

Preventing child maltreatment: what works?

February 2020

Snapshot

- An evidence review on early intervention and prevention programs identified 30 evidence-informed programs that can prevent child maltreatment and improve parenting knowledge, skills and behaviours.
- These programs support parents to build a loving and caring home environment and positive relationship with their children. They also seek to address underlying challenges parents may face (e.g. mental health, substance abuse).
- While these programs vary greatly in setting, mode and length, the evidence review identified the core components of these programs:
 - Engagement
 - Case management
 - Parental education, coaching and modelling
 - Parental self-care and personal development
 - Building supportive relationships and social networks
- These five core components are recommended as the standard program components that could be delivered by child and family services working families at risk of child abuse and neglect.

Introduction

The impact of child maltreatment can be profound. It can affect all domains of child development – physical, psychological, emotional, behavioural and social.¹ It also has enduring impacts that can lead to poorer outcomes later in life (e.g. in educational attainment, health, employment).

This Evidence to Action note describes research on programs and activities that seek to prevent child maltreatment. Drawing on published peer review literature, the research team critically assessed the strength of evidence for prevention programs. After a comprehensive quality assessment of the selected studies, core components and flexible activities of programs shown to prevent child maltreatment were identified. These are the activities that are common across evidence-informed programs and are understood to be significant for effectively delivering positive outcomes for children, young people and families at risk of child abuse and neglect.

The evidence review was completed by the Department of Communities and Justice and the Centre for Evidence and Implementation (CEI).



Why is preventing child maltreatment important?

Children need safe and supportive families to thrive. While many Australian children experience this, some experience greater adversities that can undermine their safety and wellbeing. Children do best when their parents are supported early to give them the best start in life and promote optimal child development².

Child abuse and neglect is associated with a variety of adverse outcomes in both the short and long term. Children and adolescents who experience negative parenting practices, neglect or abuse are more likely to:

- suffer externalising problems, including aggression³ and engaging in crime and delinquency^{4, 5, 6}
- exhibit low self-esteem, deficits in social competency and have difficulty forming relationships with peers⁷
- suffer internalising problems such as anxiety, depression, withdrawal, and post-traumatic stress disorder⁸,
- engage in substance abuse⁹, self-harm¹⁰, and suicidal ideation¹¹
- experience cognitive delays and learning difficulties and long-term deficits in educational achievement^{12, 13}

There is great need for early intervention strategies that focus on reducing risk factors and enhancing protective factors associated with child maltreatment. The complex nature of child maltreatment and the multiple needs of parents point to the need for more comprehensive interventions. Parents need wrap-around and coordinated supports that not only support them to develop positive parenting skills, but address the underlying causes of their negative parenting practices¹⁴.

What did the evidence review find?


Method

The evidence review followed the method outlined in the [Evidence Portal Technical Specifications](#).

The evidence review sought to find and critically appraise research on preventing child maltreatment. After searching for academic literature, 51 studies met the screening criteria and risk of bias assessment.

Key information was extracted from each study, including sample, study design, program details and outcomes. Each program was then evaluated and rated using the Evidence Rating Scale.

A content analysis was then conducted of each program to identify core components and related flexible activities common across the evidence-informed programs. Core components are the fixed aspects of an intervention or program, while flexible activities are the different ways the intervention may be implemented, according to the local context.



For more information about how the evidence review was conducted see the [Preventing Child Maltreatment Evidence Review Protocol](#).

Evidence-informed Programs

The evidence review identified 39 programs in total. Thirty of these programs were found to have a positive effect on at least one client outcome (see Table 1).

Preventing child maltreatment and improved parenting were the two most common outcomes. The preventing child maltreatment outcome encompassed programs that effectively prevented family involvement with child protection, the removal of a child and child abuse reports. The improved parenting outcome included a reduction in negative parenting behaviours and harsh parenting, and an improvement in positive parenting behaviours, attitude and knowledge.


Additional outcomes the evidence-informed programs contributed to include: child health (reduced hospitalisations and improved medical care), improved family functioning, improved use of support services by parents, improved parent relationships and social support, improved parental mental health and reduction in parent substance use.

For seven of the programs the evidence did not demonstrate an effect (see Table 2). This means the studies for these programs found the program did not affect outcomes.

Table 1. Programs identified in the evidence review

Evidence rating	Programs	Outcomes
Supported research evidence	Hawaii Healthy Start - Enhanced with Cognitive Appraisal	Child maltreatment Improved parenting
	Incredible Years Parenting Training Program	Improved parenting
	Nurse Family Partnership	Child maltreatment Improved parenting Child health
	Triple P	Child maltreatment Child health
Promising research evidence	Child FIRST	Improved parenting Service use
	First Steps	Improved parenting
	Parent Support Outreach	Child maltreatment Service use
	Play Nicely program	Improved parenting
	Supporting Father Involvement Intervention	Child maltreatment Parent relationships
	The Parental Daily Diary	Improved parenting
	The Period of PURPLE Crying - Modified educational video	Improve parenting

Evidence rating	Programs	Outcomes
Mixed research evidence (with no adverse effects)	All Babies Cry	Improved parenting
	Colorado Adolescent Maternity Program	Child maltreatment
	e-PALS Baby-Net	Improved parenting
	e-Parenting Program	Parent mental health Parent substance use
	Family Connections	Social support
	Hawaii Healthy Start	Child maltreatment Improved parenting
	Healthy Families America	Child maltreatment Improved parenting
	The Linkages for Prevention project	Improved parenting Child health Parent substance use
	Home visiting program	Child maltreatment
	My Baby & Me	Improved parenting
	New Zealand Early Start	Improved parenting Child health
	Parent Aide Services & Case Management	Improved parenting
	Parents Under Pressure	Child maltreatment Parent mental health
	Relief Nursery prevention program	Social support
	Safe Environment for Every Kid (SEEK)	Improved parenting Child health
	SafeCare+	Child maltreatment
	Mixed research evidence (with adverse effects)	The Period of PURPLE Crying program
Group Teen Triple P		Improved parenting Family Functioning
Evidence fails to demonstrate effect	Triple P - Enhanced group behavioural family intervention	Child maltreatment Improved parenting
	Adults and Children Together Raising Safe Kids program	Improved parenting
Evidence fails to demonstrate effect	Early Head Start	Child maltreatment
	Building Healthy Children	Nil.
	Child Parent Enrichment Project	Nil.
	Family Foundations program	Nil.
	Free to Grow	Nil.
	Nurse Family Partnership (modified for Philadelphia)	Nil.
	Opportunity for Advancement and New Directions for Mothers program	Nil.
SafeCare Dad2K	Nil.	



The majority of the evidence-informed programs had a home visiting component (see Table 2). The frequency of visits ranged from bi-weekly to 4 times a year, dependent on the needs and preferences of families. Home visits ranged in length from 45 minutes to 2 hours.

Many programs had multiple components which combined home visits, telephone calls, group sessions, online activities, clinic visits etc. to ensure families receive the most appropriate supports.

Program length ranged from one-off interventions (e.g. watching a video in hospital), to 12-week group programs, to 2.5 years of home visits.

A few online interventions were identified (e.g. e-PALS, e-Parenting program). These programs could provide important insights into how to ensure families in remote communities receive evidence-informed services.

Please note: the information in Table 2 is derived from the studies found in the evidence review. It does not seek to present a complete view of each program, but rather summarises the information identified in the evidence review.






Table 2. Evidence-informed programs - details

Program Name	Country	Client cohort	Delivery setting and mode	Program length
All Babies Cry	USA	First time parents (with no previous children) age 18 and over	Video watched in hospital and at home + booklet	One-off, 1 video
Child FIRST	USA	Families with children (prenatal to 6 years) with emotional, behavioural or developmental problems	45-90 minute weekly home visits	Average of 22 weeks
Colorado Adolescent Maternity Program	USA	Adolescent mothers	Monthly clinic appointments + 1-2hr weekly home visits	Up to 2 years
e-PALS Baby-Net	USA	Mothers with young children in low income families	Online	11 sessions
e-Parenting Program	USA	Families at risk of child maltreatment	Online + home visits	8 sessions
Family Connections	USA	Families with at least one child between 5-11	1hr weekly home visits	9 months
First Steps	USA	Mothers who have just given birth (within 2 days)	Hospital + telephone	Not reported
Group Teen Triple P	New Zealand	Parents of adolescents aged up to 16	Group sessions + telephone	8 weeks
Hawaii Healthy Start	USA	Families at risk of child abuse and neglect	Home visits (ranges from weekly to quarterly)	Not reported
Hawaii Healthy Start - Enhanced with Cognitive Appraisal	USA	Families expecting the birth of a child and who are at risk of child abuse and neglect	Home visits	17-20 visits over 1 year
Healthy Families America	USA	Families at risk of child abuse and neglect	Home visits	Not reported
Home visiting program	Australia	Families of newborn infants	20-60 minute home visits	Minimum 18 visits
Incredible Years Parenting Training Program	USA	Parents with children aged 0-12	2-3hr weekly group sessions	12-20 weeks





Program Name	Country	Client cohort	Delivery setting and mode	Program length
My Baby & Me	USA	Mothers aged 18 and over	1.5hr weekly or biweekly home visits	55 sessions, up to 2.5yrs
New Zealand Early Start	New Zealand	Parents at risk of child maltreatment	Home visits	Not reported
Nurse Family Partnership	USA	Young mothers with a first-time pregnancy	Home visits	Up to 2 years
Parent Aide Services & Case Management	USA	Families with at least one child aged 0-12	Biweekly home visits	1 year
Parent Support Outreach	USA	Families with children aged 0-10	Home visits	Not reported
Parents Under Pressure	Australia	Parents on methadone maintenance with children aged 2-8	1-2hr home visits	10-12 modules
Play Nicely program	USA	Carers of children aged 0-10	Clinic + video	Up to 50 minutes
Relief Nursery prevention program	USA	Parents with children aged 0-4	Home visits + group sessions + early childhood classroom	Not reported
Safe Environment for Every Kid (SEEK)	USA	Parents with children aged 0-5	Clinic	Not reported
SafeCare+	USA	Parents of children aged 0-5 in rural communities	1-1.5hr weekly home visits	18-20 weeks
Supporting Father Involvement Intervention	USA	Low-income couple or fathers	2hr weekly group or co-parenting sessions	16 weeks
The Linkages for Prevention project	USA	Parents of children aged 0-2	2-4 home visits a month	Up to 1 year
The Parental Daily Diary	USA	Parents of children aged 1.5-4	Home visits + group sessions	16 weeks
The Period of PURPLE Crying - Modified educational video	Japan	Parents of new born infants	Booklet, video and/or app	One off





Program Name	Country	Client cohort	Delivery setting and mode	Program length
The Period of PURPLE Crying program	Japan	Parents of new born infants	Booklet, video and/or app	One off
Triple P	USA	Parents of children 17 and under	Home visits and/or group sessions	Varies
Triple P - Enhanced group behavioural family intervention	Australia	Parents experiencing difficulties with their anger	2hr group sessions	12 weeks



Core components and flexible activities

The evidence review identified five core components that are common across evidence-informed programs to prevent child maltreatment (see Figure 1). They are recommended as standard program components that could be delivered by child and family services who work with families at risk of child abuse and neglect.

The evidence review also identified 21 flexible activities (see Figure 1). These flexible activities describe the different ways core components can be implemented. They can be used to design a program that is tailored to the local needs of communities and the individual preferences of clients.

Figure 1. Preventing child maltreatment core components

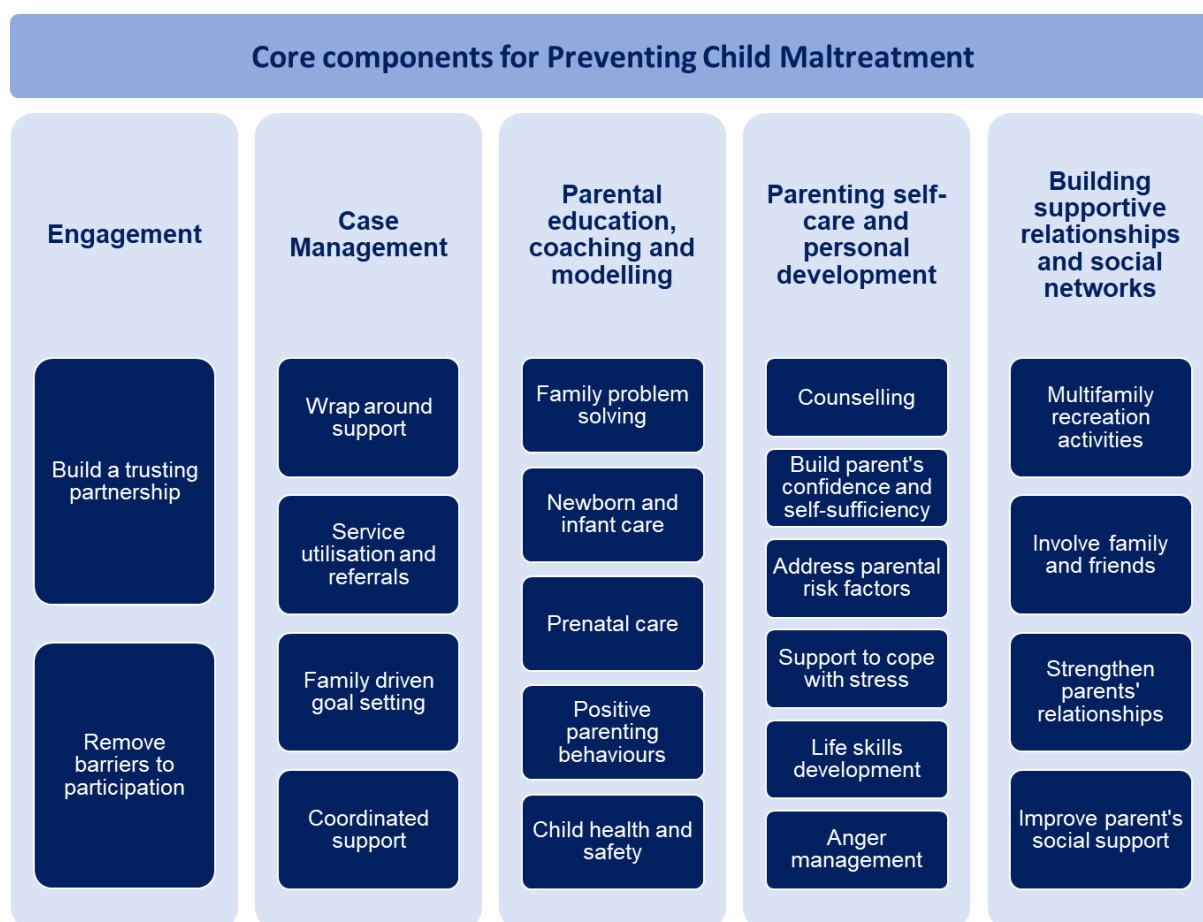



Table 3. Core component descriptions

Core components	Description
Engagement	How services engage with families is crucial to ensuring parents/carers participate and remain in a program until they have achieved their goals.
Case management	Understanding and addressing the needs of families is crucial to improving outcomes. This includes providing material, emotional and practical support to parents/carers, particularly those in crisis or chaotic environments.
Parental education, coaching and modelling	Parenting education, coaching and modelling ensures parents have the skills and knowledge to meet their children's needs. It may include practical advice about routines or typical infant and child behaviour. It may also include resolving family conflict or practicing positive parenting behaviours.
Parental self-care and personal development	Ensuring that parents/carers have their mental health, physical and personal needs met is very important. Parents may be unable to meet the needs of their children if they are struggling with their own issues.
Building supportive relationships and social networks	Supportive relationships between parents/carers and their families ensure that children have a number of adults with their best interest at heart. Supportive relationships also enable parents/carers to seek advice and respite from others when needed.

Limitations


This evidence review is subject to some limitations. Of the 30 evidence-informed programs, 23 have only been evaluated in the United States. Only 3 programs (Home visiting program, Parents Under Pressure, Triple P - Enhanced group behavioural family intervention) have been evaluated in Australia. Of these three programs, only one, Home Visiting program, reported on the inclusion of Aboriginal and Torres Strait Islander peoples in the study sample¹⁵. As such, we do not currently have an understanding of the effectiveness of these programs with Aboriginal and Torres Strait Islander communities.




Further, the significant variation in program design complicates judgements on effectiveness. These differences include short-term vs. long-term home visit programs, one-off interventions delivered in clinical settings, group programs, online programs and various combinations of these program settings, modes and lengths of service delivery.

Where to from here?

These findings have implications for the design and implementation of programs that seek to prevent child maltreatment. While the setting, mode and length the evidence-informed programs varied greatly, the core components identified what these programs have in common:

- **Engagement:** breaking down barriers to access services and building a positive and trusting relationship with clients is crucial to ensuring families receive the support they need and remain in the program until they have achieved their goals.
 - **Case management:** providing wrap around and coordinated support and conducting referrals and case conferencing when necessary are vital to meeting the needs of families. Facilitating family-driven goal setting and planning ensures families have a say about the support they receive.
 - **Parenting education, coaching and modelling:** equipping parents with the knowledge and skills they need to meet their children's needs is crucial to behaviour change that can prevent child abuse and neglect. The focus of this education should be tailored to the family (e.g. prenatal care, new born and infant care, child health, child safety at home, harsh parenting).
 - **Parenting self-care and personal development:** parents may be unable to meet the needs of their children if they are struggling with their own issues. Identifying issues parents may face (e.g. stress, lack of confidence, anger management) and working with them to address those issues can improve their capacity to build a loving and caring home environment and positive relationship with their children.
 - **Building supportive relationships and social networks:** parents need supportive and positive relationships with family and friends. This provides parents with someone they can go to for advice or respite when they need it. It also ensures that children have a number of adults with the best interests at heart.
- 



We can use these core components to design or re-design prevention programs that are more effective and tailored to local need. As discussed above, very few of the evidence-informed programs identified in the evidence review have been evaluated in Australia, and only one has been evaluated with Aboriginal and Torres Strait Islander peoples. As such, we can use the core components to build our own programs, that are sensitive to the preferences and values of clients and that consider the local service delivery context and the resources available to organisations and communities, while remaining evidence informed.

Produced by



Kathleen Blair
Early Intervention, Volunteering and Youth
NSW Department of Communities and Justice
www.dcj.nsw.gov.au
Email: evidenceportal@dcj.nsw.gov.au



Endnotes

- ¹ Australian Institute of Family Studies 2014, Effects of child abuse and neglect for children and adolescents, <https://aifs.gov.au/cfca/publications/effects-child-abuse-and-neglect-children-and-adolescents>
- ² Australian Institute of Family Studies, 2020, Ensuring all children get the best start in life: A population approach to early intervention and prevention, <https://aifs.gov.au/cfca/2020/10/20/ensuring-all-children-get-best-start-life-population-approach-early-intervention-and>
- ³ Leeb, RT, Lewis, T & Zolotor, AJ, 2011, 'A review of the physical and mental health consequences of child abuse and neglect and implications for practice', *American Journal of Lifestyle Medicine*, vol. 5, no. 5, pp. 454-468.
- ⁴ Maas, C, Herrenkohl, TI, & Sousa, C, 2008, 'Review of research on child maltreatment and violence in youth', *Trauma Violence Abuse*, vol. 9, pp. 56-67.
- ⁵ Sternberg, KJ, Lamb, ME, Guterman, E, & Abbott, CB, 2006, 'Effects of early and later family violence on children's behaviour problems and depression: A longitudinal, multi-informant perspective', *Child Abuse & Neglect*, vol. 30, pp. 283-306.
- ⁶ Mersky, JP, Topitzes, J, & Reynolds, AJ, 2011, 'Unsafe at any age: Linking childhood and adolescent maltreatment to delinquency and crime', *Journal of Research in Crime and Delinquency*, vol. 49, no. 2, pp. 296-318.
- ⁷ Sanders, M & Pidgeon, A, 2011, 'The Role of Parenting Programmes in the Prevention of Child Maltreatment', *Australian Psychologist*, vol. 46, no. 4, pp. 199-209.
- ⁸ Widom, CS, Dumont, KA, & Czaja, SJ, 2007, 'A prospective investigation of major depressive disorder and comorbidity in abused and neglected children grown up', *Archives of General Psychiatry*, vol. 64, pp. 49-56.
- ⁹ Widom, CS, White, HR, Czaja, SJ, & Marmorstein, NR, 2007, 'Long-term effects of child abuse and neglect on alcohol use and excessive drinking in middle adulthood', *Journal of Studies on Alcohol and Drugs*, vol. 68, pp. 317-326.
- ¹⁰ Yates, TM, Carlson, EA, & Egeland, B, 2008, 'A prospective study of child maltreatment and self-injurious behaviour in a community sample', *Developmental Psychopathology*, vol. 20, pp. 651-671.
- ¹¹ Afifi, TO, Enns, MW, Cox, BJ, Asmundson, G, Stein, M, & Sareen, J, 2008, 'Population attributable fractions of psychiatric disorders and suicide ideation and attempts associated with adverse childhood experiences', *American Journal of Public Health*, vol. 98, pp. 946-952.
- ¹² Leeb, RT, Lewis, T & Zolotor, AJ, 2011, 'A review of the physical and mental health consequences of child abuse and neglect and implications for practice', *American Journal of Lifestyle Medicine*, vol. 5, no. 5, pp. 454-468.
- ¹³ Boden, JM, Horwood, LJ, & Fergusson, DM, 2007, 'Exposure to childhood sexual and physical abuse and subsequent educational achievement outcomes', *Child Abuse & Neglect*, vol. 31, pp. 1101-1114.
- ¹⁴ Sanders, M & Pidgeon, A, 2011, 'The Role of Parenting Programmes in the Prevention of Child Maltreatment', *Australian Psychologist*, vol. 46, no. 4, pp. 199-209.
- ¹⁵ Fraser et al. (2000), Home visiting intervention for vulnerable families with newborns: Follow-up results of a randomized controlled trial. *Child Abuse & Neglect*, Vol. 24, No. 11, pp. 1399-1429.