. Child Maltreatment</i> 2009;14(2):182-206.</p>	<p>"We reviewed the empirical evidence on whether early childhood primary prevention programs can reduce rates of child abuse and neglect. Fifteen studies of 14 programs for children ages birth to 5 years were completed from 1990 to 2007 and assessed impacts with methodological rigor. All but one of the programs intervened from birth to age 3 through home visits, parent education classes, or the provision of health services. The weighted average effect size of program participation was a 2.9 percentage-point reduction in maltreatment (6.6% vs. 9.5%), which is equivalent to a 31% reduction in the rate of maltreatment and a fifth of a standard deviation. Of the five programs showing significant reductions in substantiated rates of child maltreatment, three provide strong evidence of preventive effects. Only the Child-Parent Centers (CPCs) and the Nurse-Family Partnership (NFP) assessed longer term preventive effects. Common elements of these effective programs included implementation by professional staff, relatively high dosage and intensity, and comprehensiveness of scope. The major conclusion is that the evidence base for programs in early childhood to prevent child maltreatment remains relatively weak. To advance the field, more longer term studies of a variety of intervention models are needed."</p>
<p>Romeiro J, Lourenco M. Nursing interventions for preventing child maltreatment: A systematic literature review. <i>Atencion Primaria</i> 2013;45:98.</p>	<p>"Introduction: Child maltreatment is a complex and multicausal problem, with serious and irreversible physical, cognitive, emotional and social development consequences. The repercussions are reflected not only in childhood but also in adolescence with manifestation of symptoms like depression, anxiety, suicidal thoughts, school absences, and risk or deviant behaviors. With consequences in adulthood such as the intergenerational perpetuation of abusive behavior in a continuous maltreatment cycle. Objectives: Identify nursing interventions that promote the transition of the parental role in order to protect the child and prevent the risk of abuse or neglect. Methods: We used a treatment protocol of literature review technique for the search of the best empirical evidence in EBSCOhost scientific database, published in the last decade (between January 2002 and December 2012). The research question was developed based on the PICOD methodology: "What nursing interventions promote the transition of the parental role in order to protect and prevent the risk of child maltreatment?". Results: Were obtained 14 empirical studies that show the progress of nursing discipline in child protection and abuse prevention through programs implemented in the last decade and that contributed in favor of upholding children's values and rights. Conclusions: The intervention at three levels of prevention (primary, secondary and tertiary) contributes not only to improve the quality of the life of children at risk but more widely to benefit the society. It is essential to evaluate the effectiveness of programs,</p>

<p>Runyon MK, Deblinger E, Ryan EE, Thakkar-Kolar R. An overview of child physical abuse: developing an integrated parent-child cognitive-behavioral treatment approach. <i>Trauma Violence &amp; Abuse</i> 2004;5(1):65-85.</p>	<p>its limitations, the perception of the individual participants and apply its results, improving the practice to safeguard children at risk.”</p> <p>“This article reviews and summarizes the extant literature regarding child physical abuse (CPA). Literature is summarized that describes the wide range of short- and long-term effects of CPA on children as well as the documented characteristics of parents/caregivers who engage in physically abusive parenting practices. Although the reviewed research documents that interventions geared only toward the parent have been found to produce significant improvements with respect to parenting abilities, parent-child interactions, and children's behavior problems, there is a paucity of research examining the efficacy of interventions developed specifically to target the child's emotional and behavioral difficulties. Based on the few studies that have shown emotional and behavioral gains for children who have participated in treatment, an integrated parent-child cognitive-behavioral therapy (CBT) approach is proposed here to address the complex issues presented by both parent and child in CPA cases. The direct participation of the child in treatment also may improve our ability to target posttraumatic stress disorder (PTSD), depressive symptoms as well as anger control and dysfunctional abuse attributions in the children themselves. Implications for practice, public policy, and research are also addressed.”</p>
<p>Sanchez Cesareo M, Santiago Rodriguez B, Morales Boscio AM, Hernandez Gierbolini I, Toro Torres JI, Jordan HC. Identification and dissemination of successful interventions for prevention of child abuse in Puerto Rico. <i>Revista Puertorriquena de Psicología</i> 2016;27(1):10-24.</p>	<p>“Child abuse is locally and internationally recognized as a serious public health problem. Affecting thousands of children every year in Puerto Rico. Given the magnitude of the problem, prevention emerges as a core tool to address it. It's imperative to identify evidenced-based interventions to prevent child abuse which will aid in the development of successful prevention practices in our country. A total of 193 interventions were identified through a systematic review of the scientific literature using traditional and supplementary methods. The results of this study show that Puerto Rico is in an emerging stage in the development of local evidence-based interventions. However, in the United States there is a considerable amount of interventions aimed at preventing abuse. These interventions are not designed for the Puerto Rican population in the island but provide a starting point to promote prevention practices based on evidence in our context. As a result of this investigation a digital database was created to have information accessible for professionals and the community.”</p>
<p>Santini PM, Williams LC. Parenting programs to prevent corporal punishment: A systematic review. <i>Paideia</i> 2016;26(63):121-129.</p>	<p>“Studies have shown that corporal punishment against children is a common family practice, causing damage to child development. Considering that parents are the main perpetrators of this type of aggression, parenting programs are needed to raise children without violence. This study aimed at performing a systematic review of parenting programs evaluations to reduce corporal punishment. Intervention procedures, as well as design, results and limitations were identified for each study. The PRISMA protocol (Preferred Reporting Items for Systematic reviews and Meta-Analyses) was used for reporting the results. A literature survey was conducted in Brazilian databases, as well as English ones from 1994-2014. One Brazilian study and eight international studies were selected as relevant, and</p>



	<p>only four used randomized controlled trials (RCT). All studies reported satisfactory results in decreasing aggression by parents against their children. Further research in the area with solid methodology is recommended.”</p>
<p>Sar BK, Antle BF, Bledsoe LK, Barbee AP, Van Zyl MA. The importance of expanding home visitation services to include strengthening family relationships for the benefit of children. <i>Children and Youth Services Review</i> 2010;32(2):198-205.</p>	<p>“Although home visiting programs effectively address risks of maltreatment related to the mother and infant through providing services such as medical care, education/vocational support, and training on positive infant parenting practices, little programmatic attention has been paid to couple relationships, father involvement, and parenting interactions in the context of new parenthood. These relationships within the family system, if not nurtured, can heighten the risks for maltreatment. Therefore, the research on the impact of these relationships for children's wellbeing are reviewed, examples of evidence-based programs to strengthen these relationships are provided, and changes to existing home visiting policies and programs to include strengthening family relationships for the benefit of children are recommended.”</p>
<p>Scourfield J. Improving work with fathers to prevent child maltreatment. <i>Child Abuse &amp; Neglect</i> 2014;38(6):974-981.</p>	<p>“This article provides an overview of the topic of father engagement. It summarizes evidence about the reality of work with fathers in this context and considers the wider evidence on the effectiveness of interventions with fathers. This article also describes specific attempts to improve father engagement for preventing child maltreatment. The category of fathers is very broad. It includes residential and non-residential biological fathers, adoptive fathers, foster carers, step-fathers, and other men who fulfill the role of a social father. Fathers can be a resource for care, but they can also pose potential risks to children, regardless of their biological or legal status. There is certainly potential for better work with fathers, but it has to be acknowledged that the child welfare field has quite a long way to go, starting as it does from a very low base, with a deep-rooted culture of working primarily with mothers.”</p>
<p>Scribano PV. Prevention strategies in child maltreatment. <i>Current Opinion in Pediatrics</i> 2010;22(5):616-620.</p>	<p>“PURPOSE OF REVIEW: Child maltreatment remains a prevalent problem for which notable best practices such as home visitation can be effective; however, most eligible families do not receive these beneficial services. Additionally, there are other promising prevention interventions to effectively address child maltreatment. This review focuses on the recent advances and strategies for child maltreatment prevention. RECENT FINDINGS: Although home visiting does not have a single clearly defined methodology of providing service to children and families, the general supportive framework to improve maternal, child, and family factors makes this intervention the most widely studied and accepted prevention strategy. However, there has been limited effectiveness for most models. The Nurse-Family Partnership (NFP) has provided consistently positive results by targeting families with many risk factors by using highly trained professionals when implementing a research-based intervention. A promising public health approach to parent training (Triple P) may reduce maltreatment and out-of-home placement. Parent-child interaction therapy (PCIT), while a treatment model, is becoming an increasingly important approach to child maltreatment prevention. There may be an opportunity to reduce child maltreatment by en-</p>

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hancing care in the pediatric medical home setting. SUMMARY: Effective child maltreatment prevention efforts exist; however, not all programs provide the same effectiveness, or target the same maltreatment issues. Pediatricians are in a key position to offer support to families in their own practice, as well as to direct families to the appropriate resources available.”

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Segal L, Sara Opie R, Dalziel K. Theory! The missing link in understanding the performance of neonate/infant home-visiting programs to prevent child maltreatment: a systematic review. *Milbank Quarterly* 2012;90(1):47-106.

“CONTEXT: Home-visiting programs have been offered for more than sixty years to at-risk families of newborns and infants. But despite decades of experience with program delivery, more than sixty published controlled trials, and more than thirty published literature reviews, there is still uncertainty surrounding the performance of these programs. Our particular interest was the performance of home visiting in reducing child maltreatment. METHODS: We developed a program logic framework to assist in understanding the neonate/infant home-visiting literature, identified through a systematic literature review. We tested whether success could be explained by the logic model using descriptive synthesis and statistical analysis. FINDINGS: Having a stated objective of reducing child maltreatment—a theory or mechanism of change underpinning the home-visiting program consistent with the target population and their needs and program components that can deliver against the nominated theory of change—considerably increased the chance of success. We found that only seven of fifty-three programs demonstrated such consistency, all of which had a statistically significant positive outcome, whereas of the fifteen that had no match, none was successful. Programs with a partial match had an intermediate success rate. The relationship between program success and full, partial or no match was statistically significant. CONCLUSIONS: Employing a theory-driven approach provides a new way of understanding the disparate performance of neonate/infant home-visiting programs. Employing a similar theory-driven approach could also prove useful in the review of other programs that embody a diverse set of characteristics and may apply to diverse populations and settings. A program logic framework provides a rigorous approach to deriving policy-relevant meaning from effectiveness evidence of complex programs. For neonate/infant home-visiting programs, it means that in developing these programs, attention to consistency of objectives, theory of change, target population, and program components is critical.”

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Skowron E, Reine-mann DHS. Effectiveness of psychological interventions for child maltreatment: A meta-analysis. *Psychotherapy* 2005;42(1):52-71.

“A meta-analysis tested the effectiveness of psychological treatments for child maltreatment (CM) using weighted least squares methods (e.g., L. V. Hedges & I. Olkin, 1985). A mean effect size of  $d = 0.54$  ( $SE = .03$ ,  $95\% CI = .39-.69$ ) was observed, indicating that on average, treated participants were better off than 71% of those in control groups. Partitioning by type and target of outcome assessment yielded homogeneous effects within each of 5 different outcomes. Treatment effects were weakest when linked to objective behavioral observations of the family ( $d = .21$ ) and strongest when associated with parent self-reported parenting attitudes and behaviors ( $d = .53$ ). Results of other moderator analyses are presented, along with limitations of current CM treatment research; implications for future research, practice, and social policy are discussed.”

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<p>Smith TK, Duggan A, Bair-Merritt MH, Cox G. Systematic review of fathers' involvement in programmes for the primary prevention of child maltreatment. <i>Child Abuse Review</i> 2012;21(4):237-254.</p>	<p>“Both mothers and fathers perpetrate child maltreatment, but it is uncertain the extent to which child maltreatment prevention programmes include fathers. The objectives of this systematic review were to determine: (1) how many empirically studied primary prevention programmes for child maltreatment have included fathers; (2) among studies including fathers, what percentage of participants were fathers; and (3) whether programmes were effective in reducing paternal risk factors for child maltreatment. Three online databases were searched. Eligible articles were English language, original research studies describing an intervention for the primary prevention of child maltreatment for children &lt; five years. Included studies had to include at least one father. After screening for eligibility using titles and abstracts, the full text of 158 articles was abstracted. Seventeen studies, describing 15 individual and one multi-site programme, met eligibility criteria. The majority of the studies identified by the systematic review were from the USA. Thirteen programmes had &lt;30 per cent paternal participation; one did not clearly delineate the number of fathers. In the final two programmes, &gt;50 per cent of the participants were fathers. Programme effectiveness in reducing paternal risk factors is uncertain because only the two studies with &gt;50 per cent fathers reported father-specific results. Few fathers participated in empirically studied child maltreatment primary prevention programmes. Research is needed to determine how to actively engage fathers.”</p>
<p>Sweet MA, Appelbaum MI. Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. <i>Child Development</i> 2004;75(5):1435-1456.</p>	<p>“Home visiting programs for families with young children have been in effect for many years; however, this is the first comprehensive meta-analytic effort to quantify the usefulness of home visits as a strategy for helping families across a range of outcomes. Sixty home visiting programs contributed data to analysis within 5 child and 5 parent outcome groups. Standardized effect sizes were computed for each end-of-treatment outcome measure, for each treatment versus control contrast. Weighted mean standardized effect sizes ranged from -.043 to .318; 6 of the 10 significantly differed from 0. No one program characteristic consistently affected effect sizes across outcome groups. The extent to which these findings have practical use for the field is discussed.”</p>
<p>Taubner S, Munder T, Unger A, Wolter S. Effectiveness of early intervention in Germany: A narrative review. <i>Kindheit und Entwicklung: Zeitschrift für Klinische Kinderpsychologie</i> 2013;22(4):232-243.</p>	<p>“Early primary and secondary intervention programs are designed to address parents with young children (prenatal until three years of age) to improve parent-child relationship and parental educational competencies. This is thought to enhance child development and to avoid maltreatment in terms of neglect and abuse. During a systematic review, six databases were searched for publications on the effectiveness of early prevention programs in Germany carried out between 2003 and 2013. Eight studies were found to fulfill inclusion criteria and were included in this narrative review summarizing study designs, study procedure and effectiveness. The quality of the evaluations was found to be heterogeneous. Possible improvements regarding the assessment and control of adherence, randomization, and allegiance are discussed.”</p>
<p>Thomlison B. Characteristics of evidence-</p>	<p>“This project summarizes, using a treatment protocol review technique, characteristics of effective interventions from nine studies of child maltreatment that examined recovery from abuse or the effects</p>

<p>based child maltreatment interventions. <i>Child Welfare</i> 2003;82(5):541-569.</p>	<p>of maltreatment on child and parent outcomes. Results suggest that stronger effects are yielded by targeting parents and the parent-child interaction context in home-based settings during early childhood, designing multicomponent interventions delivered by professionals for teaching parenting competency skills, and targeting families of higher risk children.”</p>
<p>Toomey S, Bernstein H. Child abuse and neglect: prevention and intervention. <i>Current Opinion in Pediatrics</i> 2001;13(2):211-215.</p>	<p>“Child abuse and neglect remains a public health concern. Sadly, pediatric health professionals continually face the challenge of prevention and detection. During the past year, several studies have furthered our understanding of child abuse and neglect. This review focuses on four topic areas in child abuse and neglect: programs, the role of the family, signs and symptoms of abuse, and treatment.”</p>
<p>Tyler S, Allison K, Winsler A. Child Neglect: Developmental Consequences, Intervention, and Policy Implications. <i>Child &amp; Youth Care Forum</i> 2006;35(1):1-20.</p>	<p>“This paper reviews the literature on child neglect with respect to child outcomes, prevention and intervention, and implications for policy. First, the prevalence of the problem is discussed and then potential negative outcomes for neglected children, including behavior problems, low self-esteem, poor school performance, and maladjustment/psychopathology, are discussed. Risk factors and current child neglect interventions are then reviewed. Popular family support programs, such as family preservation, have mixed success rates for preventing child neglect. The successes and shortcomings of other programs are also examined with a focus on implications for future research and policy. Overall, the research supports a multidisciplinary approach to assessment, intervention, and research on child neglect. Furthermore, the need for a combined effort among parents, community members, professionals, and policymakers to increase awareness and prevention endeavors is discussed. Targeted attempts to educate all involved parties should focus on early intervention during specific encounters with at-risk families via medical settings, school settings, and parent education programs.”</p>
<p>van Dijken M, Stams G, de Winter M. Can community-based interventions prevent child maltreatment? <i>Children and Youth Services Review</i> 2016;61:149-158.</p>	<p>“Despite the many efforts taken to prevent child maltreatment, this continues to be a significant worldwide problem. Interventions predominantly focus on ‘at risk’ populations and individual characteristics of the victim or abuser, but is that enough? The present review was designed to examine the potential of community-based programmes, those that target the problem solving and helping processes in the community, and thereby aim to prevent child maltreatment. We searched for theoretical and empirical indications and for available programmes that focus on neighbourhood processes, based on the assumption that positive outcomes may not just be changes in individual behaviours, but may also include changes in community capacity. We found strong theoretical evidence that for stable and long-term behavioural changes it seems necessary to also develop activities aimed at changing distal social contexts surrounding the family, including neighbourhood and school factors, that is, the public domain. We argue that a strong social environment is a necessary condition for the prevention of child maltreatment. Community-based interventions can strengthen the socialising quality of the social environment. Since the high prevalence of child maltreatment remains a significant problem, despite the availability of effective family interventions, preventive interventions should target the wider</p>

	<p>social context of the family, in particular neighbourhood factors. Scientific literature generally showed that community-based interventions targeting neighbourhood processes are promising, although effectiveness should still be established. Empirical evidence is necessary to further develop promising community-based approaches for the prevention of child maltreatment.”</p>
<p>Voisine S, Baker AJ. Do universal parenting programs discourage parents from using corporal punishment: A program review. <i>Families in Society</i> 2012;93(3):212-218.</p>	<p>“The curricula of 10 evidence-based, universal, group parent-training programs were examined to determine whether the topic of corporal punishment (CP) is explicitly discussed, whether the program explicitly discourages its use, what reason(s) are offered for refraining from its use, and what alternatives are offered. There was strong agreement among the program curricula that CP is both harmful to the child and an ineffective discipline strategy. Between two and five alternative discipline strategies were offered to parents. The variation among the programs with respect to both arguments against and alternatives to the use of CP makes it difficult to ascertain one critical feature or combination of features of the parenting programs for effectively reducing parent use of CP. Directions for future research and practice are offered.”</p>
<p>Ward C, Sanders MR, Gardner F, Mikton C, Dawes A. Preventing child maltreatment in low- and middle-income countries. <i>Child Abuse &amp; Neglect</i> 2016;54:97-107.</p>	<p>Abstract not available.</p>
<p>Zolotor AJ, Runyan DK. Social capital, family violence, and neglect. <i>Pediatrics</i> 2006;117(6):E1124-E1131.</p>	<p>“BACKGROUND. Social capital includes collective efficacy, psychological sense of community, neighborhood cohesion, and parental investment in the child. It has been shown to be associated with a variety of health and welfare outcomes and may be useful in understanding and preventing parenting behaviors on the continuum of child abuse and neglect. OBJECTIVE. The purpose of this research was to evaluate low social capital as a risk factor for harsh physical punishment, neglectful parenting, psychologically harsh parenting, and domestic violence. METHODS. This study is an analysis of cross-sectional telephone survey data of mothers in North and South Carolina (n=1435). We constructed a 4-point social capital index reflecting survey responses to items ascertaining neighborhood characteristics, willingness to take personal action, the presence of 2 adults in the household, and regular religious service participation. We assessed the relationship of social capital to inventories of self-reported parenting behaviors and in-home violence. RESULTS. In adjusted analysis, we found that each 1 point increase in a 4-point social capital index was associated with a 30% reduction in the odds of neglectful parenting, psychologically harsh parenting, and domestic violence. There was no relationship between social capital and harsh physical punishment. CONCLUSIONS. This study demonstrates that increasing social capital decreases the odds of neglectful parenting, psychologically harsh parenting, and domestic violence but not harsh physical punishment. This supports further investigation into developing social capital as a resource for families.”</p>



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