What have we learned about treating child physical abuse: a literature review of the last decade

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Authors' objectives
To review the literature on child physical abuse, in order to find out how many studies meeting modest standards of scientific rigour have been published, whether these studies emphasised treatment of the child, parents or both and what sort of follow-up was included in the studies to measure effectiveness of the treatment.

Searching
MEDLINE, PsycLIT, SocioFile and UNCOVER were searched for the years 1983-1992. Reference lists of review articles were scanned. Articles held in the databases of the National Clearing House on Child Abuse and Neglect and the Centre for the Study and Prevention of Violence were reviewed.

Study selection
Study designs of evaluations included in the review
Either randomised controlled trials (RCTs) or studies which used a pre-test and post-test measure of the effectiveness of treatment or studies which used a non-treated control group or combinations of these. At least 15% of the subjects in the sample known to have been physically abused, sample size of 5 or more.

Specific interventions included in the review
No a priori inclusion criteria were stated for intervention; all interventions found were included. Treatment duration ranged from 4 weeks to 12 months for parents and 4 weeks to 24 months for children. Treatments for parents included: group work, anger control, stress resolution, parent-child training, skills acquisition using community resources, casework, parent effectiveness training, lay therapy vs social work, multi-faceted, goal focused (including children), parent training (including children), group discussion using video vignettes, cognitive restructuring combined with relaxation and problem solving, therapeutic family day care (including children), home treatment (including children), focused casework vs play therapy (including children), psychodynamic (including children).

Treatments for children included: developmental skills for children combined with group sessions for parents, infant development combined with parent counselling, behaviour modification to reduce aggression for children combined with parent group, cognitive skills, parent counselling, psychodynamic, peer treatment or adult treatment, family therapy, practical support, multi-modal for children combined with parent counselling.

Participants included in the review
Physically abused children and their parents. Trials also included non-abused, neglected and ‘at risk’ children and their parents.

Outcomes assessed in the review
Any measure used to assess intervention outcomes was included in the review. Anger, re-abuse, attainment of goals, standard psychological measures, MMPI, parent-child relationship, knowledge of punishment alternatives, developmental gain (children), IQ and behaviour (children), mother-infant interaction, social-emotional and cognitive development, placement (remaining at home or being removed), self-concept.

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors do not report a method for assessing validity. The authors do not state how the papers were assessed for validity, or how many of the reviewers performed the assessment.
Data extraction
The authors do not state how the data were extracted for the review, or how many of the reviewers performed the data extraction. Data extracted included: number of participants, % physically abused, study design, treatment setting, type of treatment, duration of treatment, therapist, outcome measure, results, length of follow-up.

Methods of synthesis
How were the studies combined?
A narrative synthesis was undertaken.

How were differences between studies investigated?
The authors do not state how differences between the studies are investigated.

Results of the review
Twelve studies of treatment of physically abusive parents (n=522) were included. The percentage of abused children in each study ranged from 15 to 100%. Thirteen studies of treatment of physically abused children (n=575) were included. The percentage of abused children in each study ranged from 20 to 100%.

A wide range of treatments were used, the most popular for children being therapeutic daycare, with emphasis on improving developmental skills. While most programmes showed some improvement with treatment, many had no, or very short, follow-up to see if improvement was sustained.

Parents: Treatment was provided by a wide range of professional and paraprofessional groups. This variety did not allow a comparison of different types of treatment, particularly as different outcome measures were used, although all programmes indicated some degree of improvement on the measures used.

Children: The use of therapeutic preschools or day treatment programmes was the most favoured form of treatment. This was used in six (46%) of the studies. This was followed by day hospital programmes in three (23%) of studies. Residential programmes were used by two groups with home treatment and clinic setting each being used once. Comparison between outcomes of programmes was difficult as treatment periods ranged from 3 or 4 weeks to 24 months and a wide range of outcome measures was used. The most common form of treatment was concentrating on improving the cognitive and developmental skills of the children. In five (42%) of the 12 programmes where details were given, with psychodynamic treatment being used in three (25%) programmes where the children were in an older age group. Those programmes that placed emphasis on improving developmental and cognitive abilities suggested that improvement could be obtained in these areas, although the duration of follow-up was short, so it was not possible to determine if these gains were long term. Three of these programmes, while all showing that developmental gains were made for abused children, did not document any follow-up. The other two, using follow-up period of between 3 and 6 months, showed that abused infants in residential settings did make developmental gains, although these differences were less marked at follow-up and were little different from controls.

Only six (46%) of the programmes had a follow-up period to see if any improvements were sustained. In four of these, follow-up was 6 months or less. One study with a follow-up of six months found that treated children were more likely than comparison children to be able to remain in their own homes. One study with a follow-up of seven years found that using a psychodynamic approach over 18 months in a day hospital setting 23% of children had a good outcome at seven years, while 42% had a poor outcome.

Authors’ conclusions
While most programmes showed some improvement with treatment, many had no, or very short, follow-up to see if improvement was sustained. More emphasis needs to be placed on rigorous evaluation and longer-term follow-up of children in physical abuse treatment programmes.
CRD commentary
Inclusion criteria for this review were well-defined and the literature search seemed comprehensive, although search terms are not listed and unpublished data was not actively sought. There are no details given on how many reviewers screened studies for relevance or how many extracted data. Validity was not assessed although some aspects of study design were presented and used as inclusion criteria. No attempt was made to present study results according to possibility of bias in the study design. Study results are not well presented or discussed so it is difficult to assess whether the reviewers' conclusions are correct and follow from the study results, however they are quite vague. Given these limitations the review findings should be treated with caution.

Implications of the review for practice and research
The authors state that a proportion of child protection funds should be used for carefully designed treatment programmes that compare different types of interventions and have adequate follow-up periods, preferably several years. They also state that there is a need to carefully define the population where the effect of treatment is being studied; to allow valid comparisons between treatments for physically abused, neglected, emotionally abused and sexually abused children; and to compare different methods of treating those who have inflicted the abuse.

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