State of Prevention Science: Child Maltreatment

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Objectives

• To review and discuss the scientific evidence for prevention of child maltreatment including:
  - universal
  - selective (targeted)
  - indicated (treatment)

• To explore implications of evidence for low- and middle-income countries (LMIC)
Public Health Approach

Surveillance
What’s the problem?

Risk Factor Identification
What’s the cause?

Intervention Evaluation
What works?

Implementation
How do you do it?

Problem
Response
Prevention points

Prevention before occurrence

Physical abuse
Sexual abuse
Emotional abuse
Neglect
Exposure to IPV

Prevention of recurrence

Prevention of impairment

Long-term outcomes

Universal
Selected

Indicated Interventions

(MacMillan et al., 2009)
Physical abuse and neglect

• Home visitation
  – Nurse Family Partnership (NFP) (best)
  – Early Start (New Zealand) (promising)

• Parent training programs
  – Triple P Positive Parenting Program (promising)

• Abusive head trauma education programs (promising)

• Enhanced pediatric care (promising)
Physical abuse and neglect

• Home visiting programs are not uniformly effective in reducing child physical abuse and neglect
• *Any* home visiting program should not be assumed to reduce child abuse and neglect
• Level of evidence: systematic reviews with RCTs
Nurse Family Partnership

- First-time disadvantaged mothers received home visits by nurses
- Began prenatally and extended until child’s 2nd birthday
- Nurses promoted 3 aspects of maternal functioning:
  - health-related behaviors
  - maternal life course development
  - Parental care of children

(Olds et al., 2007)
Randomized controlled trials

Elmira, NY 1977
- Low-income whites
- Semi-rural
N = 400

Memphis, TN 1987
- Low-income blacks
- Urban
N = 1,138

Denver, CO 1994
- Large portion of Hispanics
- Nurse versus paraprofessional visitors
N = 735

Courtesy of David Olds, PhD
Nurse Family Partnership

- Reduced child physical abuse and neglect, as measured by official child protection reports
- Reduced associated outcomes such as injuries in children of first-time, disadvantaged mothers
- Level of evidence: RCTs
Early Start

- Reduced associated outcomes such as injuries and hospital admissions for child abuse and neglect
- Rates of child protection reports did not differ between the intervention and control groups (Fergusson et al., 2005, 2013)
- Replication recommended
- Level of evidence: one RCT
Paraprofessional home visitation

- Includes the Hawaii Healthy Start Program and Healthy Families America
- Have not been shown effective in reducing child protection reports
- Recent RCTs showed conflicting evidence with regard to maternal self-reported child abuse

- Level of evidence: RCTs
Triple P – Positive Parenting Program

Population-level supports for families

1. use of media/information strategies
2. consultations with parents; seminars
3. consultations with active skills training
4. sessions with skills training, home visits or clinic observation or group program
5. augmented version of level 4

(Prinz et al., 2009)
Triple P - Positive Parenting Program

- Positive effects on substantiated child protection services reports, out-of-home placements, and reports of injuries.
- Analysis is not clear and concerns about methods (Wilson et al., 2012).
- Further evaluation and replication is recommended.

- Level of evidence: one RCT.
Abusive head trauma education

- Positive effects from one study suggest that hospital-based educational programs can reduce abusive head injuries (shaken impact syndrome) (Dias et al., 2005)

- Level of evidence: cohort study with historical control; replications underway
Enhanced pediatric care

- Program for families at risk
- “Safe Environment for Every Kid”
  - special training to identify family problems and social worker available
- Promising effects suggest that enhancing physicians’ abilities help families decrease risk factors and CM
  (Dubowitz et al., 2009, 2012)
- Level of evidence: one RCT
Sexual abuse

- Unknown if educational programs reduce occurrence of child sexual abuse
- Some evidence that they improve children’s knowledge and protective behaviours
- Could have some adverse effects (Zwi et al., 2007)
- Level of evidence: systematic reviews with RCTs
Emotional abuse

Therapeutic counselling

- Attachment-based interventions might improve insensitive parenting and infant attachment insecurity

- But there is no direct evidence that these interventions prevent emotional abuse  
  (Bakersman-Kranenburg et al., 2003)

- Level of evidence: RCTs
Preventing recurrence and impairment
Recurrence of child maltreatment

- SafeCare (SC) is a structured behavioral skills home-based training program focused on caregiving, parenting, household management.
- SC reduced recidivism compared with usual home-based services.
- SC is promising in prevention of recurrent child maltreatment among parents enrolled in child protection system (Chaffin et al., 2012).
Recurrence of physical abuse and neglect

- Parent-child interaction therapy (PCIT) is a behavioural approach to skills training
- PCIT reduced recurrence of child protection services reports of physical abuse but not neglect (RCT) (Chaffin et al., 2004)
- Nurse home visitation did not prevent recurrence of physical abuse or neglect (RCT) (MacMillan et al., 2005)
Impairment following sexual abuse

- Evidence for cognitive-behavioural therapy (CBT) in reducing internalizing and externalizing symptoms among children with PTSD symptoms.

- Programs such as trauma-focused CBT involves cognitive reframing, positive imagery, parent management training, problem solving (Cohen et al., 2004).

- Level of evidence: systematic reviews with RCTs.
Impairment following IPV exposure

- Community TF-CBT promising in reducing children’s IPV-related PTSD & anxiety (RCT) (Cohen et al., 2011)

- Some evidence for mother–child therapy in reducing children’s behaviour problems and symptoms (RCT)

- Therapy provided to mothers and preschoolers together with sessions focused on eliciting trauma play and social interaction (Lieberman et al., 2005, 2006)
Out-of-home care

- Placement in foster care and not reunifying with biological parents can lead to benefits for maltreated children
- Enhanced foster care can lead to better mental health outcomes for children than traditional foster care
- Conflicting evidence about kinship care compared with traditional foster care
- Level of evidence: observational studies
Evidence mainly from HIC

Parenting and prevention of child maltreatment in LMICs

- Systematic review included 12 studies
- 9 countries: Brazil, Chile, China, Ethiopia, Iran, Jamaica, Pakistan, Turkey, South Africa
- Half home-visiting programs; only 2 had child maltreatment as explicit goal
- Chile - no cases of abuse in either group; Turkey and Iran - parent self-reports
  (Knerr et al., 2011)
Conclusions

• Evidence base for prevention of child maltreatment increasing but still gaps
• Need further clinical and population-based trials to determine effectiveness of existing programs and need to develop and pilot new approaches
• Cannot assume that reduction in risk factor leads to prevention of child maltreatment
• RCTs can and have been conducted in LMIC
• Use and adapt evidence-based HIC programs or develop anew?
• Weight of opinion – use and adapt
• Take action in LMIC and HIC based on evidence