



What Works for  
**Children's  
Social Care**



# EMMIE SUMMARY

**Parenting programmes to  
prevent child physical  
abuse recurrence**





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## This evidence summary is based on the following systematic review

Vlahovicova, K., Melendez-Torres, G.J., Leijten, P., Knerr, W. and Gardner, F. (2017). Parenting programs for the prevention of child physical abuse recurrence: a systematic review and meta-analysis. *Clinical Child and Family Psychology Review*, 20(3), 351-365.

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## About What Works for Children's Social Care

What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. We

generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.

## About CASCADE

The Children's Social Care Research and Development Centre (CASCADE) at Cardiff University is concerned with all aspects of community responses to social need in children and families, including family support services,

children in need services, child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

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# Parenting programmes to prevent child physical abuse recurrence

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## What is the intervention?

This systematic review looked at behavioural parenting programmes aimed at improving the parent-child relationship and preventing the recurrence of child physical abuse by changing parenting practices and skills. The review carried out by Vlahovicova and colleagues in 2017 aimed to overcome the limitations of previous systematic reviews by focusing on parenting programmes that are underpinned by the same theory of change; social learning theory. These parenting programmes focus on changing parental behaviours based on the notion that improving parenting styles prevents child physical abuse recurrence. The review included 14 studies which evaluated the effectiveness of eight behavioural parenting programmes:

- STEP-TEEN<sup>1</sup>
- Parent-child interaction therapy<sup>2</sup>
- Child Management Program<sup>3</sup>
- Incredible Years<sup>4</sup>
- Project Support<sup>5</sup>
- Cognitive Behavioural Therapy<sup>6</sup>

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<sup>1</sup> Swenson et al (2010)

<sup>2</sup> Chaffin et al (2004); Chaffin et al (2011); Terao (1999)

<sup>3</sup> Eagan (1983); Wolfe, Sandler, and Kaufman (1981); Brunk et al (1987)

<sup>4</sup> Hughes and Gottlieb (2004)

<sup>5</sup> Jouriles et al (2010)

<sup>6</sup> Kolko (1996); Runyon, Deblinger, and Steer (2010)



- Home visitation<sup>7</sup>
- I-inTERACT<sup>8</sup>

All eight programmes included teaching and practising parenting skills and child management strategies, and how to break cycles of coerciveness in parent-child interactions. Programmes were only selected if parents participating had a suspected or substantiated report of physical abuse against a child.

## Which outcomes were studied?

Two main outcomes were identified and assessed within the review:

- Risk of child abuse recurrence
- Harsh parenting and physical punishment

## How strong is the evidence?

The evidence base is relatively strong. All 14 included studies were randomised controlled trials. The review includes a meta-analysis of four studies that compared manualized interventions with treatment as usual.

The authors note five main limitations. First, limitations in reporting rendered it difficult to determine allocation concealment and only four studies included intention to treat analysis. Second, five studies had small sample sizes which limited power to detect effects. Third, none of the studies blinded participants although the authors note the difficulties in blinding participants within psychosocial interventions. Fourth, three of the 14 studies reported unsuccessful randomization. Finally, attrition rates ranged from 2 to 23% across interventions.

History of physical child abuse was determined by official reports from the police, children's services or other agency, parent self-report or above threshold results on

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<sup>7</sup> MacMillan et al (2005); Chaffin et al, 2012

<sup>8</sup> Mast et al (2014)



standardized measures, such as the Parent-Child Conflict Tactics Scale. Where studies did not include the number of parents suspected of or reported for physical abuse, first authors of included papers were contacted.

Recurrence of physical child abuse was determined through police, children's services or other agency reports or self-report from the parent or child.

## Effectiveness: how effective are the interventions examined?

### Outcome 1: Risk of child abuse recurrence

Effect rating	1	
Strength of Evidence rating	2	

### Outcome 2: Harsh parenting and physical punishment

Effect rating	+/-	
Strength of Evidence rating	2	

Findings from the meta-analysis of both versions of the Parent-Child Interaction Therapy, Project Support and a Home Visitation programme showed an absolute reduction in risk of child abuse recurrence of 11 percentage points. This was statistically significant (RD = 0.11,  $p = 0.043$ , 95% CI [-0.22, -0.004]). Hence, nine families would need to receive the intervention to prevent one case of physical child abuse recurrence. Findings were no longer significant when sensitivity analyses were conducted around risk ratios (RR = 0.76, 95% [CI 0.54, 1.07],  $I^2 = 38.4$ ).



Mixed findings emerged when the social learning theory based parenting programmes were compared with parenting programmes that had other theoretical bases. One programme (individual child-parent Cognitive Behavioural Therapy programme, Kolko, 1996) had a significant, positive effect on child physical abuse recurrence when compared to family therapy (RD = -0.350, CI [-0.647, -0.054]). Two programmes (Child Management Programme, Wolfe, Sandler, and Kaufman, 1981 and STEP-TEEN, Swenson et al, 2010) showed no significant difference in child physical abuse recurrence when compared with another active intervention.

Parent-Child Interaction Therapy (Chaffin et al, 2004, 2011) and the home visitation programme, SafeCare (Chaffin et al 2012) found significant positive effects in increasing the time to recurrence of physical abuse when compared to control groups.

Of the three interventions that examined harsh parenting and physical punishment as a secondary measure of physical child abuse (Cognitive Behavioural Therapy, Runyon et al, 2010; STEP-TEEN, Swenson et al, 2010; Project Support, Jouriles et al, 2010), only one intervention found a significant difference in favour of the intervention. Hence, Project Support was deemed preferable to service as usual.

## **Mechanisms: How does it work?**

All 14 interventions were underpinned by Social Learning Theory (Skinner, 1950). The authors note that central to parenting programmes is the Coercion Hypothesis (Patterson, 1982) which states that child abuse results from coercive parent-child interactions which lead to an escalation in violent behaviour. Such escalation can lead the parent to believe that the child is defiant and in need of harsh forms of discipline. As the child complies, this belief is reinforced for the parent and so they continue to adopt harsh forms of discipline (Crouch and Behl, 2001). Parenting programmes aim to break this cycle by changing parental behaviours through the teaching of other forms of discipline and increasing the use of positive parenting strategies.



## **Moderators: When, where and who does it work for?**

Of the 14 studies included in the review, 12 were carried out in the US and 2 in Canada. Hence, the level of generalisability to the UK is unclear.

Most of the eight programmes included weekly sessions of between one and two hours a session. While programme duration varied from six weeks to eight months, most programmes ran for between four and eight months. Programmes were delivered individually or in groups in a variety of settings including healthcare clinics, at home or online. Children were aged between 0 and 17 years.

All 14 studies comprised a minimum of 15% physically abusive parents, although one study was included with 14%. Seven studies included only physically abusive parents whilst others ranged from 23% to 62%.

## **Implementation: How do you do it?**

Programmes varied in specific components and delivery settings. However, they shared several common features. First, programmes were focused on teaching parenting skills and child management strategies so that negative cycles of coerciveness in parent-child relationships could be broken. Second, programmes gave parents the opportunity to practice these skills. Some programmes also included other modules such as child health and safety.

## **Economics: What are the costs and benefits?**

No economic analysis is included in this review.



## What are the strengths and limitations of the review by Vlahovicova et al (2017)?

This is a rigorous review that addresses methodological limitations in previous reviews by focusing on the underlying theory of change to assess the effectiveness of a range of parenting programmes. The review provides a clear outline of selection criteria and follows the PRISMA guidelines. The reviewers make exceptions for two studies that otherwise would not meet their inclusion criteria (Chaffin et al, 2012; and MacMillan et al, 2005).

The review is limited due to the clinical heterogeneity of included studies as programmes varied in content, setting and other elements. Hence, only four of the 14 studies could be included in the meta-analysis. These four studies included manualised interventions that measured physical child abuse recurrence via re-reports and referrals to child protection services.

The authors conclude that targeting the parent-child relationship through social learning theory based parenting programmes may be effective in preventing physical child abuse recurrence. However, they caution that most studies were conducted in a North American context. They call for further research to determine how these programmes work and the identification of key mechanisms that serve to prevent physical child abuse recurrence.

### Summary of key points

- Identification of the underlying theories of change can be used to address the heterogeneity of complex interventions, such as parenting programmes to determine programme effectiveness.
- There is some evidence that targeting the parent-child relationship through social learning theory based parenting programmes may be effective in preventing physical child abuse recurrence.
- Further research is needed that identifies the key components of parenting programmes for preventing physical child abuse recurrence and how to improve programme effectiveness.





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