



A systematic review of randomized controlled trials of interventions designed to decrease child abuse in high-risk families



Elizabeth J. Levey^{a,b,c,*}, Bizu Gelaye^d, Paul Bain^b, Marta B. Rondon^e,
Christina P.C. Borba^{f,g}, David C. Henderson^{f,g}, Michelle A. Williams^d

^a The Chester M. Pierce, MD Division of Global Psychiatry, Massachusetts General Hospital, 5 Longfellow Pl., Suite 215, Boston, MA 02114, USA

^b Harvard Medical School, 25 Shattuck St., Boston, MA 02115, USA

^c Institute for Juvenile Research, University of Illinois College of Medicine, 1747 W Roosevelt Rd., Chicago, IL 60608, USA

^d Harvard T.H. Chan School of Public Health, 677 Huntington Ave., Boston, MA 02115, USA

^e Universidad Peruana Cayetano Heredia, Av. Honorio Delgado 430, Urb Ingenieria, San Martin de Porras, Lima, Peru

^f Boston Medical Center, Department of Psychiatry, 840 Harrison Ave., Boston, MA 02118, USA

^g Boston University School of Medicine, 72 East Concord St., Boston, MA 02118, USA

ARTICLE INFO

Article history:

Received 7 July 2016

Received in revised form

18 December 2016

Accepted 5 January 2017

Available online 19 January 2017

Keywords:

Systematic review

Randomized controlled trial

Child maltreatment

Abuse

Neglect

Intergenerational transmission

ABSTRACT

Child abuse is a global problem, and parents with histories of childhood abuse are at increased risk of abusing their offspring. The objective of this systematic review is to provide a clear overview of the existing literature of randomized controlled trials evaluating the effectiveness of interventions to prevent child abuse. PubMed, PsychINFO, Web of Science, Sociological Abstracts, and CINAHL were systematically searched and expanded by hand search. This review includes all randomized controlled trials (RCTs) of interventions designed to prevent abuse among mothers identified as high-risk. Of the eight studies identified, only three found statistically significant reductions in abuse by any measure, and only two found reductions in incidents reported to child protective services. While much has been written about child abuse in high-risk families, few RCTs have been performed. Only home visitation has a significant evidence base for reducing child abuse, and the findings vary considerably. Also, data from low- and middle-income countries are limited.

© 2017 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

Child abuse, including both physical and sexual abuse, is a global problem. The prevalence of child physical abuse alone has been estimated at 22.6% worldwide (Stoltenborgh, Bakermans-Kranenburg, van Ijzendoorn, & Alink, 2013). Children who experience abuse are more likely to have physical and mental health problems in adulthood, including chronic inflammation (Bertone-Johnson, Whitcomb, Missmer, Karlson, & Rich-Edwards, 2012; Danese et al., 2009), asthma (Coogan et al., 2013), substance abuse (Banducci, Hoffman, Lejuez, & Koenen, 2014), depression (Chapman et al., 2004), suicidal behavior (Dube et al., 2001) and post-traumatic stress disorder (Frans, Rimmo, Aberg, & Fredrikson, 2005). Victims of childhood abuse are

* Corresponding author at: Massachusetts General Hospital Schizophrenia Clinical and Research Program, 5 Longfellow Place, Suite 215, Boston, MA 02114, USA.

E-mail address: elevey@mg.harvard.edu (E.J. Levey).

also at risk for re-victimization as adults, when they go on to experience high rates of intimate partner violence (Bensley, Van Eenwyk, & Wynkoop Simmons, 2003; Coid et al., 2001; Schaaf & McCanne, 1998), and their offspring are at increased risk for being abused (Berlin, Appleyard, & Dodge, 2011; Lee, 2009; Madigan et al., 2014; Milan, Lewis, Ethier, Kershaw, & Ickovics, 2004; Plant, Barker, Waters, Pawlby, & Pariante, 2013). For this reason, interventions with high-risk families are needed to prevent abuse of the next generation.

Interventions designed to interrupt this cycle have been developed to provide support and education to pregnant women and mothers of infants who are at risk for parenting difficulties. This both bridges a knowledge gap (Avellar & Supplee, 2013; Olds, Henderson, Chamberlin, & Tatelbaum, 1986; Olds et al., 2004; Olds, Sadler, & Kitzman, 2007) and provides new mothers with experiences of nurturing and care that many of them did not have in their own childhoods (Fraiberg, Adelson, & Shapiro, 1975). Home visiting interventions are the most widely used parenting interventions in the US, and their global popularity is growing (Alonso-Marsden et al., 2013; Astuto & Allen, 2009; Casillas, Fauchier, Derkash, & Garrido, 2016; Knerr, Gardner, & Cluver, 2013). Originally developed to improve medical outcomes in premature infants, home visiting has also been used to treat post-partum depression, improve parent-infant connectedness, decrease child abuse and improve child developmental outcomes (Avellar & Supplee, 2013; Olds et al., 2007). Other intervention types, including groups, have been tried but have not been widely adopted because participation rates have been low (Elliott, Sanjack, & Leverton, 1988; Stamp, Williams, & Crowther, 1995).

A recent meta-analysis assessed 156 home visiting interventions with a variety of study designs (Casillas et al., 2016). The study found that interventions targeting specific high-risk groups had greater effect sizes than those that targeted a general population. Implementation factors, including the training and supervision of those delivering the intervention, also impacted effect size. However, it was not clear which implementation factors were important for preventing abuse among which groups.

The objective of this report is to systematically review existing literature of randomized controlled trials evaluating the efficacy of interventions to prevent child abuse beginning at birth by mothers identified as high-risk based on financial factors, age, abuse history, mental illness, substance abuse or life stress. While the risk factors associated with child abuse are highly co-morbid, some studies have found that particular sub-populations are more responsive to interventions, which has led to efforts to tailor interventions to specific groups. This report will seek to determine the impact of participant-specific factors and intervention-specific factors on intervention effectiveness.

2. Methods

2.1. Search strategy

A systematic search was conducted through searches of the electronic databases CINAHL, PsycINFO, PubMed, Sociological Abstracts, and Web of Science. The last search was conducted on April 4, 2016. Key search terms included caregiving, infant care, maternal-child relations, maternal behavior, pregnancy, pregnant women, therapy, violence, and child car*, maternal car*, parent* pregnan*, intervention*, therap* and treatment* as root searches. See Supplementary Material for search details. The titles of all retrieved articles were screened to exclude non-pertinent papers and duplicates, after which study abstracts were read. Full texts of the selected studies were then retrieved and read in full. The bibliographies of relevant articles were reviewed to identify other potentially relevant articles not otherwise indexed or discoverable.

2.2. Inclusion criteria

The literature search included interventional studies of human subjects with no limitation on the year of publication or language. An article was included if it met the following criteria: 1) the study was a randomized controlled trial (RCT); 2) participants were pregnant women or new mothers identified as being at elevated risk of abusing their offspring; 3) a stated goal of the intervention was to prevent child abuse. An article was excluded if 1) the study was not a RCT; 2) the participants were not pregnant women or mothers of infants; 3) participants were not assessed for a history of childhood abuse or other psychosocial risk factors for abusing their offspring; and finally 4) if the intervention was not designed to prevent offspring abuse. The quality of the studies was evaluated using

2.3. Quality assessment

After full text evaluation, the risk of bias and the quality of the selected studies was assessed by two reviewers (EJL & BG) separately, based on the Cochrane Collaboration tool for assessing risk of bias in intervention studies (Higgins, 2011). Key domains of the risk of bias assessment were sequence generation, allocation concealment, blinding, incomplete outcome data, selective outcome reporting and any other relevant issues. The reviewers independently assessed risk of bias for each study and classified every study as low, high or unclear risk of bias. Final classifications and inclusion in this review were determined by consensus. For a detailed overview of the quality assessment, see Table 1.

Download English Version:

<https://daneshyari.com/en/article/4936076>

Download Persian Version:

<https://daneshyari.com/article/4936076>

[Daneshyari.com](https://daneshyari.com)