

The Effectiveness of Child Welfare Interventions:

A Systematic Review

Sarah Dufour and Claire Chamberland



Centre of Excellence
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Abstract

The authors have critically assessed reviews of the literature published between 1984 and 2001 to describe the state of knowledge about the effectiveness of interventions aimed at protecting or improving the welfare of child victims of maltreatment. The interventions studied target children, parents or families. They chiefly involve cases of sexual abuse, physical abuse or negligence. Very few concern psychological abuse or exposure to violence.

For the most part, the intervention effectiveness indicators measure changes in parents' and children's knowledge (e.g., better knowledge of child development), attitude (e.g., increased enthusiasm), emotion (e.g., decreased anxiety) and behaviour (e.g., decreased rates of aversive behaviour). Few evaluations follow up on participants to determine whether the changes are lasting. The small number of evaluative studies, methodological limitations and disparities in content and the carrying out of interventions make it difficult to draw sound conclusions about the effectiveness of interventions, even for interventions most often and most favourably evaluated, such as cognitive-behavioural interventions with maltreating parents.

Our recommendations for programs and services concern the systematization of program development and the use of evaluation results in decision-making. With regard to research, we recommend conducting new evaluations of effectiveness and other types of quality evaluations. Our last set of recommendations addresses all those involved in child safety and welfare. The first suggestion is to increase cooperation among researchers, practitioners and decision makers in order to develop more effective programs and services. Cooperation among the various workers in health and social services should also be increased in order to better meet the needs of maltreated children and their families. A committee of experts from across Canada contributed to the process.

Keywords: evaluation; effectiveness; child maltreatment; literature review; child welfare; child neglect

Introduction

The severity of the short- and long-term consequences of child maltreatment, as well as the magnitude of these consequences, represent a serious societal problem. According to the Groupe de recherche et d'action sur la victimisation des enfants (Research and Action Group on the Victimization of Children) and the Alliance de recherche pour le développement des enfants dans leur communauté, "all children are entitled to optimal development and protection against threats to their development as early on as possible in their life, or if need be, as early on as possible in the wake of a threat" (GRAVE-Ardec, 2002). Furthermore, "the support and protection given to children should be based on the most reliable knowledge available" (GRAVE-Ardec, 2002). Indeed, interventions and policies in child welfare are increasingly expected to be based on evidence (Macdonald, 2001). It is our responsibility to examine with a critical eye interventions at the social, financial, clinical and ethical levels. Evaluation plays a crucial role in this respect. Therefore, the present document seeks to make accessible scientific information about the effectiveness of interventions in child welfare.

Excellent critical reviews on the effectiveness of promotional and preventive interventions are now available. (See notably the works of Cox, 1997; MacIntyre and Carr, 2000; MacMillan and colleagues, 1994a and 1994b; Olsen and Widom, 1993; Prilleltensky and colleagues, 2001; Wolfe and Wekerle, 1993; Wolfe, Reppucci and Hart, 1995.) However, to our knowledge, no one has yet presented an exhaustive critical synthesis on the effectiveness of interventions undertaken following a maltreatment episode, or what is sometimes referred to as tertiary prevention (Orford, 1992). Of course, reviews do exist but they are generally limited to one type of maltreatment, one target (victims, parents or family) or one type of intervention (behaviourist, preservation, etc.).

To fill this gap, the present document proposes a critical synthesis of reviews dealing with the effectiveness of interventions aimed at protecting or improving the well-being of children reported to have been abused or neglected or children in the care of child welfare services. Recognizing the importance now given to maintaining, whenever possible, ties between the child and his/her biological family, we have limited our scope to practices that preserve family relations. That is why the interventions selected must have taken place while the children are still living with their parents or intended to reunite children in care with their biological parents. This concern was deemed a priority by a Canada-wide panel of experts and by the Directors of Child Welfare to whom the Centre of Excellence for Child Welfare submitted a list of potential themes and research projects.

The first section of this report presents the method used to select the papers analysed. The results are then organized into three sections according to the types of programs: those for maltreated children themselves, for parents, and for families. As you will see, the information available is too fragmentary to permit a definitive pronouncement on the effectiveness of programs. The discussion that follows includes an ecological analysis of the indicators used in the evaluations. It also underscores the methodological limitations of the evaluations reviewed. The last section outlines recommendations for practice, research, and all persons involved in children's protection and welfare. The annotated bibliography at the end lists the features and main results of the reviews and individual studies considered.

Methodology

A systematic search of electronic databases (PsycINFO, Sociological Abstracts, MedLine and Social Work Abstracts) identified 50 reviews of evaluations and seven individual evaluations analysed in the present document. We were primarily interested in reviews that critically analyse the effectiveness of interventions in child welfare. Individual evaluations were also analysed where no reviews or no recent reviews were available in specific areas examined. In order to be selected, the reviews had to meet the following criteria:

- a) **Publication date:** between 1984 and 2002.
- b) **Nature of the abuse or neglect:** at least one episode of sexual abuse, physical abuse, emotional maltreatment, exposure to domestic violence and/or neglect reported, suspected or confirmed by the participating families. The interventions for families “at risk” for child maltreatment, as well as child maltreatment prevention projects or projects promoting child well-being are therefore excluded.
- c) **Nature of the interventions:** activities aimed at protecting or improving the well-being of the children who remain in their natural family setting, or aimed at reuniting children in short-term care with their biological parents. Interventions with foster families, children in long-term care or adopted, etc. are excluded.
- d) **Participants:** interventions are directly intended for children who experience maltreatment between birth and 17 years, for their parents (perpetrators or not) or for families. Consequently, evaluations that focussed on the repercussions of social policies or on the effectiveness of the child welfare system (number of reports retained, of adoptions, of placements, changes in the evaluation procedures of reports, etc.) were not selected.
- e) **Nature of the evaluation of effectiveness:** documents selected must indicate a systematic and rigorous approach aimed at identifying effects that could be attributed to the intervention that was implemented. The studies could rely on experimental, quasi-experimental or pre-experimental designs and their data could be qualitative, quantitative or 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.

Results

The results of the effectiveness of interventions in child welfare are presented in three sections: interventions for children who experienced maltreatment, interventions for parents, and interventions for the whole family. For each, a description of the interventions and their theoretical premise is given first. This is followed by an assessment of their effectiveness.

The annotated bibliography in Appendix A presents, in alphabetical order of the authors, the characteristics and main results of the reviews and individual studies analysed. Tables 1 to 3 present these documents, relating respectively to children, parents, and family. Each table is organized according to the type of intervention and the type of maltreatment. Information given for each publication includes: the number of evaluations reviewed (n); a measure of the general effectiveness, using a five-point scale (++ = exceptional positive effects; + = moderate positive effects; +/- = mixed effects; - = moderate negative effects; -- = exceptional negative effects); as well as an assessment of the quality of the review (1 = excellent, i.e., includes descriptive tables of the evaluations reviewed and/or presents explicit inclusion and exclusion criteria; 2 = the other reviews; N.A. = does not apply to the individual evaluations). The individual evaluations are indicated with an asterisk to differentiate them from the evaluation reviews.

2.1 Effectiveness of interventions intended for children

Wolfe and Wekerle (1993) carried out an analysis of the clinical and empirical data on the characteristics of maltreated children, and postulated that interventions with this clientele must satisfy four types of needs: “1. Deficits in social sensitivity and relationship development, which includes problems related to poor attachment formation, the development of empathy, and affective expression; 2. Cognitive and moral development, which refers to poor social judgement and school performance in particular; 3. Problems in self-control and aggression; 4. Safety and protection from harm” (p. 478). In this section, the interventions reviewed mostly focused on the first and third of the aspects highlighted by Wolfe and Wekerle. The effectiveness of such interventions has been evaluated only to a small degree to date, and the information available is largely related to victims of sexual abuse. However, it appears that, although positive effects were observed, certain aspects of behaviour and cognition seem more resistant to change, and some negative effects, notably anger, were also noted.

2.1.1 Group interventions

Group interventions for children who experience abuse were the most frequently evaluated type of intervention, followed by individual interventions (see Table 1: Reviews of interventions intended for children). Sexual, physical or unspecified abuse were frequently evaluated. Of the 20 reviews studied, half of which are of high quality. Each reports the results of between one and 20 individual evaluations. An individual evaluation study updates the sexual abuse section.

2.1.1.1 Premise and description of the interventions

According to Reeker, Ensing and Elliott (1997), group interventions for sexually abused children are justifiable, on one hand, because the feelings of isolation and social stigma can be addressed more efficiently in groups than individually and on the other hand, because of cost and work efficiency considerations. Sturkie (1992) considers this type of intervention to be particularly relevant in cases of sexual abuse since it does not involve the potentially stressful elements of individual therapy in different ways. The less intrusive and more egalitarian situation support the healthy expression of physical affections. The group can also become an element of stability and social support at a time when other aspects of their lives (family, friends, school, etc.) might be disrupted. In itself, such social support has, beneficial effects that add to the therapeutic effects of the intervention by reducing resistance to treatment (Silovsky & Hembree-Kigin, 1994). However, group intervention is not suitable for all children, especially those with little self-control and those with serious developmental delays (Silovsky & Hembree-Kigin, 1994).

Although there are different approaches to group intervention, the models generally have more similarities than differences. The differences lie mostly in the themes addressed and the age of the clients (Sturkie, 1992). Few philosophical or theoretical principals guided the development of the group intervention models. They were usually based on clinical knowledge in the field of sexual abuse, rather than on general theories about human behaviour such as behaviourism, psychodynamics or the theory of family systems (Sturkie, 1992).

Sturkie (1992) identified five different models of group interventions for sexually abused children. The first is the traditional group in which the therapist's role is that of a non-directing facilitator. In the second model, the focus is on development and role-playing more than on the problems themselves. The third, the structured group, presents a higher degree of organization and direction. The themes addressed are determined in advance and the therapist is much more than a facilitator in the process. The fourth, group therapies through art are built around a means of expression (e.g., drawing, painting, sculpture), rather than around themes. The focus here is on the indirect and symbolic expression of ideas and emotions. The fifth model offers parallel groups both for children and the non-offending parents, in which the same themes are addressed in a very structured program. In the present text, the last model of interventions will be included in the section of interventions for families.

In addition to these intervention models, therapeutic daycare is yet another option. Here different activities, such as stimulation and psychotherapy, are organised within a group activity context and/or with peers. These activities are sometimes combined with individual therapy. As in the traditional daycare setting, this type of intervention provides a safe and structured environment. However, the benefits are much greater since its objective is to try to help the children overcome any developmental delays and behavioural problems resulting from sexual abuse (Daro & McCurdy, 1994).

The main themes addressed in group interventions include: the feeling of having been "damaged" by the sexual abuse, the feeling of guilt and responsibility, fear, depression, low self-esteem, low social skills, inappropriate sexual behaviours, anger management, adaptation skills and problem resolution skills.

Groups can be conducted in an “open” or “closed” format. According to Tourigny (1997), in the case of sexual abuse, groups are mostly directed toward girls and they include all children who have been sexually abused by a member of their family (in-family abuse), although 43% of them also include children who were sexually abused by a third person (out-family abuse). Most group therapies last six months at most, and consist of a maximum of 24 meetings. Participation and dropout rates in these interventions have rarely been documented (Tourigny, 1997).

2.1.1.2 Effectiveness of the interventions

Evaluation research suggests certain improvements for victims of sexual abuse at the cognitive and emotional levels after their participation in group therapy. Frequently evaluated aspects include: anxiety and fear, depression, self-esteem, feelings of competence, and concept of self. For the most part, the studies show positive effects, sometimes up to two years after the intervention, but many studies also show no effects for the aspects studied. Moreover, some interventions led to a heightening of participants’ awareness in the area of sexuality while others indicated no change in this regard. Some group interventions also contributed to a decrease in post-traumatic symptoms and thoughts of suicide, and to improvement in the ability to talk about the sexual abuse.

Besides cognitive and emotional improvements, group interventions seem relatively effective in modifying the behaviour of sexually abused children. The most important effects were seen in the areas of behaviour problems, adaptive functioning, and inappropriate sexual behaviour. However, other research suggests inappropriate sexual behaviour, solitude and aggressivity seem to be more resistant to change. Sometimes there may even be an increase in these symptoms after the intervention. All the more surprising are the greater feelings of solitude observed in victims since one of the purported benefits of using group therapy is precisely its ability to break down the isolation of victims of sexual abuse (Tourigny, 1997).

Some positive effects are also seen in children who experienced other types of abuse. Significant improvements were observed in all areas of development of neglected children (motor, cognitive, social, emotional and language skills). Furthermore, group interventions with children who witnessed domestic violence seem to foster better attitudes and improvement in 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. These children were also reported to have modified the meaning given to the violent events they witnessed, through, among other things, a better understanding of the dynamics of domestic violence, changes in their definitions of violence, and more favourable impressions of their parents. However, after the intervention, some children showed anger at the lack of support or coherence they perceived in their mother. As with other studies, those reviewed here have methodological limitations, such as the absence of a comparison group or the measurement of certain symptoms.

The evaluations here show some comparable changes in victims of other types of abuse. For example, pre-schoolers attending therapeutic daycare showed a decrease in violent and aggressive behaviours (externalization), as well as their internalization behaviours. Moreover,

group interventions also seem effective at the social level, notably in improving social skills and the ability to initiate exchanges with peers. (However, a decrease was noted in the frequency of exchanges with adults.)

In summary, the evaluations tend to show some effectiveness for group interventions with maltreated children. 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). As well, some children even showed a deterioration in their functioning (Tourigny, 1997). As for other types of abuse, notably neglect, physical abuse, and exposure to domestic violence, the effectiveness still largely needs to be demonstrated (Daro & McCurdy, 1994; Kolko, 1998).

2.1.2 Individual interventions

Individual interventions constitute the second most widely evaluated type of interventions for children (see Table 1: Reviews of interventions intended for children). They are mostly used in cases of sexual or unspecified abuse. In fact, as mentioned by Becker and Bonner (1998), the treatment of sexually abused children has received much more attention over the last decade than the treatment of physically abused children. Of the 16 reviews studied, about half were of excellent quality. Each reports the results of between two and 10 evaluations.

2.1.2.1 Premise and description of the interventions

According to Howing and colleagues (1989), individual therapy is often the preferred model of intervention because it can easily be adjusted to the specific needs and age of the maltreated children. The premise and clinical strategies for individual interventions in sexual abuse with children follow those of interventions with adult survivors and try to integrate key aspects of the therapeutic process such as trauma, treatment and healing (Kolko, 1998). In a similar way, cognitive-behavioural therapies were adapted for child victims of sexual abuse, as they have proven effective with adults with post-traumatic stress syndromes (King et al., 1999).

Role play therapy is favoured with younger victims. Drawing on the child's natural mode of expression, this approach allows her/him to explore different emotions such as fear, confusion, and anger in a supportive therapeutic environment (Howing et al., 1989). For other children, individual therapy encourages the exploration of the traumatic events and the expression of emotions through different strategies, such as directly discussing the traumatic event, stress management, art, drama therapy, writing, self-esteem exercises and bibliotherapy.

Pharmacotherapy is also used in certain circumstances (Kaplan et al., 1999). Using animals to complement the relationship with the therapist, zootherapy has also been tried with abused children (Mallon, 1992). Cognitive-behavioural interventions, such as cognition correction and cognitive attribution processes, are employed with both children and parents. There are also reports concerning the use of the psychodynamics approach and interventions focused on developing the skills of physically abused children. Generally, there have been few models

developed specifically for this population; direct actions aimed at modifying the parents' abusive behaviour are usually favoured (Kolko, 1998).

2.1.2.2 Effectiveness of the interventions

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

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

As for other types of abuse, similar changes were documented for cognition and behaviour. In the case of physical abuse, reports include mention of an improvement in pro-social interactions, but once again the general effectiveness remains limited. In the case of unspecified abuse, there was an improvement in cognitive functioning and self-esteem among other results. Furthermore, pharmacotherapy seems to decrease aggressive symptoms, hyper-vigilance symptoms and sleeping disorders in victims with post-traumatic stress syndromes. It is rather rare for research to compare the effectiveness of various modes of intervention. However, when this was done, the cognitive-behavioural approaches focused on abuse are generally considered more effective than the non-directive or psychodynamics approaches.

In summary, the evaluation of individual interventions with sexually abused children tends to confirm their positive effects, particularly with 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 evaluations, as well as methodological limitations, these encouraging findings remain preliminary, as they do not lead to the assertion the changes observed could be attributed specifically to the interventions. Empirical data supporting the effectiveness of individual interventions are even scarcer for types of abuse other than for sexual abuse. Moreover, research on the effectiveness of pharmacotherapy and zootherapy are just beginning and 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.

2.1.3 Unspecified/Combined interventions

The least frequently reported types of intervention for children in the reviews studied are unspecified and combined interventions (see Table 1: Reviews of interventions intended for children). Mostly they are applied in cases of sexual and physical abuse. Each of the eight reviews studied, all of excellent quality, reported results of between one and 10 evaluations.

2.1.3.1 Description of the interventions

The interventions included in this section are of two types: unspecified and combined. 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 their name indicates, the 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, certain interventions with sexually abused children include various combinations of techniques: psychoeducation regarding sexual abuse and its prevention, exploration of the experience of abuse, expression of emotions, art therapy, role play therapy, problem resolution, exercises with puppets, writing, and behaviour management (Reeker, Ensing & Elliott, 1997).

2.1.3.2 Effectiveness of the interventions

In the reviews analysed, the information available on the effectiveness of unspecified or combined interventions for maltreated children is clearly more fragmented than for other types of interventions. Again, some effects were those noted for cognition and emotion, such as the improvement of self-confidence and self-esteem, as well as a decrease in anxiety and depression. Some studies also showed improvement in reading skills, mathematical skills and intellectual quotient, as well as better knowledge of sexually transmitted diseases, contraception and anatomy. Nonetheless, other research did not show any change in some of these areas, notably anxiety and self-esteem.

Like the effects on cognition, behavioural changes following these types of interventions are more clearly documented in the reviews consulted in cases of sexual abuse. Among other effects, they seem to have positive repercussions on sleeping disorders, enuresis and behavioural problems. The results for externalization problems (notably aggressiveness) and inappropriate sexual behaviour are contradictory. However, these problems seem more difficult to modify. One study reports no change in solitude and another reports an increase in hostility following the intervention.

2.1.4 Summary

In short, the information available to date on the effectiveness of interventions with maltreated children addresses mostly victims of sexual abuse. Generally, this knowledge is still fragmented and limited due to methodological limitations (see Discussion). It seems 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 on certain aspects, and others seem to be more difficult to modify (e.g., the

feeling of solitude, aggressiveness or inappropriate sexual behaviour). As well, aggravation of the symptoms was noted for some participants.

Table 1 – Reviews of interventions intended for children

Types of abuse	Sexual abuse	Physical abuse	Neglect	Unspecified/ various types of abuse	Exposure to domestic and community violence
Group intervention	Silovsky & Hembree-Kigin (1994) n=3; eff=+/-; qual=2	Feindler & Becker (1994) n=4?; eff=+; qual=2	Mannarino & Cohen (1990) n=1?; eff=+; qual=2	Wolfe & Wekerle (1993) n=4 eff=+; qual=1	Kolko (1998) n=3; eff=+/-; qual=2
	Tourigny (1997) n=14; eff=+/-; qual=1	Oates & Bross (1995) n=2; eff=+; qual=1		MacMillan (2000) n=2; eff=+; qual=2	
	Sturkie (1992) n=2; eff=+; qual=2	James & Mennen (2001) n=4; eff=+/-; qual=1		Kaplan et al. (1999) n=1; eff=+; qual=2	
	Feindler & Becker (1994) n=2?; eff=+; qual=2			Stevenson (1999) n=2; eff=+/-; qual=1	
	Kolko (1998) n=19; eff=+/-; qual=2			Howing et al. (1989) n=21; eff=+/-; qual=2	
	Stevenson (1999) n=20; eff=+/-; qual=1			Berliner & Kolko (2000) n=1; eff=+; qual=1	
	O'Donohue & Elliott (1992) n=4; eff=+; qual=1			Fantuzzo (1990) n=4; eff=+; qual=1	
	Finklerhor & Berliner (1995) n=16; eff=+/-; qual=1			Daro & McCurdy (1994) n=11; eff=+; qual=2	
	Nurcombe et al. (1999) n=4; eff=+; qual=1				
	Reeker, Ensing, & Elliott (1997) n=5; eff=+; qual=1				
	Kruczek & Vitanza (1999)* n=1; eff=+/-; qual=N.A.				
Individual intervention	Tourigny (1997) n=7; eff=+; qual=1	Kolko (1998) n=5; eff=+/-; qual=2		Mallon (1992) n=7; eff=+; qual=2	
	Becker & Bonner (1998) n=7?; eff=+; qual=2	James & Mennen (2001) n=7; eff=+; qual=1		Kaplan et al. (1999) n=5; eff=+; qual=2	
	Kolko (1998) n=8; eff=+; qual=2	Oates & Bross (1995) n=3; eff=+/- qual=1		Howing et al. (1989) n=15; eff=+/-; qual=2	
	Berliner & Kolko (2000) n=5; eff=+; qual=1			Stevenson (1999) n=6; eff=+/-; qual=1	
	Stevenson (1999) n=10; eff=+/-; qual=1			Daro & McCurdy (1994) n=3; eff=+/-; qual=2	
	King et al. (1999) n=6?; eff=+; qual=1				
	MacMillan (2000) n=2; eff=+; qual=2				
	James & Mennon (2001) n=2; eff=+; qual=1				

table continued on following page

Table 1 – Reviews of interventions intended for children *continued from previous page*

Types of abuse	Sexual abuse	Physical abuse	Neglect	Unspecified/ various types of abuse	Exposure to domestic and community violence
Individual intervention (cont'd)	Saywitz et al. (2000) n=2?; eff=+/-; qual=2				
	Finkelhor & Berliner (1995) n=5; eff=+/-; qual=1				
	O'Donohue & Elliott (1992) n=6; eff=+; qual=1				
Unspecified/ combined	James & Mennen (2001) n=2; eff=-; qual=1	James & Mennen (2001) n=5; eff +/-; qual=1		Fantuzzo (1990) n=5; eff=+/-; qual=1	
	Finkelhor & Berliner (1995) n=7; eff=+/-; qual=1	Oates & Bross (1995) n=1; eff=+/-; qual=1			
	Saywitz et al. (2000) n=10?; eff=+/-; qual=2	Mannarino & Cohen (1990) n=1?; eff=+; qual=2			
	Reeker, Ensing & Elliott (1997) n=10; eff=+; qual=1				
	Stevenson (1999) n=3; eff=+/-; qual=1				

Table Legend

- * = individual evaluations (all others are reviews of evaluations)
- n = number of evaluations reviewed
- eff = general effectiveness
- ++ = exceptional positive effects
- + = moderate positive effects
- +/- = mixed effects
- = moderate negative effects
- = exceptional negative effects
- qual = quality of the review
- 1 = excellent
- 2 = all other reviews
- N.A. = does not apply to individual evaluations

2.2 Effectiveness of interventions intended for parents

Following their analysis of the clinical and empirical data on the characteristics of maltreating parents, Wolfe and Wekerle (1993) postulated that interventions with this clientele must satisfy five types of needs: “ 1) Symptoms of emotional distress, learning impairments and/or personality problems that limit adult adjustment and coping; 2) Emotional arousal and reactivity to child provocation, and poor control of anger and hostility; 3) Inadequate and inappropriate methods of teaching, discipline, and child stimulation; 4) Perceptions and expectations of children, reflected in rigid and limited beliefs about child-rearing; 5) Negative lifestyle and habits related to the use of alcohol or drugs, prostitution and subculture peer groups, which interfere with the parent-child relationship” (p. 478). In this section, we will see that the interventions do not satisfy all these needs equally. Although their effectiveness still largely remains unknown because of lack of evaluation, most interventions are promising since modest favourable changes have been observed in participants.

2.2.1 Behavioural, cognitive and cognitive-behavioural interventions

Behavioural, cognitive and cognitive-behavioural interventions are by far the most evaluated types of interventions for parents (see Table 2: Reviews of interventions intended for parents). They are used mostly in cases of physical or unspecified abuse. Each of the 17 reviews studied, of which more than half were of excellent quality, reported results of between two and 31 evaluations. Three individual evaluations complete the sources of data for sexual abuse interventions.

2.2.1.1 Premise and description of the interventions

Wolfe and Wekerle (1993) identified three categories of intervention based on cognitive-behavioural methods for maltreating parents: behavioural interventions, cognitive interventions and cognitive-behavioural interventions. Behavioural interventions are based on the premise that behaviour, whether adapted or not, is learned (Thomlison, 1990). For example, if parents inadvertently reinforce their child's maladaptive behaviours while failing to reinforcing desirable behaviours, these interaction patterns may lead to an escalation of behavioural difficulties that could degenerate into physical abuse (Corcoran, 2000). These interventions are based on the principals of operant conditioning and social learning to improve parent's skills in managing child behaviour: positive and negative reinforcement, extinction, contingencies, modelling, etc. (Altepeter & Walker, 1992; Corcoran, 2000; Wolfe & Wekerle, 1993). The techniques used with sexual abusers include biofeedback, aversive stimulation and the conditioning of sexual arousal (Becker & Hunter, 1992). Interventions in situations of physical abuse and neglect are usually short – between eight and 12 sessions – and may be conducted individually or in groups (Corcoran, 2000). In situations of sexual abuse, interventions vary between one day and 18 months (Becker & Hunter, 1992).

As for cognitive interventions, they are aimed at heightening the parents' awareness and the improvement of their coping mechanisms through cognition regulation, such as unrealistic expectations and attributions underlying abusive behaviours (Feindler & Becker, 1994). The objectives most commonly pursued in this context are cognitive restructuring, self-control and impulsiveness control, anger and stress management, as well as understanding of child development (Schellenbach, 1998; Wolfe & Wekerle, 1993). Finally, the cognitive-behavioural interventions are aimed at both improving skills and coping mechanisms.

2.2.1.2 Effectiveness of the interventions

All studies on the effectiveness of behavioural, cognitive and cognitive-behavioural interventions in physical abuse, emotional maltreatment and neglect reported positive changes immediately after the intervention., Some also showed the acquired skills had been maintained a few months after the intervention ended. The vast majority of positive effects reported were in the modification of skills or parenting behaviours, the premise being that families with better parenting skills present a lower risk of abuse (Lovell, 1988). An increase in positive verbal responses, the reinforcement of desirable behaviours, child obedience, the quality of the parent-child interaction, the managerial skills related to family life and meals are examples of acquisition or improvements in parenting behaviours following behavioural and cognitive-

behavioural interventions. On the other hand, 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, were less frequently used to evaluate changes here. Finally, very few studies measure the recurrence of abuse or placement as impact indicators.

Evaluations of behavioural and cognitive-behavioural interventions with sexual abusers reported changes in behaviour, such as a decline in sexual impulses, in arousal, in paedophilic behaviours, as well as a low rate of recidivism. However, an evaluation study with extra-familial offenders held in a maximum-security institution suggests a high rate of recidivism following an aversive behavioural study. Very few interventions with non-offending parents in situations of sexual abuse were evaluated and where these were carried out, the results are contradictory. For example, the evaluation of one program showed participants were more inclined to offer supportive responses to their sexually abused child after they have taken part in the program. Another project did not show any indications of change in the participants' level of parental distress, negative self-evaluations, problem resolution skills and anger management, nor in the behavioural adjustment of their abused child.

Following the example of most of the authors of the reviews studied, it is important to qualifying the encouraging results and to refrain from concluding that behavioural and cognitive-behavioural interventions for maltreating parents are effective. Such conclusions requires further rigorous evaluation research. Indeed, although all the evaluations reported positive changes, they are still few in number and characterised by the same considerable limitations of methodology, as the other evaluations reviewed (see details in the discussion). The relation between the development of parenting skills and the decrease in the risk of repeating maltreatment still remains unknown (Schellenbach, 1998). Moreover, this process is focussed exclusively on the parent and the family microsystem. Gaudin and Kurtz (1985) suggest that these interventions may be necessary but not sufficient for intervening in situations of intrafamilial 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). Still, 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 in other populations, such as parents of children with serious behavioural problems (Morrisson Dore & Lee, 1999).

2.2.2 Social support and integration interventions

Social support and integration interventions are the second type of frequently evaluated intervention for maltreating parents (see Table 2: Reviews of interventions intended for parents). They are used mostly in cases of physical abuse, neglect or unspecified abuse. Each of the 11 reviews studied, all of excellent quality, report results of between one and 16 evaluations. One individual evaluation study is also included in the data sources for sexual abuse interventions.

2.2.2.1 Premise and description of the interventions

Some interventions for maltreating parents focus on social isolation, which is considered an important risk factor for child maltreatment (Corcoran, 2000). According to Schellenbach (1998), formal and informal social support directly and indirectly reduce the risk of maltreatment. The direct and indirect effects of social support are both largely documented in scientific writings (Orford, 1992). Thus, personal support circles can directly contribute to modifying inappropriate parenting practices and also can provide emotional support to reduce parental stress, thereby (at least theoretically) decreasing the risk of abuse and neglect.

DePanfilis (1996) considered all interventions with the objective of at least partially breaking down social isolation – solitude and/or deficits in the family's social network – to be interventions aimed at social integration and social networking. These types of intervention include individual support where volunteers, relatives or other natural helpers give different types of assistance to families in need. Their activities cover a broad spectrum of support, such as transportation, house cleaning, problem solving, child care modelling and emotional support (DePanfilis, 1996; Gaudin, 1993; Stevenson, 1999).

On the other hand, support groups bring together parents who experience the same difficulties so that they can support each other, share their problems, and resolve their difficulties (DePanfilis, 1996; Stevenson, 1999; Winton, 1990). The objectives pursued are often broad. Besides parenting skills, the focus is also on developing self-esteem, realistic expectations of children and a support network, improved nutrition and daily living habits, as well as emotion management (Gaudin & Kurtz, 1985; Winton, 1990). According to Gaudin and Kurtz, by focussing more on secondary prevention than on treatment, these support groups are directed at parents whose history of abuse is less chronic, while behavioural interventions, based on the principals of social learning, target parents in more problematic situations.

2.2.2.2 Effectiveness of the interventions

Generally, the evaluation of interventions aimed at social integration and social networking show positive yet modest results, sometimes accompanied by an absence of change in some impact indicators. It appears these interventions enrich traditional interventions (Corcoran, 2000; Gaudin, 1993). Changes observed include an increase in the size of the informal network, as well as better use of the formal network. As for parenting skills, the evaluations document better child care, greater empathy toward children, expectations that are more realistic, better coping skills, a greater knowledge of the alternatives to physical punishments and greater self-confidence, among other benefits. The concrete experience of social support can be directly associated to a decrease in maltreatment from fathers, while mothers only benefit from it when they are highly stressed. (Schellenbach, 1998). Gaudin (1993) noted that, to be effective, such interventions must be combined with an intense individual intervention and tangible help. It is essential that the paraprofessionals who support these families be well trained and supervised, as well as having clearly defined roles and tasks.

Although encouraging, these results must be interpreted in context and be seen as promising rather than definitive. Indeed, it should be noted no changes were observed in a good portion of the participants (Gaudin, 1993) and despite modest improvements noted in the other participants, they remain below normal functioning (Corcoran, 2000). Most of them were involved in at least one occurrence of maltreatment during the intervention and were deemed at risk for abuse or neglect again in the future (Corcoran, 2000). Participants' dropout rate was also high (35% in one project cited by Corcoran, 2000). Lastly, it must be noted that the evaluation of interventions aimed at improving social support in situations of child maltreatment is still quite rare (Lovell, 1988) and because of the many methodological limitations, prudence in the interpretation of results is called for (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 yet been established (Schellenbach, 1998).

2.2.3 Casework interventions

Casework interventions aimed at maltreating parents are one of the least evaluated types of interventions (see Table 2: Reviews of interventions intended for parents), despite the fact that this practice best reflects the day-to-day work of child welfare workers with parents. They include traditional therapeutic interventions, managed case by case (except for the cognitive-behavioural approaches). Each of the four reviews studied, most of excellent quality, reported results of between three and six studies but generally lacked detail. Despite significant rates of recurrence of maltreatment, they suggested parents showed an increase in positive reinforcement and a decrease in criticism of their children, as well as better parent-child interaction.

2.2.4 Combined approach interventions

Combined approach interventions, along with casework interventions, are the least evaluated type of interventions for maltreating parents (see Table 2: Reviews of interventions intended for parents). They were evaluated mostly in cases of physical abuse or emotional maltreatment. Each of the three reviews studied, of which one is of excellent quality, reported results of between three and five evaluations.

Iwaniec (1997) described interventions he deemed promising in the development of attachment in the parent-child dyad in cases of emotional maltreatment, but he did not provide details regarding their effectiveness. The interventions described promote positive physical behaviours, games and structured interactions as a way to enrich the parent-child connection.

Scott and Wolfe (2000) focused on the effectiveness of interventions with men who are violent with their spouses and/or children, notably those who have been arrested and where interventions are conducted in a voluntary or non-voluntary settings. These interventions combined various theoretical orientations, such as the feminist approach, the cognitive-behavioural approach and the psychotherapeutic approach. According to the authors, none of these interventions with men who are violent with members of their families were effective, and

dropout rates were high. Moreover, men with a history of violent aggression and abuse towards 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.

2.2.5 Summary

Interventions for abusive and neglectful parents have seldom been evaluated and they are still subject to significant methodological limitations. This makes it impossible to reach any definitive conclusions about their effectiveness. Nonetheless, since many do report modest progress for some participants, we can consider most of the interventions evaluated as promising. However, even then, the level of functioning of parents sometimes remains below adequate.

Table 2 – Reviews of interventions intended for parents

Types of abuse	Sexual abuse	Physical abuse	Neglect	Unspecified/ various types of abuse	Exposure to domestic and community violence
Behavioural/cognitive/ cognitive-behavioural intervention	Becker & Hunter (1992) n=of reviews 32 + 7 ind. studies; eff=+/-; qual=1	Altepeter & Walker (1992) n=15?; eff=+/-; qual=2	DePanfilis (1996) n=10; eff=+; qual=2	Iwaniec (1997) n=9; eff=+; qual=2	Wolfe & Wekerle (1993) n=11; eff=+; qual=1
	Jinich (1995)* n=1; eff=+; qual=N.A.	Feindler & Becker (1994) n=2?; eff=+; qual=2	Gaudin (1993) n=10; eff=+; qual=1		Thomison (1990) n=3 reviews of 30 studies?; eff=+; qual=2
	Jinich & Litrownik (1999)* n=1; eff=+; qual=N.A.	Lovell (1988) n=31; eff=+; qual=1			Morrison Dore & Lee (1999) n=14?; eff=+; qual=1
	Remer-Osborn (1993)* n=1; eff=0; qual=N.A.	Schellenbach (1998) n=11; eff=+/-; qual=1			Kaplan et al. (1999) n=2; eff=+/-; qual=2
		Kaufman & Rudy (1991) n=6; eff=+; qual=2			Corcoran (2000) n=8; eff=+; qual=1
		Oates & Bross (1995) n=2; eff=+/-; qual=1			Gaudin & Kurtz (1985) n=8; eff=+; qual=1
				Stevenson (1999) n=5; eff=+/-; qual=1	
Social support/ Social integration	Winton (1990)* n=1; eff=+/-; qual=N.A.	Lovell (1988) n=3; eff=+/-; qual=1	DePanfilis (1996) n=12; eff=+; qual=2		Wolfe & Wekerle (1993) n=1; eff=?; qual=1
	Becker & Hunter (1992) n=2; eff=+; qual=1	Oates & Bross (1995) n=2; eff=+/-; qual=1	Gaudin (1993) n=14; eff=+; qual=1		Gaudin & Kurtz (1985) n=4; eff=+; qual=1
		Schellenbach (1998) n=3; eff=+/-; qual=1			Stevenson (1999) n=2; eff=+/-; qual=1
					Howing et al. (1989) n=14; eff=?; qual=2
				Corcoran (2000) n=2; eff=+/-; qual=1	

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Table 2 – Reviews of interventions intended for parents *continued from previous page*

Types of abuse	Sexual abuse	Physical abuse	Neglect	Unspecified/ various types of abuse	Exposure to domestic and community violence
Types of intervention	Casework intervention		Oates & Bross (1995) n=3; eff=+/-; qual=1	Gaudin (1993) n=5; eff=+/-; qual=1	Stevenson (1999) n=6; eff=+/-; qual=1
					Jones (1987) n=5; eff=+/-; qual=2
Types of intervention	Combined approach intervention		Jones (1987) n=4; eff=+/-; qual=2	Scott & Wolfe (2000) n=4; eff=0; qual=1	Iwaniec (1997) n=4; eff=+; qual=2
			Jones (1987) n=3; eff=-; qual=2		Jones (1987) n=5; eff=+/-; qual=2

Table Legend

- * = individual evaluations (all others are reviews of evaluations)
- n = number of evaluations reviewed
- eff = general effectiveness
- ++ = exceptional positive effects
- + = moderate positive effects
- +/- = mixed effects
- = moderate negative effects
- = exceptional negative effects
- qual = quality of the review
- 1 = excellent
- 2 = all other reviews
- N.A.= does not apply to individual evaluations

2.3 Effectiveness of interventions intended for families

Following their analysis of the clinical and empirical data on characteristics of maltreating families, Wolfe and Wekerle (1993) postulated that interventions with this type of clientele must satisfy three types of needs related to the family unit or context: “ 1. Marital discord and/or coercive family interactions and/or a history of violent male partners. 2. Chronic economic problems and associated socio-economic stressors and 3. Social isolation and the inability to establish meaningful social supports” (p. 478). In this section, we will see that, although some of the interventions reviewed and intended for the family unit as a whole are aimed at modifying family interactions, many address the individual needs of children and parents (see previous sections). As for their effectiveness, while again little evaluation has been carried out, more information is available on comprehensive interventions and those aimed at preserving family unity. Most of what we know about effectiveness of interventions in this area is related to multiple or unspecified abuse. Despite promising trends, results of effectiveness studies are often mixed, too fragmented or too limited methodologically for any clear and precise conclusions to be drawn.

2.3.1 Comprehensive, multiservice or combined interventions

Comprehensive, multiservice or combined interventions for families are the type of intervention most widely evaluated (see Table 3: Reviews of interventions intended for families). They are used in cases of sexual abuse, physical abuse, neglect and unspecified abuse. Each of the 18 reviews studied report results of between one and 17 evaluations. Two-thirds of the reviews studied are of excellent quality.

2.3.1.1 Premise and description of the interventions

Like the interventions for children and parents addressed above, comprehensive, multiservice or combined interventions are examined in this section for the family unit as a whole. They

comprise different methods (group or individual interventions, access to help by telephone, home visits, etc.), and generally pursue a number of objectives; notably cognitive changes, sometimes coupled with a better use of community-based resources. The overall goal is to prevent placement or recurrence. Professionals sometimes carry out these interventions, or they can also involve volunteers or paid non-professionals.

The logic underlying comprehensive, multiservice or combined interventions is that one single type of intervention is insufficient when a family accumulates a great number of deficits and experiences many difficulties (Gaudin, 1993). To effect some change in these families, it is essential to rely on a combination of individual, family and/or group approaches based on a wide range of intervention methods, such as individual psychological help, behavioural methods, parenting education and family therapy (Gaudin, 1993). These families can also benefit from the support of community-based organizations. Although Gaudin (1993) outlined these principles for neglecting families, the reasons for the interventions are similar for other types of maltreatment.

The following are a few illustrations of comprehensive, multiservice and combined interventions taken from the reviews consulted. In situations of sexual abuse, for example, some interventions might combine group, family and individual interventions with parenting education, while other crisis interventions include 24-hour access to services and links with other organizations, as well as individual, family and couple therapy. The duration varies between two days and 24 months for treatment programs or therapy combination with children and parents reviewed by Tourigny (1997).

In situations of physical abuse, a nine-month program might offer children an intensive group intervention aimed at promoting peer support and identifying the child's own emotions, combined with various forms of therapy such as role playing and physical expression. As well, the program may offer parenting services such as individual therapy, a support group, parenting education or telephone contact with support families in case of a crisis.

In situations of neglect, programs typically offer the assistance of a support family, transportation, support groups for parents and children, the development of parenting skills, communications skills, stress management for parents, therapeutic daycare centres for children, registration in community-based activities, and others. The approach of most of these programs is to empower families. (DePanfilis, 1996).

In situations of unspecified abuse, the Project 12-Ways provides a good example of an eco-behavioural approach where problems are seen "as occurring within a multifaceted context that is broader than simply the parent-child relationship or an examination of antecedents and consequences" (Kaufman & Rudy, 1991, p. 86). The intervention takes place where the behaviour occurs and is aimed at modifying the nature of mutual influences between the environment, the child and others. The families also receive various services according to their needs: parent-child relationship, stress reduction, empowerment, self-control, basic social skills, leisure, marital therapy, substance abuse follow up, social support, job search skills, budget management, prevention of teenage pregnancy, health and nutrition, home safety, and behaviour management in different locations such as school and daycare.

2.3.1.2 Effectiveness of the interventions

Generally speaking, the effectiveness of comprehensive, multiservice and combined interventions has not been well documented and in cases where it has been, their effects seem mixed. Thus, in cases of child victims of sexual abuse, there are more studies that show no effects than studies that show positive effects on such aspects as anxiety, depression, self-esteem, a sense of competence and social isolation (Tourigny, 1997). Along those same lines, an improvement in problem sexual behaviours is sometimes claimed but other research notes no changes. Some evaluations even highlighted negative effects, including an increase in symptoms such as behaviour problems, low sense of self-esteem, and depression. In the reviews examined, little information is available regarding changes observed in parents or in the family. However, it is known that the mothers' depression is likely to diminish and social support improve. Some studies note an improvement in the functioning of the family, while others do not. Most participating families felt the intervention was helpful, but others considered it harmful.

The results in cases involving physical abuse are even more fragmented. After interventions there were modest improvements in acceptance of child victims by their peers and by their mothers, their cognitive and socio-emotional development, their behaviour, and their concept of themselves. 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 placements for the intervention group compared to a control group.

As for the effectiveness of comprehensive, multiservice and combined interventions in situations of neglect, James and Mennen (2001) concluded "that body of literature...is suggestive of the benefits of short-term goals with opportunities to practice acquired skills relative to a more generic unfocused 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). However, despite this positive assessment, they noted 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.

Finally, the evaluations of other interventions with abusive or neglectful families showed improvements for people 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 were observed in certain so-called "public" externalization behaviours, such as contacts with police, substance abuse or inappropriate behaviour at school. As for the parents, positive changes were also observed. They were better able to reach intervention objectives they had set for themselves; they showed less inappropriate or neglectful behaviours, less psychological distress, fewer headaches; and they found more satisfaction in their marriages. Other positive effects were shown in family life, including cleaner and safer homes and better meal planning.

In summary, it is still premature to draw definitive conclusions about the effectiveness of these strategies, as the information available is too fragmented. Moreover, the methodological limitations observed again bring into question 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 & Daro (1987), intervention efforts are generally not very effective because new occurrences of abuse and neglect are probable, regardless of massive, early and costly interventions.

2.3.2 Family unity preservation interventions

Interventions aimed at preserving family unity constitute the second most evaluated type of intervention for maltreating families (see Table 3: Reviews of interventions intended for families). They are used mostly in cases of unspecified abuse. Each of the 12 reviews studied, of which half are of excellent quality, reported results of between one and 22 evaluations.

2.3.2.1 Premise and description of the interventions

Overall, the interventions reviewed in the present document were aimed at preserving family unity, insofar as they are all applied to situations in which an episode of abuse or neglect was reported but the child was not taken away from his/her family home. However, the meaning given to “preservation of family unity” in this section is more restrictive and designates only “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 constitute home crisis interventions, focused on the family and aimed at preventing child placement in out-of-home care (Courtney et al., 1996). Litell and Schuerman (1995) stressed the range of interventions grouped under this label, notably from the point of view of their intensity, their duration, the model adopted and the objectives pursued, the focus being on placement prevention rather than on other objectives, such as better functioning of the family.

Most interventions were based on the Homebuilders model (see Blythe, Patterson & Jayaratne, 1994; Feindler & Becker, 1994; Smokowski & Wodarski, 1996). Typically, the social worker dealt with only one or two families at a time in order to ensure her/his complete availability for a period of four to six weeks. The help provided generally combined access to concrete resources, psychological help, the mobilization of the family’s strengths and the acquisition of skills such as communications, decision-making and child behaviour management. The safety of the children and of other members of the family was a primary concern.

2.3.2.2 Effectiveness of the interventions

From the evaluations available, the effectiveness of interventions to preserve family unity is mixed. Aside from the issue of whether or not the child was placed in out-of-home care, such interventions had little effect on the recurrence of maltreatment. However, they could produce modest short-term improvements in certain aspects of the child’s, the parents’ and the family’s functioning. Some research showed modest positive effects for children in school attendance and adjustment, delinquent behaviour, hyperactivity, difficulty with peers and opposition behaviour.

The parents gained better skills and knowledge of their role and the use of verbal discipline rather than physical punishment. As for the family as a whole, modest improvements were noted in parent-child interactions, communications, problem resolution, emotional climate, stress, living conditions, support available, family functioning and the use of community-based resources.

Because placement prevention is the main objective of this type of intervention, researchers have often favoured this indicator to measure effectiveness (Litell & Schuerman, 1995), although it does not allow for the evaluation of all impacts of interventions (McCroskey & Meezan, 1998). Generally, non-experimental studies showed most families remain intact. However, the results of research using comparison groups is rather mixed. Some reported fewer placements while others do not. One reason given to justify the relatively low rate of placement is the difficulty of targeting families that are truly at imminent risk of out-of-home placement. Nonetheless, a trend to more placements was identified in cases of neglect. Gaudin (1993) suggested that these interventions could become more effective in situations neglect is not chronic but associated with crisis situations. Moreover, the evaluation of one project to preserve family unity showed there were fewer placements in African-American families than in Caucasian families.

Few of these evaluations measured the effect of interventions on the recurrence of maltreatment. However, the data available showed they did not decrease the rates of recurrence more than other interventions, which was already relatively low. However, overall information about the effectiveness of these interventions was 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).

2.3.3 Family therapies

Research has also evaluated the effectiveness of family therapies in situations of maltreatment (see Table 3: Reviews of interventions intended for families). They were used mostly in cases of sexual or physical abuse. Each of the 11 reviews studied, of which about half are of excellent quality, reported results of between one and four evaluations. One individual evaluation completed the sources of data on physical abuse.

2.3.3.1 Premise and description of the interventions

In situations of child maltreatment, family therapy generally pursues three objectives: “1. to prevent further occurrences of abuse, with the non-offending parent(s) taking responsibility for protecting the child. 2. for the perpetrator to acknowledge and accept full and sole responsibility for the abuse. 3. re-establish an appropriate hierarchy in the family” (Silovsky & Hembree-Kigin, 1994, p. 3).

Even when associated with other types of intervention (individual or dyadic), not everyone agrees on the use of family therapies to address child maltreatment. Those who advocate this approach claim the dysfunctional relationships within the family unit – such as an absence of boundaries between children and parents, conflicts between spouses, or the pseudomaturity of the child – are at the root of sexual abuse (Howing et al., 1989; Silovsky & Hembree-Kigin,

1994). However, others hold that family therapy does not take the child's needs into consideration and that it could intensify his/her feelings of guilt and reinforce ambiguity in roles (Howing et al., 1989). Similar arguments also question the relevance of this type of intervention for physically abusive families, claiming the egocentric and destructive relationships established by the parents undermine the therapist's ability to intervene.

2.3.3.2 Effectiveness of the interventions

Information available on the effectiveness of family therapies in situations of child maltreatment 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 for both parents and children. Their effectiveness was very different depending on the family. However, physical punishment, parents' anger and family problems remained high. Another study comparing the same types of interventions with regular services showed progress, whatever the approach, on aspects such as parents' anger, education practices and the child's fears. Furthermore, compared to regular services, cognitive-behavioural interventions and family therapy were associated with reduced violence on the part of the child towards the parent, less externalization behaviour, less distress, lower risk of abuse on the part of the parent, fewer family conflicts, and greater family cohesion. There were few new occurrences of abuse. Others showed that, compared to a control group, the child's behavioural problems, parents' stress and the potential for abuse decreased after family therapy. Daro and McCurdy (1994) claimed some research suggests the effects of family therapy differ depending on the form of maltreatment involved. According to these authors, the greatest benefits were seen with neglecting families. They said families experiencing many different forms of abuse or physical abuse would be less likely to benefit from these interventions.

2.3.4 Cognitive-behavioural interventions

The effectiveness of cognitive-behavioural interventions for maltreating families was also evaluated (see Table 3: Reviews of interventions intended for families). They were used mostly in situations of sexual or physical abuse. Each of the five reviews studied, of which most are of excellent quality, reported results of between one and three evaluations.

2.3.4.1 Premise and description of the interventions

The cognitive-behavioural interventions in this section are similar to those described in the previous sections. They were based on the same premise, but they are intended for both the victim and the parents, rather than exclusively one or the other. Since the reviews consulted rarely specified whether these interventions were carried out in groups or individually, they have been put into a subsection rather than included with those other types of interventions.

By way of example, Verduyn and Calam (1999) described a brief 12-session cognitive-behavioural intervention for sexually abused children between the ages of four and seven, as well as their

parents. The objective of the intervention was to decrease several of the child's symptoms, such as inappropriate sexual behaviour, aggressiveness, sorrow, and regressive behaviour, as well as to prevent the recurrence of abuse. Among techniques used were gradual exposure to stimuli associated to the abuse, modelling of positive coping strategies, education, anxiety management and the expression of emotions. Ten parallel sessions for non-offending parents addressed their emotional response, as well as their ability to manage behaviour and communications.

2.3.4.2 Effectiveness of the interventions

Most changes reported following cognitive-behavioural interventions for families were shown in victims of sexual abuse. These evaluations showed a decrease in externalization and avoidance behaviour and in inappropriate sexual behaviours. Symptoms of post-traumatic stress, anxiety and depression also decreased following cognitive-behavioural interventions. Nevertheless, research comparing such interventions to others did not always lead to the conclusion that they were preferable. In some cases, some gains were observed, notably less depression and better social skills. Victims of physical abuse also showed less externalization and less violence toward their parents. The changes observed in parents were clearly more fragmented. In situations of sexual abuse, parenting skills seemed better; parents' distress and dysfunction were also decreased. For physical abuse, the risk of abuse and parents' distress diminished while family conflicts were reduced and family cohesion improved.

2.3.5 Individual interventions

Researchers also evaluated individual interventions for maltreating families (see Table 3: Reviews of interventions intended for families). They were used mostly in situations of sexual or physical abuse. Half of the four reviews studied are of excellent quality. All reported the results of between one and three evaluations.

Like the cognitive-behavioural interventions, the premise and description of the individual interventions for victims of maltreatment or their parents were described in previous sections. The reviews consulted rarely described programs focussed on individual interventions for both victims and parents. Rather, effects were reported solely for the children, including emotions and symptoms of depression. Anxiety and post-traumatic stress decreased and the sense of competence increased, while, on the behavioural level, sexual games with other children, enuresis, and behavioural problems diminished.

2.3.6 Group interventions

Another type of intervention that has been evaluated is group interventions for families (see Table 3: Reviews of interventions intended for families). They were used mostly in situations of sexual or unspecified abuse. Each of the four reviews studied, of which half are of excellent quality, reported results of between one and four evaluations.

2.3.6.1 Premise and description of the interventions

Again, the premise and description of group interventions for victims of maltreatment or their parents, offenders or not, have been described in previous sections and will not be repeated

here. However, unlike the interventions studied above, the ones examined here included groups for the victims and groups for the parents. For example, the *Nurturing Program for Parents and Children* includes both a group for the parents and a group for the children. The program, inspired by the theories of Adler, Rogers and social learning, addresses, among other elements, inappropriate developmental expectations, lack of empathy, valuing of physical punishment and parent-child role reversal (Gaudin & Kurtz, 1985).

2.3.6.2 Effectiveness of the interventions

The little data available in the reviews consulted suggests that the effectiveness of group interventions for neglecting families may be more evident for parents than for children. In fact, Gaudin and Kurtz (1985) reported that, following the interventions, the participating parents had a better knowledge of the alternatives to physical punishments and used them more frequently, were more empathic toward their children, improved their level of self-esteem and their self-awareness, and had realistic expectations of their child based on her/his age. Moreover, the families experienced fewer conflicts, were more cohesive, communicated better, and were better organized. 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 behaviour problems related to sexuality. Finally, certain authors reported low rates of repeat offences.

2.3.7 Family reunification interventions

Least evaluated of the types of intervention for maltreating families were family reunification interventions (see Table 3: Reviews of interventions intended for families). They were used in cases of unspecified abuse. Both of the two reviews studied, which were of excellent quality, reported results of two evaluations. One individual evaluation study completed the sources of data.

2.3.7.1 Premise and description of the interventions

Under certain circumstance, some interventions are aimed at reuniting children placed in out-of-home care with their biological parents. These interventions have the goal of providing children permanent and safe living conditions (Litell & Schuerman, 1995). The objectives of these interventions are to acquire skills, to respond to concrete needs, and to build alliances among family members (Fraser et al., 1996).

2.3.7.2 Effectiveness of the interventions

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

2.3.8 Summary

Interventions for maltreating families have undergone little rigorous evaluation to date. The results available, although fragmented and with serious methodological limitations, still suggest modest positive results. However, the results for comprehensive, multiservice and combined interventions, as well as 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 for maltreating families.

Table 3 – Reviews of interventions intended for families

Types of abuse	Sexual abuse	Physical abuse	Neglect	Unspecified/ various types of abuse
Comprehensive, multiservice and combined intervention	Stevenson (1999) n=2; eff=+/-; qual=1	Kolko (1998) n=12; eff=+/?; qual=2	Kolko (1998) n=2; eff=+; qual=2	Wolfe & Wekerle (1993) n=5; eff=0; qual=1
	Tourigny (1997) n=14; eff=0; qual=1	Kaufman & Rudy (1991) n=1; eff=+; qual=2	James & Mennen (2001) n=4; eff=+; qual=1	Brassard & Hardy (1997) n=1 review of 19 studies; eff=+/-; qual=2
	O'Donohue & Elliott (1992) n=1; eff=+; qual=1	Oates & Bross (1995) n=17; eff=+; qual=1	DePanfilis (1996) n=11; eff=+; qual=2	Schellenbach (1998) n=1; eff=+; qual=1
	Finkelhor & Berliner (1995) n=1; eff=+/-; qual=1	Mannarino & Cohen (1990) n=1; eff=+/-; qual=2	Gaudin (1993) n=4; eff=+; qual=1	Skiba & Nichols (2000) n=2; eff=+; qual=1
				Lutzker et al. (1989) n=2; eff=+/?; qual=1
				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		Feindler & Becker (1994) n=1?; eff=-; qual=2	Gaudin (1993) n=2, eff=-, qual=1
				Smokowski & Wodarski (1996) n=13, eff=+/-, qual=2
				Courtney et 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 et al. (1994) n=12, eff=+/-, qual=1
			McCroskey & Meezan (1998) n=14, eff=+/-, qual=2	

table continued on following page

Table 3 – Reviews of interventions intended for families *continued from previous page*

Types of abuse \ Types of intervention	Sexual abuse	Physical abuse	Neglect	Unspecified/ various types of abuse
Family therapy	Silovsky & Hembree-Kigin (1994) n=2; eff=+; qual=2	Becker & Bonner (1998) n=3?; eff=+/-; qual=2	Daro & McCurdy (1994) n=4, eff=+, qual=2	Corcoran (2000) n=3, eff=?, qual=1
	Becker & Hunter (1992) n=2, eff=+, qual=1	Terao (1999)* n=1; eff=+; qual=N.A.		Stevenson (1999) n=1, eff=+/-, qual=1
	Mannarino & Cohen (1990) n=1?; eff=+; qual=2	James & Mennen (2001) n=2; eff=+; qual=1		Howing et al. (1989) n=1 review of 19 studies; eff=+/-; qual=2
	Nurcombe et al. (1999) n=1, eff=+/?; qual=1	Kolko (1998) n=2, eff=+/-, qual=2		
Cognitive-behavioural intervention (parents and children)	King et al. (1999) n=3?; eff=+; qual=1	Verduyre & Calam (1999) n=3, eff=+, qual=2		Gaudin & Kurtz (1985) n=1, eff=+, qual=1
	Nurcombe et al. (1999) n=3, eff=+, qual=1	James & Mennon (2001) n=1, eff=+, qual=1		
	James & Mennen (2001) n=2; eff=+; qual=1			
	Verduyre & Calam (1999) n=3, eff=+, qual=2			
Individual intervention (parents and children)	Feindler & Becker (1994) n=1?; eff=+; qual=2	Berliner & Kolko (2000) n=1, eff=+, qual=1		
	Becker & Bonner (1998) n=1; eff=+; qual=2			
	Tourigny (1997) n=3, eff=+ qual=1			
Group intervention (parents and children)	Kolko (1998) n=3; eff=+; qual=2			Howing et al. (1989) n=1, eff=+, qual=2
	Tourigny (1997) n=4, eff=+/-, qual=1			Gaudin & Kurtz (1985) n=1, eff=+/-, qual=1
Reunification intervention				Littel & Schuerman (1995) n=2, eff=+/-, qual=1
				Nelson (2000) n=2, eff=+, qual=1
				Fraser (1996)* n=1; eff=+; qual=N.A.

Table Legend

- * = individual evaluations (all others are reviews of evaluations)
- n = number of evaluations reviewed
- eff = general effectiveness
- ++ = exceptional positive effects
- + = moderate positive effects
- +/- = mixed effects
- = moderate negative effects
- = exceptional negative effects
- qual = quality of the review
- 1 = excellent
- 2 = all other reviews
- N.A.= does not apply to individual evaluations

Discussion

3.1 Main gaps in literature reviews

As we have seen, reviews of studies of the effectiveness of child maltreatment interventions are rare. 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. However, other types of maltreatment were addressed more fully, particularly interventions targeting child victims of sexual abuse and those targeting parents who physically abused their children. Not all interventions were evaluated equally in terms of their effectiveness. It seems some interventions (e.g., behavioural interventions) have been the subject of more review than others. These others may be rarely 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 drawing definitive conclusions about the relative effectiveness of different approaches to intervention. Quality research, covering a broader range of interventions and distinguishing effects by type of maltreatment, is needed to ensure the observations that result do not overemphasize certain facts at the expense of others.

3.2 From evaluative research to theory formulation

The ecological analysis of effectiveness indicators (see Trocmé et al., 1999; Kazdin & Kendall, 1998; Lynch, 2002) allows us to establish maltreatment and well-being theory implicit in the interventions evaluated. It also allows us to compare this theory to available theoretical models (see Belsky, 1993; National Research Council, 1993; Prilleltensky et al., 2001). Table 4 presents the effectiveness indicators as a function of protection-promotion and risk factors identified in the literature at each environmental level.

Interventions targeting the child mobilize a full range of personal resources: love, nurturing, self-esteem, cognitive, physical and emotional development, psychological and physical health, acceptance, social skills, etc. (Prilleltensky et al., 2001). Effectiveness indicators correspond largely to child-level vulnerabilities and modifiable protective/promoting mechanisms. They address most of the child's developmental needs, including education, emotional and behavioural development, and family and social relationships (Lynch, 2002).

However, with respect to parents, interventions are limited to psychosocial areas directly related to parenting capacity, to the neglect of other areas of adult life. Interventions are aimed at emotional bonding, communications, conflict resolution, basic care, ensuring safety, guidance, boundaries and stability. Personal space, opportunities for personal growth, job satisfaction, support from spouse or extended family and recreation appear to be addressed very little or not at all (see Lynch, 2002; Prilleltensky et al., 2001).

At the family level, indicators are largely related to how the family functions. Questions of spousal violence, a parent's history of maltreatment and the limited education of parents 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 directed at children, families and youth at risk. They note that individual parents or children and parent-child dyads are largely the targets of institutions.

Finally, aside from social support and the use of community resources, the interventions reviewed do not evaluate any protection or vulnerability factors at the community or societal level. No doubt, selection criteria 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. However, we should emphasize that the *repercussions* of community and social vulnerabilities associated with child maltreatment, such as poverty, housing, community violence or unemployment, do not appear to be issues for consideration within the interventions or the evaluations.

According to Belsky (1993, p. 413), "given the seminal contribution of Bronfenbrenner (1979), child maltreatment is now widely recognized to be 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 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 interaction.

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 multi-determined 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" (Belsky, 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, p. 1). Trocmé and his colleagues (1999) emphasize the

choice of indicators is crucial in this regard. While most indicators taken individually are only proxy measures of outcomes, a group of indicators tracking changes at various environmental levels will better reflect the scope of the repercussions of intervention.

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 behaviour, 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	—
Parental level	effective coping skills	aptitudes for adaptation and for problem resolution	—
	positive/poor parenting practices	number of positive verbal responses, alternatives to physical punishment, quality of child care	aversive/coercive behaviour, physical punishment, criticisms
	good/poor mental health	self-esteem, anger management	distress, depression, irritability
	stress	stress, headaches	—
	safety	—	recurrence of maltreatment, risk of abuse, neglectful behaviour, paedophilic behaviour
Family level	family cohesion	cohesion	—
	supportive family climate	climate, empathy, support	family conflicts
	good communication	communication	—
	positive partner relationship/ spousal conflict	marital satisfaction	—
	organization of family life	management of family life and meals, cleanliness and safety of the house	—
	permanence	number of placements, rate of reunification, time elapsed before reunification	—
Community level	presence/lack of resources and social support	size of informal network, use of community resources	—

3.3 An essential collaboration

Responsibility for meeting the child’s developmental needs and supporting the parents cannot rest solely upon the child welfare system. According to many authors, “efforts must focus on enhancing collaborations between CPS [child protection services] agencies and other service providers, particularly mental health providers, to overcome existing boundaries that impede the provision of services to maltreated children” (Kolko, 1998, Munro, 1999; Toth & Cicchetti, 1993; Trupin et al., 1993; cited in Kinard, 2002, p. 642).

Children's safety and development depend on the ability of practitioners and organizations to meet the needs of children and their families. Aid must therefore involve an intense, continuous personal commitment on the part of child protection caseworkers (Glisson & Hemmelgarn, 1998). It must also involve other practitioners who pool their experience and resources, not just to protect children and mitigate the impact of the maltreatment they have suffered, but to nurture their skills and foster the conditions that will help parents fulfil their responsibilities toward their children.

Complementarity, consistency, and the necessary cooperation among organizations are basic to achieving those objectives. This raises the importance of developing effective networking practices. The conditions for successful partnerships that generate quality services and programs must be detailed. We must go beyond the particular interests and the specific mandates of the organizations involved in order to provide more holistic, less sector-bound services that are also based on existing programs and resources in the community.

In short, partnerships between protection systems and communities develop to the extent that the compromises reached foster cooperation between all those involved and their organizations – a pooling of their expertise and more innovative practices. Child protection should no longer be the sole objective and institutions mandated to protect children should no longer be the only ones responsible for them.

3.4 Main methodological problems with reviews of effectiveness research

We have seen that the few results available on intervention effectiveness in cases of child protection generally suggest modest positive changes. Nonetheless, this assessment must be qualified because of the methodological limitations that characterize much of the research that has been reviewed. 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” (Belsky, 1993).

First of all, the literature reviews vary in quality. Many are narrative and either do not include descriptive tables of the evaluations reviewed or do not present explicit inclusion and exclusion criteria.

The notion of “effectiveness” must be applied more meaningfully. There are no standard ways of measuring outcomes to determine if an intervention has been successful or not. 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. No intervention is fully successful and even when modest progress is reported, the level of functioning of participants is sometimes still inadequate. The possible negative effects of interventions are rarely documented. As well, it is as important to recognize the absence of change as it is to recognize changes have occurred. Finally, time itself, with or without intervention, brings about improvement.

The lack of information available on the implementation of interventions reviewed is another important limitation. For example, 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. Moreover, dropout affects treatment effectiveness and this needs to be addressed.

Although this analysis focuses on the reviews rather than on the individual evaluations, it appears the research designs themselves have limitations. The Child Welfare League of America (2002) uses four categories based on available evaluation data to describe programs and practices. According to their criteria, most of the interventions reviewed could be described as “emerging practices” and some of them as “commendable practices” (for example, cognitive-behavioural approaches). To our knowledge, none meet the criteria of exemplary practice. Indeed, even in the case of the most evaluated interventions, such as those concerning sexually abused children (see Tourigny, 1997) and parental education programs (see Gaudin & Kurtz, 1985), the vast majority of evaluative studies are based on pre-experimental designs of a pre/post-intervention type without comparison groups. This makes it impossible to be sure the intervention is the cause of the changes that are observed. The small sample size does not allow for generalization and reduces the appropriateness of statistical analysis as a method of determining effectiveness. 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 replication and follow-up research.

3.5 Challenges in summarizing reviews of effectiveness research

The main strengths of this review of existing literature are its exhaustiveness and the rigorous application of inclusion and exclusion criteria. For example, unlike other reviews that combine interventions directed to families said to be “at risk” with those directed to 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 qualified picture of the scope and pertinence of available knowledge.

The major limitation of this review is that it is based on aggregated secondary data rather than on the original studies. In the reviews consulted, results presented are often general and the information on method is limited, making it hard, if not impossible, to judge the strengths, weaknesses and reliability of the results. Finally many of the reviews analysed report the results of the same evaluations, which are not taken into account in the tables presented in this paper. Therefore, on the basis of results given, it is impossible to know the precise number of evaluations available.

Recommendations

4.1 Recommendations for programs and services

4.1.1 Systematize development of child maltreatment programs

Programs and services are more effective if they are based on the principles of responsiveness and credibility. Responsiveness means a program “meets a real need and that solutions take into account existing resources” (Paquette & Chagnon, 2001, p. 82). As Kinard (2002) points out, there is frequently a lack of fit between the needs of maltreated children and the services offered to them, especially in the areas of mental health and education.

According to Paquette and Chagnon (2001, p. 86), “a program’s credibility is its plausibility, both in terms of knowledge and from the point of view of those concerned.” The authors are referring here to the logic behind the theory on which a program is based and the actual action taken – in other words, the quality of the underlying model, especially with regard to the empirical and clinical knowledge available. Building a credible program requires answering questions such as, “Are the links between an activity and the expected changes plausible?” and “Does the recruiting strategy actually and exclusively reach the target population?”

For example, the mitigated impact of social support services that has been observed could be explained by the fact that,

despite both its empirical and intuitive basis, translating research on social isolation into support interventions is more complex than it might appear. Not all social networks are synonymous with support, contacts with helping agencies can be aversive, and clinicians should expect individual and cultural variations in what caregivers consider support requiring individualized assessment and collaborative plans for effective targeting of support needs. (Stern & Smith, 1995, 2002)

Another illustration is a flaw in the design of family preservation programs, which partly explains their lack of effectiveness. The evaluators concluded that, as currently designed, family preservation programs could not achieve the policymakers’ primary goal of preventing placement in foster care. The major flaw found in the program design was the practical difficulty of identifying children at “imminent risk” of placement; this meant that programs could not consistently target families with children truly at risk of placement. (Rossi, Freeman, & Lipsey, 1999, p. 66)

By supplying information that can be used to determine whether programs and services are responsive and credible, an assessment of needs and an evaluation of the underlying theory can become valuable tools in a program-development strategy. When programs are developed

rigorously and systematically, informed choices can be based on the empirical and clinical knowledge available, rather than driven by urgency or strict management requirements.

4.1.2 Use evaluation results in making decisions about programs

A program evaluation is a process in which, once data have been systematically gathered, a judgement can be determined that will facilitate decision-making (Midy, 1998). All types of evaluation (needs, program theory, implementation and process, impact, effectiveness) can support caseworkers, managers and decision makers in deciding the future of a program. Evaluations may be especially useful in helping determine whether a program will be maintained, expanded, modified or abandoned; whether a pilot project should be extended to other sites; or which of several options should be chosen to respond to a problem (Weiss, 1998). Yet any evaluation has its strengths and limitations. The reliability of evaluation results depends on the quality of the methodology followed in the protocol. Good judgement and flexibility are crucial in making enlightened use of available results. Decision makers must avoid abolishing a program on the basis of a single, not very rigorous evaluation. They must also avoid promoting only programs that have been most often evaluated, rather than innovative projects that have yet to be evaluated. Some decisions may be evidence-based, while others may leave room for innovation, in conjunction with an evaluation process.

In short, the usefulness of an evaluation is not a negligible strategic issue for practitioners (Fortin, 1999). Development of an “evaluation culture” in clinical settings is key to determining the effectiveness of child maltreatment programs and services.

4.2 Recommendations for research

4.2.1 Review and rate individual evaluative studies on the effectiveness of child maltreatment programs

As noted earlier, this research review is useful in that it offers a systematic and exhaustive organization of reviews of evaluations on the effectiveness of child maltreatment programs. However, an analysis of individual studies would make it possible to refine our conclusions, especially by taking a critical look at the methods used (tools, protocol, sample, etc.). Studies can be rated in terms of their quality and methodological rigour. Then we would really know how valid the results of each study were because there is a big difference between a high-quality study that reports positive effects and a poor study that reports such results. It would also shed light on sociodemographic and other characteristics of participants, thus making it possible to produce a more comprehensive and nuanced summary of what is known.

A review of individual studies could build on the work presented here. In particular, the authors could use Tables 1, 2 and 3 and provide a critical analysis of the studies reviewed, cell by cell, for example, all the individual studies of group therapy for sexually abused children. Pending an exhaustive critical survey of programs, an interim solution would be to write up brief descriptions of each individual study.

4.2.2 Perform and disseminate effectiveness evaluation of child maltreatment programs

This report clearly shows that, even in areas that have been most often evaluated, there is not enough information to allow definitive conclusions to be drawn as to the effectiveness of child maltreatment programs. Furthermore, there is very little information on the effectiveness of programs for some of the most common types of maltreatment (including neglect). We have to find out what works and what does not, with whom, and in what situations. In this respect, it is just as important to study and disseminate a lack of results or a negative impact, as it is positive results.

Currently there is a paucity of rigorous evaluations. We could and should use high-quality research methods to evaluate these interventions. Indeed, the credibility of evaluation results depends chiefly on the way researchers deal with methodological challenges. The quality and relevance of the protocol and indicators chosen are crucial. Particular attention should be paid to putting together more homogenous samples or comparative analyses, depending on the types of participants. On the contrary, the current tendency is to combine in the same sample and same analyses participants coping with different types of maltreatment and those considered to be at risk, or participants with a variety of characteristics (for example, poverty, substance abuse, protection and resilience factors, chronic maltreatment). Analyses that group such widely diverse participants obscure possible differential effects related to a participant's individual situation.

4.2.3 Perform and disseminate other types of quality evaluations of child maltreatment programs (needs, program theory, implementation and process)

Aside from their relevance to program development (discussed above) evaluations of needs, program theory, implementation and process may also contribute to a better understanding of the achievement or lack of anticipated results, and thus help to improve programs. Evaluations also ensure programs consistently meet the needs of children and their families (needs assessment) in a theoretically and empirically credible manner (evaluation of program theory). According to Rossi, Freeman and Lipsey (1999, p. 69),

The information about program outcomes that impact evaluation provides is incomplete and ambiguous without knowledge of the program activities and services that produced those outcomes. When no impact is found, process evaluation has significant diagnostic value by indicating whether this result occurred because of implementation failure, that is, the intended services were not provided hence the expected benefits could not have occurred, or theory failure, that is, the program was implemented as intended but failed to produce the expected effects. On the other hand, when program effects are found, process evaluation helps confirm that they resulted from program activities, rather than spurious sources, and identify those aspects of service most instrumental to producing the effects so that program managers know where to concentrate their efforts.

Obviously, the credibility of these other types of evaluation is just as important as that of evaluation of effectiveness, and the same considerations apply to methodological challenges (discussed in the preceding section).

4.3 Recommendations for all concerned with children's safety and well-being

4.3.1 Increase cooperation among researchers, practitioners and decision makers in order to develop more effective programs

As noted by Kinard (2002, p. 642), a number of studies have concluded "better communication between researchers and practitioners is crucial to make empirical findings useful for practice." This report's recommendations, including those intended for practitioners and for researchers, will be difficult to implement without greater cooperation between researchers, practitioners and decision makers. Researchers may be the specialists in the evaluation process, but practitioners could help in regard of the content evaluated (Paquette & Chagnon, 2001). Those responsible for evaluating social programs must deal with the tension between the demands of scientific rigour, on the one hand, and usefulness and applicability to practice, on the other (Rossi, Freeman, & Lipsey, 1999). The involvement of all in joint processes will guarantee better programs; for example, by increasing the usefulness and credibility of evaluation processes or fostering the development of more clinically and empirically consistent programs.

4.3.2 Increase cooperation among various practitioners in health and social services in order to better meet the needs of children and families coping with maltreatment

As we saw in the discussion earlier, child maltreatment has many causes. The needs of children and families grappling with the problem are many and do not all fall within the purview of the child protection system, whose terms of reference and responsibilities are defined by law. How can we be sure that other aspects of at-risk functioning and other needs of children and their families are met? How can we provide continuity, once a protection case file is closed or unsubstantiated? Studies in Quebec and elsewhere in Canada of incidences of child maltreatment (QIS and CIS) reveal that workers who assess reports feel children need more support than their organizations can offer (Tourigny et al., 2002; Trocmé et al., 2001). Effective partnerships between the various workers in health care, social services and related fields, especially education, employability or low-income housing, would allow responsibility for the safety and welfare of children and their families to be shared (White et al., 2002). Dependent on it are the consistency, continuity and effectiveness of responses to the pressing needs of families trying to deal with child maltreatment.

Conclusion

This paper presents a critical analysis of reviews of studies published since 1984 on the 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 target of the intervention and the intervention strategy undertaken. Methodological challenges limit the scope of conclusions that can be drawn. In general, we can say child protection interventions are promising but that results are too fragmented for us to make any definitive judgment. Areas evaluated are greatly limited to contexts of developmental and immediate interaction. The causes of child maltreatment are complex and arise from many sources. Therefore, child maltreatment interventions must similarly become more diverse and foresee a broader range of intervention targets with well-defined and measurable indicators of effectiveness. A number of avenues for action were also recommended, including more systematic development of programs and services. Researchers should conduct new quality evaluations. Finally, the needs of maltreated children and their families would be better met if there were greater cooperation between the workers involved in child protection and welfare, and between researchers, practitioners and decision makers.

References

- Altepeter, T.S., & Walker, C.E. (1992). Prevention of physical abuse of children through parent training. In D.J. Willis, E. Holden, E. Wayne et al. (Eds.), *Prevention of child maltreatment: Developmental and ecological perspectives* (pp. 226–248). Oxford, UK: John Wiley and sons.
- Becker, J.V., & Bonner, B.L. (1998). Sexual and other abuse of children. In R.J. Morris, & T.R. Kratochwill (Eds.), *The practice of child therapy* (pp. 367–389). Needham Heights, MA: Allyn & Bacon.
- Becker, J.V., & Hunter, J.A. (1992). Evaluation of treatment outcome for adult perpetrators of child sexual abuse. *Criminal Justice and Behavior*, 19(1), 74–92.
- Belsky, J. (1993). Etiology of child maltreatment: A developmental-ecological analysis. *Psychological Bulletin*, 114(3), 413–434.
- Berliner, L., & Kolko, D. (2000). What works in treatment services for abused children. In M.P. Kluger, G. Alexander, & P.A. Curtis (Eds.), *What works in child welfare* (pp. 97–104). Washington, DC: Child Welfare League of America.
- Blythe, B. J., Patterson Salley, M., & Jayaratne, S. (1994). A review of intensive family preservation services research. *Social Work Research*, 18(4), 213–224.
- Brassard, M. R., & Hardy, D. B. (1997). Psychological maltreatment. In M.E. Helfer, R. S. Kempe et al. (Eds.), *The battered child* (pp. 392–412). Chicago, IL: University of Chicago Press.
- Chamberland, C., Dallaire, N., Hébert, J., Fréchette, L., Lindsay, J., & Cameron, S. (2000). Are social and ecological models influencing prevention practices? An overview of the state of affairs in Quebec for child, youth and family intervention. *Journal of Primary Prevention*, 21(1), 101–117.
- Child Welfare League of America. (2002). *Research to practice: Levels of research rigor*. Retrieved December 16, 2002, from <http://www.cwla.org/programs/r2p/levels.htm>.
- Cohn, A. H., & Daro, D. (1987). Is treatment too late: What ten years of evaluative research tell us. *Child Abuse and Neglect*, 11, 433–442.
- Corcoran, J. (2000). Family interventions with child physical abuse and neglect: A critical review. *Children and Youth Services Review*, 22(7), 563–591.
- Courtney, M. E., Barth, R.P., Berrick, J.D., Brooks, D. et al. (1996). Race and child welfare services: Past research and future directions. *Child Welfare*, 75(2), 99–137.
- Cox, A.-D. (1997). Preventing child abuse: A review of community-based projects 1: Intervening on processes and outcome of reviews. *Child Abuser Review*, 6(4), 243–256.
- Daro, D. and McCurdy, K. (1994). Preventing child abuse and neglect: Programmatic interventions. *Child Welfare*, 73(5), 405–422.
- DePanfilis, D. (1996). Social isolation of neglectful families: A review of social support assessment and intervention models. *Child maltreatment*, 1(1), 37–52.
- Fantuzzo, J.W. (1990). Behavioral treatment of the victims of child abuse and neglect. *Behavior Modification*, 14(3), 316–339.
- Feindler, E.L., & Becker, J.V. (1994). Interventions in family violence involving children and adolescents. In L.D. Eron, J.H. Gentry, et al. (Eds.), *A psychosocial perspective on violence and youth* (pp. 405–430). Washington, DC: American Psychological Association.
- Finkelhor, D., & Berliner, L. (1995). Research on the treatment of sexually abused children: A review and recommendations. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34(11), 1408–1423.
- Fortin, D. (1999). *L'évaluation participative : une démarche concrète pour orienter l'action*. Paper presented at a meeting of PACE de Montréal-Centre on March 11, 1999. Montreal, QC: Health Canada and Centre de formation populaire.
- Fraser, M.W., Walton, E., Lewis, R.E., Pecora, P.J., & Walton, W.K. (1996). An experiment in family reunification: Correlates of outcomes at one-year follow-up. *Children and Youth Services Review*, 18(4–5), 335–361.
- Gaudin, J. M. Jr. (1993). Effective intervention with neglectful families. *Criminal Justice and Behavior*, 20(1), 66–89.

- Gaudin, J. M., & Kurtz, D.P. (1985). Parenting skills training for child abusers. *Journal of Group Psychotherapy, Psychodrama and Sociometry*, 38(1), 35–54.
- Glisson, C., & Hemmelgarn, A. (1998). The effects of organizational climate and inter-organizational coordination on the quality and outcomes of children's service systems. *Child Abuse and Neglect*, 22(5), 401–421.
- GRAVE/Ardec. (2002). GRAVE/Ardec : Une intégration qui marque le plan de développement 2003–2006. Unpublished document. Montreal, QC: Université du Québec à Montréal.
- Howing, P.T., Wodarski, J.S., Gaudin, J.M., & Kurtz, D.P. (1989). Effective interventions to ameliorate the incidence of child maltreatment: The empirical base. *Social Work*, 34(4), 330–338.
- Iwaniec, D. (1997). An overview of emotional maltreatment and failure to thrive. *Child Abuse Review*, 6, 370–388.
- James, S., & Mennen, F. (2001). Treatment outcome research: How effective are treatments for abused children? *Child and Adolescent Social Work Journal*, 18(2), 73–95.
- Jinich, S. (1995). Supportive response training for parents of sexually abused children. *Dissertation abstracts international: section B: The sciences and engineering*, 55(8-B), 3590.
- Jinich, S., & Litrownik, A.J. (1999). Coping with sexual abuse: Development and evaluation of a videotape intervention for non-offending parents. *Child Abuse and Neglect*, 23(2), 175–190.
- Jones, D. P. (1987). The untreatable family. *Child Abuse and Neglect*, 11(3), 409–420.
- Kaplan, S. J., Pelcovitz, D. & Labruna, V. (1999). Child and adolescent abuse and neglect research: A review of the past 10 years. Part I: Physical and emotional abuse and neglect. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1214–1222.
- Kaufman, K. L., & Rudy, L. (1991). Future directions in the treatment of physical child abuse. *Criminal Justice and Behavior*, 18(1), 82–97.
- Kazdin, A.E., & Kendall, P.C. (1998) Current progress and future plans for developing effective treatments: Comments and perspectives. *Journal of Clinical Child Psychology*, 27(2), 217–226.
- Kinard, E. M. (2002). Services for Maltreated Children: Variations by maltreatment characteristics. *Child Welfare*, 81(4), 617–645.
- King, N. J., Tonge, B.J., Mullen, P., Myerson, N., Heyne, D., & Ollendick, T.H. (1999). Cognitive-behavioural treatment of sexually abused children: A review of research. *Behavioural and Cognitive Psychotherapy*, 27(4), 295–309.
- Kolko, D. (1998). Treatment and intervention for child victims of violence. In P.K. Trickett & C.J. Schellenbach (Eds.), *Violence against children in the family and the community* (pp. 213–249). Washington, DC: American Psychological Association.
- Kruczek, T., & Vitanza, S. (1999). Treatment effects with an adolescent abuse survivor's group. *Child Abuse and Neglect*, 23(5), 477–485.
- Littell, J.H., & Schuerman, J.R. (1995). A synthesis of research on family preservation and family reunification programs. In *The national evaluation of family preservation services* [Electronic version]. Retrieved May 23rd, 2000, from <http://aspe.hhs.gov/hsp/cyp/fplitrev.htm>.
- Lovell, M.L. (1988). A review of research evaluating clinical intervention strategies in child maltreatment. *Canadian Social Work Review*, 5, 266–282.
- Lutzker, J.R., Campbell, R.V., Newman, M.R., & Harrold, M. (1989). Ecobehavioral interventions for abusive, neglectful, and high-risk families. In G.H.S. Singer, & L.K. Irvin (Eds.), *Support for caregiving families: Enabling positive adaptation to disability* (pp. 313–326). Baltimore, MD: Paul H. Brookes Publishing.
- Lynch, M. (2002). *Promoting well-being and monitoring outcomes for vulnerable children. Introduction*. Paper presented at the Fifth International Looking After Children Conference, September 23–26, 2002, Oxford, UK.
- Macdonald, G. (2001). *Effective intervention for child abuse and neglect: An evidence-based approach to planning and evaluating interventions*. New York: John Wiley and Sons.
- MacIntyre, D., & Carr, A. (2000). Prevention of child sexual abuse: Implications of program evaluation research. *Child Abuse Review*, 9(3), 183–199.
- MacMillan, H. (2000). Child maltreatment: What we know in the year 2000. *The Canadian Journal of Psychiatry*, 45(8), 702–709.
- MacMillan, H., MacMillan, J., Offord, D.R., Griffith, L., & MacMillan, A. (1994a). Primary prevention of child physical abuse and neglect: A critical review, Part I. *Journal of Child Psychology and Psychiatry*, 35(5), 835–856.

- MacMillan, H., MacMillan, J., Offord, D.R., Griffith, L., & MacMillan, A. (1994b). Primary prevention of child sexual abuse: A critical review, Part II. *Journal of Child Psychology and Psychiatry*, 35(5), 857–876.
- Mallon, G. P. (1992). Utilization of animals as therapeutic adjuncts with children and youth: A review of the literature. *Child and Youth Care Forum*, 21(1), 53–67.
- Mannarino, A. P., & Cohen, J.A. (1990). Treating the abused child. In R. T. Ammerman and M. Hersen (Eds.), *Children at risk: An evaluation of factors contributing to child abuse and neglect* (pp. 249–268). New York: Plenum Press.
- McCroskey, J., & Meezan, W. (1998). Family-centered services: Approaches and effectiveness. *The Future of Children*, 8(1), 54–71.
- Midy, F. (1998). L'évaluation comme enjeu: l'approche participative. In *Guide d'évaluation participative et de négociation*. Montreal, QC: Table des regroupements provinciaux d'organismes communautaires et bénévoles, Coalition des tables régionales d'organismes communautaires, Centre de formation populaire et Services aux collectivités de l'Université du Québec à Montréal.
- Morrison Dore, M., & Lee, J.M. (1999). The role of parent training with abusive and neglectful parents. *Family Relations*, 48(3), 313–325.
- National Research Council (1993). *Understanding child abuse and neglect*. Washington, DC: National Academy Press.
- Nelson, K. (1994). Family-based services for families and children at risk of out-of-home placement. In R.P. Barth, J.D. Berrick, & N. Gilbert (Eds.), *Child Welfare Research Review*, 1 (pp. 83–108). New York: Columbia University Press.
- Nelson, K. (2000). What works in family preservation services. In M. P. Kluger, G. Alexander & P. A. Curtis, *What works in child welfare* (pp. 11–22). Washington, DC: Child Welfare League of America.
- Nurcombe, B., Wooding, S., Marrington, P., & Bickman, L.R.G. (2000). Child sexual abuse II: Treatment. *Australian and New Zealand Journal of Psychiatry*, 34(1), 92–97.
- Oates, R.K., & Bross, D.C. (1995). What have we learned about treating child physical abuse? A literature review of the last decade. *Child Abuse and Neglect*, 19(4), 463–473.
- O' Donohue, W.T., & Elliott, A.N. (1992). Treatment of the sexually abused child: A review. *Journal of Clinical Child Psychology*, 21(3), 28–228.
- Olsen, J., & Widom, C. (1993). Prevention of child abuse and neglect. *Applied and Preventive Psychology*, 2(4), 217–229.
- Orford, J. (1992). *Community psychology: Theory and practice*. Chichester, UK: John Wiley & Sons.
- Paquette, F., & Chagnon, F. (2000). *Cadre de référence pour le développement et l'évaluation des programmes aux Centres jeunesse de Montréal*. Collection Développement et évaluation de programmes. Montreal, QC: Centres Jeunesse de Montréal.
- Prilleltensky, I., Nelson, G., & Peirson, L. (2001). *Promoting family wellness and preventing child maltreatment*. Toronto, ON: University of Toronto Press.
- Reeker, J., Ensing, D., & Elliott, R. (1997). A meta-analytic investigation of group treatment outcomes for sexually abused children. *Child Abuse and Neglect*, 21(7), 669–680.
- Remer-Osborn, J.S. (1993). Stress inoculation training: Group treatment for non-offending parents of sexually abused children. *Dissertation Abstracts International*, 54(4-B), 2219.
- Rossi, P., Freeman, H., & Lipsey, E. (1998). *Evaluation, a systematic approach*. 6th ed. London, UK: Sage.
- Saywitz, K. J., Mannarino, A.P., Berliner, L., & Cohen, J.A. (2000). Treatment of sexually abused children and adolescents. *American Psychologist*, 55(9), 1040–1049.
- Schellenbach, C. J. (1998). Child maltreatment: A critical review of research on treatment for physically abusive parents. In P.K. Trickett & C.J. Schellenbach (Eds.), *Violence against children in the family and the community* (pp. 251–268).
- Scott, K. L., & D.A. Wolfe (2000). What works in the treatment of batterers. In M. P. Kluger, G. Alexander, & P. A. Curtis (Eds.), *What works in child welfare* (pp. 105–112). Washington, DC: Child Welfare League of America.
- Silovsky, J.F., & Hembree-Kigin, T.L. (1994). Family and group treatment for sexually abused children: A review. *Journal of Child Sexual Abuse*, 3(3), 1–20.

- Skiba, R. J., & Nichols, S.D. (2000). What works in wraparound programming. In M. P. Kluger, G. Alexander, & P. A. Curtis (Eds.), *What works in child welfare* (pp. 23–32). Washington, DC: Child Welfare League of America.
- Smokowski, P. R., & Wodarski, J.S. (1996). The effectiveness of child welfare services for poor, neglected children: A review of the empirical evidence. *Research on Social Work Practice*, 6(4), 504–523.
- Stern, S.B., & Smith, C.A. (2002). Understanding the role of the family in adolescent antisocial and delinquent behaviour: Recommendations for research-based interventions. *Directions in Clinical and Counseling Psychology*, 14, 39–54.
- Stern, S.B., & Smith, C.A. (1995). Family processes and delinquency in an ecological context. *Social Service Review*, 69(4), 703–731.
- Stevenson, J. (1999). The treatment of the long-term sequelae of child abuse. *Journal of Child Psychology and Psychiatry*, 40(1), 89–111.
- Sturkie, K. (1992). Group treatment of child sexual abuse victims: A review. In W. O'Donohue, & J. H. Geer (Eds.), *The sexual abuse of children* (pp. 331–364). New York: Human Sciences Press.
- Terao, S.Y. (1999). Treatment effectiveness of parent-child interaction therapy with physically abusive parent-child dyads. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 60(4-B), 1874.
- Thomlison, R. J. (1990). Uses of skill development and behaviour modification techniques in working with abusing/neglecting parents. In M. Rothery, & G. Cameron (Eds.), *Child maltreatment: Expanding our concept of helping* (pp. 127–143). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Tourigny, M., Mayer, M., Wright, J., Lavergne, C., Trocmé, N., Hélie, S., et al. (2002). *Étude sur l'incidence et les caractéristiques des situations d'abus, de négligence, d'abandon et de troubles de comportement sérieux signalés à la Direction de la protection de la jeunesse au Québec (ÉIQ)*. Montreal, QC: Centre de liaison sur l'intervention et la prévention psychosociale (CLIPP).
- Tourigny, M. (1997). Efficacité des interventions pour enfants abusés sexuellement: Une recension des écrits/Treatment outcome for sexually abused children: A review of studies. *Revue canadienne de psychoéducation*, 26(1), 39–69.
- Trocmé, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Tourigny, et al. (2001). *Canadian incidence study of reported child abuse and neglect: Final report*. Ottawa, ON: Minister of Public Works and Government Services Canada.
- Trocmé, N., Nutter, B., MacLaurin, B., & Fallon, B. (1999). *Child welfare outcomes indicator matrix*. Toronto, ON: Bell Canada Child Welfare Research Unit, Faculty of Social Work, University of Toronto.
- Verduyn, C., & Calam, R. (1999). Cognitive behavioral interventions with maltreated children and adolescents. *Child Abuse and Neglect*, 23(2), 197–207.
- Weiss, C.H. (1998). *Evaluation: methods for studying programs and policies*. 2nd ed. Upper Saddle River, NJ: Prentice-Hall.
- White, D., Jobin, L., McCann, D., & Morin, P. (2002). *L'action intersectorielle en santé mentale*. Ste-Foy, QC: Les Publications du Québec.
- Winton, M.A. (1990). An evaluation of a support group for parents who have a sexually abused child. *Child Abuse and Neglect*, 14(3), 397–405.
- Wolfe, D.A., Reppucci, N.D., & Hart, S. (1995). Child abuse prevention: Knowledge and priorities. *Journal of Clinical Child Psychology*, 24(Suppl), 5–22.
- Wolfe, D.A., & Wekerle, C. (1993). Treatment strategies for child physical abuse and neglect: A critical progress report. *Clinical Psychology Review*, 13(6), 473–500.



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