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The prevention of violence in childhood through parenting programmes: a global review

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ABSTRACT

Child maltreatment is a global problem affecting both high income (HICs) and low and middle income countries (LMICs). However research has shown that children who live in the world's poorest countries and communities are more likely to suffer from abuse and neglect. There is some evidence that parenting interventions can assist in the prevention of child maltreatment, but most of this research has been conducted in HICs. The main aim of this review was to examine the evidence from previous systematic reviews on the role of parenting programmes in the prevention of violence against children in both HICs and LMICs. A comprehensive internet search was conducted for published and unpublished reviews. After reviewing abstracts and full texts against established criteria for inclusion in the study, 28 reviews (20 systematic reviews/meta-analyses and 8 comprehensive reviews) were used in the analyses. The findings suggest that parenting programmes have the potential to both prevent and reduce the risk of child maltreatment. However, there is lack of good evidence from LMICs where the risk of child maltreatment is greatest. Implications for policy and future research are discussed, especially for the LMIC context.

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Parenting programmes; violence prevention; child maltreatment; early childhood; systematic review; low and middle income countries (LMICs)

Violence is a major public health and human rights issue with serious consequences for individuals, families and societies (Wessels et al., 2013). Young children are particularly at risk for exposure to violence due to their dependence on caregivers, lack of mobility and limited social interactions outside of the home (UNICEF, 2014b). Child maltreatment encompasses all forms of physical and/or emotional ill-treatment. It also incorporates sexual abuse, neglect or negligent treatment and commercial or other exploitation of children (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Children can also be exposed to violence by witnessing the violence suffered by others in their families and communities.

Violence against children (VAC) is a global problem affecting both high income countries (HICs) and low- to middle- income countries (LMICs). However, research has shown that the burden of child injury and violence is heaviest in LMICs (Skeen & Tomlinson, 2013). Children who live in the world's poorest countries are more likely to suffer from violence.

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Two-thirds of child murders take place in either low income or lower middle income countries (UNICEF, 2014a). Exposure to violence is also more prevalent in neighbourhoods and communities that are impoverished or isolated (UNICEF, 2014a).

Regardless of socio-economic status, parenting has been identified as an important factor in the aetiology of child maltreatment. Maltreatment is more likely when parents have a poor understanding of child development, are less nurturing, have an authoritarian parenting style or were abused themselves (McCloskey, 2011). There are also psychosocial risks for poor parenting that have been linked to child maltreatment including drug or alcohol dependency, depression, anxiety, low self-esteem and parenting stress (McCloskey, 2011).

It is therefore not surprising that the first of UNICEF's six strategies for ending VAC relates to supporting parents, caregivers and families (UNICEF, 2014a). Parenting interventions have been shown to be effective both in improving parenting and children's cognitive and behavioural outcomes (Knerr, Gardner, & Cluver, 2013; Mejia, Calam, & Sanders, 2012). However, most of the evidence for the prevention of child maltreatment through parenting interventions relates to physical abuse and neglect (MacMillan et al., 2009). There is less evidence for the prevention of sexual and emotional abuse because these forms of maltreatment are often the focus of different types of interventions or, as in the case of emotional abuse, are less well studied (Barlow, Simkiss, & Stewart-Brown, 2006).

Parenting interventions can use a range of delivery mechanisms (e.g. group-based or individual; home visiting; multicomponent interventions; media) and can be offered in many different settings (e.g. primary health-care, hospitals, early childhood centres, schools, homes, community centres). They may target specific groups of parents (e.g. teenage parents or parents with substance abuse issues) and have content that is tailored to the needs of particular populations. Parenting interventions can also be classified as – universal, selective or indicated – using a public health prevention framework. Universal programmes are aimed at the general public and do not discriminate on the basis of risk. Selective programmes on the other hand, are directed to at-risk groups (e.g. families living in poverty; teen mothers). Finally, indicated programmes are aimed at groups or individuals where there are already signs of problematic behaviours and may include treatment.

Evaluations of parenting programmes suggest that they can positively impact risk factors such as parental attitudes and relationships with partners, as well as help in the prevention of child maltreatment (WHO, 2013). Despite this evidence, there are several issues that currently make it difficult to be conclusive about the effectiveness of parenting programmes in the prevention of VAC. For example, there is often no consistent definition or measurement of child maltreatment across evaluations. Some evaluations use objective measures of child maltreatment such as reports from child protection services or number of injuries, while others use risk factors as a proxy for child maltreatment like parental stress and attitudes toward discipline. Systematic reviews of parenting evaluations have also highlighted several methodological weaknesses in evaluations (Euser et al., 2015) and overall, there are few randomised controlled trials on whether interventions prevent maltreatment (WHO, 2013). Programmes also differ in terms of target group, type of professional delivering the programme, number and length of sessions/visits, outcome measures and follow-up period. As a result, overall effects are often difficult to separate and quantify.

There is even less evidence regarding the role of parenting interventions in the prevention of child maltreatment in LMICs. However, there is evidence from low-resource settings in

HICs that suggest that parenting programmes can have an impact in different cultural and economic contexts (WHO, 2013). A recent review of research from LMICs suggests that parenting programmes do improve parenting in these contexts (Knerr et al., 2013). However, very few of these studies actually measured violence as an outcome and therefore can offer less support for the role of these interventions in preventing violence.

Given the pervasive nature and profound effects of VAC, it is important that we use the best available evidence to guide our decisions regarding the implementation of interventions to prevent its occurrence. There is some evidence that strengthening families through parenting programmes can prevent child maltreatment and children's exposure to other forms of violence such as intimate partner violence (IPV). However, this literature has serious gaps especially regarding the quality of evaluations and the efficacy of these types of programmes in LMICs. Consequently, the main aim of this review is to examine the evidence from previous systematic reviews on the role of universal and targeted parenting programmes in the prevention of VAC in both HICs and LMICs.

Method

A comprehensive internet search was conducted for published and unpublished reviews. The following electronic databases were searched: Academic Search Complete (EBSCO), PubMed, Medline, Psych Info and Cochrane Library. The initial search was restricted to titles, abstracts and keywords and included search terms such as 'home visiting', 'child maltreatment', 'parent program', and 'systematic reviews'. A different search term was used in Cochrane Library (see Appendix A for the complete search terms). Unpublished reports and reviews such as workshop summaries, dissertations and conference reviews were located via Google Scholar and other websites such as World Health Organization (WHO) and United Nations Children's Fund (UNICEF).

The inclusion criteria for the review were the following:

- (1) Systematic reviews, meta analyses or comprehensive reviews that included evaluations that measured child maltreatment outcomes.
- (2) Interventions had to target child maltreatment preventions, general parenting skills and the early childhood years.
- (3) Reviews written in English and published between 2000 and March 2016 (week 4).

During the identification process, reviews were excluded if they were related to disorders, diseases, obesity, the elderly, immunization and/or dental problems. During screening, reviews were excluded if they were editorials, letters, commentaries, solely for practitioners, tertiary intervention programmes, school interventions and interventions targeted at the child only. They were also excluded if the main outcome measures were birth outcomes or bullying. Finally, at the eligibility level, reviews with low Assessing the Methodological Quality of Systematic Reviews (AMSTAR) scores (0–4) were dropped from the analysis. AMSTAR is a measurement tool for the assessment of multiple systematic reviews that has good reliability and validity (Shea et al., 2007).

The search identified 4304 sources with nine being from grey literature. An initial screening of the titles and abstracts was used to exclude reviews not meeting the inclusion criteria. Articles that were duplicated were removed and selected reviews retrieved for detailed appraisal. A total of 154 articles were selected for detailed review. During this process 24

articles were excluded based on inclusion criteria. We attempted to contact authors to obtain articles we could not retrieve online, however, of the 22 authors contacted we received eight full text reviews. Overall, the research team reviewed 130 full text articles using the eligibility criteria and a standard data extraction form. Twenty-three systematic reviews and meta-analyses were scored for methodological quality using AMSTAR and three were eliminated based on low scores.

The flowchart of the entire selection process is detailed in Figure 1.

Results

The findings of the systematic reviews are presented by child maltreatment outcome variables or by proxies such as parental mental health and attitudes to parenting or parenting stress, which have been associated with maltreatment. Included in the analysis are 28 reviews

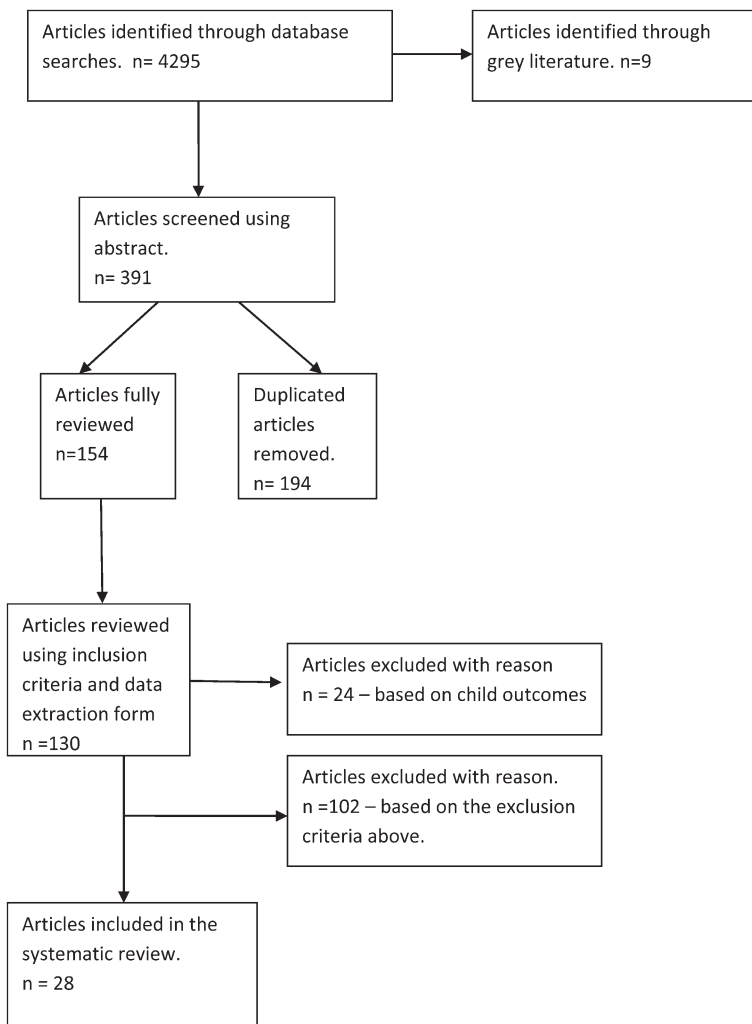


Figure 1. PRISMA flowchart of the search strategy.

**Table 1.** Summary of findings.

Article	Programme type	Papers reviewed	Outcomes assessed	Summary of main findings	AMSTAR
Alderice et al. (2013)	Multi modal	32	Maternal mental health and well being	<ul style="list-style-type: none"> • Postnatal nursing home visits (at risk mothers) was protective in first 6 weeks postpartum • Group parenting participants had less depression, anxiety/stress, self-esteem and relationship adjustment 	6
Avellar and Supplee (2013)	Home Visitation	207	Child maltreatment	<ul style="list-style-type: none"> • Five programmes showed reduction in child maltreatment in parent and official reports 	7
Barlow et al. (2014)	Group parenting programmes	48	Parental mental health	<ul style="list-style-type: none"> • Improved psychosocial health post intervention for mothers • Reduced parental stress for fathers in the short term • Effects were non significant at one year 	9
Barlow et al. (2002)	Group Parenting Programmes	15	Maternal mental health	<ul style="list-style-type: none"> • Improved the mental health of parents from high and lower SES groups in the short term 	6
Barlow et al. (2006)	Multi modal	15	Documented or reported abuse or neglect, parenting attitudes and practices, anger and stress levels.	<ul style="list-style-type: none"> • Limited evidence about improving objective measures of physical abuse or neglect • Modest benefits in improving parental and family functioning • Media intervention and perinatal coaching were ineffective for high risk groups 	7
Barlow et al. (2011)	Individual and Group	9	Parental Psychosocial health, Child health and development, parent-child relationship	<ul style="list-style-type: none"> • No evidence regarding parental attitudes to child rearing • Positive effect on parent interactions with infants • 19/47 individual studies had statistically significant effect sizes for the intervention group 	9
Bennett, Barlow, Huband, Smalagic and Roloff (2013)	Group Parenting Programmes	48	Parental psychosocial health	<ul style="list-style-type: none"> • Small short-term reduction in depression, anxiety, stress, anger and guilt and improvement in confidence and satisfaction with the partner relationship • Effects became non – significant one year post intervention 	8
Blukha et al. (2005)	Home Visiting	20	Parental violence, Intimate partner violence, child maltreatment, child violence	<ul style="list-style-type: none"> • Some evidence of effectiveness that home visitation prevents of child maltreatment • Insufficient evidence for all other outcomes 	7
Chen and Chan (2016)	Multi modal	37	Child maltreatment, parental risk factors, parental protective factors	<ul style="list-style-type: none"> • A small but positive effect in reducing the number of substantiated child maltreatment reports, psychological aggression, harsh discipline, corporal punishment, neglect • Reduction of inappropriate parenting attitudes regarding corporal punishment • Small positive effect re: reduction of parental depression • Effect size was larger for developing countries (.627 vs. .200) 	8

(Continued)

**Table 1.** (Continued)

Article	Programme type	Papers reviewed	Outcomes assessed	Summary of main findings	AMSTAR
Euser et al. (2015)	Multi modal	23	Child maltreatment, parent-child attachment	<ul style="list-style-type: none"> • 5/20 programmes were effective in reducing or preventing child maltreatment • Programmes more effective at reducing maltreatment than preventing it 	6
Filene et al. (2013)	Home visitation	51	Child maltreatment	<ul style="list-style-type: none"> • In general, home visiting programs had no significant effects on child maltreatment 	5
Geeraert et al. (2004)	Multi modal	40	Child Maltreatment, parent child interaction	<ul style="list-style-type: none"> • Significant reduction in abusive and neglectful acts • Reduced risk of negative family functioning and parent child interaction 	7
Kendrick et al. (2008)	Multi modal	15	Unintentional injuries, maternal psychosocial functioning	<ul style="list-style-type: none"> • Programmes effective in preventing unintentional injuries in young children by increasing parental knowledge 	8
Kendrick et al. (2000)	Home visits	34	Unintentional injuries, maternal health, postnatal depression	<ul style="list-style-type: none"> • Home visiting was found to significantly increase the quality of the home environment 	9
Kendrick et al. (2013)	Multi modal	22	Maternal psychosocial health, unintentional injuries	<ul style="list-style-type: none"> • Home visiting reduced unintentional injuries and improved home safety practices for at risk parents 	10
Knerr et al. (2013)	Multi modal	12	Parent-child interaction, parental attitudes and knowledge	<ul style="list-style-type: none"> • Two studies assessed harsh punishment and both studies showed significant reduction in harsh or dysfunctional parenting from two months to six years • Two of the three studies showed an increase in parental attitude and knowledge 	7
Howard and Brooks-Gunn (2009)	Home visiting	9	Child abuse and neglect, maternal mental health	<ul style="list-style-type: none"> • Little evidence that home visiting programmes decreased child abuse and neglect and some evidence that home visiting positively affects parenting practices 	N/A
MacMillan et al. (2009)	Parent interventions	N/A	Child maltreatment, Exposure to IPV	<ul style="list-style-type: none"> • Nurse Family Partnership and Triple P were shown to reduce child maltreatment 	N/A
Mikton and Butchart (2009)	Multi modal	26	Child maltreatment, child abuse, hospitalization, parental stress	<ul style="list-style-type: none"> • 4/7 studies showed evidence of reducing child maltreatment; 3/7 reduced risk factors associated with child maltreatment • One study showed improvement in abusive head trauma • Inadequate evidence regarding media interventions 	8

Olds et al. (2007)	Home visiting	31	Punishment, child abuse, neglect	<ul style="list-style-type: none"> • Lower rates of emergency room visits, injuries, and verified rates of child abuse 2 years post intervention • Lower rates of official child abuse and neglect for participating mothers 15 years post • Healthy Families America – greater use of non-violent methods of discipline 	N/A
Olds (2008)	Home visiting	N/A	Maternal mental health (depression, stress, anxiety) and well being. Child maltreatment Unintentional injuries.	<ul style="list-style-type: none"> • Lower rates of emergency room visits and verified rates of child abuse up to 15 years post intervention • Fewer injuries from partner violence 	N/A
Olds et al. (2000)	Home visiting	9	Child maltreatment, injuries	<ul style="list-style-type: none"> • Lower rates of emergency room visits and verified rates of child abuse up to 15 years post intervention 	N/A
Peacock, Konrad, Watson, Nickel, and Muhajarine (2013)	Home visiting	15	Child abuse and neglect	<ul style="list-style-type: none"> • Paraprofessional home visiting was associated with decreases in harsh parenting 	6
Persily (2003)	Home visiting	14	Child abuse and neglect	<ul style="list-style-type: none"> • No difference in rates of child abuse. Argued that paraprofessional services may not be best for working with families at risk 	N/A
Poole et al. (2014)	Media	17	Child maltreatment rates	<ul style="list-style-type: none"> • Two studies found reductions in injuries and child maltreatment cases • Reduced parental anger and stress, improvements in the use of positive discipline 	5
Reynolds et al. (2009)	Multi modal	15	Parental stress, parental care giving abilities. Child maltreatment	<ul style="list-style-type: none"> • 6/ 12 found no preventive effects on maltreatment while 4/ 12 studies found significantly lower rates of substantiated child maltreatment 	N/A
Sandler et al. (2011)	Multi modal	13	Parent behaviour and skills.	<ul style="list-style-type: none"> • 3/4 of studies reported improvement in parenting skills and reductions in child abuse and neglect • Reduced reports of IPV • Reductions in child injuries and ingestion of toxic substances • Lower rates of abuse and neglect at 4 years (Nurse Family Partnership), stronger effects for at risk mothers 	N/A
Sweet and Appelbaum (2004)	Home visitation	60	Child abuse, parent stress, child outcomes	<ul style="list-style-type: none"> • Studies targeting low-income parents were more successful • Para- professional home visitors were more effective than professionals or non-professionals • Studies targeting low-income parents were more successful in preventing potential child abuse • Targeted programmes more effective than universal programmes • Overall, home visiting is not effective in reducing child abuse or parent stress as an indicator of potential child abuse 	6

of which 20 were systematic reviews or meta-analyses and eight comprehensive reviews (see Table 1). The average AMSTAR of included systematic reviews and meta-analyses was 7.2, indicating that the reviews were of moderate quality. One of these 28 reviews was focused on findings from LMICs while another included studies from LMICs. Many studies (13) focused on the effects of a combination of parenting interventions (home visiting, group based etc.) while 11 focused on home visiting, and four reported on group programmes, and one study assessed media-based parent training.

Maternal psychosocial well being and mental health

Six reviews reported on the effects of parenting programmes on parental (primarily maternal) mental health. Alderdice, McNeill, and Lynn (2013) reviewed the impact of postnatal home visiting and found that programme participants had lower rates of depression, anxiety/stress and self-esteem than non participants. Meta-analyses (Barlow, Coren, & Stewart-Brown, 2002; Barlow, Smailagic, Huband, Roloff, & Bennett, 2014) have found that intervention groups had significant immediate post intervention effects for rates of depression, anxiety, anger, guilt and partner relationships. These results were maintained at six months post intervention but disappeared at one year. A review of parenting programmes delivered using media-based materials (Poole, Seal, & Taylor, 2014) identified two studies that reported on reduced parental anger and stress post intervention.

IPV and family violence

Six reviews focused on how home visiting interventions addressed IPV during the antenatal period. A review by Sharps, Campbell, Baty, Walker, and Bair-Merritt (2008) stated that home visiting was not as effective in reducing rates of maltreatment when delivered in homes with IPV. Bilukha et al. (2005) found that there was some evidence to support using home visiting as a means to reduce levels of child maltreatment in homes with IPV, but no evidence of a reduction in the rate of IPV itself. On the contrary, studies have reported that the Nurse–Family Partnership (NFP) was associated with a reduction in IPV in homes that were experiencing IPV (Olds, 2008; Olds, Sadler, & Kitzman, 2007).

Child maltreatment

The majority of the studies reviewed attempted to assess the specific outcome of child maltreatment. The analysis of this outcome was limited by variations in the way the construct was measured, with some studies relying on parent reports and others collecting data from official sources. Both methods have inherent biases that limit the ability to make definitive statements about the relationship between parenting programmes and child maltreatment.

Positive evidence

Avellar and Supplee (2013) in a review of home visiting programmes found that five of six programmes that assessed child maltreatment as an outcome had positive results. Reviews of the evidence related to the NFP (Olds, 2008; Olds, Hill, Robinson, Song, & Little, 2000; Olds et al., 2007) have found that for one study site, there were significant differences in maltreatment rates (as measured by substantiated reports) between the intervention and

control group. Using parent reports, Olds et al. (2007) found that home-visited mothers engaged in fewer neglectful behaviours at follow up. These differences were significant for two years post intervention but waned by four years. The long term follow up 15 years post intervention also found significantly lower maltreatment rates for the intervention group.

Meta-analyses of various types of parenting programmes have found that the intervention groups had reduced levels of child maltreatment, and harsh and dysfunctional parenting practices (Chen & Chan, 2016; Geeraert, Van Den Noortgate, Grietens, & Onghena, 2004). Sandler, Schoenfelder, Wolchik, and MacKinnon (2011) reviewed four studies, three of which reported a reduction in corporal punishment, child abuse, and neglect. Unintentional injuries serve as a measure of the safety of the home environment, which is often used as a proxy indicator of child maltreatment. Several reviews (Kendrick, Barlow, Hampshire, Stewart-Brown, & Polnay, 2008; Kendrick et al., 2000, 2013; Olds et al., 2000, 2007, 2009; Roberts, Kramer, & Suissa, 1996) found that parenting programmes/interventions were effective in reducing the rates of child injuries and hospital visits.

Mixed or no evidence

Several reviews have argued that there is mixed or insufficient evidence to conclude that parenting programmes are an effective means to prevent maltreatment (Euser et al., 2015; Howard & Brooks-Gunn, 2009; Mikton & Butchart, 2009; Reynolds, Mathieson, & Topitzes, 2009). One issue raised in these reviews was the fact that there were few long term follow up studies. MacMillan et al. (2009) stated that the NFP is the only home visiting programme with proven effects while the Triple P programme was found to be effective in a single population. Meta-analyses of home visiting programmes (Filene, Kaminski, Valle, & Cachat, 2013; Sweet & Appelbaum, 2004) found that programmes targeted towards low income mothers had a significant effect on child abuse rates. On the other hand, Roberts et al. (1996) noted that for five of nine home visiting programmes reviewed the intervention group had higher rates of maltreatment; it is theorized that these findings may be as a result of surveillance bias.

Evidence from LMICs

Of the 28 reviews, there was only one (Knerr et al., 2013) that specifically focused on data from LMICs. In this review, one study reported on abusive parenting but this outcome could not be assessed because of insufficient data. Two other studies assessed harsh parenting and found that the intervention groups used harsh punishments less often than the comparison groups. One other paper (Chen & Chan, 2016) included two studies from LMICs in their review. They found that there was significantly greater reduction in child maltreatment rates in LMICs than for HICs, even though both saw benefits.

Discussion

This systematic review of reviews has identified evidence about the relationship between parenting programmes and child maltreatment from predominantly HICs. Our review has determined that parenting programmes appear to have a positive effect on risk factors or proxy measures associated with child maltreatment such as maternal psychosocial health and parental perceptions about harsh parenting practices. This is also true for the rates of

unintentional injuries, which showed consistent significant differences between intervention and non-intervention groups.

Measuring the effect of parenting programmes on reported or actual cases of child maltreatment was more difficult because of methodological issues. Firstly, there were no standard outcomes measured as some studies relied on parent reports and others on official reports. The use of different sources makes synthesis of the data difficult, and there are biases associated with each method, which can compromise data validity. Secondly, child maltreatment was often excluded from many programme evaluations, and when it was measured there were few long-term follow up studies. Thirdly, some studies were of low quality and did not include a comparable control group. Despite these measurement challenges the data presented do trend toward the potential of parenting programmes to prevent or reduce child maltreatment. Additionally, significant effects for at-risk groups are often found even in meta-analyses that conclude that there is no generalized effect (Reynolds et al., 2009; Sweet & Appelbaum, 2004).

There was limited data on whether parenting programmes could prevent maltreatment in homes with IPV. There also did not appear to be any data on children witnessing IPV. Another gap in the literature is the role of parenting programmes in preventing sexual abuse, as most sexual abuse programmes are offered to children through schools (MacMillan et al., 2009; Mikton & Butchart, 2009). There were no reports on sexual abuse prevention and parenting programmes.

Application to LMICs

Proportionally, there were very limited data regarding child maltreatment outcomes originating from LMICs. In the review by Knerr et al. (2013) only 3 of the 12 included studies addressed child maltreatment. Most studies assessed the quality of the parent–child relationship, which was significantly improved by the parenting intervention. Outcomes for parenting programmes in LMICs are often more focused on nutrition or cognitive factors that are known to have a direct impact on human capital development.

The challenge for LMICs is that the need for child maltreatment prevention programmes is great (as a means to break the cycle of violence) but the evidence base within LMICs is weak (Ward, Sanders, Gardner, Mikton, & Dawes, 2015). In both LMICs and HICs there has been a traditional focus on child protection services for children who have experienced abuse and trauma (Mikton et al., 2013). Child protection services are, therefore, often established in law and receive consistent (if inadequate) resource allocations from the state. As such, a shift in resource allocation in LMICs to child maltreatment prevention services will require strong evidence that can sway policy makers, especially since the payoff is over the long term.

In the research community, the highest quality evidence comes from randomized controlled trials. In resource-poor LMICs however, RCTs are not common due to high cost and the lack of technical experts to run such complicated studies (Ward et al., 2015). The parenting programme evaluations that are conducted in LMICs are often methodologically weak due to factors such as a lack of pre- and post-tests, comparison groups or conducting a follow up assessment only. As a result, LMICs tend to be caught in a catch-22, investing in programmes that have no real evidentiary base yet needing strong evidence to make proper decisions about what to invest in. At the political level, there is also often pressure in LMICs to prove effectiveness rapidly but funds directed towards research can be interpreted as a

waste of resources, especially when there are urgent matters that need to be addressed. Ward et al. (2015) proposes that other methods such as propensity score matching or regression continuity designs that are commonly used to evaluate social development projects be used when RCTs are not possible.

Universal vs. targeted programmes

In LMICs, limited resources mean that serious thought has to be given to whether programmes should be offered to those in greatest need (targeted) or to all the eligible members (universal) of the population. Some studies recommended the implementation of a universal approach because of difficulty associated with identifying maltreatment within families and it avoids the stigma of labels (Pisani Altafim & Martins Linhares, 2016). In the context of LMICs there is no evidence found as to whether programmes should be universal or targeted. The data in the review from HICs was mixed on the effectiveness of universal vs. targeted programmes with both the NFP (targeted to low income mothers) and Triple P Level one (Universal) significantly reducing child maltreatment. It is likely that a multi-faceted approach similar to the structure of the Triple P needs to be designed to ensure a minimum level of service provision for all families while ensuring that the necessary services are available for families at risk.

Cost effectiveness

While this review did not focus on the economic costs associated with parenting programmes, the cost benefit of the service provision has to be critically assessed in LMICs. This is because well-established programmes with strong evidence from HICs have very prohibitive affiliation and training costs. Development of local programmes and materials is also an option but can also prove costly, time consuming and may not, in the end, prove effective. Ward et al. (2015) notes that the cost of implementing some parenting programmes in LMICs is much greater than the per capita budgetary health allocation. Additionally some parenting services are most effective when delivered by highly qualified professionals and may require extensive physical resources resulting in increased costs. There is evidence that preventative services are cheaper than child protection based services, but this needs to be firmly established within the context of LMICs.

Limitations

There are some limitations that may impact the interpretation of the findings of this review. Firstly, some systematic reviews may have been missed because particular databases were not searched. Additionally, resources only allowed for the inclusion of English language sources. Although there was a search of grey literature, this was not comprehensive and none of the identified reports or dissertations met inclusion criteria. Given the similarity of included sources with previous review of reviews, we do not believe that these limitations have a major impact on our findings.

Secondly, many of the reviews included data from the same studies, so there may be an overrepresentation of findings from some programmes and studies. This was a similar limitation identified by Barlow et al. (2006) in their systematic review of reviews of

interventions to prevent or ameliorate child physical abuse and neglect. Finally, the reviews included in this work varied in terms of their scope and quality. This imposes limitations on the interpretation of key findings. Also there were very few studies and programmes from LMICs. Together these issues make interpretation of the findings challenging and limits conclusions about the effectiveness of these programmes, especially in different contexts.

Recommendations: research and policy

The evidence base on the effectiveness of parenting interventions for the prevention of VAC (especially in LMICs) needs to be strengthened through more high quality evaluations with different populations and in different countries. Countries should also invest in research on the magnitude, causes and consequences of child maltreatment, as well as their capacity to develop and/or adapt prevention interventions. Research in LMICs can be expanded and enhanced through the provision of increased funding and technical assistance.

Researchers in this area must also address issues related to consensus on the definition of VAC and the most appropriate outcomes and outcomes measures. This will allow for more consistent measurement of the effectiveness of interventions. In addition, programme monitoring and evaluation frameworks need to explicitly measure child maltreatment and exposure to IPV as outcomes and evaluations need to have longer follow-ups. Research is also needed to address the gaps in the literature such as the effectiveness of parenting programmes for fathers and for preventing exposure to IPV.

At the policy level, every country should place the prevention of all forms of violence against children on their policy agendas. This will guide the development of national action plans which are critical for good planning, intersectoral coordination and implementation of effective strategies for the prevention of VAC, including interventions with parents. Policymakers must also consider offering different types of interventions for the prevention of VAC in different settings. There is a place for universal, selective and indicated programmes in a comprehensive strategy for the prevention and treatment of child maltreatment.

Countries should take steps to strengthen national capacity for collecting, linking and disseminating relevant administrative data that can be used in the evaluation of violence prevention interventions (e.g. injuries and hospitalizations) and wherever possible parenting interventions should be integrated into existing services and systems. This is especially important in LMICs where scarce resources have to be used wisely. Integration into existing structures and systems will also contribute to the sustainability of programmes.

Ultimately, countries should develop a comprehensive prevention strategy based on their level of burden, evidence base of what works in their contexts, existing programmes and services and capacity to offer high quality programmes. Consideration must also be given to entry points for programmes and the most cost effective setting to offer particular programmes depending on level of risk, age of parents and/or children and other key factors. This will ensure the best use of scarce resources so as to maximize prevention efforts.

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Appendix A. Search Term

Academic search complete (Ebsco), PubMed, Medline, PsycInfo
 (parent* program* or home visiting) AND (child maltreatment or intimate partner violence or ipv or harsh punishment or corporal punishment or systematic review or review or meta-analysis or meta analysis or LMIC or Developing countries) NOT (autism or ASD or elderly or ADHD or caries or dental or obesity or overweight or immunization or renal or cancer)
Cochrane Library
 Parenting program

Appendix B. Excluded References

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