



Bilaga 1 till rapport

1 (53)

Öppenvårdsinsatser för familjer där barn utsätts för våld och försummelse, rapport 280 (2018)

Bilaga 1 Tabell över inkluderade studier

Included quantitative studies

Reference Year Country Reference	Study information	Participants	Intervention	Comparison	Results	Comments
Bernard et al 2012 USA [100]	<p>Study design RCT</p> <p>Aim To evaluate the efficacy of the Attachment and Biobehavioral Catch-up (ABC) intervention relative to the control intervention</p> <p>Intervention directed to Parents and children</p> <p>Study period Not stated</p> <p>Setting Child protective services</p> <p>Type of abuse Domestic violence, parental substance use, homelessness, and child neglect were the conditions noted most often. However, the authors did not have access to families' records, and we were therefore limited to reports of conditions by the referring agency</p>	<p>Number of participants n=120 children and n=113 parents</p> <p>Inclusion criteria All parents were enrolled in the city's program that was intended to divert children from foster care.</p> <p>Mean age Child: m=19.1 (5.5) months</p> <p>Gender Children: 58 % boys Parents: 98 % female</p>	<p>Name Attachment and Biobehavioral Catch-up (ABC)</p> <p>Components Theme sessions includes: Providing nurturance, following the lead with delight, frightening behavior, recognizing voices from the past and consolidation of gains. Intervention conducted in the parents' homes</p> <p>Staff education/training Parent trainers with experience with children and strong interpersonal skills</p> <p>Duration/intensity 10 weekly sessions</p> <p>Number of participants n=60</p>	<p>Name Developmental Education for Families (DEF)</p> <p>Components Enhancement of cognitive, and especially linguistic, development. Intervention conducted in the parents' homes</p> <p>Staff education/training Not stated</p> <p>Duration/intensity 10 weekly sessions</p> <p>Number of participants n=60</p>	<p>Results children</p> <p>The Strange situation test, Children with disorganized attachments 1 month after intervention: I: 19/60 (32 %) SAU: 34/60 (57 %)</p>	
Broberg et al 2016 Sweden [122]	<p>Study design RCT</p> <p>Aim</p>	<p>Number of participants n=86 randomized (n=80 at first follow-up and n=63 at last follow-up)</p>	<p>Name Trauma-focused Cognitive Behavior Therapy (TF-CBT)</p> <p>Components</p>	<p>Name SAU</p> <p>Components</p>	<p>Results children</p> <p>PTSD remission 6 months I: 12/42</p>	

	<p>To compare Trauma-focused Cognitive Behavior Therapy (TF-CBT) and services as usual (SAU) among patients who developed severe post traumatic symptoms after family related violence</p> <p>Intervention directed to Parent and child interaction and parallel</p> <p>Study period Referrals were made 2012-01-01 to 2014-06-30, the last follow-up interview was conducted 2015-08-01</p> <p>Setting Outpatient interventions in the Child and Adolescent Psychiatry</p> <p>Type of abuse Maltreatment (Physical, psychological and sexual abuse)</p>	<p>Inclusion criteria Child and parent reported two or more occasions of exposure to physical, psychological or sexual violence. Patient had five or more trauma symptoms according to DSM IV</p> <p>Children's age range 5-17 years</p> <p>Gender Girls = 55, Boys = 31</p>	<p>Psychoeducation, relaxation skills, to manage stress, expressing and modulating upsetting feelings, cognitive coping skills, developing a trauma narrative, correcting maladaptive cognitions, in vivo mastery of trauma reminders, joint child-parent sessions, and enhancing safety</p> <p>Staff education/training The therapists were 2 social workers and 8 psychologists who received training and supervision from licensed TF-CBT therapists</p> <p>Duration/intensity 14–16 session</p> <p>Number of participants Baseline TSCC: n=32 SDQ: n=39 K-SADS: n=45</p> <p>6 months TSCC: n=29 SDQ: n=38 K-SADS: n=42</p> <p>12 months TSCC: n=20 SDQ: n=30</p>	<p>Different interventions with several different components. Examples of interventions: EMDR, CBT, family therapy, parent support, network meetings, medication, and tactile massage</p> <p>Staff education/training On average 13 years educational experience (in addition they received supervision from trained therapists)</p> <p>Duration/intensity Varied</p> <p>Number of participants TSCC: n=39 SDQ: n=35 K-SADS: n=44</p> <p>6 months TSCC: n=30 SDQ: n=32 K-SADS: n=36</p> <p>12 months TSCC: n=22 SDQ: n=23</p>	<p>SAU: 12/36</p> <p>Trauma Symptom Checklist for children (TSCC) PTS Baseline I: m=12.16 (5.82) SAU: m=11.18 (5.83)</p> <p>6 months I: m=8.28 (5.44) SAU: m=9.27 (10.96)</p> <p>12 months I: m=6.15 (5.23) SAU: m=7.44 (6.11)</p> <p>Trauma Symptom Checklist for children (TSCC) Total Baseline I: m=31.60 (19.99) SAU: m=31.08 (16.35)</p> <p>6 months I: m= 22.69 (15.58) SAU: m=25.07 (24.03)</p> <p>12 months I: m=19.86 (16.72) SAU: m=22.88 (16.21)</p> <p>Strengths and Difficulties Questionnaire (SDQ) Total Baseline I: m=16.16 (6.16) SAU: m=19.13 (7.52)</p> <p>6 months I: m=13.33 (7.07) SAU: m=14.17 (5.85)</p> <p>12 months I: m=14.33 (5.03) SAU: m=12.09 (5.01)</p> <p>Kiddie-Sads-Present and Lifetime Version (K-SADS) PTSD Baseline</p>	
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					<p>I: m=21.02 (6.48) SAU: m=21.45 (6.77) 6 months I: m=14.67 (8.73) SAU: m=15.35 (10.08)</p> <p>Kiddie-Sads-Present and Lifetime Version (K-SADS-PL) Total Baseline I: m=60.07 (23.65) SAU: m=64.27 (31.43) 6 months I: m=37.38 (26.34) SAU: m=43.68 (33.18)</p>	
<p>Chaffin et al 2011</p> <p>USA [115]</p>	<p>Study design RCT (four conditions)</p> <p>Aim To dismantle the Self-motivational (SM) versus SAU <i>orientation</i>, and the child interaction therapy (PCIT) versus SAU <i>parenting component</i> effects</p> <p>Intervention directed to Parent and child interaction</p> <p>Study period Enrollment was conducted at the service agency between January 2004 and August 2006</p> <p>Setting The child welfare system (a small, inner city, nonprofit, community-based agency operating a parenting program under contract with the single state child welfare system)</p> <p>Type of abuse</p>	<p>Number of participants n=153</p> <p>Inclusion criteria Study inclusion criteria for parents included a referral to the program by child welfare for neglect and/or physical abuse, at least one child between ages 2.5 and 12 years who was available to participate, parent IQ score of at least 65, access to at least one child, including children in foster or kinship care</p> <p>Mean age Parents: m=29 (6.5) years, range 20-57 Child: inclusion criteria 2.5–12 years, mean not stated</p> <p>Gender Parents: 75 % female</p>	<p>Name Child interaction therapy (PCIT) + Self-motivation (SM)</p> <p>Components <i>The PCIT parenting condition</i> Child-Directed Interaction (CDI): parents learn to follow their child's lead in dyadic play and provide positive attention for desirable behavior combined with active ignoring of minor misbehavior. (PDI): parents learn to give effective commands and instructions, to use a consistent time-out protocol in response to noncompliance, and to properly reinforce child compliance. The time-out protocol is highly structured <i>The SM orientation condition</i>; a manualized group program. General motivational interviewing principles and included sessions involving hearing testimonials from parents who previously</p>	<p>Name SAU</p> <p>Components <i>The SAU parenting program</i>; a weekly didactic parenting group in which parents learned about child development and developmentally appropriate expectations, principles of discipline, use of praise, communication strategies, stress management, and the ways in which parental personal problems affect children</p> <p>Staff education/training <i>The SAU orientation condition</i>; delivered by master's-level therapists.</p> <p><i>The SAU parenting condition</i>; delivered by master's-level therapists</p> <p>Duration/intensity</p>	<p>Results recidivism</p> <p>Child welfare support recidivism follow-up data (median 904 days) PCIT+SM: 10 (29 %) PCIT+SAU: 17 (47 %) SAU+SAU: 17 (41 %) SM+SAU:14 (34 %)</p> <p>Removal follow-up data (median 904 days) PCIT+SM: 10 % PCIT+SAU: 29 % SAU+SAU: 18 % SM+SAU:24 %</p> <p>Dyadic Parent-Child Interaction Coding System (DPIC-S) Negative parenting behavior PCIT vs SAU: $F(1, 103.2) = 36,1$ $p < .001$ Positive parenting behavior PCIT vs SAU: $F(1, 119.2) = 8,0$ $p < .01$</p>	

	Maltreatment (the majority (70 %) of past household referrals involved child neglect, followed by physical abuse (23 %) or sexual abuse (6 %))		<p>completed the parenting programs, performing decisional balance exercises weighing the pros and cons of harsh physical discipline</p> <p>Staff education/training SM was delivered by master's-level agency therapists trained in the protocol by investigators.</p> <p>PCIT was delivered by master's-level agency therapists, initially trained by study staff</p> <p>Duration/intensity SM: designed dose 6 sessions PCIT: designed dose 12–14 sessions</p> <p>Number of participants n=70 PCIT+SAU=36 PCIT+SM=34</p>	<p>SM orientation: designed dose 6 sessions SM parenting condition: designed dose 12–14 sessions</p> <p>Number of participants n=83 SAU+SM=41 SAU+SAU=42</p>		
Chaffin et al 2004 USA [116]	<p>Study design RCT</p> <p>Aim To test the efficacy and sufficiency of parent– child interaction therapy (PCIT) in preventing re-reports of physical abuse among abusive parents</p> <p>Intervention directed to Parent and child interaction</p> <p>Study period Not stated</p>	<p>Number of participants n=112 enrolled, 110 analysed</p> <p>(Data on the main outcome of interest (i.e., maltreatment reports were available on all participants regardless of treatment attrition status)</p> <p>Inclusion criteria Parent–child dyads (i.e., abusive parent and abused child) were referred as they entered the child welfare system for a new confirmed physical abuse report. Referrals were eligible for the study if: (a) both the abusive</p>	<p>Name intervention 1 Parent child interaction therapy (PCIT)</p> <p>Components Parent activities e.g., homework and skills to increase parents understanding of the negative consequences of physical discipline. A manualized safety and skill-building group was provided for the children. 12–14 sessions of PCIT was conducted incl.: 1) the Directed Interaction (CDI) component, on relationship enhancement skills and parent–child interactions. Daily</p>	<p>Name Standard community-based parenting group</p> <p>Components The community group intervention was implemented at a single community-based nonprofit agency. The parenting program is based on a group psychoeducational (i.e., didactic) model developed in-house by the agency and are manualized and structured. The first module is a six-session introductory phase to agency services and information about listening skills, how</p>	<p>Results recidivism</p> <p>Re-reports of physical abuse obtained from the statewide child welfare administrative database (median follow-up of 850 days) PCIT: n=8 (19 %) EPCIT: n=12 (36 %) SAU: n=17 (49 %)</p> <p>Results children</p> <p>Behavior Assessment System for Children (BASC) Externalizing Baseline</p>	

	<p>Setting The child welfare system Intervention conducted in clinic/lab based setting</p> <p>Type of abuse Maltreatment (the extent and duration of abusive behavior among participants was serious. Abusive parents had an average of two prior child welfare physical abuse reports and two prior child welfare neglect reports</p>	<p>parent (including stepparents or others in a parental role) and at least one abused child were available to participate together in treatment, and no legal termination of parental rights or abdication of parenting role had been initiated; (b) the abusive parent had a minimum measured IQ score of 70; (c) the child was between 4 and 12 years old</p> <p>Mean age Parents: m=32 (8.8) years Child: inclusion criteria 4–12 years, mean not stated</p> <p>Gender 65 % of the parents were female</p>	<p>homework practice logs. 2) The Parent-Directed Interaction (PDI) component focuses on command-giving skills and behavioral discipline for using time-out. The PCIT programs emphasized how parenting was delivered behaviorally and focused on a much smaller and more behaviorally defined set of skills</p> <p>Staff education/training Therapists included basic trainees (graduate practicum students, interns, and beginning postdoctoral fellows, all of whom had no prior experience delivering PCIT), experienced trainees (trainees who had significant experience with PCIT, and experts of PCIT</p> <p>Duration/intensity 6 months. A single didactic session followed by five to six live-coached parent–child dyad sessions. The second phase also consists of a single didactic session followed by five to six live-coached parent–child dyad sessions.</p> <p>Number of participants n=37</p> <p>Drop-out n=0</p> <p>Name intervention 2 PCIT plus</p>	<p>parenting influence children, and how own upbringing has influenced their parenting. The second module is a 12-session parenting-skills group in which parents learn about child development, discipline, praise, behavior management, communication strategies, stress management. The third module is a 12-session anger management group to help participants develop self-awareness, self-control, and empathy for others. The overall approach is discussing how parenting is conceptualized, regulating emotions, and verbal problem solving. Collateral supportive programs for children were provided. The community group program focused on how parenting was understood and conceptualized</p> <p>Staff education/training Not stated</p> <p>Duration/intensity Same as for interventions groups</p> <p>Number of participants n=37</p> <p>Drop-out n=0</p>	<p>PCIT: m=60.6 (2.7) EPCIT: m=69.4 (3.0) SAU: m=59.7 (2.9)</p> <p>Post PCIT: m=55.3 (2.2) EPCIT: m=59.5(2.4) SAU: m=56.4 (4.0)</p> <p>Behavior Assessment System for Children (BASC) Internalizing Baseline PCIT: m=52.2 (1.6) EPCIT: m=51.5 (1.8) SAU: m=49.7 (1.8)</p> <p>Post PCIT: m=47.4 (1.5) EPCIT: m=48.2 (1.9) SAU: m=47.2 (2.3)</p> <p>Results Parents</p> <p>Child Abuse Potential Inventory (CAPI) Abuse scale Baseline PCIT: m=181 (14.8) EPCIT: m=159 (16.7) SAU: m=174 (16.2)</p> <p>Post PCIT: m=122 (15.8) EPCIT: m=127 (16.1) SAU: m=126 (29.4)</p> <p>CAP data is also reported for subscales: rigidity, distress, loneliness, problems with child</p> <p>Dyadic Parent-Child Interaction Coding System (DPICS-II) Positive parenting behaviors Baseline:</p>	
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			<p>individualized enhanced services, or (EPCIT)</p> <p>Components Individualized enhanced services were added, with particular attention to services targeting parental depression, current substance abuse, and family, marital, or domestic violence problems. Home visiting by study staff to assist parents with implementing PCIT skills.</p> <p>Staff education/training Not stated</p> <p>Duration/intensity 6 months</p> <p>Number of participants n=36</p> <p>Drop-out n=0</p>		<p>PCIT: m=140 (10.9) EPCIT: m=127 (10.7) SAU: m=113 (11.0)</p> <p>Post PCIT: m=152 (11.2) EPCIT: m=146 (18.3) SAU: m=107 (18.0)</p> <p>Dyadic Parent-Child Interaction Coding System (DPICS-II) Negative parenting behaviors Baseline PCIT: m=25 (3.0) EPCIT: m=24 (3.4) SAU: m=25 (3.3)</p> <p>Post PCIT: m=14 (2.9) EPCIT: m=15 (3.0) SAU: m=32 (4.8)</p>	
<p>Cohen et al 2011</p> <p>USA [123]</p>	<p>Study design RCT</p> <p>Aim To evaluate community-provided trauma focused cognitive behavior therapy (TF-CBT) compared with usual community treatment for children with intimate partner violence (IPV)-related posttraumatic stress disorder (PTSD) symptoms</p> <p>Intervention directed to Parent and child interaction and parallel</p>	<p>Number of participants n=124</p> <p>Inclusion criteria Mothers referred to the WCS. Children were eligible to participate if they (1) were 7 to 14 years old; (2) had at least 5 IPV-related PTSD symptoms, including at least 1 in each of 3 PTSD symptom clusters on the Kiddie Schedule for Affective Disorders and Schizophrenia, Present and Lifetime Version (K-SADS-PL)16; (3) were fluent in English and had an English-</p>	<p>Name Trauma-focused Cognitive Behavior Therapy (TF-CBT)</p> <p>Components Psychoeducation about trauma, managing stress, expressing feelings, and cognitive coping. Subsequent TF-CBT components include developing a narrative about the child's IPV experiences and joint child-parent sessions. Applications of TF-CBT (IPV exposed children): (1) the safety component was implemented at the beginning, (2) the trauma</p>	<p>Name SAU (child-centered therapy, CCT)</p> <p>Components Child-centered therapy is the usual treatment at the WCS for parents and children It is based on the premise that traumatized children and adults develop difficulties due to a violation of interpersonal trust and disempowerment. Child-centered therapy reverses these problems by establishing an empowering and trusting relationship</p>	<p>Results children (follow-up after treatment finished) Change score (Mean, SD for both groups) and difference in change scores (95 % CI) between groups, ITT LOCF</p> <p>Kiddie-Sads-Present and Lifetime Version (K-SADS-PL-R) Reexperiencing subscale I: m= -1.17 (1.75) SAU: m=-0.8 (1.40) Diff. in change: -0.20 to 0.94</p> <p>Avoidance subscale I: m= -0.95 (1.20)</p>	

	<p>Study period September 1, 2004, and June 30, 2009</p> <p>Setting The Women’s Center and Shelter of Greater Pittsburgh (WCS), a community IPV center, typically struggle with multiple safety, emotional, financial, legal, and practical problems</p> <p>Type of abuse Exposure to intimate partner violence (IPV)</p>	<p>speaking mother who was a direct IPV victim; and (4) assented (and their mother consented) to participate in 8 therapy sessions.</p> <p>Mean age Children: m=9.64 (2.46) years</p> <p>Gender 63 girls and 61 boys</p>	<p>narrative focused on sharing the IPV experiences (3) optimize the child’s ability to discriminate between real danger and generalized fears</p> <p>Staff education/training The therapists were 3 master’s-level social workers with diverse clinical backgrounds (child welfare, CCT, and play therapy). They were trained by one of the authors in the applied TF-CBT model and in specific distinctions between TF-CBT and CCT and received supervision until proficiency was reached. A child CCT manual was to distinguish CCT from TF-CBT in the study</p> <p>Duration/intensity 45-minute therapy sessions for 8 consecutive weeks or until the family completed all 8 sessions.</p> <p>Number of participants n=64 ITT (43 completed intervention)</p> <p>Drop-out n=21</p>	<p>between therapist and client and by encouraging the child and parent to direct the content of their own treatment.</p> <p>Staff education/training Same as intervention 1</p> <p>Duration/intensity 45-minute therapy sessions for 8 consecutive weeks or until the family completed all 8 sessions.</p> <p>Number of participants n=60 ITT (32 completed intervention)</p> <p>Drop-out n=28</p>	<p>SAU: m= -0.40 (1.51) Diff. in change: MD=0.55 (0.07 to 1.03) p<.05</p> <p>Hyperarousal subscale I: m=-1.19 (1.42) SAU: m=-0.48 (1.31) Diff. in change: MD= 0.71 (0.22 to 1.20), p≤.01</p> <p>Total score I: m= -3.31 (3.48) SAU: m= -1.68 (3.22) Diff. in change MD=1.63 (0.44 to 2.82) p≤.01</p> <p>Self-report Reaction Index (RI): I: m= -7.16 (13.52) SAU: m= -1.66 (9.14) Diff. in change: MD=5.5 (1.37 to 9.63) p≤.01</p> <p>Child Behavior Checklist (CBCL) Behavior problems I: m= -8.78 (19.98) SAU: -10.12 (20.45) Diff. in change: -8.53 to 5.85</p> <p>PTSD diagnostic remission I: 32 to 8 (75 %) SAU: 18 to 10 (44 %)</p>	
<p>Donohue et al 2014</p> <p>USA [124]</p>	<p>Study design RCT</p> <p>Aim To evaluate a family-based behavioral therapy in mothers referred from CPS for child neglect and drug abuse</p> <p>Intervention directed to</p>	<p>Number of participants n=72</p> <p>Inclusion criteria Participants were mothers referred for treatment of substance abuse and child neglect; (b) mother living with the child victim responsible for neglect referral (or it was the</p>	<p>Name Family behavior therapy (FBT)</p> <p>Components A comprehensive outpatient treatment to manage substance disorders. Substance use is conceptualized as a primary reinforcer. Standardized engagement procedures</p>	<p>Name SAU</p> <p>Components A variety of services including child placement, crisis intervention services, family services, caregiver services (e.g., individual counseling, marital counseling, inpatient and</p>	<p>Results recidivism</p> <p>Number of days’ child is in CPS custody: Baseline I: m=29.7 (42.7) SAU: m=38.4 (46.2) Post I: m=41.2 (55.0) SAU: m=52.9 (56.3)</p>	<p>Data is reported for <i>total</i> group, separate M and SD for <i>drug exposed</i> and <i>other neglect</i> is available in the study</p>

	<p>Parent</p> <p>Study period NA</p> <p>Setting Department of Family Services (DFS)</p> <p>Type of abuse Neglect (fetus/child being exposed to drugs and other child neglect)</p>	<p>intention of the court to return the child to the mother's home upon treatment assignment); (c) mother identified as using illicit drugs during the 4 months prior to referral; (d) mother displaying symptoms consistent with illicit drug (e) at least one adult individual willing to participate in the mother's treatment; and (f) primary reason for referral not due to sexual abuse perpetration or domestic violence</p> <p>Mean age Mother: m=29.04 (8.07) years Children: m=3.92 (3.73) years</p> <p>Gender Not stated</p>	<p>are used to involve family and friends in treatment to support goals as well as modeling pro-social behavior, assisting in child care, completion of therapeutic assignments, role-playing, communication skills</p> <p>Staff education/training Professional experience varied (i.e., bachelor's level community treatment providers, master's and doctoral graduate students, postdoctoral fellow). FBT providers received approximately 16 hours of formal FBT training in workshop format utilizing behavioral role-playing prior to intervention implementation</p> <p>Duration/intensity 6 months</p> <p>Number of participants n=35 (assigned) 6 months: n=24 10 months: n=26</p>	<p>outpatient substance abuse counseling), child services (e.g., individual and group therapy)</p> <p>Staff education/training NA</p> <p>Duration/intensity 6 months</p> <p>Number of participants n=37 (assigned) 6 months: n=31 10 months: n=32</p>	<p>4 months I: m=31.5 (47.4) SAU: m=44.2 (54.6)</p> <p>Results Parents</p> <p>Child Abuse Potential Inventory (CAPI) Abuse scale</p> <p>Baseline I: m=176.4 (107.4) SAU: m=168.7 (103.8)</p> <p>Post I: m=135.4 (86.0) SAU: m=144.2 (113.1)</p> <p>4 months I: m=135.6 (89.7) SAU: m=140.0 (112.0)</p>	
<p>Graham-Bermann et al 2007 [108]</p> <p>Graham-Bermann et al 2013 [109]</p> <p>Graham-Bermann et al 2015 [110]</p>	<p>Study design RCT</p> <p>Aim To assess the efficacy of a group intervention for children and their mothers exposed to IPV and to identify factors associated with treatment efficacy</p> <p>Intervention directed to Parent and child interaction</p> <p>Study period</p>	<p>Number of participants 118 Children and their mothers</p> <p>Inclusion criteria Mothers who experienced physical conflict in their relationship with an intimate partner during the past year and who had children of either gender between the ages of 6 and 12 were invited to participate in an interview and support groups for themselves and/or their children.</p>	<p>Name Kids Club + The Moms' Empowerment Program [MEP]</p> <p>Components Parallel intervention for children and mothers. The child group intervention target children's knowledge, attitudes and beliefs about family violence, and their emotional adjustment. Groups were age matched. In the mothers group the mothers discuss the impact of the violence</p>	<p>Name Wait list</p> <p>Staff education/training -</p> <p>Duration/intensity -</p> <p>Number of participants n=58</p> <p>Drop-out n=0</p>	<p>Results children</p> <p>Children in the clinical range on external problems (CBCL) (Graham-Bermann et al 2007)</p> <p>Baseline I: 21/61 WL: 19/58</p> <p>Post I: 13/61 WL: 16/58</p>	

USA	<p>Not stated</p> <p>Setting Recruitment through flyers and newspaper advertisements, at social service agencies, and through shelters for battered women in five urban locations in Michigan. programs were conducted in settings available in each community, such as existing mental health clinics, education centers, and shelter outreach programs.</p> <p>Type of abuse Intimate partner violence (IPV)</p>	<p>Mean age Children: range 6–12 years</p> <p>Gender About 50 % girls</p>	<p>on their child’s development; build there parenting competences and their repertoire of parenting and disciplinary skills</p> <p>Staff education/training Group therapists were graduate students in clinical psychology and social work at the University of Michigan who were paired with community providers, such as therapists at local mental health clinics. Therapists received intensive training in clinical work with children and women exposed to IPV as well as ethical issues in working with at-risk populations. All therapists received weekly supervision by Sandra A. Graham-Bermann</p> <p>Duration/intensity 10-week intervention</p> <p>Number of participants n=60 analyzed</p> <p>Drop-out n=1 (declined to participate)</p> <p>This study also included a child-only intervention (data not reported here)</p>		<p>Children in the clinical range on internal problems (CBCL) (Graham-Bermann et al 2007)</p> <p>Baseline I: 19/61 WL: 24/58</p> <p>Post I: 7/61 WL: 18/58</p> <p>Child Behavior Checklist (CBCL) Externalizing (Graham-Bermann et al 2007)</p> <p>Baseline I: m=14.79 (8.38) WL: m=16.76 (13.12)</p> <p>Post I: m=12.79 (8.50) WL: m=14.96 (12.96)</p> <p>8 months I: m=10.41 (7.19) WL: not applicable</p> <p>Child Behavior Checklist (CBCL) Internalizing (Graham-Bermann et al 2007)</p> <p>Baseline I: m=17.10 (12.34) WL: m=13.17 (9.34)</p> <p>Post I: m=11.29 (10.94) WL: m=11.03 (9.56)</p> <p>8 months I: m=10.66 (8.91) WL: not applicable</p> <p>Children’s attitudes About Family Violence (AAFV) Attitudes (Graham-Bermann et al 2007)</p> <p>Baseline</p>	
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					<p>I: m=30.60 (5.52) WL: m=29.14 (5.56)</p> <p>Post I: m=27.71 (4.41) WL: m=30.06 (6.44)</p> <p>8 months I: m=27.94 (4.37) WL: not applicable</p> <p>Results parents</p> <p>Posttraumatic Stress Scale (PSS) parents (Graham-Bermann et al 2013)</p> <p>Baseline I: m=57.95 (33.74) WL: 70.60 (31.87)</p> <p>Post I: m=34.02 (18.65) WL: m=51.66 (26.59)</p> <p>8 months I: m=30.56 (14.92) WL: not applicable</p> <p>The Anxiety and Parental Child rearing Styles Scale (positive parenting) (Graham-Bermann et al 2015)</p> <p>Baseline I: m=1.07 (0.57) WL: m=3.56 (0.66)</p> <p>Post I: m=2.11 (0.39) WL: m=2.17 (0.71)</p> <p>8 months I: m=1.30 (0.93) WL: not applicable</p> <p>Beck Depression Inventory (BDI) (Graham-Bermann et al 2015)</p> <p>Baseline</p>	
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					<p>I: m=16.28 (11.82) WL: m=17.90 (10.03) Post I: m=10.55 (10.14) WL: m=14.26 (11.02) 8 months I: m=8.34 (8.54) WL: not applicable</p>	
<p>Grogan-Kaylor et al 2016</p> <p>Canada [112]</p>	<p>Study design RCT</p> <p>Aim Investigate the long-term effects of a parenting intervention on disciplinary practices and corporal punishment</p> <p>Intervention directed to Parent and child parallel</p> <p>Study period Not stated</p> <p>Setting Recruitment through local domestic violence shelters as well as through flyers and brochures posted in local community businesses and clinics</p> <p>No more information</p> <p>Type of abuse Intimate partner violence (IPV)</p>	<p>Number of participants n=113</p> <p>Inclusion criteria Women were able to participate if they had a child in the target age range (4–6 years old) and had experienced IPV in the past 2 years</p> <p>Mean age Children: m=4.93 (.86) years</p> <p>Gender 47 % girls, 53 % boys</p>	<p>Name The preschool Kids Club + The Moms’ Empowerment Program [MEP]</p> <p>Components Children’s group aim to help children not feeling responsible for IPV and give them strategies for managing conflict. In addition, group therapists work with mothers to identify how stress affects their ability to parent, focusing on the relationship between IPV and parenting. Mothers discuss their fears, worries, and hopes about parenting. Therapists help mothers to identify the effects of IPV exposure on early child development. Once enrolled in the treatment condition, mothers and children attended biweekly sessions for 5 weeks. Mothers and children met in separate groups, with about 4 to 6 mothers participating in each group.</p> <p>Staff education/training Not stated</p> <p>Duration/intensity</p>	<p>Name Wait list</p> <p>Components -</p> <p>Staff education/training -</p> <p>Duration/intensity -</p> <p>Number of participants n=50 (analyzed)</p> <p>Drop-out n=12</p>	<p>Alabama Parenting Questionnaire (APQ)</p> <p>Baseline I: m=1.65 (0.58) WL: m=1.53 (0.50) Post I: m=1.55 (0.62) WL: m=1.61 (0.49) 6–8 months I: m=1.43 (0.40) WL: 1.55 (0.51)</p> <p>Data received from author, not available in article</p>	

			5 weeks Number of participants n=51 analyzed Drop-out n=7			
Guteman et al 2013 USA [126]	Study design RCT Aim Evaluate if parent aide services would predict a significant reduction in child maltreatment risk when compared with families only receiving case management Intervention directed to Parents Study period Not stated Setting Six parent aide program sites of the National Exchange Club Foundation (NECF) serving a southeast region of the USA. NECF coordinates the largest collection of parent aide programs in the USA. To be eligible for services at these programs, families must have at least one child 12 years of age or younger living in the home and be deemed at high risk of abuse and/or neglect Type of abuse Maltreatment (physical child abuse and neglect)	Number of participants n=138 (101 at 6-months follow-up) Inclusion criteria To be eligible for study enrollment mothers were required to be the biological or adoptive mother of at least one child 12 years of age or younger living in the home. Mothers were also required to be at least 18 years old and fluent in English. Mean age Mothers: m=29.6 (7.8) years Gender Only mothers	Name Home-based paraprofessional parent aide plus case management services Components Parent aide services aimed to reduce the risk of physical abuse and/or neglect by targeting parenting behavior and environmental challenges linked with child maltreatment risk. Parent aides delivered services in the home and engaged in activities specifically targeting: (1) child safety, (2) parenting skill guidance, (3) problem-solving support, (4) improving parents' social support. Parent aides could visit the homes of their assigned cases up to two times per week, depending upon assessed need. Staff education/training Parent aides were paraprofessionals who receive an initial 12 h of on-the-job training, followed by monthly training and regular supervision thereafter Duration/intensity Average number of contacts per family: 17.45 (12.97)	Name Case management services only Components Included an initial needs assessment conducted by a case manager to gather information about family history and risk for maltreatment (including psychosocial and environmental risk), crisis intervention counseling whenever necessary, and referrals for substance abuse, child care/respite, and other community resources when necessary. Services were limited to phone contacts (up to two per month) or, if participants did not have active phone lines, such contacts were carried out in-person in the home Staff education/training Not stated Duration/intensity Average number of contacts per family: 8.95 (6.40) Average total number services delivered per family: 12.81 (11.35) Number of participants	Results parents Parent – Child Conflict Tactics Scale (CTS-PC) Psychological aggression Baseline I: m=8.36 (6.26) SAU: m=8.62 (6.31) Post I: m=7.27 (6.42) SAU: m=7.79 (5.91) Parent – Child Conflict Tactics Scale (CTS-PC) Physical assault Baseline I: m=5.31 (4.85) SAU: m=5.18 (4.52) Post I: m=4.08 (4.17) SAU: m=4.54 (4.03) Parent – Child Conflict Tactics Scale (CTS-PC) Neglect scale Baseline Not stated Post I: m=1.29 (3.61) SAU: m=1.81 (3.03) Child Well-Being Scale (CWBS) observational scales Household inadequacy Baseline	

			<p>Average total number services delivered per family: 30.50 (24.91)</p> <p>Number of participants n = 73</p> <p>Drop-out n=16</p>	<p>n=65</p> <p>Drop-out n=21</p>	<p>I: m=5.77 (1.50) SAU: m=6.62 (4.19)</p> <p>6 months I: m=7.12 (1.76) SAU: m=6.87 (2.91)</p> <p>Mother – child neglect scale (MCNS) Baseline Not stated</p> <p>6 months I: m=11.70 (2.23) SAU: m=18.88 (2.08)</p> <p>Brief Symptom Inventory (BSI) Maternal depression Baseline I: m=10.96 (4.65) SAU: m=12.70 (6.59)</p> <p>6 months I: m=9.59 (4.46) SAU: m=12.02 (6.01)</p> <p>Parenting Stress Index-Short Form (PSI-SF) Baseline I: m=99.29 (26.07) SAU: m=98.34 (25.49)</p> <p>6 months I: m=91.49 (23.13) SAU: m=96.09 (28.10)</p> <p>Maternal anxiety, maternal hostility, parental mastery, maternal social support is also reported in the study</p>	
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<p>Jouriles et al 2010</p> <p>USA [121]</p>	<p>Study design RCT</p> <p>Aim To evaluate Project Support with a sample of families referred to CPS for child maltreatment</p> <p>Intervention directed to Parent and child interaction, parallel interventions for mothers and mentoring for children</p> <p>Study period June 1997 to May 2000</p> <p>Setting Families reported to Children's Protective Services (CPS) for allegations of physical abuse or neglect</p> <p>Type of abuse Maltreatment (families had been referred to CPS for physical abuse (63 %), neglect (25 %), or both (12 %))</p>	<p>Number of participants n=35 families</p> <p>Inclusion criteria Families in which allegations of physical abuse or neglect of a child aged 3 through 8 years were substantiated by CPS, and in which it was determined by CPS that the child and family's interests would be best served by keeping the family intact and requiring the mother (or parents when both parents were present) to participate in Services</p> <p>Mean age Children: m=5.4 (1.5) years, Mothers: m=28.7 (5.4) years</p> <p>Gender Mothers only Children not stated</p>	<p>Name Project Support</p> <p>Components Through direct instruction, practice, and feedback, mothers were taught skills with which to increase desirable child behavior, decrease undesirable child behavior, communicate more effectively with their children, and facilitate a more positive and warm relationship with their children. Therapists also worked with the mothers and one or more of their children together to monitor the mothers' mastery of the parenting skills and the children's responses to them. The students who accompanied the therapists on the home visits served as mentors for the children; during the time when the children were not in session with the mother and therapist, the students interacted with and supervised the children, providing positive social support and serving as caring, prosocial models</p> <p>Staff education/training Eleven master's-level licensed mental health service providers were hired, trained, and supervised by a licensed clinical psychologist. The therapists received extensive training in the content and techniques of the intervention</p>	<p>Name SAU</p> <p>Components Families in the comparison condition received services as usual from CPS caseworkers or service providers under contract to CPS. The type and amount of services received varied considerably across the 18 families. Four of the 18 families did not receive any services, according to CPS records. Of the 14 families who received services, all received some type of parenting intervention</p> <p>Staff education/training CPS or CPS-contracted service providers</p> <p>Duration/intensity Not stated</p> <p>Number of participants n=18</p> <p>Drop-out n=4 (at last follow-up)</p>	<p>Results recidivism</p> <p>Re-referral to CPS for child maltreatment 8 months following intervention I: 5.9 % (1/17) SAU: 27.7 % (5/18)</p> <p>Results parents</p> <p>Parental Locus of Control Scale (PLOC) The Parental control of child's behavior subscale Inability Baseline I: m=27.12 (6.95) SAU: m=26.61 (7.68)</p> <p>8 months I: m=21.88 (6.06) SAU: m=25.00 (7.22)</p> <p>12 months I: m=27.11 (6.86) SAU: m=22.27 (4.46)</p> <p>16 months I: m=22.56 (6.23) SAU: m=27.03 (7.06)</p> <p>The global severity index of the Symptom Checklist-90-R (SCL-GSI) Maternal distress Baseline I: m=50.23 (11.80) SAU: m=50.65 (13.87)</p> <p>8 months I: m=42.64 (12.70) SAU: m=48.13 (13.43)</p> <p>8 months I: m=43.00 (10.68) SAU: m=49.24 (14.65)</p> <p>16 months</p>	
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			<p>Duration/intensity Home-based weekly sessions of 1 to 1.5 hour for up to 8 months</p> <p>Number of participants n=17</p> <p>Drop-out n=0</p>		<p>I: m=42.58 (13.19) SAU: m=48.43 (10.20)</p> <p>Revised Conflict Tactics Scale (CTS-PC) (the psychological aggression and minor assault subscale) Harsh parenting Baseline I: m=1.49 (1.06) SAU: m=1.87 (1.21)</p> <p>8 months I: m=0.87 (0.93) SAU: m=1.64 (1.04)</p> <p>12 months I: m=1.19 (1.07) SAU: m=1.87 (1.17)</p> <p>12 months I: m=1.00 (1.06) SAU: m=1.84 (1.06)</p>	
<p>Jouriles et al 2009</p> <p>USA [120]</p>	<p>Study design RCT</p> <p>Aim To evaluate an intervention designed to reduce conduct problems among children exposed to intimate partner violence</p> <p>Intervention directed to Parent and child interaction, parallel interventions for mothers and mentoring for children</p> <p>Study period Families were recruited into the project from October 1996 to January 2000</p> <p>Setting</p>	<p>Number of participants n=66 mothers and children</p> <p>Inclusion criteria Women who entered the shelters with 4- to 9-year old children. Exclusion criteria were; the mother's abusive partner lived with the family following the shelter departure and the target child did not meet the DSM-IV criteria for ODD or CD</p> <p>Mean age Mothers Project support: m=29.8 (6.2) years SAU: m=29.1 (4.2) years Children's age not stated</p>	<p>Name Project Support</p> <p>Components Two primary components: (a) teaching mothers child management skills and (b) providing instrumental and emotional support to mothers. The child management skills component of the program included 12 child management skills (e.g., listening to your child, praising, reprimanding). Therapists worked primarily with the mothers, although children were brought into sessions for evaluating mothers' use of skills and children's responses to the skills. The skills were taught to</p>	<p>Name SAU</p> <p>Components Project staff contacted families monthly, either in person or by telephone. These monthly contacts were structured so that these families could receive instrumental and emotional support services similar to those provided to Project Support families</p> <p>Staff education/training Not stated</p> <p>Duration/intensity 8-month period following shelter departure, families on average had 3.7 contacts with</p>	<p>Results children</p> <p>Child Behavior Checklist (CBCL) Externalizing Baseline I: m=67.9 SAU: m=65.9</p> <p>Post I: m=57.4 SAU: m=61.6 Cohen's d (CI, 95 %): 0.66 (0.11 to 1.19)</p> <p>12 months I: m=53.3 SAU: m=59.0 Cohen's d (CI, 95 %): 0.63 (0.04 to 1.20)</p> <p>Eyberg Child Behavior Inventory (ECBI) Problem behaviors</p>	

	<p>Families were recruited from six urban and suburban domestic violence shelters</p> <p>Type of abuse Intimate partner violence (IPV)</p>	<p>Gender Children Project support: 58.8 % male SAU: 41.2 % male</p> <p>Only mothers</p>	<p>mothers through didactic instruction accompanied by written materials, role plays, in vivo practice. The students who accompanied the therapists to the sessions served as child mentors (providing positive support and serving as prosocial models)</p> <p>Staff education/training A trained therapist and advanced undergraduate or postbaccalaureate students delivered the intervention. Eight master's level clinicians and one clinical psychologist served as therapists. Therapists received extensive training about the intervention</p> <p>Duration/intensity An average of 20 home-based treatment sessions during the 8-month period following shelter departure</p> <p>Number of participants n=32 randomized n=27 at final follow-up</p> <p>Drop-out n=5 (16 %)</p>	<p>project staff in which a safety issue was addressed, emotional support was provided, a referral was requested or offered, some form of instrumental support was provided, or the family received some combination of support services</p> <p>Number of participants n=34 randomized n=29 at final follow-up</p> <p>Drop-out n=5 (15 %)</p>	<p>Baseline I: m=142.1 SAU: m=129.8</p> <p>Post I: m=102.5 SAU: m=102.7 Cohen's d (CI, 95 %): 0,17 (-0.36 to 0.70)</p> <p>12 months I: m=82.8 SAU: m=103.8 Cohen's d (CI, 95 %): 0,66 (0.03 to 1.26)</p> <p>Results parents</p> <p>Parenting Dimensions Inventory (PDI) Inconsistent parenting</p> <p>Baseline I: m=26.8 SAU: m=23.1</p> <p>Post I: m=21.0 SAU: m=22.7 Cohen's d (CI, 95 %): 0.63 (0.08 to 1.16)</p> <p>12 months I: m=21.6 SAU: m=20.3 Cohen's d (CI, 95 %): -0.01 (-0.58 to 0.55)</p> <p>Revised Conflict Tactics Scale-Parent-Child (CTS-PC) Physical aggression</p> <p>Baseline I: m=4.8 SAU: m=5.4</p> <p>Post I: m=3.2 SAU: m=2.6</p>	
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					<p>Cohen's d (CI, 95 %): -0.04 (-0.57 to 0.49)</p> <p>12 months I: m=2.2 SAU: m=2.8 Cohen's d (CI, 95 %): 0.25 (-0.33 to 0.81)</p> <p>Revised Conflict Tactics Scale- Parent-Child (CTS-PC) Psychological aggression Baseline I: m=9.4 SAU: m=7.5 Post I: m=6.0 SAU: m=6.0 Cohen's d (CI, 95 %): 0.32 (-0.22 to 0.84)</p> <p>12 months I: m=5.8 SAU: m=6.0 Cohen's d (CI, 95 %): 0.34 (-0.24 to 0.90)</p> <p>The global severity index of the Symptom Checklist-90-R (SCL-GSI) Psychiatric symptoms Baseline I: m=60.0 SAU: m=60.1 Post I: m=53.4 SAU: m=50.7 Cohen's d (CI, 95 %): -0.19 (-0.73 to 0.36)</p> <p>12 months I: m=53.1 SAU: m=53.8 Cohen's d (CI, 95 %): 0.04 (-0.57 to 0.64)</p>	
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					<p>Impact of Event Scale (IES) (trauma symptoms)</p> <p>Baseline I: m=26.4 SAU: m=24.8</p> <p>Post I: m=14.17 SAU: m=18.6 Cohen's d (CI, 95 %): 0.49 (-0.06 to 1.03)</p> <p>12 months I: m=12.6 SAU: m=14.3 Cohen's d (CI, 95 %): 0.12 (-0.47 to 0.70)</p>	
<p>Jouriles et al 2001 [69] and McDonald et al 2006 [119]</p> <p>USA</p> <p>McDonald et al 2006: 24-months follow-up</p>	<p>Study design RCT</p> <p>Aim To examine the effects of project Support on maternal aggression toward children and to examine if project support helped in providing assistance to mothers who had already made the decision to leave their abusive partners</p> <p>Intervention directed to Parent and child interaction</p> <p>Study period Not given</p> <p>Setting Families were recruited from three Houston-Galveston, Texas, area shelters that offer refuge to battered women and their dependent children. The support</p>	<p>Number of participants 36 mothers and their children</p> <p>Inclusion criteria Mothers who reported at least one physically violent act from a male partner during the previous 12 months and had at least one child age 4–9 years who met Diagnostic and Statistical Manual of Mental Disorders criteria for oppositional defiant disorder or conduct disorder</p> <p>Mean age and range Children m=5.67 (1.88) years Mothers m=27.97 (4.90) years</p> <p>Gender 26 boys and 10 girls</p>	<p>Name Project SUPPORT</p> <p>Components Providing mothers and children with social and instrumental support and mothers with problem-solving skills and (b) to use certain child management and nurturing skills designed to help reduce their children's conduct problems. Therapists worked primarily with the mothers (e.g., providing support and facilitating the development of problem-solving skills, teaching child management skills), while the students served as mentors for the children (e.g., providing positive support and serving as prosocial models). In addition, safety concerns were addressed with all families</p>	<p>Name SAU (existing services condition)</p> <p>Components Contact either in person or by Telephone. No restrictions were placed on families' receipt of services from other sources. With the exception of immediate safety concerns, the families in the comparison condition received no clinical services other than referrals</p> <p>Staff education/training Not stated</p> <p>Duration/intensity contacted monthly for 16 months</p> <p>Number of participants n=18 mother-child dyads</p> <p>Drop-out Not stated</p>	<p>Results recidivism</p> <p>Recurrence of physical violence toward the mother during the 8 months follow-up period (reported by the mother) I: 5/16 (31 %) SAU: 8/18 (44 %)</p> <p>Recurrence of physical violence toward the mother during the 16 months follow-up period (reported by the mother) (McDonald et al 2006) I: 5/13 (38 %) SAU: 8/17 (47 %)</p> <p>Results children</p> <p>Child Behavior Checklist (CBCL) parent report Externalizing Baseline I: m=66.28 (10.00)</p>	

	<p>program was given when the families returned home</p> <p>Type of abuse Intimate partner violence (IPV)</p>		<p>Staff education/training Families were assigned to an intervention team consisting of a trained therapist and advanced undergraduate or postbaccalaureate students. Six clinical psychology graduate students and one clinical psychologist served as therapists. The therapists received extensive training in the content and techniques of the intervention, which included graduate coursework, in vivo practice, and direct observation</p> <p>Duration/intensity Weekly sessions of 1 to 1.5 hours for 8 months</p> <p>Number of participants n=18 mother-child dyads</p> <p>Drop-out Not stated</p>		<p>SAU: m=65.56 (9.13)</p> <p>Post I: m=57.00 (11.10) SAU: m=60.11 (10.81)</p> <p>4 months I: m=54.80 (12.95) SAU: m=55.47 (10.39)</p> <p>8 months I: m=49.79 (9.17) SAU: m=58.59 (13.62)</p> <p>16 months (McDonald et al 2006) I: m=54.5 (11.5) SAU: m=60.0 (14.7)</p> <p>Child Behavior Checklist (CBCL) Internalizing Baseline I: m=62.28 (8.94) SAU: m=58.72 (11.96)</p> <p>Post I: m=52.07 (9.71) SAU: m=55.41 (10.43)</p> <p>4 months I: m=53.20 (9.79) SAU: m=50.94 (9.28)</p> <p>8 months I: m=48.07 (7.98) SAU: m=51.59 (9.66)</p> <p>16 months follow-up (McDonald et al 2006) I: m=48.77 (7.68) SAU: m=54.38 (60.94)</p> <p>Results parents</p> <p>Symptom Checklist-90 – Revised (SCL-90-GSI) Baseline I: m=67.78 (8.85) SAU: m=67.44 (9.49)</p>	
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					Post I: m=53.40 (12.55) SAU: m=59.83 (11.08) 4 months I: m=58.87 (14.27) SAU: m=54.00 (13.74) 8 months I: m=52.38 (8.15) SAU: m=55.94 (11.31)	
Lieberman et al 2006 (6 months follow-up) [103] Lieberman et al 2005 (post measurement) [104] USA	Study design RCT Aim To examine whether child–parent psychotherapy (CPP), an empirically based treatment focusing on the parent–child relationship as the vehicle for child improvement, is efficacious for children who experienced multiple traumatic and stressful life events (TSEs) Intervention directed to Parent and child interaction Study period Not stated Setting Dyads were referred to treatment by pediatric providers, family resource programs, childcare providers, and child protection workers Type of abuse Intimate partner violence (IPV) (child exposure to domestic violence)	Number of participants N=75 children and their mothers Inclusion criteria Child exposed to marital violence as confirmed by mother’s report on the Conflict Tactics Scale 2 and the father figure perpetrating marital violence no longer resided in the home. Mean age Children: m=4.06 (0.82) years Mothers: m=31.48 (6.23) years Gender 39 girls and 36 boys	Name Child–parent psychotherapy (CPP) Components Treatment fidelity was monitored through weekly case supervision that included review of process notes. The treatment manual has been published (Lieberman & Van Horn, 2005), and the theoretical, clinical, and research elements of the treatment have been further elaborated in Lieberman and Van Horn (2008). Staff education/training The clinicians had at least a Master’s degree in clinical psychology Duration/intensity Weekly CPP sessions lasted approximately 60 minutes and were conducted over the course of 50 weeks (dyads attending m=32.09 sessions, SD = 15.20) Number of participants n=27 at 6-months (Lieberman et al 2006) n=36 post (Lieberman et al 2005)	Name SAU (with case management) Components Information about mental health clinics. Monthly phone calls from a case manager. The clinical case manager assisted in securing services, inquired about how mother and child were doing and intervened during crises. In the comparison group, 73 % of mothers and 55 % of children received individual treatment. Additional details regarding treatment attendance are provided in Lieberman et al. (2005) Staff education/training Ph.D. degree-level clinician as case management Duration/intensity Phone calls generally lasted 30 minutes. Face-to-face meetings were scheduled when clinically indicated Number of participants n=23 at 6 months (Lieberman et al 2006)	Results children Child Behavior Checklist (CBCL) Total behavior problem (Lieberman et al 2006) Baseline CPP: m=60.81 (10.59) SAU: m=57.39 (9.06) 6 months I: m=51,04 (9,92) SAU: m=55,04 (11,45) Child Behavior Checklist (CBCL) Total score (Lieberman et al 2005) Baseline I: m=61.46 (10.32) SAU: m=58.00 (9.52) Post I: m=56,69 (9.60) SAU: m=59,07 (11.28) Semistructured interview for Diagnostic Classification (DC 0-3 TSD) Traumatic Stress Disorder (Lieberman et al 2005) Baseline I: m=8.03 (3.50) SAU: m=7.11 (3.80) Post I: m=4.42 (2.86)	

			<p>Drop-out n=6 at post-test n=2 at 6-months</p>	<p>n=29 post (Lieberman et al 2005)</p> <p>Drop-out n=4 at post-test n=4 at 6-months</p>	<p>SAU: m=6.71 (4.54)</p> <p>Results parents</p> <p>Symptoms Checklist-90 Revised (SCL-90-R) Global severity index (GSI) Maternal symptomatology (Lieberman et al 2006)</p> <p>Baseline I: m=1.02 (0.63) SAU: m=0.92 (0.70)</p> <p>6 months I: m=0,49 (0,61) SAU: m=0,74 (0,79)</p> <p>Clinician Administered PTSD Scale (CAPS) Total (Lieberman et al 2005)</p> <p>Baseline I: m=52.18 (24.72) SAU: m=50.56 (22.58)</p> <p>Post I: m=28.41 (21.59) SAU: m=39.16 (25.00)</p>	
<p>Lind et al 2014</p> <p>USA [101]</p>	<p>Study design RCT</p> <p>Aim Investigating the effectiveness of the Attachment and Biobehavioral Catch-up intervention for young children who had been reported to Child Protective Services (CPS)</p> <p>Intervention directed to Parent and child interaction</p> <p>Study period</p>	<p>Number of participants n=117 children and 112 caregivers</p> <p>Inclusion criteria Families who had been reported to Child Protective Services (CPS) in a large, mid-Atlantic city due to allegations of maltreatment. Children were required to be less than 2 years old at the time of referral and living with their biological parents</p> <p>Mean age</p>	<p>Name The Attachment and Biobehavioral Catch-up (ABC)</p> <p>Components Help parents engage in synchronous interactions with their children, to provide nurturing care in response to child distress, and to avoid frightening behavior. These three targets were intended to enhance children's ability to develop secure and organized attachments, to develop</p>	<p>Name Developmental Education for Families (DEF).</p> <p>Components The DEF intervention was designed to enhance motor, cognitive, and language skills. It was adapted from a home-visiting program that was previously shown to be effective in enhancing intellectual functioning</p>	<p>The Tool Task Children's negative affect expression after about 1 year</p> <p>Cohen's d=0.42</p>	

	<p>Not stated</p> <p>Setting Child Protective Services (CPS)</p> <p>Type of abuse Families who had been reported to Child Protective Services (CPS) in a large, mid-Atlantic city due to allegations of maltreatment. Authors were unable to systematically measure reason for referral or history of other risk factors</p>	<p>Children: m=26.5 (3.4) months</p> <p>Gender Girls: 109 (97 %)</p>	<p>normative cortisol production, and to develop the ability to regulate emotions effectively</p> <p>Staff education/training Not stated</p> <p>Duration/intensity 10 weekly sessions</p> <p>Number of participants n=78</p>	<p>Staff education/training Not stated</p> <p>Duration/intensity 10 weekly sessions</p> <p>Number of participants n=89</p>		
<p>MacMillan et al 2005</p> <p>Canada [127]</p>	<p>Study design RCT</p> <p>Aim To investigate whether home visitation by nurses might reduce abuse and neglect recidivism</p> <p>Intervention directed to Parents</p> <p>Study period reference to child protection agencies (CPAs) between March 24 1995 and October 30 1996</p> <p>Setting Two local child protection agencies (CPAs)</p> <p>Type of abuse Maltreatment (child physical abuse or neglect)</p>	<p>Number of participants n=163 randomized</p> <p>Inclusion criteria Families with a history of one index child being exposed to physical abuse or neglect the index child was younger than 13 years, the reported episode of physical abuse or neglect occurred within the previous 3 months and the child identified as physically abused or neglected was still living with his or her family or was to be returned home within 30 days</p> <p>Mean age Children Home visitation: m=5.1 (3,9) SAU: m=5.2 (3.3)</p> <p>Parents Home visitation: m=29.5 (8.0) years SAU: m=28.9 (6.7) years</p> <p>Gender</p>	<p>Name Home visitation by nurses</p> <p>Components Home visitation by a public-health nurse who met with at least one parent during the visit, attempting to meet with both parents in two parent families. The nurses tailored their home visits to the individual needs of the families. Their three main activities were intensive family support, parent education about infant and child development, and linkage of family members with other health and social services that were specific to the family's situation</p> <p>Staff education/training A manual was developed for the public-health nurse training programme during a pilot study and was further refined for this trial. Nurses received a 1-week educational programme that was didactic and based on experience</p>	<p>Name SAU</p> <p>Components Standard services arranged by the agency including routine follow-up by CPA caseworkers whose focus was on assessment of risk of recidivism, provision of education about parenting, and arrangement of referrals to community-based parent education programmes and other services</p> <p>Staff education/training Not stated</p> <p>Duration/intensity Not stated</p> <p>Number of participants n=74 at baseline n=73 followed up at 1 year n=69 followed up at 2 years n=66 followed up at 3 years</p> <p>Drop-out</p>	<p>Results recidivism</p> <p>Number of families with rereported abuse incidence during the 3-year follow-up period (hospital records)</p> <p>Physical abuse and neglect I: 21 SAU: 8 Difference: 12 %</p> <p>Physical abuse I: No reports: 59/88 Reports: 29/88 SAU: No reports: 41/72 Reports: 31/72</p> <p>Neglect I: No reports: 47/88 Reports: 41/88 SAU: No reports: 35/72 Reports: 37/72</p>	

		<p>Children Home visitation: 37 (42 %) male SAU: 45 (61 %) male</p> <p>Parents Home visitation: 85 (96 %) female SAU: 70 (95 %) female</p>	<p>Duration/intensity Home visitation every week for 6 months, then every 2 weeks for 6 months, then monthly for 12 months. The nurses visited for 1.5 hours</p> <p>Number of participants n=89 at baseline n=87 followed up at 1 year n=78 followed up at 2 years n=73 followed up at 3 years</p> <p>Drop-out n=16</p>	n=8	<p>Physical abuse and neglect I: No reports: 38/88 Reports: 86/88 SAU: No reports: 24/72 Reports: 48/72</p> <p>Results parents</p> <p>Child Abuse Potential Inventory (CAPI) Baseline I: m=195.1 (109.6) SAU: m=202.6 (111.1) Post (2 years after baseline) I: m=156.5 (114.7) SAU: m=168.2 (112.6) 1 year follow up (3 years after baseline) I: m=149.3 (118.2) SAU: m=149.2 (116.3)</p> <p>Adult Adolescent Parenting Inventory (AAPI) Score Baseline I: m=122.3 (17.6) SAU: m=123.1 (14.7) Post (2 years after baseline) I: m=129.5 (16.3) SAU: m=130.6 (15.2) 1 year follow up (3 years after baseline) I: m=133.1 (18.3) SAU: m=132.4 (16.3)</p>	
McFarlane et al 2005	Study design RCT	Number of participants n=258	Name Nurse case management (NCM)	Name Standard Care (SC)	Results children ages 18 months to 5 years	
USA [128]	Aim	Inclusion criteria women who reported physical	Components	Components	Child Behavior Checklist (CBCL) Total behavior problem	

	<p>To determine if a treatment program offered to abused mothers positively affects the behaviors of their children</p> <p>Intervention directed to Parents</p> <p>Study period February 2001- August 2004</p> <p>Setting public primary care clinics</p> <p>Type of abuse Intimate partner violence (IPV) (physical or sexual abuse of mothers)</p>	<p>or sexual abuse within the preceding 12 months, and who had at least one child, ages 18 months to 18 years, living with them</p> <p>Mean age Women range: 18 to 44 years Children range: 18 months to 18 years</p> <p>Gender Not stated</p>	<p>Each mother received standard elements of nurse case management. These elements included: (a) supportive care, in which the nurse served as an available, interested, and empathic listener; (b) anticipatory guidance, in which the women were told what to expect if the woman decided to access abuse intervention services, as well as the risks associated with leaving the abuser, having the abuser arrested, or applying for a protection order, and (c) guided referrals, in which the nurse offered referrals tailored to the woman's needs, for example, job training and housing. Sessions. Receipt of a wallet-size referral card.</p> <p>Staff education/training Not stated</p> <p>Duration/intensity Nurse case management at entry and again at the 6-, 12 and 18-months visits The case management sessions lasted, on average, 20 minutes and women were encouraged to contact the nurse as often as the woman choose</p> <p>Number of participants n=119 children 18 months to 5 years: NCM= 53, SC=50 6 to 18 years: NCM=66, SC=64</p>	<p>Standard care and abuse assessment and receipt of a wallet-size referral card</p> <p>Staff education/training Not stated</p> <p>Duration/intensity 24-months</p> <p>Number of participants Children n=114</p> <p>Drop-out Not specified by group total n=127</p>	<p>Baseline I: m=56.6 (12.1) SAU: m=58.3 (14.4) Post (18 months after baseline) I: m=43.1 (14.5) SAU: m=45.1 (15.2) 6 months follow up I: m=38.2 (12.1) SAU: m=40.0 (13.5)</p> <p>Results children ages 6 to 18 years</p> <p>Child Behavior Checklist (CBCL) Total behavior problem Baseline I: m=59.2 (13.7) SAU: m=57.6 (11.7) Post (18 months after baseline) I: m=49.6 (12.9) SAU: m=51.6 (13.2) 6 months follow up I: m=46.8 (12.1) SAU: m=48.8 (12.0)</p> <p><i>Internal and external CBCL scores are also presented in article</i></p>	
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			Drop-out Not specified by group total n=127			
Moss et al 2011 [98], Dubois-Comtois 2017 [99] Canada	<p>Study design RCT</p> <p>Aim To evaluate the efficacy of a short term attachment-based intervention with maltreating parents and their children</p> <p>Intervention directed to Parent and child interaction</p> <p>Study period Not stated</p> <p>Setting</p> <p>Type of abuse Maltreatment (sexual abuse, physical abuse, neglect or emotional abuse)</p>	<p>Number of participants 79 caregivers and their children (1–5 years)</p> <p>Inclusion criteria (a) were the primary caregiver of a child between 12 and 71 months of age and were living with the child (c) were not participants in any other parent-child oriented treatment program, and (d) were presently being monitored by a community (n=13) or child welfare agency (n=54) for child maltreatment</p> <p>Mean age Children: m=3.35 (1) Caregivers: m=27.82 (7.61)</p> <p>Gender Boys n=41 Girls n=26</p>	<p>Name Short-term attachment-based intervention</p> <p>Components Intervention sessions included brief discussions of attachment--emotion regulation-related themes and video feedback of parent-child interaction. (a) responding to child distress signals with comfort and appropriate structuring and (b) promoting and supporting active child exploration when the child is not distressed</p> <p>Staff education/training Four clinical workers with experience in child welfare settings were trained by attachment experts to observe and understand attachment behavior in infants, toddlers, and preschoolers</p> <p>Duration/intensity 8 weekly sessions</p> <p>Number of participants n=35 post</p> <p>Drop-out n=5</p>	<p>Name SAU (Child welfare services)</p> <p>Components Standard agency services, which consisted of a monthly visit by a child welfare caseworker</p> <p>Staff education/training</p> <p>Duration/intensity 1 time monthly</p> <p>Number of participants n=32 post</p> <p>Drop-out n=7</p>	<p>Results children</p> <p>The Strange Situation Test Attachment Classification (children age 12 to 24 months) or The Preschool Separation-Reunion Procedure (children age 2 to 6 years)</p> <p>Organized Baseline I: 16 SAU: 16 Post I: 28 SAU: 14</p> <p>Disorganized Baseline I: 19 SAU: 16 Post I: 7 SAU: 18</p> <p>Child Behavior Checklist (CBCL) Externalizing T scores</p> <p>Baseline I: m=59.47 (9.82) SAU: m=60.73 (11.60) Post I: m=57.85 (9.84) Control: m=57.54 (12.61)</p> <p>Child Behavior Checklist (CBCL) Internalizing T scores</p> <p>Baseline I: m=56.73 (8.23)</p>	

					<p>SAU: m=54.80 (11.77)</p> <p>Post</p> <p>I: m=54.43 (7.44)</p> <p>SAU: m=55.56 (11.45)</p> <p>Results parents</p> <p>The Maternal Behavior Q-Set (MBQS) Maternal sensitivity Baseline</p> <p>I: m=0.26 (0.46)</p> <p>SAU: m=0.28 (0.46)</p> <p>Post</p> <p>I: m=0.48 (0.31)</p> <p>SAU: m=0.31 (0.39)</p> <p>The Parenting Stress Index-Short Form (PSI-SF) Parenting stress relating to parental role (Data from Dubois-Comtois) Baseline</p> <p>I: m=83.52 (23.69)</p> <p>SAU: m=74.35 (20.57)</p> <p>10 weeks</p> <p>I: m= 78.48 (20.08)</p> <p>SAU: m= 63.90 (15.12)</p>	
<p>Overbeek et al 2013</p> <p>The Netherlands [111]</p>	<p>Study design RCT (follow up at one week and six months after the end of the program)</p> <p>Intervention directed to Parent and child parallel</p> <p>Aim To examine if participation in an intervention with specific factors, focused on IPV, parenting and coping, would be associated with better recovery</p>	<p>Number of participants 164</p> <p>Inclusion criteria Experience of psychological and/or physical IPV and if participants indicated the violence had stopped at the time parent and child started with the program</p> <p>Mean age Children m=9,22 (1,51)</p>	<p>Name Kids Club/"It's my turn now"</p> <p>Components The child sessions drew on work about the program Kids' Club, but several topics of sessions have been altered (e.g. more time spent on identifying, differentiating, and dealing with emotions) or added (e.g. secrets, contact with the violent parent, and the future). Treatment techniques are based on trauma theory and focus on readjusting</p>	<p>Name Control group ("You belong")</p> <p>Components Only non-specific factors of interventions were used in this program, such as attention, amount of treatment contact, a structured environment, positive attention from the therapist, positive expectations, distraction and social support and interaction among group participants. Therapists were instructed not to focus on</p>	<p>Results children</p> <p>Child Behavior Checklist (CBCL) Internalized Baseline</p> <p>I: m=57,59 (10,70)</p> <p>SAU: m=60,14 (9,66)</p> <p>1 week</p> <p>I: m= 52,13 (10,81)</p> <p>SAU: m=52,40 (9,75)</p> <p>6 months</p> <p>I: m=51.30 (10.52)</p> <p>SAU: m=50.89 (11.62)</p>	

	<p>Study period September 2009 to January 2012</p> <p>Setting</p> <p>Type of abuse Intimate partner violence (IPV)</p>	<p>Gender Boys: n=86 Girls: n=69</p>	<p>affective responses to trauma-related thoughts and memories directly addressing the traumatic experiences. In the parent sessions the focus was on psycho-education and discussion, improving parenting and disciplinary skills to increase positive behavior and decrease negative behavior</p> <p>Staff education/training Therapists received a one-day training by one of the developers of the program before they could provide this standardized program and they followed a manual for every session.</p> <p>Duration/intensity Nine sessions of 90 minutes each</p> <p>Number of participants n=108 Baseline CBCL: n=93 TSCYC: n=85 TSCC: n=65</p> <p>1 week CBCL: n=90 TSCYC: n=77 TSCC: n=64</p> <p>6 months CBCL: n=89 TSCYC: n=80 TSCC: n=61</p> <p>Drop-out n=25</p>	<p>traumatic experiences, emotions, parenting, or coping.</p> <p>Staff education/training Not stated</p> <p>Duration/intensity Nine sessions of 90min each</p> <p>Number of participants n=56 Baseline CBCL: n=49 TSCYC: n=42 TSCC: n=29</p> <p>1 week CBCL: n=48 TSCYC: n=39 TSCC: n=29</p> <p>6 months CBCL: n=46 TSCYC: n=37 TSCC: n=27</p> <p>Drop-out n=10</p>	<p>Child Behavior Checklist (CBCL) Externalized Baseline I: m=54.04 (10.88) SAU: m=57.16 (11.39) 1 week I: m=50.02 (11.13) SAU: m=52.21 (11.87) 6 months I: m=50.48 (9.81) SAU: m=50.35 (12.72)</p> <p>Trauma Symptom Checklist for Young Children (TSCYC) (parent report) Baseline I: m=59.87 (14.58) SAU: m=66.79 (14.15) 1 week I: m=55.36 (13.74) SAU: m=57.59 (9.72) 6 months I: m=54.40 (12.08) SAU: m=55.22 (12.08)</p> <p>Trauma Symptom Checklist for Young Children (TSCC) (child report) Baseline I: m=49.46 (9.65) SAU: m=50.52 (9.42) 1 week I: m=46.39 (10.00) SAU: m=44.21 (10.26) 6 months I: m=45.20 (9.87) SAU: m=45.00 (10.52)</p>	
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<p>Oxford et al 2016</p> <p>USA [102]</p>	<p>Study design RCT</p> <p>Intervention directed to Parent and child interaction</p> <p>Aim To examine if PFR, as delivered by community providers, would result in improved parenting and child social and emotional outcomes</p> <p>Study period January 2011 and January 2014</p> <p>Setting At home</p> <p>Type of abuse Maltreatment</p>	<p>Number of participants 247 families with 10- to 24-month-old children</p> <p>Inclusion criteria Participants had to have a child between the ages of 10–24 months and an open case with an allegation of maltreatment of any type recorded in the database of the regional CPS office at least 2 weeks prior.</p> <p>Mean age Intervention group Parents: m=26.41 (5.19) Children: m=15.97 (4.37) months</p> <p>Control group Parents: m=27.04 (6.25) Children: m=16.77 (4.55) months</p> <p>Gender Intervention group Women: 90.3 % Girls: 50 %</p> <p>Control group Women: 91.1 % Girls: 42.3 %</p>	<p>Name Promoting First Relationships (PFR), a home visiting program</p> <p>Components PFR seeks to increase caregivers' awareness of their children's social and emotional needs. The parent and child are recorded playing together 5 times during the 10-week PFR program. The PFR provider will then review a recorded play session with the parent, typically the week following the date on which the session was recorded.</p> <p>Staff education/training Both providers were female and had master's degrees in social work or counseling.</p> <p>Duration/intensity 10-week, 10 sessions</p> <p>Number of participants n=124</p> <p>Drop-out Post treatment n=8 Follow up 3 months n=21 Follow up 6 months n=32</p>	<p>Name Telephone-based, three-call resource and referral (R&R) service</p> <p>Components Delivered over the phone in three sessions. A social service provider conducted a 30-min needs assessment, mailed a packet of personalized information, and followed up with two 10-min check-in calls.</p> <p>Staff education/training</p> <p>Duration/intensity 3 times</p> <p>Number of participants n=123</p> <p>Drop-out Post treatment n=11 Follow up 3 months n=23 Follow up 6 months n=36</p>	<p>Results recidivism</p> <p>Number of new allegations at 1-year post intervention based on official CWS records I: n=36/124 (29,0 %) SAU: n=42/133 (31,6 %)</p> <p>Number of removals at 1-year post intervention based on official CWS records I: n=7/124 (5.6 %) SAU: n=16/123 (13.0 %)</p> <p>Results children</p> <p>Brief Infant Toddler Social and Emotional Assessment (BITSEA) Behavior problem</p> <p>Baseline I: m=10.84 (5.79) SAU: m=10.96 (6.47)</p> <p>Post I: m=11.01 (6.12) SAU: m=12.19 (7.08)</p> <p>3 months I: m=11.82 (6.60) SAU: m=11.80 (7.75)</p> <p>6 months I: m=11.23 (7.51) SAU: m=11.87 (8.43)</p> <p>Toddler Attachment Sort-45 (TAS-45) Security score</p> <p>Baseline I: m=0.45 (0.36) SAU: m=0.46 (0.34)</p>	
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					<p>Post I: m=0.52 (0.33) SAU: m=0.51 (0.35)</p> <p>3 months I: m=0.56 (0.32) SAU: m=0.56 (0.34)</p> <p>6 months I: m= 0.62 (0.33) SAU: m=0.57 (0.31)</p> <p>Results parents</p> <p>The Parenting Stress Index-Short Form (PSI-3) Parenting stress: competence</p> <p>Baseline I: m=16.03 (4.75) SAU: m=16.59 (5.21)</p> <p>3 months I: m=19.73 (6.52) SAU: m=19.95 (6.07)</p> <p>6 months I: m=19.80 (6.54) SAU: m= 19.33 (6.03)</p>	
Runyon et al 2010 USA [113]	<p>Study design RCT</p> <p>Intervention directed to Parent and child interaction and parallel</p> <p>Aim To examine the comparative efficacy of group CBT to treat the parent and child and conduct dyadic work in CPA cases.</p> <p>Study period Not given</p>	<p>Number of participants 75 parents and their children</p> <p>Inclusion criteria Parents either CPA allegation or acknowledged the use of physical punishment by positively endorsing at least two items on the Minor Assault or one item on either the Severe or Very Severe Assault subscales of the Conflict Tactics Scale-Parent-Child. Children also had to meet one of the following symptom criteria: (a) endorsement of four PTSD symptoms; or (b) an elevation on</p>	<p>Name Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT)</p> <p>Components Initially, parent and child groups were conducted concurrently for the first hour and 45 minutes of the session, and the second 15 minutes involved the joint parent-child sessions. As treatment progressed, more time was allotted to the parent-child joint sessions based on families' needs Parents and children participating in the experimental</p>	<p>Name Parent-Only CBT</p> <p>Components Only parents receive intervention</p> <p>Staff education/training The primary group therapists were doctoral-level psychologists and master-level social workers who received 2 days of didactic training in the treatment models. Trainees served as group co-facilitators, in conjunction with the primary group therapists.</p>	<p>Results children</p> <p>Kiddie-Sads-Present and Lifetime Version (K-SADS-PL) PTSD</p> <p>Baseline I: m=6.44 (1.60) Control: m=6.58 (1.90)</p> <p>Post I: m=2.76 (1.83) Control: m=4.15 (2.72)</p> <p>Child Behavior Checklist (CBCL) Internalized</p> <p>Baseline I: m=8.59 (6.83) Control: m= 9.12 (8.93)</p>	

	<p>Setting Participants were referred to a medical school-based child abuse clinic from the local child protection services agencies, prosecutors' offices, and health fairs</p> <p>Type of abuse Child physical abuse (CPA)</p>	<p>at least one externalizing behavior subscale on the behavior problems checklist.</p> <p>Mean age Intervention group Parents: m=33.17 (6.56) Children: m=9.82 (2.11) Control group Parents: m=32.85 (5.70) Children: m=9.96 (1.93)</p> <p>Gender Intervention group Women: 100 % Men: 0 %</p> <p>Boys: n=56 % Girls: n=44 % Control group Women: 70 % Men: 30 %</p> <p>Boys: n=50 % Girls: n=50 %</p>	<p>condition, CPC-CBT, received: (a) Child Interventions; (b) Parent Interventions; and (c) Parent-Child Interventions.</p> <p>Staff education/training The primary group therapists were doctoral-level psychologists and master-level social workers who received 2 days of didactic training in the treatment models. Trainees served as group co-facilitators, in conjunction with the primary group therapists.</p> <p>Duration/intensity Sixteen 2-hour group sessions over a 16- to 20-week period.</p> <p>Number of participants 40 parents and their children</p> <p>Drop-out Post test: n=9 (23 %) Follow up: n=20 (50 %)</p>	<p>Duration/intensity 15 sessions of treatment</p> <p>Number of participants 35 parents and their children</p> <p>Drop-out Post-test n=13 (63 %) Follow up n=21 (60 %)</p>	<p>Post I: m=6.47 (5.10) Control: m=5.62 (6.68)</p> <p>Child Behavior Checklist (CBCL) Externalized Baseline I: m=16.62 (10.99) Control: m=17.69 (11.55)</p> <p>Post I: m=13.32 (11.18) Control: m=11.12 (10.96)</p> <p>Alabama Parenting Questionnaire - Child (APQ-C) Positive parenting Baseline I: m=22.68 (5.06) Control: m=19.81 (6.03)</p> <p>Post I: m=23.09 (5.08) Control: m=20.12 (6.92)</p> <p>Alabama Parenting Questionnaire - Child (APQ-C) Corporal punishment Baseline I: m= 6.47 (3.25) Control: m=7.08 (3.32)</p> <p>Post I: m= 4.12 (2.01) Control: m=5.35 (2.81)</p> <p>Results parents</p> <p>Alabama Parenting Questionnaire - Parent (APQ-P) Positive parenting Baseline I: m=23.47 (3.60) Control: m=23.42 (5.16)</p>	
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					<p>Post I: m=24.71 (4.01) Control: m=23.00 (5.35)</p> <p>Alabama Parenting Questionnaire – Parent (APQ-P) Corporal punishment Baseline I: m=6.44 (2.90) Control: m=5.62 (2.02)</p> <p>Post I: m=4.76 (2.18) Control: m=3.58 (1.33)</p>	
<p>Sanders et al 2004</p> <p>Australia [125]</p>	<p>Study design RCT</p> <p>Aim evaluating the effects of an enhanced group behavioral family intervention (EBFI) for parents at risk of child maltreatment that specifically targeted parents' negative attributions regarding their child's and their own behavior and parents' anger-control deficits.</p> <p>Intervention directed to Parents</p> <p>Study period Not stated</p> <p>Setting</p> <p>Type of abuse Maltreatment (child abuse or neglect)</p>	<p>Number of participants n=98 parents with children aged 2 to 7 years</p> <p>Inclusion criteria (a) parent had received at least one notification to the FYCCQ for potential abuse or neglect of their children (the case need not be substantiated); and/or (b) parent expressed concerns regarding difficulty in controlling their anger in relation to their child's behavior, and scored within an elevated range on three selected subscales of the State-Trait Anger Expression Inventory</p> <p>Mean age Parents: m=34 years Children: m=4.4 years</p> <p>Gender Mothers 92-94 % Girls 48-52 %</p>	<p>Name Enhanced group-administered behavioral family intervention program based on the Triple P-Positive Parenting Program that incorporated attributional retraining and anger management (EBFI)</p> <p>Components Four sessions of parent training (as in the SBFI condition) and four additional parent training sessions addressing risk factors associated with child abuse and neglect. Parents received a copy of "the Every Parent's Group Workbook". The program involved teaching parents 17 core child-management strategies. In addition, parents were taught planned activities routine to enhance the generalization and maintenance of parenting skills</p> <p>Staff education/training Fourteen practitioners were trained and supervised</p>	<p>Name Standard behavioral family intervention program (SBFI)</p> <p>Components Four group sessions of parent training. Upon completion of the group sessions, parents participated in four individual telephone consultations. Parents also received a copy of "the Every Parent's Group Workbook"</p> <p>Staff education/training Not stated</p> <p>Duration/intensity four group sessions of parent training (2 hours' duration each); four sessions targeting the additional risk factors (2 hours' duration each); and four subsequent individual telephone consultations (15 to 30 minutes' duration each)</p> <p>Number of participants n=50</p>	<p>Results children</p> <p>Eyberg Child Behavior Inventory -parent report (ECBI) Intensity Baseline I: m=137,30 (31,32) SAU: m=136,15 (25,70)</p> <p>Post I: m=109,65 (25,71) SAU: m=108,88 (27,97)</p> <p>6 months I: m=105,00 (23,50) SAU: m=110,53 (26,10)</p> <p>Eyberg Child Behavior Inventory -parent report (ECBI) Problem Baseline I: m=18.39 (8.61) SAU: m=18.18 (6.85)</p> <p>Post I: m=8.65 (7.83) SAU: m=11.35 (7.57)</p> <p>6 months I: m=8.43 (6.90) SAU: m=10.82 (7.70)</p> <p>Results parents</p>	

			<p>in the delivery of the interventions. Practitioners were not aware of the intervention groups to which families had been assigned prior to completion of the preintervention assessment phase.</p> <p>Duration/intensity 8 weeks. Four group sessions of parent training (2 hours' duration each). Upon completion of the group sessions, parents participated in four individual telephone consultations (15 to 30 minutes' duration each)</p> <p>Number of participants n=48</p> <p>Drop-out n=8</p>	<p>Drop-out n=4</p>	<p>Child Abuse Potential Inventory (CAPI) Baseline I: m=231.21 (96.19) SAU: m=187.61 (83.33) Post I: m=122.15 (89.87) SAU: m=132.24 (87.36) 6 months I: m=118.76 (95.58) SAU: m=110.76 (93.04)</p> <p>Parenting scale (PS) Baseline I: m=3.71 (0.62) SAU: m=3.73 (0.63) Post I: m=2.55 (0.80) SAU: m=2.58 (0.73) 6 months I: m=2.69 (0.69) SAU: m=2.87 (0.75)</p> <p>Depression-Anxiety-Stress Scale (DASS) Baseline I: m=39.66 (23.17) SAU: m=32.37 (18.01) Post I: m=23.38 (13.89) SAU: m=18.78 (16.18) 6 months I: m=22.76 (21.48) SAU: m=19.11 (15.68)</p>	
Stronach et al 2013 [105]	Study design RCT	Number of participants n=137 infants and their mothers (Stronach 2013)	Name 1 Child-parent psychotherapy (CPP)	Name SAU (with case management)	Results children	
Toth et al 2015 [107]	Aim To evaluate the relative efficacy of CPP and PPI in supporting the maintenance of secure	subgroup neglecting mothers n=105 (Toth 2015 -) Inclusion criteria	Name 2 Psychoeducational parenting intervention (PPI)	Components Families in the SAU condition received case management from the DHS, according to their	The Child Behavior Checklist (CBCL) Total 12 months CPP: m=54.74 (9.19) PPI: m=53.41 (10.22)	

<p>(subgroup neglecting mothers)</p> <p>USA</p> <p>Data also presented in Cicchetti et al 2006 [106]</p>	<p>attachment and predicting behavioral functioning in maltreated children 12 months after the end of treatment</p> <p>Intervention directed to CPP: Parent and child interaction PPI: Parent</p> <p>Study period Not stated</p> <p>Setting CPP/PPI: Home-based Study conducted at home/laboratory</p> <p>Type of abuse Maltreatment (84.6 % had been neglected, 69.2 % had been emotionally maltreated, 8.8 % had been physically abused, and none had been sexually abused)</p>	<p>To recruit 12-month-old infants a liaison from the Department of Human Services (DHS) with access to Child Protective Service (CPS) identify all infants known to have been maltreated and/or who were living in maltreating families with their biological mothers. Infants who had been placed in foster care were not targeted for inclusion. The DHS liaison contacted eligible families and explained the project to mothers.</p> <p>Mean age Mothers: m=26.98 (5.98) years Infants: m=13.31 (0.81) months</p> <p>Gender: 60 boys and 77 girls</p>	<p>Components CPP The therapist and the mother engage in joint observation of the infant. The therapist's empathic responsiveness allows for expansion of parental understanding. Therapists strive to allow distorted emotional reactions and perceptions of the infant during mother-infant interaction. The therapeutic relationship provides the mother with an emotional experience and expand her responsiveness and sensitivity to the infant.</p> <p>Components PPI The PPI model was didactic in nature and was designed to provide mothers with education about child development and parenting skills, to reduce parenting stress, and to increase life satisfaction. Time spent on each area was individually tailored to meet each mother's primary needs. PPI was conducted in the clients' homes by master's level therapists.</p> <p>Staff education/training Masters level therapists, experienced in working with multiproblem families. Therapists participated in individual and group supervision on a weekly basis, and checks on the fidelity of the intervention implementation for each approach were conducted</p>	<p>customary approach. In addition, they received assistance in obtaining referrals to services and resources that may have been more difficult to access outside of the research trial.</p> <p>Staff education/training Not stated</p> <p>Duration/intensity 12 months</p> <p>Number of participants n=81</p> <p>12 months follow-up n=49</p>	<p>SAU: m= 53.41 (14.43)</p> <p>The Child Behavior Checklist (CBCL) Internalizing 12 months CPP: m=54.74 (8.64) PPI: m=52.45 (10.72) SAU: m= 53.10 (14.30)</p> <p>The Child Behavior Checklist (CBCL) Externalizing 12 months CPP: m= 54.52 (8.49) PPI: m= 52.95 (8.49) SAU: m= 53,47 (11.95)</p> <p>The Strange Situation Test, Attachment Classification Organized Baseline CPP: 1 PPI: 0 SAU: 0</p> <p>Post CPP: 17 PPI: 12 CS: 1</p> <p>12 months CPP: 20 PPI: 9 SAU: 25</p> <p>Disorganized</p> <p>Baseline CPP: 28 PPI: 20 SAU: 75</p> <p>Post CPP: 9 PPI: 10</p>	
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			<p>throughout the course of intervention.</p> <p>Duration/intensity weekly, and over a 12-month period. The length of intervention averaged 46.4 (SD = 7.36) weeks for the CPP group and 49.4 (SD = 4.81) weeks for the PPI group.</p> <p>Number of participants CPP: 35 PPI: 24</p> <p>12 months follow-up CPP: 27 PPI: 22</p> <p>Subgroup neglecting mothers CPP: n=44 PPI: n=34 Drop-out not stated</p>		<p>CS: 42 12 months CPP: 7 PPI: 13 SAU: 24</p> <p>The Parenting Stress Index (PSI) Child-related stress (Toth et al 2015) CCP: pre-post change m=-0.15, variance=0.18 SAU: pre-post change m=0.14, variance=0.18 CCP vs SAU: d=2.29</p> <p>The Parenting Stress Index (PSI) Parental related stress (Toth et al 2015) PPI: pre-post change m=-0.13, variance=0.25 SAU: pre-post change m=0.22, variance=0.26 PPI vs SAU: d=2.44</p>	
Swenson et al 2010 USA [114]	<p>Study design RCT</p> <p>Aim To evaluate an adaptation of multisystemic therapy (MST) for physically abused adolescents and their families</p> <p>Intervention directed to: Parent and child parallel or interactive interventions</p> <p>Study period November 2000 to May 2005</p> <p>Setting</p>	<p>Number of participants n=86 adolescents and their custodial parent</p> <p>Inclusion criteria (a) determination by CPS that physical abuse had occurred, (b) youth was within the age range of 10 to 17 years, (c) family resided within Charleston County (d) case was opened within the past 90 days</p> <p>Mean age Child: m=13.9 (2.07) years Parents: m=41.8 (10.5) years</p> <p>Gender</p>	<p>Name Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)</p> <p>Components Therapists delivered the intervention in the home and other community locations at times convenient to families. Interventions implemented with support of assessments of family's social ecology. Consistent with standard MST, MST-CAN used a recursive analytical process to identify, develop, and prioritize interventions. Each stakeholder (e.g., family members, the CPS</p>	<p>Name Enhanced Outpatient Treatment (EOT)</p> <p>Components EOT included the standard services the Center provided for physically abused youths and their parents as well as enhanced engagement and parent training interventions. STEEP-TEEN, structured, 7-lesson group-based parent-training program targeting parent-child relations. Includes didactic instructions, role-play, videotapes, group-discussions</p>	<p>Results recidivism</p> <p>Incidents of parental reabuse of the youth, 16 months post baseline (CPS-records) I: 2 (4.5 %) SAU: 5 (11.9 %)</p> <p>Incidents of parental reabuse of any child, 16 months post baseline (CPS-records) I: 1 (2,3 %) SAU: 2 (4.8 %) Not significant.</p> <p>Number of out-of-home placements 16 months post baseline (CPS-records)</p>	

	<p>A community mental health center</p> <p>Type of abuse Child physical abuse (CPA)</p>	<p>Youth: Female: 56 % Male: 44 % Parents: Female: 65 % Male: 35 %</p>	<p>worker) was interviewed to attain her or his opinion on desired outcomes, and these became the overarching goals of treatment</p> <p>Staff education/training Masters' degrees in clinical counseling, social work or psychology, with at least one year clinical experience. No earlier experience of MST. 5-day orientation to MST, additional training sessions, 4 hours weekly group supervision</p> <p>Duration/intensity Frequency of treatment sessions was adjusted to family need – ranging from daily sessions to once or twice per week. Length of treatment allowed to extend beyond typical 4 to 6 months, m=88 hours (range 3 to 388), over a period of 7.6 months</p> <p>Number of participants n=45</p> <p>Drop-out n=1</p>	<p>Staff education/training Masters' degrees in clinical counseling, social work, psychology, at least one year clinical experience. No earlier experience of STEP-TEEN. One day training, weekly 1.5 h consultation sessions</p> <p>Duration/intensity Average of 76 hours (range 3 to 897), over a period of 4 months. EOT parents, average of 6.8 sessions of STEP-TEEN, over 2.8 months</p> <p>Number of participants n=45</p> <p>Drop-out n=3</p>	<p>I: 6 SAU: 13</p> <p>Results children</p> <p>Child Behavior Checklist (CBCL) Intercept and slope reported in Table 2</p> <p>Trauma Symptom Checklist (TSCC) Intercept and slope reported in Table 2</p> <p>Results parents</p> <p>Brief Symptom Inventory (BSI – GSI and BSI – PST) Intercept and slope reported in Table 2</p> <p>Conflict Tactics Scale (CTS) Intercept and slope reported in Table 2</p>	
<p>Thomas et al 2012</p> <p>Australia [117]</p>	<p>Study design RCT</p> <p>Aim To determine if the S/PCIT treatment protocol was as effective as the lengthier version (PICT) for high-risk parents</p>	<p>Number of participants 151 female caregivers and their children (3–7 years)</p> <p>Inclusion criteria Participants were referred because they had a history or were assessed to be at high risk of child abuse. Children were</p>	<p>Name Standard 12-session Parent–Child Interaction Therapy (PCIT)</p> <p>Components PCIT has two sequential phases known as child-directed interaction (CDI) and parent-directed interaction (PDI). Each</p>	<p>Name Waitlist</p> <p>Components Participants allocated to the waitlist were contacted weekly by phone by an allocated PCIT psychologist for brief conversations regarding family</p>	<p>Results children</p> <p>Eyberg Child Behavior Inventory (ECBI) parent-report Intensity</p> <p>Baseline I: m=149.8 (37.9) WL: m=149.1 (34.9)</p> <p>Post</p>	

	<p>Intervention directed to Parent and child interaction</p> <p>Study period Intervention: 2007 – 2009</p> <p>Control: 2002 – 2009 (participants included before 2006 are the same controls as rec nr 173)</p> <p>Setting Participants were referred from child protection authorities (34.2 %), government health services (19.7 %), education and nongovernment social service organizations (18.4 %) and parent self-referrals (27.6 %)</p> <p>Type of abuse Child physical abuse (CPA). All families indicated use of corporal punishment in their discipline strategies and expressed high levels of frustration and intolerance with child behavior and high levels of parental distress</p>	<p>excluded if there was any suspected sexual abuse history based on information revealed during the initial interview with parents or from child protection authorities.</p> <p>Mean age Women: m=34 (7.31) years Children: m=4.6 (1.3) years</p> <p>Gender Girls: n= 45(30 %) Boys: n=107 (70 %)</p>	<p>phase teaches parents communication skills that foster positive parent–child relationships and strategies of differential reinforcement. PCIT skills are taught via didactic presentations to parents and direct coaching of parents while they are interacting with their children.</p> <p>Staff education/training Master and doctoral level psychologists trained in PCIT implemented the intervention. Prior to PCIT, all psychologists had experience in providing psychological interventions to adults and children.</p> <p>Duration/intensity Participants were allocated 12 coaching sessions for 12 weeks</p> <p>Number of participants n=61 (ITT) (n=41 completed 12-week assessment)</p> <p>Drop-out n=20 (33 %)</p>	<p>and other concerns. Parents in the waitlist group were asked to refrain from family therapy and therapeutic assistance with child behavior management for the duration of 12 weeks.</p> <p>Staff education/training none</p> <p>Duration/intensity 12 weeks</p> <p>Number of participants n=91 (n=64 completed 12-week assessment)</p> <p>Drop-out n=27 (30 %)</p>	<p>I: m=133.7 (38.1) WL: m=143.1 (36.7)</p> <p>Eyberg Child Behavior Inventory (ECBI) parent-report Problem Baseline I: m=19.1 (8.0) SAU: m=18.0 (7.9)</p> <p>Post I: m=13.5 (8.6) SAU: m=17.5 (9.2)</p> <p>Child Behavior Checklist/4–18 (CBCL) parent-report Externalizing Baseline I: m=64.8 (9.8) SAU: m=64.5 (10.1)</p> <p>Post I: m=59.0 (12.6) SAU: m=62.9 (11.1)</p> <p>Child Behavior Checklist/4–18 (CBCL) parent-report Internalizing Baseline I: m=54.6 (10.1) SAU: m=56.5 (10.9)</p> <p>Post I: m=49.8 (11.5) SAU: m=55.1 (12.2)</p> <p>Results parents</p> <p>The Child Abuse Potential Inventory (CAPI) Mothers' level of child abuse potential Baseline I: m=153.9 (100.5) SAU: m=155.1 (103.2)</p>	
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					<p>Post I: m=137.1 (110.7) SAU: m=149.1 (103.4)</p> <p>The Dyadic Parent–Child Interaction Coding System III (DPICS) Parental sensitivity Baseline I: m=5.6 (1.3) SAU: m=5.3 (1.5)</p> <p>Post I: m=6.3 (1.2) SAU: m=5.4 (1.4)</p> <p>The Beck Depression Inventory II (BDI-II) Parents depression Baseline I: m=14.0 (10.6) SAU: m=15.1 (11.3)</p> <p>Post PCIT: m=12.0 (11.26) SAU: m=11.0 (9.88)</p>	
<p>Terao 1999</p> <p>USA [118]</p>	<p>Study design RCT</p> <p>Aim To investigate the effectiveness of Parent Child Interaction Therapy (PCIT) in a sample of parent-child dyads where parents were identified as physically abusive</p> <p>Study period Not stated</p> <p>Setting Parent-child dyads identified by the Sacramento County Department of Health and</p>	<p>Number of participants n=34 physically abusive parents and their children</p> <p>Inclusion criteria Parent-child dyads who were physically abusive to their child (2–7 years of age). The family had to be referred to Child Protective Services because of physical abuse by the parent and have an active CPS case</p> <p>Mean age Childs age PCIT: m=4.59 (1.50) years TAU: m=5.18 (1.33) years</p> <p>Parents age</p>	<p>Name Parent Child Interaction Therapy (PCIT)</p> <p>Components PCIT involves both the parent and child and it alter the pattern of interactions within this abusive relationship. It provides a means to directly decrease negative affect and control – while promoting (i.e., teaching, coaching) greater positive affect and discipline strategies. It is conducted in two phases, Child-Directed Interaction (CDI) and Parent-Directed Interaction (PDI). The parents are given an opportunity to practice in the</p>	<p>Name SAU (regular family preservation services, including parenting classes)</p> <p>Components Sacramento County’s standard family preservation services which provide intensive in-home Family Preservation services. The social worker assigned to the case coordinates/supports the parent’s efforts at receiving county provided services (i.e., counseling, drug/alcohol treatment and parenting classes)</p> <p>Staff education/training</p>	<p>Results children</p> <p>Eyberg Child Behavior Inventory (ECBI) Intensity Baseline I: m=136.18 (59.32) SAU: m=151.06 (28.40) Post I: m=100.41 (36.16) SAU: m=127.65 (37.87)</p> <p>Eyberg Child Behavior Inventory (ECBI) Problems Baseline I: m=16.65 (9.75) SAU: m=21.47 (7.05) Post I: m=3.12 (3.81) SAU: m=15.82 (8.88)</p>	

	<p>Human Services as physically abusive</p> <p>Type of abuse Physical abuse</p>	<p>PCIT: m=32.00 (9.91) TAU: m=31.12 (6.56)</p> <p>Gender Children PCIT: 13 (76.5 %) boys, 4 (23,5 %) girls TAU: 9 (52.9 %) boys, 8 (47,1 %) girls</p>	<p>session. Mastery of parenting skills is accomplished by having the therapist coach live parent-child interactions (e.g., positive play interactions, ignoring, limit-setting, time out procedures).</p> <p>Staff education/training Not stated</p> <p>Duration/intensity Fourteen session PCIT program (one session per week for fourteen weeks)</p> <p>Number of participants n=17 parent-child dyads</p> <p>Drop-out n=0</p>	<p>Not stated</p> <p>Duration/intensity A ten-week parenting program Typically, the social worker assigned to the case meets with the family on a weekly basis</p> <p>Number of participants n=17 parent-child dyads</p> <p>Drop-out n=0</p>	<p>Results parents</p> <p>Parenting Stress Index (PSI) Total stress scores</p> <p>Baseline I: m=237.44 (39.97) SAU: m=285.94 (53.87)</p> <p>Post I: m=233.38 (51.33) SAU: m=257.00 (73.21)</p> <p>Child Abuse Potential Inventory (CAPI)</p> <p>Baseline I: m=155.50 (90.78) SAU: m=260.29 (96.55)</p> <p>Post I: m=116.37 (97.37) SAU: m=227.06 (120.03)</p>	
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EMDR = Eye movement desensitization and reprocessing; **K-SADS-PL**= Kiddie Schedule for Affective Disorders and Schizophrenia - Present and Lifetime version; **n** = Number; **m** = Mean; **PTSD** = Posttraumatic stress disorder; **RCT** = Randomized controlled trial; **SAU** = Service as usual; **SC** = Standard care; **TSCC** = Trauma Symptom Checklist for children; **SDQ** = Strengths and Difficulties Questionnaire, **I** = Intervention, **WL** = Wait list

Included qualitative studies

Author Year Reference Country	Aim Data collection Analytic method	Inclusion criteria Informants Type of abuse	Results	Study quality
Bolen et al. 2008 [133] USA	<p>Aim To explore the perspective of 24 parents, at risk for having their children placed in foster care, about involvement in child protection services and related interventions. More specifically the aim was to gain a better understanding of parents' perceptions of their experiences with post-investigative services, the parenting skills learned, current parenting practices, and their suggestions for the improvement of services</p> <p>Data collection Semi-structured interviews in the participants' homes. The interview protocol was designed to elicit participants' perceptions of their experiences with CPS and the intervention services they received, as well as opinions about why they believe they were successful in retaining custody of their children</p> <p>Analytic method An ecological framework</p>	<p>Inclusion criteria Parents of who had been the subjects of CPS investigations and were subsequently termed "high-risk" for the placement of their children in foster care, but who had ultimately retained custody of their children. Parents whose cases had not yet been closed by CPS were excluded from the sample</p> <p>Informants n=24 parents (22 female) Age range: 18–62 years</p> <p>Type of abuse Child maltreatment and domestic violence: Physical abuse (n = 15), domestic violence (n = 8), parental mental health (n = 4), neglect (n = 2), drug and/or alcohol addiction (n = 3), and abandonment (n = 1), more than one reason could be listed per family</p>	<p>Contributing factors associated with their involvement with the child welfare system: Financial strain and single parenthood. Other factors such as child development issues (such as encopresis), poor child school performance, or drug or alcohol problems were also cited are stressors</p> <p>Wanting or Not Wanting Help Many parents stated that they wanted help with their parenting practices. Although many of the parents stated that they wanted or needed help, others directly stated that they wished that CPS would not have intervened</p> <p>Current Parenting Practices Several of the parents said that communication with their children has improved and that they have tried to continue to use the communication skills they learned. Other Learned Skills – in addition to communication, others described behavior charts and rewards systems that have been established. Many parents expressed that, in their opinion, time out was not an effective parenting strategy. The majority of the parents expressed that they continue to use physical punishment (n = 18)</p> <p>Current Parenting Challenges and Implications for Practitioners: difficulty raising teenagers, needing support groups (for parents and children), and understanding the unique needs of each family</p>	Moderate

			Implications include assessing parental stress at the onset of services, seeking to understand the unique needs of families, evaluating the impact of length of time services are offered, and helping parents utilize age appropriate discipline strategies	
Bundy-Fazioli et al. 2013 [140] USA	<p>Aim To explore the experiences and perceptions of mothers receiving mandated home-based family prevention programs were chosen based on the assumption that child welfare workers and parents would have more time and opportunity to develop a relationship</p> <p>Data collection Select transcripts were identified from an earlier child welfare study which focused on the distribution of power within the working relationship between child welfare workers and parents receiving services for child maltreatment</p> <p>Analytic method The epistemological stance of constructivism and the theoretical perspective of symbolic interactionism guided the qualitative methods of this research</p>	<p>Inclusion criteria The initial study parents and child welfare workers who were recruited from one of two large private, not-for-profit child and family services agencies. Mandated home-based family prevention programs were chosen based on the assumption that child welfare workers and parents would have more time and opportunity to develop a relationship, thus discussing more fully their perceptions of the topic focused on power relationships</p> <p>Informants n=7 mothers Age range: 18–62 years</p> <p>Type of abuse Child maltreatment: educational neglect (n = 3), medical neglect (n = 1), physical neglect (n = 2), and multiple neglect reasons (n = 1)</p>	<p>Emergent in the data were themes focused on mother participants’ experiences and perceptions which included both an individual perspective as well as an understanding of social interactions related to child neglect</p> <p>Daily Struggles This beginning theme provides a contextual understanding of some of the challenges that mother participants face on a day-to-day basis:</p> <p>CHILDHOOD TRAUMA Mother participants disclosed incidents of abuse and trauma from their childhoods</p> <p>MENTAL ILLNESS Mother participants disclosed their family’s struggle with mental illness, whether it was their own struggle, an extended family member, or their child’s</p> <p>SUBSTANCE ABUSE AND RECOVERY The daily struggle of substance abuse and recovery emerged as mother participants shared stories of drug abuse and the process of recovery</p> <p>DEPENDENCE ON OTHERS A concern expressed by the mothers was dependence on others to attend meetings and make appointments</p> <p>Protecting My Child The theme of “protecting my child” emerged as mother participants described scenarios where they had acted on behalf of their child, yet these actions resulted in a child maltreatment report</p> <p>Feeling Trapped</p>	Moderate

			<p>The mothers shared stories of receiving child neglect services where they did not feel heard or respected. In addition, they described interactions with their workers that they found to be disrespectful and disempowering</p> <p>Mutual Trust Mother participants provided a comprehensive picture of what they valued did not value in their worker. Participants identified a number of worker characteristics that they found appealing, such as someone who is “peaceful,” “smiling,” and “easy going.”</p>	
<p>Cossar et al 2014 [129]</p>	<p>Aim To add to the literature by exploring children’s perspectives on the child protection process, including the views of younger children as well as adolescents.</p> <p>Data collection Adult researchers undertook activity-based interviews with children and young people and adult and young researchers ran a workshop. The interview study is the basis for the present analysis. The majority of interviews took place in the child’s home</p> <p>Analytic method A qualitative approach was chosen to access individual subjective experiences of child protection</p>	<p>Inclusion criteria All of the children taking part in the study had a current child protection plan and were living at home. Participants were recruited from two local authorities, one a shire county and the other an outer London borough.</p> <p>Informants A total of 26 children took part in the study, from 18 families. There were 13 girls and 13 boys. Their ages ranged from 6 to 17 years (mean 11.5)</p> <p>Type of abuse Emotional abuse 15, neglect 7, physical abuse 3, sexual abuse 1</p>	<p>Themes</p> <p>The importance of a trusting relationship with the social worker in allowing children and young people to voice their thoughts and feelings</p> <p>Minimal contact with their social workers</p> <p>Several children who did see their social workers regularly said that they could not confide in them and there were common features in the quality of these relationships</p>	<p>Moderate</p>
<p>Fuller et al 2014 [141]</p>	<p>Aim Families had participated in Differential response (DR) and the aim was to explore which aspects of DR the parents perceived as most helpful. DR allows CPS systems the flexibility to respond to</p>	<p>Inclusion criteria A screened-in report of maltreatment between November 2010 and May 2012; had no prior substantiated maltreatment reports; and the current report of maltreatment</p>	<p>Themes</p> <p>Emotional support: For many of the parents, the most helpful thing that their caseworker did for them was to be a source of emotional support</p>	<p>Moderate</p>

	<p>screened-in reports of child maltreatment in more than one way, depending on the initial allegations or level of risk</p> <p>Data collection Qualitative interviews with parents via telephone using a semi-structured interview protocol with open-ended questions</p> <p>Analytic method Three researchers simultaneously coded the data utilizing triangulation and a list of themes that were entered as nodes into NVivo. After the initial coding scheme was developed, the researchers separately analyzed each of the 20 interview transcripts in NVivo. Both the content and the intensity of themes were noted during the coding process</p>	<p>Informants 20 parents (85 % female) who received a Differential Response (DR) family assessment response</p> <p>Type of abuse Child neglect (inadequate food, inadequate shelter, inadequate clothing, environmental neglect, medical neglect, or inadequate supervision), risk of harm, or emotional maltreatment</p>	<p>Listening: When parents were asked about the most helpful thing their caseworker did for them they often responded, “Listened to me.” When their caseworkers listened and provided reassurance, many of the parents were empowered to “break down their pride” and try new methods of coping with their current problems, setting the context for the types of behavioral change that leads to improved family outcomes</p> <p>Normalizing: Parents who are reported to CPS often react to the allegations with negative feelings of fear or shame. These strong emotional reactions to a visit from a CPS caseworker typically stem from the preconceived notions that parents in many communities have about the primary function of CPS as “taking your kids away.” To move beyond the initial negative reaction, parents reported that it was helpful for them when their caseworker would put their experience with the child protection system in perspective by comparing their situation to that of other parents the caseworker had seen or worked with in the past</p> <p>Empowering: The ultimate goal of child protective services that are provided through a family assessment approach is to assist parents in changing their behaviors to ensure child safety and increase family well-being</p> <p>Case management services Child welfare case-workers spend much time providing information and referrals to other services, advocating on the family’s behalf with other agencies and institutions, mediating between family members or others, and providing transportation. The majority of these activities were viewed as very helpful by parents, although some were described in more positive terms: Information and referral, Advocacy, Mediation, Transportation, Concrete support</p>	
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			Several parents described how helpful it was when their caseworker advocated on their behalf with other agencies or individuals to improve the quality of the services they were receiving or reduce the amount of time needed to receive the correct services.	
Gockel et al. 2008 [139] Canada	<p>Aim To investigating client perspectives on the critical aspects of effective family preservation interventions</p> <p>Data collection Semistructured, in-depth interviews. The interviews were tape recorded, transcribed, and loaded into Atlas.TI software. Following a line-by-line analysis, parent responses were coded using the constant comparative method and organized into major themes</p> <p>Analytic method Grounded theory analysis</p>	<p>Inclusion criteria Attendance in Project Parent, a strengths-based, ecological intervention for parents who have children ages birth to 12 years who have been apprehended or are at risk of apprehension</p> <p>Informants 35 parents, representing 33 different families, who child protection social workers referred to family preservation programs 89% male, ages 16-54</p> <p>Type of abuse Child maltreatment: 30% of cases involved identified abuse or neglect, 34% involved a lack of parenting skills 15% problems in parent-child relations 12% concerns about the parent's lifestyle 10% concerns about the parent's personal functioning</p>	<p>Themes</p> <p>'It's Like a Family Here' parents experienced positive relationships with program personnel, which they viewed as central to the helpfulness of the services they received</p> <p>Relational Interventions Recreate a Nurturing Family Environment Parents identified a series of relational interventions that staff demonstrated that functioned to recreate a nurturing family environment for and with them</p> <p>Stage One of Intervention— Engagement Interpersonal Warmth and Nonjudgmental Acceptance Responsiveness and Flexibility A Focus on Client Strengths</p> <p>Stage Two of Intervention— Exploration and Goal Setting <i>Integrity and Respect</i> <i>Empathy</i></p> <p>Stage Three of Intervention— Initiating Change and Building New Skills <i>Hands-On Mentoring and Support</i> <i>Advocacy and Self-Advocacy</i></p> <p>Relational Interventions Are Key to Effective Family Preservation Services Parents talked about the beliefs, attitudes, and behaviors that staff members communicated or engaged in as being helpful because they recreated a nurturing family environment where parents felt seen,</p>	Moderate

			heard, cared for, responded to, and helped in meaningful ways	
Kelleher et al. 2012 [134] Australia	<p>Aim To examine the experiences of parents who were directed by child protection authorities to attend a tertiary level child protection and family enhancement program</p> <p>Data collection In depth, unstructured interviews were used to gather data. Interviews were transcribed verbatim onto computer files. Transcripts were subject to close and repeated reading and key ideas were identified by two research team members. These segments were then coded, categorised, and grouped into themes to reflect the experiences of participants</p> <p>Analytic method The tenets of thematic analysis were used to guide data analysis</p> <p>Type of abuse</p>	<p>Informants Nine parents consented to participate, however for the interview only six mothers arrived</p> <p>Type of abuse Child maltreatment: Notification of an incident of child abuse or neglect</p>	<p>Themes</p> <p>It's a good place to be: Participation as an affordable social outlet All parents were socially isolated. Their status as socially disadvantaged young mothers with very limited resources and few social supports had effectively isolated them. Participants felt accepted by workers and other parents, and had come to view program workers as friends</p> <p>Learning about kids: Participation as a source of learning Prior to participating in the program, the women had gaps in their knowledge in relation to basic parenting skills</p> <p>They are there for me: Participation as a source of practical help and support Participants experienced multiple difficulties with providing for and managing their families, and there was a need for on-going practical help and support</p> <p>I am a good mother: Participation as a source of tension and conflict Data revealed tension and conflict between the feelings of friendship that the women developed with workers, and the mandatory reporting role that workers have</p>	Moderate
Kinsworthy et al 2008 [135] USA	<p>Aim To examine the perceptions of parents, and victims of domestic violence, after receiving filial therapy. Filial therapy, specifically the child–parent relationship training (CPRT) model, is a form of training that teaches parents the key skills of child-centered play</p>	<p>Inclusion criteria Parents receiving services as a victim of domestic violence and who had been referred to the filial therapy group by the clinical supervisor at the agency</p> <p>Informants 16 parents (14 women and 2 men)</p>	<p>Themes</p> <p>Structure of the Training The first content area addressed structure of the training and resulted in the following themes: regarding logistics such as time, location, and material the participants thought the time was sufficient for covering the material, and they enjoyed the support group format</p>	Moderate

	<p>therapy, such as reflecting feelings, returning responsibility, and crediting the child's effort</p> <p>Data collection A semi-structured, open-ended style interview. The interview was audio taped and tapes were transcribed</p> <p>Analytic method Data were analyzed by both authors independently using Colaizzi's method of phenomenological analysis to capture the essence of the participants' experience regarding CPRT</p>	<p>Type of abuse Domestic violence</p>	<p>Applicability and Helpfulness The second content area addressed applicability and helpfulness of the material towards parenting and resulted in the following themes: greater understanding of their child's feelings and desires as well as an understanding of their child's needs in regard to developmental expectations</p> <p>Positive changes in parenting style were shared by numerous parents. The perceptions of the child-parent relationship, as observed by the parent, were shared as well</p> <p>Experiencing increased warmth and trust in the child-parent relationship, changed parenting style, and decreased parental stress. Additionally, narratives reflect the positive influence the training had on parents' perceptions of violence</p>	
<p>Källström Cater et al 2014 [136] Sweden</p>	<p>Aim This study examines mothers' experiences of participating with their children in the Kids Club intervention.</p> <p>Data collection 45 minutes semistructured interviews with mothers</p> <p>Analytic method Mainly processoriented study</p>	<p>Inclusion criteria Mothers exposure to physical, sexual or psychological violence from a partner and a child in the age 6–12 years</p> <p>Informants 13 children and 10 mothers</p> <p>Type of abuse Domestic violence</p>	<p>Themes (selected) Kids Club were appreciated by the mothers Both the children groups and the mother's groups were appreciated by the mothers</p> <p>Most appreciated was meeting other mothers in the same situation</p> <p>One limitation with group based treatment was limited flexibility regarding which time treatment was delivered</p>	<p>Moderate</p>
<p>Lewis et al 2016 [138] USA</p>	<p>Aim This study explored child welfare involved parents' perceptions of the relevance and fit of one EBI, Pathways Triple P, to their needs</p> <p>Data collection Through semistructured</p>	<p>Inclusion criteria Mothers and children who had attended Triple-P</p> <p>Informants 47 mothers</p> <p>Type of abuse Child maltreatment</p>	<p>Themes</p> <p>Program Content positive parent-child relationships Improved stress and anger management techniques</p> <p>Program Materials Workbooks Activities</p>	<p>Moderate</p>

	<p>interviews, the early implementation outcomes acceptability and appropriateness were assessed</p> <p>Analytic method Thematic analysis of semi-structured interviews - the framework method (Ritchie and Lewis 2003), a systematic process of categorizing qualitative data by creating matrices, containing quotations and text phrases, organized by theme (columns) and participant interviews (rows)</p>		<p>Videos</p> <p>Program Structure Convenient treatment modality Substantial or burdensome time commitment</p> <p>Endorsements Barriers to Participation Overwhelming circumstances/ Competing commitments</p>	
<p>McManus et al 2013 [130] UK</p>	<p>Aim To identify factors that may impact on the programme's ability to achieve positive outcomes for mothers and children who have experienced domestic abuse, Recovering Together (DART) is a 10-week programme that supports families who have experienced domestic abuse</p> <p>Data collection Unstructured interviews using a topic guide. The interviews for the children lasted between 15 and 30 minutes and the interviews with the mothers lasted between 30 minutes and an hour</p> <p>Analytic method Once the transcripts were finalised, interviews were themed for analysis using the Framework approach</p>	<p>Inclusion criteria Mothers and children who had attended DART services, which have been running for approximately 16 months</p> <p>Informants 15 mothers (27-41 years) and 11 children (7-11 years) (20 mothers and 20 children) were approached for interviews)</p> <p>Type of abuse Domestic violence</p>	<p>Themes Elements identified that facilitated the programme included:</p> <p>Programme-related Factors Joint activities In the joint activities, children were able to spend one-to-one time on an activity with their mother that they valued highly</p> <p>The creative activities Mothers and children spoke positively about the activities in which they had participated at DART; in particular, the creative activities</p> <p>Discussions about the abuse Many of the sessions in DART encouraged children to share their experiences of domestic abuse. There were children who viewed this positively, stating that they had been able to talk about the abuse for the first time during DART and that they felt better after sharing their experience</p> <p>Activities that highlighted how children had been affected by domestic abuse</p>	<p>Moderate</p>

			<p>Certain activities were designed to raise mothers' awareness of how domestic abuse can affect children.</p> <p>Engaging and supportive parenting advice Mothers were given advice about their parenting by practitioners that they felt was engaging and supportive.</p> <p>Emphasis that domestic abuse was not the mother/child's fault Throughout the programme, practitioners emphasised that domestic abuse was never the fault of the mother or child, and accepting this was described as a key turning point by the mothers. This helped them to feel happier in themselves, more able to talk in the groups and believed that their increased self-esteem reflected positively in their child.</p> <p>Children learning about healthy and unhealthy relationships Issues with literacy Length of the programme Staff and Peers DART practitioners Other group members Emotional and Behavioural Factors Strategies to deal with anger External Factors Contact with the perpetrator</p>	
Petra et al 2010 [132] USA	<p>Aim To evaluate the fit and acceptability of one parent-mediated training program (Pathways Triple P) to case managers and parents within this system of care</p> <p>Data collection All interviews (participant and case manager) were conducted by interviewers trained in qualitative methods and were recorded and</p>	<p>Inclusion criteria Parents who had had at least one child 6–10 years old and had been referred to the child welfare system because of maltreatment allegations and were case managed by either the public or private child welfare agencies</p> <p>Informants 6 parents (24-43 years, five fathers, one mother) received Triple P and 3 received control condition</p>	<p>Themes</p> <p>The changes started with a new awareness of how they were parenting</p> <p>Learning new ways to handle difficult situations with their children</p> <p>Parents found the program acceptable and a good fit for their needs</p> <p>Logistic supports Variety of teaching/learning methods</p>	Moderate

	<p>transcribed verbatim. Interview guides included open-ended questions and probes to elicit further information or clarify responses if necessary.</p> <p>Analytic method multistage, iterative process using Nivo 8 conducted in two stages, using a combination of deductive and inductive approaches.</p>	<p>Dropout in the triple P group N=1</p> <p>Type of abuse Child maltreatment</p>	<p>Specific parenting techniques taught Parents appreciated the program's use of diverse methods. In keeping with case manager expectations, participants reported that their enhanced parenting skills and new ability to use non-physical discipline resulted in a better home life. They liked logistic supports (taxi vouchers, child care, reminder calls, and the location and time of the group meetings). Parents appreciated the variety of structural elements (group, phone calls, home visits) and teaching/learning methods (group discussion, workbook, and video) utilized in the program. Participants also appreciated the diversity of situations among parents in the group, and said that they were able to get ideas on how to manage their situations from others as well.</p>	
<p>Reimer 2013 [142] Australia</p>	<p>Aim To explore in depth multiple perspectives on the development of relationships between family workers and parents where neglect is a concern.</p> <p>Data collection Using in-depth interviews and drawing on literature about the notion of phases in relationships, participants were asked to provide a chronological account of the relationship. While the parents were involved in the relationship due to neglect concerns, the focus of the interviews was on the relationship, rather than on the child or child protection issues that may have existed.</p> <p>Analytic method The study utilised qualitative methods to explore, in depth, and in a holistic fashion, the complex multiple and layered dimensions of</p>	<p>Inclusion criteria Eligibility depended on the relationship having been established around a neglect related focus and having ceased within the last three months. Parents who were recruited to the study had to have been a client of the workers who were also recruited. At the time of the study, neglect was defined in NSW legislation as “the continued failure by a parent or caregiver to provide a child with the basic things needed for his or her proper growth and development, such as food, clothing, shelter, medical and dental care, and adequate supervision”</p> <p>Informants The participants involved in this study are part of the 30-year-long tradition of family work in NSW, Australia. The services were originally developed to fill a support gap for families who cannot access normal informal support, or who find that previously established formal social welfare services cannot adequately meet their needs. The number of participants in</p>	<p>Themes Parents’ Desperation and Ambivalence The building phase was characterized by the parents feeling a high level of vulnerability, desperation, and ambivalence. In particular, parents and workers described how the associated anger or fear of poor experiences impacted negatively on the early part of the relationship.</p> <p>Parents Assessing Worker Qualities Although parents felt unable to meet their own needs and be the kind of parent they wanted to be, and this motivated them to either seek or accept support, they were not yet willing enough to lose some sense of agency over the interaction. Most participants reported that parents tested workers during this phase,</p> <p>Worker Actions and Attributes Important worker actions and attributes during this trust building phase included workers providing a first impression that they were genuine/authentic, active in their attention to the parent, willing to help, focused on capacities, empathic, nonjudgemental, patient, flexible, collaborative, and confident in their dealings with the parent.</p>	<p>Moderate</p>

	<p>eight relationship dyads. Case study methods provided a way to organise the data, while thematic analysis enabled rigorous analysis and confidential presentation of the findings. Analytic induction was used to examine the de-identified transcribed data for keywords in three relationship cases</p>	<p>the study was 21, made up of 9 parents (where a couple had been engaged with 1 worker in a relationship), 8 workers, and 4 supervisors. The relationships varied in duration, but all could be considered medium to long-term, lasting from over 1 year in all cases to over 5 years in two cases.</p> <p>Type of abuse Child neglect</p>	<p>Trust Parents and workers described that parents progressed from unwillingness to willingness as they got to the point of connection and feeling comfortable, the lynchpin of which was trust. Trust was found to be central to the establishment of working relationships. Parents may test the level of worker trustworthiness and attempt to reduce power inequities. The parents in this study were clear that an integral aspect of trust development involved workers themselves providing some level of personal disclosure.</p>	
<p>Rizo et al 2016 [137] USA</p>	<p>Aim Which longer-term outcomes do survivors attribute to their participation in the MOVE program (Mothers Overcoming Violence through Education and Empowerment - a 13-week IPV and parenting program intended for female system-involved IPV survivors who are mothers of minor children)?</p> <p>Data collection Data were collected using in-depth individual interviews and brief demographic surveys. The in-depth individual interviews and brief demographic surveys were collected as part of the current follow-up study</p> <p>Analytic method An exploratory, qualitative description approach</p>	<p>Inclusion criteria Women were eligible for study inclusion if they participated in both the MOVE program and the Improve MOVE Outcome Evaluation (i.e., the formal program evaluation study of MOVE) between January 2009 and July 2011. During that period, 89 women enrolled in MOVE, of whom 73 (82 %) agreed to participate in the Improve MOVE Outcome Evaluation. Findings from the evaluation study have been published elsewhere. To be eligible for the current study, participants had to have completed the MOVE program at least 12 months prior to recruitment for the current study</p> <p>Informants Data were collected from 38 survivors</p> <p>Type of abuse Domestic violence</p>	<p>Themes Qualitative analysis determined 4 key themes:</p> <p>Relationship changes (e.g., most women were no longer with abusive partners),</p> <p>Parenting changes (e.g., improved communication and discipline strategies the vast majority of participants reported they had gained a greater awareness of the negative impact of IPV on children)</p> <p>Personal life changes (e.g., improved help-seeking and improved self-esteem)</p> <p>New or ongoing challenges (e.g., financial stress)</p> <p>Overall, findings suggest that tailored, mandated programming — when positive and empowering — may lead to some longer-term beneficial outcomes</p>	<p>Moderate</p>

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