

The Effectiveness of Selected Interventions in Child Maltreatment:

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1. INTRODUCTION

A serious social problem today is the extent and severity of both the short- and long-term consequences of child abuse and neglect. A number of interventions have been developed over the years to protect or improve the well-being of children who have experienced maltreatment. However, our understanding of the effectiveness of these interventions has been limited, at best. There is a growing expectation that “the support and protection given to children should be based on the most reliable knowledge available” (GRAVE/Ardec, 2002) and that interventions and policies in child welfare should be evidence-based (Macdonald, 2001). Researchers have a responsibility to examine child maltreatment interventions with a critical eye from the social, financial, clinical and ethical perspectives.

Evaluation is critical to evidence-based knowledge and a number of excellent critical reviews of the effectiveness of child maltreatment prevention interventions have been conducted (e.g., Cox, 1997; MacIntyre and Carr, 2000; MacMillan et al., 1994a and 1994b; Olsen and Widom, 1993; Prilleltensky et al, 2001; Wekerle and Wolfe, 1993; Wolfe, Reppuci and Hart, 1995).

To our knowledge, however, no exhaustive critical synthesis of the effectiveness of interventions implemented following a maltreatment episode—what is known as tertiary prevention (Orford, 1992)—has been completed to date. Reviews tend to be limited to one type of maltreatment, to one intervention target (i.e., children, parents or family) or to one type of intervention (e.g., behaviourist, preservation).

This paper describes a review that was conducted in order to address this gap. A critical synthesis of reviews of the effectiveness of interventions aimed at protecting or improving the well-being of children who have been reported to child welfare authorities for abuse and/or neglect. Given the importance of maintaining, whenever possible, ties of children with their parents, we have limited the scope of our review to interventions that favour the preservation of the family. Interventions included in this review are delivered to children living with their

parent(s) or with a goal of reuniting families with children in short-term care. Interventions for children living with their parents were considered a priority by a Canadian panel of experts and by provincial and territorial Directors of Child Welfare who were asked by the Centre of Excellence for Child Welfare to rate the importance of a list of potential research topics.

2. METHODOLOGY

A systematic search of electronic databases (PsyINFO, Sociological Abstracts, MedLine and Social Work Abstracts) resulted in the identification of 50 reviews of evaluation studies and seven individual evaluation studies for inclusion in this study. We were primarily interested in reviews that critically analyze the effectiveness of interventions in child welfare. The seven individual evaluation studies were included because they represent areas in which no recent reviews have been conducted.

In order to be selected, the reviews had to meet the following criteria:

- a) **Publication date:** Between 1984 and 2002.
- b) **Focus on abuse or neglect:** At least one experience of sexual abuse, physical abuse, emotional maltreatment, exposure to conjugal violence and/or neglect reported, suspected, or confirmed by the participating families. Interventions intended for families “at risk” for child maltreatment, child maltreatment prevention projects and projects promoting child well-being in general are excluded.
- c) **Nature of the interventions:** Activities aimed at protecting or improving the well-being of children who have experienced maltreatment and who remain in the family home or aimed at reuniting children placed in short-term or temporary care with their biological parents. Interventions with foster families, children in long-term care or adopted children are excluded.
- d) **Participants:** The interventions are directly targeted to children under the age of 18 who experience abuse and/or neglect, for their parents (perpetrator of maltreatment or not) or for their families. Consequently, interventions that focused on the repercussions of child welfare

- e) policies or on the effectiveness of the child protection system (e.g. number of reported cases of maltreatment retained, number of adoptions, number of placements, changes in the evaluation procedures of reports) were not selected.
- f) **Nature of the evaluation of effectiveness:** The documents selected must indicate a systematic and rigorous approach aimed at identifying effects attributable to the intervention implemented. The evaluation protocol may be quantitative, qualitative or a combination of both; however, “impressionistic” data based on clinical opinions rather than on a systematic gathering of information were not selected. Process and implementation evaluations are also excluded from the present analysis.

3. RESULTS

Charts 1, 2 and 3 present evaluation reviews and individual evaluation studies for interventions relating to children, parents and families respectively. Each chart is organized according to the type of intervention and the type of maltreatment. Information given for each publication includes:

- the number of evaluation studies reviewed (n);
- a measure of the general effectiveness, using a 5-point scale (++ = exceptional positive effects; += moderate positive effects; +/- = mixed effects; -= moderate negative effects; -- = exceptional negative effects);
- an assessment of the quality of the review (1=excellent, i.e. includes descriptive charts of the evaluation studies reviewed and/or presents explicit inclusion and exclusion criteria; 2=the other reviews; n.a.=does not apply to the individual evaluation studies). The individual evaluation studies are shown in grey to differentiate them from the evaluation reviews.

3.1 Effectiveness of Interventions Directed Toward Children

3.1.1 Group Interventions

Group interventions directed toward children who experience abuse were the type of intervention evaluated most often (Chart 1). Group interventions include traditional groups, groups focusing on development and role-playing, structured groups, group therapy through art, therapeutic daycare, etc.

Evaluation research suggests certain improvements for victims of sexual abuse at the cognitive and emotional levels after their participation in group therapy. Frequently evaluated areas include anxiety and fear, depression, self-esteem, feelings of competence and concept of self. The results vary. Most of the time, studies show positive effects (sometimes up to two years after intervention). However, other studies report no effect on the aforementioned areas. Some group interventions contributed to a decrease in the post-traumatic symptoms and to an improvement in the ability to talk about the sexual abuse.

Besides cognitive and emotional improvements, group interventions seem relatively effective in the modification of the behaviour of sexually abused children. The most important effects were seen at the level of behavioural problems, adaptive functioning and inappropriate sexual behaviours. However, other research suggested that inappropriate sexual behaviours, solitude and aggressiveness are more resistant to change. Sometimes, there could even be an increase in these symptoms after the intervention.

Some positive effects were also seen in children who experienced other types of abuse. Significant improvements in neglected children were observed in all areas of development (i.e., motor, cognitive, social, emotional and language skills). Furthermore, group interventions with children who witnessed domestic violence seemed to foster better attitudes and better reactions in situations of conflict, increased self-protection skills, more self-confidence, new friendships and a higher level of emotional expression and sharing of personal experiences. Pre-schoolers

attending therapeutic daycare decreased their violent and aggressive behaviours (externalization) as well as their internalization behaviours. Moreover, group interventions also seemed effective at the social level, notably in improving social skills and the ability to initiate exchanges with peers (although a decrease was noted in the frequency of exchanges with adults).

In summary, the evaluations tend to show that group interventions with maltreated children are somewhat effective. However, the results available primarily concern sexual abuse and, even in this area of maltreatment, the information remains fragmented (Reeker, Ensing & Elliott, 1997), the improvements modest and the methodological limitations numerous (Silovsky & Hembree-Kigin, 1994). Some children presented a deterioration in their functioning (Tourigny, 1997). As for the other types of abuse, notably neglect, physical abuse and exposure to domestic violence, the effectiveness of group intervention still largely needs to be demonstrated (Daro & McCurdy, 1994; Kolko, 1998).

3.1.2 Individual Interventions

Individual interventions include a variety of strategies, such as role-playing therapy, discussion of the traumatic event, stress management, art therapy, drama therapy, writing, self-esteem exercises and bibliotherapy. Pharmacotherapy, zootherapy, cognitive-behavioural interventions and the use of the psychodynamics approach are also reported.

Changes observed following individual interventions with abused children are typically cognitive or behavioural. For cognitive changes, improvements reported for sexual abuse include higher self-esteem, a greater sense of personal control, better social skills, more self-confidence, as well as less anxiety, hostility and depression and fewer symptoms of post-traumatic stress. Some of these improvements are maintained over time, but many children never reach normal functioning. The results of various evaluation studies are contradictory when it comes to issues of sexuality. Some studies evaluating changes in anger and dissociation show improvements following the intervention while others do not.

Individual interventions with sexually abused children also lead to an improvement in the child's behaviour, according to some evaluations. Improved behaviour may be general in nature or improvements may be shown in specific behaviours targeted by the intervention. For example, a reduction in problematic sexual behaviours, internalization behaviours, externalization behaviours, self-mutilation and sleeping disorders as well as better social adjustment and relations with peers were reported. Some of these improvements were maintained over time, but many children do not reach normal functioning. However, other studies do not report any change in the maltreated children's behaviour and one study even suggests a negative effect, namely an increase in the child's submissiveness.

As for the other types of abuse, similar changes were documented for cognition and behaviour. In the case of physical abuse, improvements included prosocial interactions but the general effectiveness remained limited. In the case of unspecified abuse, there was an improvement in cognitive functioning and self-esteem, among other areas. Pharmacotherapy seemed to decrease symptoms of aggressiveness and hypervigilance as well as sleeping disorders in victims with post-traumatic stress syndrome. It is rather rare for research to compare the effectiveness of various modes of intervention. However, when this was done, the cognitive-behavioural approaches that focussed on abuse were generally considered more effective than the non-directive or psychodynamics approaches. Last, hardly any evaluation studies examined overall indicators such as recurrence and placement.

In summary, the evaluation of individual interventions with sexually abused children tends to confirm their positive effects, particularly regarding behavioural problems (James & Mennen, 2001; Tourigny, 1997). The cognitive-behavioural approach seems to be the most effective model (James & Mennen, 2001; Tourigny, 1997). Considering the small number of evaluation studies and the methodological limitations, these encouraging findings remain preliminary since they do not lead to the assertion that the changes observed were specifically attributable to the

interventions. Empirical data supporting the effectiveness of individual interventions is even scarcer for types of abuse other than sexual abuse. Moreover, the research on the effectiveness of pharmacotherapy and zootherapy has just begun. According to O'Donohue and Elliot (1992), there is not enough information available to date to conclude that psychotherapy with sexually abused children is effective.

3.1.3 Unspecified/Combined Interventions

The interventions included in this section are of two types (Chart 1). Interventions are labelled “unspecified” if the information available is not sufficient to classify them in any other category (i.e., individual or group interventions). As the name indicates, combined interventions offer a combination of at least two types of interventions and/or models, as opposed to the previous sections where only one type of intervention was offered. For example, an intervention with sexually abused children may include exploration of the experience of abuse, role-play therapy, problem resolution and behaviour management.

In the reviews analyzed, the available information on the effectiveness of unspecified or combined interventions directed toward maltreated children is much more fragmented than for the other types of interventions. Some effects were related to cognition, such as an improvement in self-confidence and self-esteem and a decrease in anxiety and depression. Some studies also showed improvements in reading skills, mathematical skills and intelligence quotient and a better knowledge of venereal diseases, contraception and anatomy. However, other research did not show any change in some of these areas (notably anxiety and self-esteem).

Behavioural changes following these types of interventions are more clearly documented in the reviews consulted for cases of sexual abuse. Among other things, such interventions seem to have positive repercussions on sleeping disorders, enuresis and behavioural problems. Results for externalization problems (notably aggressiveness) and inappropriate sexual behaviours are

contradictory; however, these problems seem more difficult to modify. One study reports no change in loneliness and another reports an increase in hostility following the intervention.

3.1.4 Summary

In short, the information available to date on the effectiveness of interventions with maltreated children addresses mostly victims of sexual abuse. Generally speaking, this knowledge is still fragmented and limited due to methodological limitations. It seems that individual, group and combined interventions can bring about some positive changes for victims in cognition (attitudes, representations and knowledge) and in behaviour. However, the results are contradictory with regard to certain areas and others seem to be more difficult to modify (e.g., loneliness, aggressiveness and inappropriate sexual behaviours). An aggravation of symptoms was noted in some cases.

Chart 1: Reviews of Interventions Directed toward Children

	Sexual abuse	Physical abuse	Neglect	Unspecified/ various types of abuse	Exposure to domestic and community violence
Group intervention	<ul style="list-style-type: none"> • Silovsky & Hembree-Kigin (1994) n=3; eff.=+/-; qual.=2 • Tourigny (1997) n=14; eff.=+/-; qual.=1 • Sturkie (1992) n=2; eff.=+; qual.=2 • Feindler & Becker (1994) n=2?; eff.=+; qual.=2 • Kolko (1998) n=19, eff= +/-, qual=2 • Stevenson (1999) n=20, eff=+/-, qual=1 • O'Donohue & Elliott (1992) n=4, eff=+, qual=1 • Finkelhor & Berliner (1995)n= 16; eff= +/-; qual= 1 • Reeker, Ensing, & Elliott (1997) n=5, eff=+, qual=1 • Kruczek & Vitanza (1999) n=1, eff=+/-, qual=N.A. 	<ul style="list-style-type: none"> • Feindler & Becker (1994) n= 4?; eff= +; qual= 2 • Oates & Bross (1995) n= 2; eff= +; qual= 1 • James & Mennen (2001) n= 4; eff=+/-; qual=1 	<ul style="list-style-type: none"> • Mannarino & Cohen (1990) n= 1?; eff= +; qual=2 	<ul style="list-style-type: none"> • Wolfe & Wekerle (1993) n=4 eff.=+; qual.=1 • MacMillan (2000) n=2, eff=+, qual=2 • Kaplan et al (1999) n=1, eff=+, qual=2 • Stevenson (1999) n=2, eff=+/-, qual=1 • Howing & al (1989) n=21, eff=+/-, qual=2 • Berliner & Kolko (2000) n= 1; eff= +; qual= 1 • Fantuzzo (1990) n= 4; eff=+; qual=1 • Daro & McCurdy (1994) n= 11; eff= +; qual= 2 	<ul style="list-style-type: none"> • Kolko (1998) n=3; eff.=+/-; qual.=2

<p>Individual intervention</p>	<ul style="list-style-type: none"> • Tourigny (1997) n=7; eff.=+; qual.=1 • Becker & Bonner (1998) n=7?; eff.=+; qual.=2 • Kolko (1998) n=8, eff=+, qual=2 • Berliner & Kolko (2000) n=5,eff=+,qual=1 • Stevenson (1999) n=10, eff=+/-, qual=1 • King & al. (1999) n=6?; eff.=+; qual.=1 • MacMillan (2000) n=2, eff=+, qual=2 • James & Mennen (2001) n=2; eff=+; qual=1 • Saywitz & al. (2000) n= 2?; eff= +/-; qual=2 • Finklerhor & Berliner (1995) n=5; eff.=+/-; qual=1 • O'Donohue & Elliott (1992) n=6, eff=+, qual=1 	<ul style="list-style-type: none"> • Kolko (1998) n=5, eff=+/-, qual=2 • James & Mennen (2001) n=7; eff=+; qual.=1 • Oates & Bross (1995) n= 3; eff=+/- qual= 1 		<ul style="list-style-type: none"> • Mallon (1992) n=7; eff=+; qual=2 • Kaplan & al (1999) n=5, eff=+, qual=2 • Howing & al (1989) n=15, eff=+/-, qual=2 • Stevenson (1999) n=6, eff=+/-, qual=1 • Daro & McCurdy (1994) n= 3; eff=+/- ; qual= 2 	
<p>Unspecified/ combined</p>	<ul style="list-style-type: none"> • James & Mennen (2001) n= 2; eff=+; qual=1 • Finklerhor & Berliner (1995) n=7; eff.=+/-; qual.=1 • Saywitz & al. (2000) n=10?; eff.=+/-; qual.=2 • Reeker, Ensing & Elliott (1997) n=10, eff=+, qual=1 • Stevenson (1999) n= 3; eff= +/-; qual= 1 	<ul style="list-style-type: none"> • James & Mennen (2001) n= 5; eff +/-; qual=1 • Oates & Bross (1995) n=1; eff.=+/-; qual.=1 • Mannarino & Cohen (1990) n=1?; eff.=+; qual.=2 		<ul style="list-style-type: none"> • Fantuzzo (1990) n=5; eff.=+/-; qual.=1 	

N.B.: The grey zones in the chart represent individual evaluation studies and the other cells represent reviews of evaluation studies.

3.2 EFFECTIVENESS OF INTERVENTIONS DIRECTED TOWARD PARENTS

3.2.1 Behavioural, Cognitive and Cognitive-Behavioural Interventions

Behavioural, cognitive and cognitive-behavioural interventions are by far the most evaluated type of interventions directed toward parents (Chart 2). All studies of interventions in physical abuse, emotional maltreatment and neglect reported positive changes immediately after the intervention and some also showed that acquired skills had been maintained a few months after the intervention ended. The vast majority of positive effects reported concerned the modification of skills or parenting behaviours. An increase in positive verbal responses, the reinforcement of desirable behaviours, the quality of the parent-child interaction and the managerial skills related to family life and meals are examples of acquisition or improvements in parenting behaviours following behavioural and cognitive-behavioural interventions. Aversive or coercive behaviours, aggressiveness and physical punishment are examples of parenting behaviours that decreased following such interventions. Effectiveness indicators related to emotions and cognition, such as coping skills, anger control, irritability or parental distress, are less frequently used to evaluate changes here. Lastly, very few studies measure the recurrence of abuse or placement as impact indicators.

Evaluations of behavioural and cognitive-behavioural interventions directed at sexual abusers reported changes in behaviour, such as a decline in sexual impulses, arousal and pedophilic behaviours and a low rate of recidivism. However, an evaluation study with offenders being held in a maximum-security institution suggests a high rate of recidivism following an aversive behavioural study. Very few interventions directed at non-offending parents in situations of sexual abuse were evaluated and where these have been carried out, the results are contradictory. For example, the evaluation of one program shows that participants are more inclined to offer supportive responses to their sexually abused child following their participation in the program. Another project does not show any indications of change in the participants' level of parental distress, negative self-evaluations, problem resolution skills and anger management or in the behavioural adjustment of their abused child.

It is important to follow the example of most of the authors of the reviews studied by both qualifying the encouraging results and refraining from concluding that behavioural and cognitive-behavioural interventions for maltreating parents are effective until further rigorous evaluation research can confirm this. Indeed, although all the evaluation studies reported positive changes, they are still few in number and characterized by the same considerable methodological limitations as the other evaluation studies reviewed. The relationship between the acquisition of parenting skills and the decrease in the risk of repeating maltreatment remains unknown (Schellenbach, 1998). Moreover, these interventions exclusively targetted the parental ontosystem and the family microsystem, which suggests to Gaudin and Kurtz (1985) that these interventions may be necessary but not sufficient in situations of familial child abuse. Indeed, social isolation, outside pressure, limited personal coping skills and limited personal resources might hinder the longer term effectiveness of these interventions (Lovell, 1988). Nevertheless, according to certain researchers (Alterpeter & Walker, 1992; Wolfe & Wekerle, 1993), these interventions are still the most promising when dealing with maltreating parents, especially considering that their effectiveness has largely been shown with other populations, such as parents of children with serious behavioural problems (Morrisson Dore & Lee, 1999).

3.2.2 Social Support and Integration Interventions

Social support and integration interventions are the second most frequently evaluated type of intervention directed toward maltreating parents (Chart 2). They include individual support where volunteers, relatives or other informal helpers give different types of assistance to families in need. Support groups, on the other hand, bring together parents who experience the same difficulties so that they can provide mutual support, share their problems and resolve their difficulties (DePanfilis, 1996; Stevenson, 1999; Winton, 1990).

Generally speaking, the evaluation of interventions aimed at social integration and social networking shows positive but modest results, sometimes accompanied by an absence of

change in some impact indicators. It appears that these interventions favourably enrich traditional interventions (Corcoran, 2000; Gaudin, 1993). The changes observed include an increase in the size of the informal network and a better use of the formal network. As for parenting skills, the evaluations document better child care, greater empathy toward children, more realistic expectations, better coping skills, a better knowledge of alternatives to physical punishment and more self-confidence, among other things. The experience of social support can be directly associated with a decrease in maltreating behaviour of fathers, whereas mothers only benefit from it when they are experiencing a high level of stress (Schellenbach, 1998). Gaudin (1993) noted that to be effective, such interventions must be combined with an intense individual intervention and tangible assistance. It is essential that the paraprofessionals who support these families be well trained and supervised and have clearly defined roles and tasks.

Although encouraging, these results must be interpreted in context and be seen as promising rather than definitive. Indeed, no change was observed for some participants (Gaudin, 1993) and despite the modest improvements noted in the other participants, they still remain below normal functioning (Corcoran, 2000). Most of them are involved in at least one maltreatment occurrence during the intervention and are deemed at risk to abuse or neglect again in the future (Corcoran, 2000). Participants' drop-out rate is also very high (Corcoran, 2000). Lastly, it must be said that the evaluation of interventions aimed at improving social support in situations of child maltreatment is still quite rare (Lovell, 1988) and that many methodological limitations call for prudence in the interpretation of results (Gaudin & Kurtz, 1985). In fact, an explicit relationship between changes in the social network and a decrease in the number of occurrences of maltreatment has not been established yet (Schellenbach, 1998).

3.2.3 Casework Interventions

Casework interventions are one of the least evaluated types of interventions aimed at maltreating parents (Chart 2), despite the fact that this best reflects the day-to-day child welfare work with parents. These include traditional therapeutic interventions, managed

case by case (except for the cognitive-behavioural approaches). Despite significant rates of recurrence of maltreatment, the reviews suggest that parents showed an increase in positive reinforcement and a decrease in criticism of their children, as well as better parent-child interactions.

3.2.4 Combined Approach Interventions

Combined approach interventions constitute the least evaluated type of interventions directed toward maltreating parents (Chart 2). Scott and Wolfe (2000) focussed on the effectiveness of interventions with men who are violent with their spouses and/or children, notably in the case of arrests and interventions in a voluntary or non-voluntary context. These interventions combine various theoretical orientations, such as a feminist approach, cognitive-behavioural approach and psychotherapeutic approach. According to the authors, none of these interventions turns out to be very effective in the case of men who are violent with members of their own families and drop-out rates are high. Moreover, men with a history of violent aggression and abuse toward members of their families are much more likely than others to be repeat offenders in the future, whether or not they were arrested or completed an intervention.

3.2.5 Summary

Interventions directed toward abusive and neglectful parents have been evaluated very little and are still subject to significant methodological limitations, which makes it impossible to reach any definitive conclusions regarding their effectiveness. Since many do report modest progress for some of the participants, we can nonetheless consider most of the interventions evaluated as promising. However, even then, the level of functioning of parents sometimes remains below adequate.

Chart 2: Reviews of Interventions Directed toward Parents

	Sexual abuse	Physical abuse	Neglect	Emotional maltreatment	Unspecified/ Various types of abuse
Behavioural / cognitive / cognitive-behavioural intervention	<ul style="list-style-type: none"> Becker & Hunter (1992) n= of reviews 32 + 7 ind. studies, eff.=+/-, qual.=1 Jinich (1995) n=1; eff.= +; qual.= N.A. Jinich & Litrownik (1999) n=1; eff.=+; qual.=N.A. Remer-Osborn (1993) n= 1; eff.=0; qual.= N.A. 	<ul style="list-style-type: none"> Altepeter & Walker (1992) n=15?; eff.=+/-; qual.=2 Feindler & Becker (1994) n=2?; eff.=+; qual.=2 Lovell (1988) n=31; eff.=+; qual.=1 Schellenbach (1998) n=11, eff.=+/-, qual=1 Kaufman & Rudy (1991) n=6; eff.=+; qual.=2 Oates & Bross (1995) n=2; eff.=+/-; qual.=1 	<ul style="list-style-type: none"> DePanfilis (1996) n=10; eff.=+; qual.=2 Gaudin (1993) n=10; eff.=+; qual.=1 	<ul style="list-style-type: none"> Iwaniec (1997) n=9; eff.=+; qual.=2 	<ul style="list-style-type: none"> Wolfe & Wekerle (1993) n=11; eff. =+; qual. = 1 Thomlison (1990) n=3 summaries of 30 studies; eff.=+; qual.=2 Morrison Dore & Lee (1999) n=14?; eff.=+; qual.=1 Jones (1987) n=1, eff.=+/-, qual=2 Kaplan & al (1999) n=2, eff.=+/-, qual=2 Corcoran (2000) n=8, eff.=+, qual=1 Gaudin & Kurtz (1985) n=8, eff.=+, qual=1 Stevenson (1999) n=5, eff.=+/-, qual=1
Social support / Social integration	<ul style="list-style-type: none"> Winton (1990) n= 1; eff.= +/-; qual.= N.A. Becker & Hunter (1992) n=2, eff.=+, qual=1 	<ul style="list-style-type: none"> Lovell (1988) n=3; eff.=+/-; qual.=1 Oates & Bross (1995) n=2; eff.=+/-; qual.=1 Schellenbach (1998) n=3, eff.=+/-, qual=1 	<ul style="list-style-type: none"> DePanfilis (1996) n=12; eff.=+; qual.=2 Gaudin (1993) n=14; eff.=+; qual.=1 		<ul style="list-style-type: none"> Wolfe & Wekerle (1993) n=1; eff.=?: qual.=1 Gaudin & Kurtz (1985) n=4, eff.=+, qual=1 Stevenson (1999) n=2, eff.=+/-, qual=1 Jones (1987) n=8, eff.=, qual=2 Howing & al (1989) n=14, eff.=?, qual=2 Corcoran (2000) n=2, eff.=+/-, qual=1
Casework intervention		<ul style="list-style-type: none"> Oates & Bross (1995) n=3; eff.=+/-; qual.=1 	<ul style="list-style-type: none"> Gaudin (1993) n=5; eff.=+/-; qual.=1 		<ul style="list-style-type: none"> Stevenson (1999) n=6, eff.=+/-, qual=1 Jones (1987) n= 5; eff.= +/-; qual.=2
Combined approach intervention	<ul style="list-style-type: none"> Jones (1987) n= 4; eff.=+/-; qual.=2 	<ul style="list-style-type: none"> Scott & Wolfe (2000) n=4; eff.=0; qual.=1 Jones (1987) n= 3; eff.= -; qual.= 2 		<ul style="list-style-type: none"> Iwaniec (1997) n=4; eff.=+; qual.=2 	<ul style="list-style-type: none"> Jones (1987) n= 5; eff.= +/-; qual.= 2

N.B.: The grey zones in the chart represent individual evaluation studies and the other cells represent reviews of evaluation studies.

3.3 EFFECTIVENESS OF INTERVENTIONS DIRECTED TOWARD FAMILIES

3.3.1 Comprehensive, Multi-service or Combined Interventions

Comprehensive, multi-service or combined interventions directed toward families comprise different methods (e.g., group or individual interventions, telephone help line, home visits). Although this is the most widely evaluated type of intervention (Chart 3), in general, there is little evidence of effectiveness and where effectiveness has been documented, the effects seem mixed. With regard to children who have been sexually abused, there are more studies showing no effects than studies showing positive effects in such areas as anxiety, depression, self-esteem, a sense of competence and social isolation (Tourigny, 1997). Along those same lines, an improvement in problematic sexual behaviours sometimes appears, but other research does not note any changes. Some evaluations have highlighted negative effects, including an increase in symptoms such as behaviour problems, low self-esteem and depression. Of the reviews examined, little information is available regarding changes observed in parents or the family system. However, it is known that the mothers' depression is likely to diminish and social supports improve. Some studies note an improvement in the functioning of the family but others do not. Most participating families deemed the intervention helpful but some considered it to be harmful.

The results for situations involving physical abuse are even more fragmented. Acceptance of child victims by their peers and by their mothers, their cognitive and socio-emotional development, behaviour and self-concept were modestly improved after the interventions. However, most children were still below the threshold of "normality" (Kolko, 1998). As for the parents and the family, some studies showed improvement in the parent-child relationship. Notably, parents supported their children more and criticized them less. One study reported a reduction in the number of placements for the intervention group compared to a control group.

As for the effectiveness of comprehensive, multi-service and combined interventions in situations of neglect, James and Mennen (2001) concluded that "that body of literature [...] is suggestive of the benefits of short-term goals with opportunities to practice acquired skills relative to a more generic unfocussed casework approach, the use of

groups for neglectful parents as a useful vehicle for teaching basic information, problem solving and social interaction skills and a focus on all family members rather than the main care provider only” (p. 85). Despite this positive assessment, however, they noted that the interventions are successful with fewer than 50% of neglectful families. More specifically, DePanfilis (1996) reported a greater motivation for change, a decrease in social isolation, better educational practices and better personal hygiene in participating parents. Furthermore, increased cognitive, social and language skills were observed in victims, as well as a decrease in the recurrence of maltreatment and in the number of placements.

The evaluations of other interventions with abusive or neglectful families show improvements for children who experience maltreatment: better development, more positive emotions, better general functioning, a greater sense of competence, greater acceptance by peers and the mother and fewer behavioural problems. Nonetheless, no changes have been observed in certain so-called “public” externalization behaviours, such as contacts with police authorities, substance abuse or inappropriate behaviour at school. As for the parents, positive changes were also observed. They were more able to reach intervention objectives they had set for themselves, they showed less inappropriate or neglectful behaviour and experienced less psychological distress as well as fewer headaches and reported higher marital satisfaction. Other positive effects concerned cleaner and safer homes and better meal planning.

In summary, it is still premature to draw any definitive conclusions concerning the effectiveness of these strategies, since the information available is too fragmented. Moreover, the methodological limitations observed again limit the reliability of the findings. The modest positive effects noted in certain families are encouraging, although this is not the case for all studies examined. However, according to Cohn and Daro (1987), intervention efforts are generally not very effective because new occurrences of abuse and neglect are probable and this is regardless of massive, early and costly interventions.

3.3.2 Family Unity Preservation Interventions

Family unity preservation interventions constitute the second most frequently evaluated type of intervention directed toward maltreating families (Chart 3). These interventions are described as “brief, intensive services available to families with one or more children at imminent risk of being removed to out-of-home care” (Whittaker & Tracy, 1990, quoted in Blythe, Patterson & Jayaratne, 1994, p. 214). These are home crisis interventions, focussed on the family and aimed at preventing child placement in out-of-home care (Courtney et al., 1996).

Available evaluations show mixed results with respect to the effectiveness of family unity preservation. The little effect noted in cases other than those involving out-of-home placement suggests that interventions have little influence on the recurrence of maltreatment, although they can produce modest short-term improvements in certain aspects of the child’s, parents’ and family’s functioning. Some research showed modest positive effects with regard to children’s school attendance and adjustment and in lowering delinquent behaviours, hyperactivity, difficulty with peers and oppositional behaviours. The parents gained better skills and knowledge of their role and used more verbal discipline than physical punishment. As for the family as a whole, modest improvements were noted in parent-child interactions, communication, problem resolution, family environment, stress, living conditions, available social support, family functioning and the use of community-based resources.

Because placement prevention is the main objective of this type of intervention, researchers have used this as an indicator of effectiveness (Litell & Schuerman, 1995), although it does not allow for the evaluation of all impacts (McCroskey & Meezan, 1998). Generally speaking, non-experimental studies show that most families remain intact. However, the results of research that uses comparison groups are rather mixed: some report fewer placements while others do not. One of the reasons given to justify the relatively low rate of placement is the difficulty of targeting families that are truly at imminent risk of placement. Nonetheless, a greater placement trend was identified in cases of neglect. Gaudin (1993) suggested that family unity preservation interventions

could become more effective in situations of non-chronic neglect, associated with crisis situations. Moreover, the evaluation of one preservation project showed that there were fewer placements in Afro-American families than in Caucasian families.

Few of these evaluation studies measured the effect of interventions on the recurrence of maltreatment. However, the data available showed that they did not decrease the rates of recurrence more than other interventions, which are already relatively low. Overall, though, information about the effectiveness of these interventions is rare and rather mixed. Like McCroskey and Meezan (1998), we can conclude that although interventions aimed at preserving family unity have a certain value, “they should not be seen as a panacea for problems in the child protective system” (p. 64).

3.3.3 Family Therapies

Information available on the effectiveness of family therapies in situations of child maltreatment (Chart 3) is also fragmented and limited by many methodological weaknesses. In spite of this, some studies report a relatively low rate of recurrence of sexual abuse. In the case of physical abuse, the results of family therapy were compared to those of individual cognitive-behavioural interventions directed toward both parents and children. Therapy effectiveness differs a great deal from one family to another. However, physical punishment, parental anger and family problems remain high. Another study comparing the same types of interventions to regular services shows improvements, regardless of the approach used, for factors such as parental anger, educational practices and the child’s fears. Furthermore, compared to regular services, cognitive-behavioural interventions and family therapy are associated with less violence on the part of the child toward the parent, fewer externalization behaviours, less distress, lower risk of abuse by the parent, fewer family conflicts and better family cohesion. There were few new occurrences of abuse. Other studies showed that, compared to a control group, the child’s behavioural problems, parental stress and the potential for abuse decreased after family therapy. Daro and McCurdy (1994) claim that some research suggests the effects of family therapy vary according to the form of maltreatment involved. According to these authors, the greatest benefits are seen with neglectful families; families experiencing

many different forms of abuse or physical abuse would be less likely to benefit from these interventions.

3.3.4 Cognitive-Behavioural Interventions

The effectiveness of cognitive-behavioural interventions directed toward maltreating families was also evaluated (Chart 3). Since the reviews consulted rarely specified whether these interventions were carried out in groups or individually, they have been put in a separate section.

Most of the changes reported after cognitive-behavioural interventions directed toward families occurred in victims of sexual abuse. These evaluations showed a decrease in externalization and avoidance behaviours and in inappropriate sexual behaviours. Symptoms of post-traumatic stress, anxiety and depression also decreased following cognitive-behavioural interventions. Nevertheless, research comparing these to other interventions did not always lead to the conclusion that they were preferable. In certain cases, some gains were observed, notably a decrease in depression and an increase in social skills. Victims of physical abuse also showed fewer externalization behaviours and less violence toward their parents.

The changes observed in parents are more fragmented. In situations of sexual abuse, parenting skills seemed to improve after therapy; parental distress and dysfunction were also decreased. In cases involving physical abuse, the risk of abuse and parental distress diminished, as did the incidence of family conflicts; family cohesion also improved.

3.3.5 Individual Interventions

Researchers also evaluated individual interventions directed toward victims of maltreatment and their parents (Chart 3). Effects were reported solely in the case of children: negative emotions, symptoms of depression, anxiety and post-traumatic stress decreased and the sense of competence increased, whereas at the behavioural level, sexual games with other children, enuresis and behavioural problems diminished.

3.3.6 Group Interventions

Interventions examined here included groups for the victims and groups for the parents. The small amount of data available in the reviews consulted suggests that the effectiveness of group interventions directed toward negligent families may be more evident for parents than for children. In fact, Gaudin and Kurtz (1985) report that following the interventions, the participating parents had a better knowledge of the alternatives to physical punishment and used them more frequently, were more empathic toward their children, improved their level of self-esteem and their self-awareness and had more realistic expectations, which they adjusted according to their child's age. Moreover, the families experienced fewer conflicts, were more cohesive, communicated better and were better organised. As for the children, they were more assertive, self-aware and enthusiastic. Tourigny (1997) also reported positive effects for child victims of sexual abuse. For example, there was a decrease in behavioural and family relation problems. However, for certain other children, no behavioural improvement was noted and sometimes there was even an increase in sexual behaviour problems. Finally, some authors reported low rates of repeat offences.

3.3.7 Family Unity Reunification Interventions

Under certain circumstance, some interventions are aimed at reuniting children placed in out-of-home care with their biological parents. The goal of these interventions is to provide children with permanent and safe living conditions (Litell & Schuerman, 1995). This type of intervention for maltreating families was the least evaluated (Chart 3).

There is a dearth of evidence on the effectiveness of interventions aimed at reuniting families with a child placed in out-of-home care. However, certain results suggest that these brief and intense interventions, focussed on the family, may improve rates of reunification or accelerate the process. Furthermore, the long-term effects, such as the risk of recurrence of maltreatment or other placements, are still unknown. Once again, the lack of research-based data using a comparison group makes interpretation of results difficult, since we do not know what the rates of reunification or further placement would have been without these interventions.

3.3.8 Summary

To date, there has been little evaluation of the effectiveness of interventions directed toward maltreating families. The results available, although fragmented and subject to serious methodological limitations, suggest modest positive results. However, the results for comprehensive, multi-service and combined interventions, as well as for interventions aimed at preserving family unity, are mixed. In short, further rigorous research will be necessary before any reliable conclusions can be reached on the effectiveness of interventions directed toward maltreating families.

Chart 3: Reviews of Intervention Directed Toward families

	Sexual abuse	Physical abuse	Neglect	Unspecified/ Various types of abuse
Comprehensive, multiservice and combined intervention	<ul style="list-style-type: none"> Stevenson (1999) n=2, eff=+/-, qual=1 Tourigny (1997) n=14; eff.=0; qual.=1 O'Donohue & Elliott (1992) n=1, eff=+, qual=1 Fuikelhor & Berliner (1995) n=1, eff=+/-, qual=1 	<ul style="list-style-type: none"> Kolko (1998) n=12, eff=+/? , qual=2 Kaufman & Rudy (1991) n=1; eff.=+; qual.=2 Oates & Bross (1995) n=17, eff=+, qual=1 Mannarino & Cohen (1990) n=1, eff=+/-, qual=2 	<ul style="list-style-type: none"> Kolko (1998) n=2, eff=+, qual=2 James & Mennen (2001) n=4, eff=+, qual=1 De Panfilis (1996) n= 11, eff=+, qual=2 Gaudin (1993) n=4; eff.=+; qual.=1 	<ul style="list-style-type: none"> Wolfe & Wekerle (1993) n=5; eff.= 0; qual.=1 Brassard & Hardy (1997) n=1 summaries of 19 studies; eff.=+/-; qual.=2 Schellenbach (1998) n=1, eff=+, qual=1 Skiba & Nichols (2000) n=2; eff.=+; qual.=1 Lutzker & al. (1989) n=2; eff.=+/?; qual.=1 Howing & al (1989) n=?, eff=+, qual=2 Cohn & Daro (1987) n=4, eff=0, qual=1 Fantuzzo (1990) n=3; eff.=+; qual.=1 Kolko (1998) n=6, eff= +/-, qual=2 Kaufman & Rudy (1991) n=3, eff=+/-, qual=2
Preservation intervention		<ul style="list-style-type: none"> Feindler & Becker (1994) n=1?; eff.= -; qual.=2 	<ul style="list-style-type: none"> Gaudin (1993) n= 2, eff= -, qual=1 	<ul style="list-style-type: none"> Littel & Schuerman (1995) n=22; eff.=+/-; qual.=1 Smokowski & Wodarski (1996) n=13, eff=+/-, qual=2 Courtney & al (1996) n=2 eff=, qual=2 Kaufman & Rudy (1991) n= 2, eff=+/-, qual=2 Stevenson (1999) n= 1, eff=+, qual=1 Nelson (2000) n=6, eff=+, qual=1 Nelson (1994) n=9, eff=+/? , qual=1 Blythe & al (1994) n=12, eff=+/-, qual=1 McCroskey & Meezan (1998) n=14, eff=+/-, qual=2

Family therapy	<ul style="list-style-type: none"> • Silovsky & Hembree-Kigin (1994) n=2; eff.=+; qual.=2 • Becker & Hunter (1992) n=2, eff=+, qual=1 • Mannarino & Cohen (1990) n=1?; eff.=+; qual.=2 • Nurcombe & al (1999) n=1, eff=+/? , qual=1 	<ul style="list-style-type: none"> • Becker & Bonner (1998) n=3?; eff.=+/-; qual.=2 • Terao (1999) n= 1; eff=+; qual.= N.A. • James & Mennen (2001) n=2; eff.=+; qual.=1 • Kolko (1998) n=2, eff=+/-, qual=2 	<ul style="list-style-type: none"> • Daro & McCurdy (1994) n=4, eff=+, qual=2 	<ul style="list-style-type: none"> • Corcoran (2000) n=3, eff=?, qual=1 • Stevenson (1999) n=1, eff=+/-, qual=1
Cognitive-behavioural intervention (parents and children)	<ul style="list-style-type: none"> • King & al. (1999) n=3?; eff.=+; qual.=1 • Nurcombe & al. (1999) n=3, eff=+, qual=1 • James & Mennen (2001) n=2; eff.=+; qual.=1 	<ul style="list-style-type: none"> • Verduyre & Calam (1999) n=3, eff=+, qual=2 • Fiukelhor & Berliner (1995) n=1, eff=+, qual=1 • James & Mennon (2001) n=1, eff=+, qual=1 		<ul style="list-style-type: none"> • Gaudin & Kurtz (1985) n=1, eff=+, qual=1
Individual intervention (parents and children)	<ul style="list-style-type: none"> • Feindler & Becker (1994) n=1?; eff.=+; qual.=2 • Becker & Bonner (1998) n=1; eff.=+; qual.=2 • Tourigny (1997) n=3, eff=+ qual=1 	<ul style="list-style-type: none"> • Berliner & Kolko (2000) n=1, eff=+, qual=1 		
Group intervention (parents and children)	<ul style="list-style-type: none"> • Kolko (1998) n=3; eff.=+; qual.=2 • Tourigny (1997) n=4, eff=+/-, qual=1 			<ul style="list-style-type: none"> • Howing & al (1989) n=1, eff=+, qual=2 • Gaudin & Kurtz (1985) n=1, eff=+/-, qual=1
Reuniting intervention				<ul style="list-style-type: none"> • Littel & Schuerman (1995) n=2, eff=+/-, qual=1 • Daro & McCurdy (1994) n=4; eff.=+; qual=2 • Nelson (2000) n=2, eff=+, qual=1 • Fraser (1996) n=1; eff.= +; qual.= N.A.

N.B.: The grey zones in the chart represent individual evaluation studies and the other cells represent reviews of evaluation studies.

4. DISCUSSION

4.1 Intervention Effectiveness in Situations Involving Child Maltreatment :

From Evaluative Research to Theory Formulation

As we have seen, reviews of studies of the effectiveness of child maltreatment interventions are rather rare and limited by methodological considerations (described below). There are few or no reviews in some areas and when it comes to specific interventions for specific types of maltreatment for specific populations, evidence is very scarce. There are very few reviews on child neglect interventions alone, as most studies merged neglect with other types of maltreatment. Only one review focused on exposure to domestic violence and only one specifically examined psychological maltreatment. Other types of maltreatment, however, were addressed more fully, particularly interventions targeting child victims of sexual abuse and interventions targeting parents who physically abused their children.

Not all interventions were equally evaluated in terms of their effectiveness. It seems that some interventions (e.g., behavioral interventions) may be over-reviewed. Others may be under-reviewed or not be reviewed at all; perhaps because they have not been evaluated or because they have been overlooked (e.g., substance abusing parents and parents with mental health problems; development of cognitive abilities that were suppressed by maltreatment).

Consequently, these information gaps prevent the drawing of definitive conclusions concerning the relative effectiveness of different intervention approaches. Quality research, covering a broader range of interventions, is needed to ensure that resulting observations do not highlight certain facts at the expense of others.

The ecological analysis of effectiveness indicators (see Trocmé et al., 2000; Kazdin and Kendall, 1998) allows us to establish maltreatment and well-being theory implicit in the interventions evaluated, and to compare this theory to available theoretical models (Belsky, 1993; National Research Council, 1993; Prilleltensky, Nelson and Peirson, 2001). Interventions targetted toward the child mobilize a full range of personal dimensions: love, nurturance, self-esteem, cognitive, physical/emotional development, psychological/physical health, acceptance, social skills, etc. (Prilleltensky, Nelson et Peirson, 2001). Effectiveness indicators correspond largely to child-level vulnerabilities and modifiable protective/promoting mechanisms identified in the literature (Table 4).

However, with respect to parents and the family, resources mobilized by the interventions are limited to psychosocial areas directly related to the role of parent, to the detriment of other areas of adult life. Interventions are aimed at affective bonds, intimacy, communication, conflict resolution and quality time. Personal space, opportunities for personal growth, job satisfaction, support from spouse/extended family and recreation appear to be addressed very little or not at all (Prilleltensky, Nelson et Peirson, 2001). Along the same lines, effectiveness indicators are largely psychosocial (Table 4) and questions of spousal violence, parental history of maltreatment and limited parental education are not addressed in the evaluation and likely were not addressed in the interventions either. This observation echoes that of Chamberland et al. (2000) in their critical analysis of preventive practices in the province of Quebec that are directed toward children, families and youth at risk. They note that ontosystemic and microsystemic levels of intervention (limited to parent-child dyads) are largely the targets of institutional organizations.

Finally, aside from social support and use of community resources, the interventions reviewed do not evaluate any factors involving protection or vulnerability at the community or societal level. Selection criteria no doubt offer a partial explanation for this, since parents or children had to be directly involved in the interventions reviewed and larger issues like social policies and service evaluation were excluded from the review process. We may, however, emphasize that the repercussions of community and social vulnerabilities associated with child maltreatment, such as poverty, community violence or unemployment, do not appear to be issues for consideration within the interventions and evaluations.

According to Belsky (1993, p.413), “given the seminal contribution of Bronfenbrenner (1979), child maltreatment is now widely recognized to be multiply determined by a variety of factors operating through transactional processes at various levels of analysis (i.e., life-course history to immediate-situational to historical-evolutionary) in the broad ecology of parent-child relations.” However, we have seen that interventions in situations of child maltreatment operate on a limited number of levels and with a limited number of strategies. As shown in Table 4, effectiveness indicators essentially concern what Belsky (1993) terms the “developmental context” of parent and child characteristics and processes and parenting and the “immediate interactional context” of parent-child interactional processes.

Perhaps answers to a problem as complex and multifaceted as child maltreatment will be found by studying a greater variety of intervention targets and effectiveness indicators. “Although the multidetermined nature of child maltreatment suggests that there are many targets of focus prevention and remediation efforts, it simultaneously alerts [practitioners] to the fact that directing efforts at any single target is not likely to be particularly successful. Providing parent training, for example, without regard for the dire economic circumstances of a family, is unlikely to prevent maltreatment over the long term” (Belky, 1993, p.428). Instead, interventions and their evaluation should try to reflect “the complex balance child welfare service providers seek to maintain between a child’s immediate need for protection, a child’s long-term need for a nurturing and stable home, the family’s potential for growth and the community’s capacity to meet a child’s needs” (Trocmé et al., 1999). Trocmé and his colleagues (1999) emphasize that the choice of indicators is crucial in this regard. While most indicators taken individually are only proxy measures of child and family outcomes, a group of indicators tracking changes at various environmental levels will better reflect the scope of intervention repercussions.

Table 4**Effectiveness Indicators as a Function of Protection-Promotion and Risk Factors at Each Environmental Level**

Environmental level	Protection-Promotion /Risk factors	Examples of Positive Indicators	Examples of Negative Indicators
Child-level	positive/negative behaviour	general functioning, school attendance, sleep quality	externalization (aggressiveness, violence, etc.), drug or alcohol abuse, inappropriate sexual behaviours, self-mutilation
	good/poor mental health	enthusiasm, self-esteem, feelings of competence	dissociation, anxiety, anger, post-traumatic stress
	social competencies	social development, new friends, reactions in case of conflict	difficulties with peers, solitude, isolation
	cognitive abilities	cognitive development, language, reading and mathematical abilities, IQ	
Family/Parental Level	family cohesion	cohesion	
	supportive family climate	environment, empathy, support.	family conflicts
	good communication	communication	
	effective coping skills	aptitudes for adaptation and for problem resolution	
	positive partner relationship/spousal conflict	marital satisfaction	
	positive/poor parenting practices	number of positive verbal responses, alternatives to physical punishment, quality of child care	aversive/coercive behaviours, physical punishment, criticisms
	organization of family life	management of family life and meals, cleanliness and safety of the house	
	good/poor mental health	self-esteem, anger management	distress, depression, irritability
	stress	stress, headaches	
	safety		recurrence of maltreatment, risk of abuse, neglectful behaviours, pedophilic behaviours
Community-Level	permanence	number of placements, rate of reunification, time elapsed before reunification	
	presence/lack of resources and social support	size of informal network, use of community resources	

4.2 Main Methodological Problems with Reviews of Effectiveness Research

We've seen that the few results we have on intervention effectiveness in cases of child protection generally suggest modest positive changes. This assessment must nonetheless be qualified due to the serious methodological limitations characterizing much of the reviewed research. However, "it would be a serious error to leave the impression that these methodological difficulties are not appreciated by those doing the primary research in this area or that they are relatively easy to overcome" (Belky, 1993).

First of all, the notion of "effectiveness" needs to be better operationalized. There are no standard ways of measuring outcomes to determine if an intervention has been successful or not.

This makes syntheses and cross-study comparisons difficult. Effectiveness is generally assumed if some improvement has been shown in the sample as a whole. However, interventions are not successful for every study participant and no intervention is fully successful. Thus, success is measured according to improvement for groups of people and according to degrees of improvement (rather than total improvement). Moreover, the possible negative effects of interventions are rarely documented and it is just as important to recognize the absence of change as it is to recognize that changes have occurred. It is possible that many interventions do not work but we do not know about them because of the tendency to publish “good news” rather than “bad news” effectiveness studies. Finally, time itself, with or without intervention, brings about improvement. This leads to some problems in measuring effectiveness.

The lack of information available on the implementation of interventions reviewed and the processes they followed constitutes another important limitation. The degree of intensity of the intervention is often not made clear in the review literature. There appears to be substantial differences in intensity from one intervention to another, ranging from time-intensive comprehensive interventions to individual psychotherapy, behavioural change interventions, skills training and visiting a parole officer. No review to date has put forth a method of weighing or accounting for (or even considering) intensity when conclusions are drawn. Also, it is difficult to determine effectiveness because many interventions are implemented--even within specific intervention types (e.g., there are at least 20 commonly-used behavioural interventions). Many reviews do not describe the characteristics of neglectful families as separate from abusive families and do not relate the effectiveness of interventions in the case of these subtypes. Finally, many abused children and their families neither attend treatment regularly nor complete it. Treatment drop-out affects treatment effectiveness and this needs to be addressed.

Although this analysis focuses on the reviews rather than on the individual evaluation studies, it appears that the research designs themselves have limitations. Even in the case of those interventions which were subject to several reviews, such as interventions concerning sexually abused children (see Tourigny, 1997) and parental education programs (see Gaudin and Kurtz, 1985), the vast majority of evaluative studies are based on pre-experimental designs of a pre/post-intervention type. Quasi-experimental studies with comparison groups are much rarer.

Experimental studies with randomized attribution of subjects in the experimental and comparison groups are the exception. Moreover, the small sample size does not allow for a generalization of results for populations other than the study sample. This is particularly important when considering cultural and minority groups. The small sample size also reduces the appropriateness of statistical analysis as a method of determining effectiveness. Other, more imaginative and less traditional ways of determining effectiveness might be used. In particular, there is a notable absence of qualitative studies. There is also a dearth of research comparing the relative effectiveness of different types of intervention. Finally, there may need to be a stronger emphasis on follow-up research. Current research generally measures the effectiveness of interventions based on changes in attitude or behaviour immediately following the implementation of the intervention. Interventions may be effective in changing an individual's current attitudes or behaviours in the short term, but the question of whether or not they succeed in maintaining those changes and in changing an individual's future attitudes and behaviours in the long term is largely unanswered.

4.3 Strengths, Weaknesses and Main Difficulties in Summarizing Reviews of Effectiveness Research

The main strength of this review of existing literature is its exhaustiveness. We have looked at all concerned parties (children, parents, family) and at all types of intervention (individual, group, inclusive, etc.). All reviews published in English and in French since 1984 have been analyzed and where necessary, recent individual studies included to complete the overall information. The rigorous application of inclusion and exclusion criteria (see the methodological section) is another strength of this analysis. For example, contrary to other reviews that combine interventions directed toward families said to be "at risk" with those directed toward families already dealing with a maltreatment problem, the present review focuses exclusively on the latter. Finally, the systematization of information, classified according to targets and types of intervention, offers a more qualified picture of the scope and pertinence of available knowledge.

Nonetheless, this review has certain limitations. The main one is that it is based upon secondary data rather than on the original studies. In the reviews consulted, results presented are often general and the information on methodology is limited. It is sometimes difficult to know what

kinds of maltreatment are being reviewed and sometimes difficult to distinguish among the various types of intervention. In addition, there is no consistent definition of child maltreatment across studies, which makes comparisons risky. Lastly, many of the reviews analyzed report the results of the same evaluative studies but the tables presented in this paper do not take this into account. On the basis of results presented, it is therefore impossible to evaluate the precise number of evaluative studies available.

5. CONCLUSION

This paper presents a critical analysis of reviews of studies published since 1984 concerning effectiveness of selected child maltreatment interventions. We have seen that the quality and quantity of available data vary according to the type of abuse, the targeted of the intervention and the intervention strategy retained. Methodological challenges limit the scope of conclusions that can be drawn. In general, we can say that child protection interventions are promising but that results are too fragmented to enable us to formulate any definitive judgment. Areas evaluated are greatly limited to developmental and immediate interactional contexts. The causes of child maltreatment are complex and multidetermined; therefore child maltreatment interventions must similarly become more diverse and envision a broader range of intervention targets with well-defined and measurable indicators of effectiveness.

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