Staying ahead of child abuse
An evaluation of preventive efforts
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CHAPTER 1

General introduction and outline of the dissertation
Child abuse is a major public-health and social-welfare problem that affects many children around the world. In their *Report of the Consultation on Child Abuse Prevention*, the World Health Organization (WHO; 1999) defines child abuse as all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or exploitation which results in (potentially) harming the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. The WHO (1999) distinguishes four types of child abuse: (1) *physical child abuse* is the infliction of physical harm on a child; (2) *sexual child abuse* is the involvement of children in sexual contact with a caregiver or other adult for purposes of the caregiver's sexual gratification or financial gain; (3) *emotional child abuse* is the failure to provide a child with his/her basic emotional needs; and (4) *neglect* pertains to the failure to provide minimum care and/or the lack of supervision.

In literature, different divisions into categories of child abuse are used. Exposure to intimate partner violence is sometimes also regarded as a form of child abuse (Gilbert et al., 2009a).

Every year, about three to four children out of 1000 children become victim of child abuse (Sedlak et al., 2010; Stoltenborgh et al., 2015; Van Berkel et al., 2020). These numbers are based on reports of professionals working with children, such as child protection workers or teachers, and depend on the type of abuse that is measured. Studies using self-report as a method to measure the prevalence of child abuse show even higher rates of victimization, ranging from 127 per 1000 children for sexual abuse to 363 per 1000 children for physical and emotional abuse (Stoltenborgh et al., 2015). This difference in prevalence implies that most child abuse cases are not detected by professionals. Child abuse contributes substantially to child mortality and morbidity, and can have long lasting negative effects on the child's physical and mental health, leading to high costs for society (Alink et al., 2012; Cicchetti, 2016; Gilbert et al., 2009a, Johnson-Reid et al., 2012).

The number of interventions aimed at preventing the occurrence and recurrence of child abuse increased exponentially over the last decades (Chen & Chan, 2016; Jones Harden et al., 2020). These interventions target different groups of the population: *primary preventive interventions* target the general population and comprise services accessible for all families and children; *secondary preventive interventions* target families at risk for child abuse, such as teen mothers, drug or alcohol addicted parents, or multiproblem families; and *tertiary preventive interventions* target families in which abuse or neglect has already occurred, and aim to reduce negative consequences of abuse and to prevent its recurrence. In particular primary and secondary preventive interventions are essential, as it is recognized that child abuse is rather persistent and even is passed
on intergenerationally (Assink et al., 2018), and difficult to change in treatment (see for instance, Baartman, 1997; Geeraert et al., 2004; Wald & Cohen, 1988).

Multiple review studies on the effectiveness of preventive interventions for child abuse showed limited effects (e.g., Euser et al., 2015; Filene et al., 2013; Geeraerts et al. 2004; Sweet & Appelbaum, 2004; Van der Put et al., 2018). For this reason, and also given the high prevalence rates of child abuse and the serious short-term and long-term negative effects on children’s well-being, including the high costs for society, timely effective prevention of child abuse is essential (United Nations, 1989).

The important question arising from this state of affairs is: what can be done to strengthen preventive efforts to stay ahead of child abuse? Seeking an answer to this question was the aim of the present dissertation. Specifically, the studies of this dissertation were focused on identifying specific intervention components that are effective in preventing or reducing (the risk of) child abuse (Chapter 2 – 5), detecting and reporting behaviors of healthcare and education professionals (Chapter 6), and exploring the potential of administrative child welfare data to evaluate the long-term benefits of preventive early childhood interventions (Chapter 7).

**PREVENTION OF CHILD ABUSE**

Worldwide, many programs have been designed to prevent child abuse. The term “prevention” is typically used to represent activities that keep an action or behavior from occurring. Parents are often the target of programs for child abuse, as parent- or family-related risk factors are considered most predictive of child abuse (Assink et al., 2019; Mulder et al., 2018; Stith et al., 2009).

Three types of preventive child abuse interventions are investigated in this dissertation: parent training programs, home visiting programs, and school-based prevention programs for children. *Parent training programs* for child abuse offer individual or group-based parenting support, and generally focus on improving child-rearing skills, and modify parental attitudes towards harsh parenting. Parent-Child Interaction Therapy (PCIT; McNeil & Hembree-Kigin, 2010) is an example of a parent training program that aims to reduce the incidence of child abuse in physically abusive parents and to prevent recurrence of abuse. In live-coached sessions, parents are trained in parent-child interaction skills.

*Home visiting programs* aim to improve children’s long term developmental trajectories by providing parents with knowledge and skills (e.g., coping and problem-
solving skills), emotional support, access to community and health services, and direct instruction on parenting practices. One of the best known evidence-based home visiting programs for preventing child abuse is the Nurse-Family Partnership program (Olds, Kitzman, Cole, & Robinson, 1997). In this program, home visits are organized by trained nurses for low-income first-time mothers.

Finally, school-based prevention programs are provided in the classroom and aim to prevent child abuse by providing children abuse-related knowledge and self-protection skills that decrease a child’s risk for abuse. An example of such a program for the prevention of sexual child abuse is the Behavioral Skills Training Program (BST; Wurtele, 1986). In small groups children learn about personal safety skills and integrity issues, including that children are the owners (“bosses”) of their own bodies and that it is not right to have their private parts touched or looked at by an adult person.

A number of meta-analyses have synthesized results on the effectiveness of parent training, home visiting, and school-based programs aimed at preventing or reducing child abuse (e.g., Euser et al., 2015; Filene et al., 2013; Pinquart & Teubert, 2010; Sweet & Appelbaum, 2004). These reviews generally found small to moderate overall effects on child abuse, according to Cohen’s (1988) criteria for interpreting effect sizes. More specifically, Euser et al. (2015) found a significant, but only very small effect ($d = 0.13$) of parent training programs on the reduction or prevention child abuse, which even became non-significant after controlling for publication bias. Filene et al. (2013) reviewed research on the effect of home visiting programs on child abuse and they did find a significant effect ($d = 0.20$), although small in magnitude. For school-based prevention programs, there are no review studies examining the effect of these programs on actual child abuse. However, reviews showed moderate to large significant effects on children’s abuse related knowledge, self-protection skills, and the likelihood of abuse disclosure (Davis & Gidycz, 2000; MacIntyre & Carr, 2000; Rispens et al., 1997; Topping & Barron, 2009; Walsh et al., 2018), and there are some indications that participating in school-based prevention programs is associated with reduced child abuse rates (Gibson & Leitenberg, 2000). To better understand why some interventions are more effective in preventing or reducing child abuse than others, it is important to examine how specific intervention components, such as different types of program content, techniques, or strategies, influence intervention effectiveness (Van der Put et al., 2018). This knowledge can be used to improve current preventive interventions for child abuse.
IDENTIFYING EFFECTIVE COMPONENTS

In literature, various terms have been used to describe intervention components of clinical (preventive and curative) interventions. Chorpita et al. (2005) used the term practice elements for discrete clinical techniques or strategies used as part of a larger intervention plan (e.g., relaxation, exposure, or psychoeducation). They used the term common elements for practice elements that are commonly found in different effective treatments. Another term for intervention components is active ingredients. Barth and Liggett-Creel (2014, p. 7) defined an active ingredient as an “element of treatment which has been found to make a reliable positive difference”. Finally, Blase and Fixsen (2013, p. 3) labeled these intervention components as core components, which they define as the essential functions or principles, and associated elements and intervention activities, which are judged necessary to produce desired outcomes. They argue that these core components refer to program characteristics, such as contextual aspects (e.g., the delivery setting and location), structural elements (e.g., the duration of the program and intensity of the sessions), and specific intervention practices (e.g., teaching problem-solving skills to parents, improving parental communication skills, practicing social skills with parents, and reinforcing appropriate parental behavior). The latter can be divided into intervention practices based on specific content (such as increasing knowledge of typical child development, increasing parenting self-efficacy, and improving discipline and/or behavior management strategies) and delivery techniques used to engage parents and teach relevant content (such as group discussions, homework assignments, role-playing, and modeling). In this dissertation, the term intervention or program components was used to refer to the specific content of an intervention that may lead to behavioral change of parents or children.

Determining which intervention components appear to be essential (or non-essential) in interventions for preventing (the reoccurrence of) child abuse is important for several reasons. First, the effectiveness of existing interventions can be (further) increased by adding components associated with greater program effectiveness and/or by eliminating components associated with lower or insignificant program effectiveness. Second, knowledge on effective components is necessary to develop new, effective, and cost-efficient interventions. Third, knowledge on intervention components can be used to develop effective modules, which can be implemented as a separate part of an intervention or within an existing intervention to improve its effectiveness. Finally, research into intervention components can be relatively inexpensive compared to examining complete interventions, which is costly and time-consuming (Leijten et al., 2015).
The overall aim of this dissertation was to investigate what can be done to strengthen preventive efforts to stay ahead of child abuse, by conducting a series of studies (see Table 1 for a summary). Chapter 2 presents a meta-analytic study aiming to identify effective components of parent training programs for preventing or reducing child abuse. In this study, the moderating effect of different program components on the overall effect of parent training programs was examined by conducting a three-level meta-analysis. Specifically, the moderating effects of contextual factors (i.e., delivery setting, the program's aim), structural elements (i.e., the program's duration, the average number of sessions, and the interval between sessions), specific intervention practices (i.e., improving the parent-child communication, improving parental supervision, setting clear rules and consequences, positive reinforcement), and delivery techniques (i.e., modelling, role-playing, video-feedback) were examined.

Chapter 3 presents a second meta-analysis, aiming to examine what and how individual program components are related to the effectiveness of home visiting programs. In this study, the moderating effect of several study and program characteristics were examined. The program characteristics were classified into contextual factors (i.e., the age of the child(ren) in the targeted family, whether or not all family members were targeted), structural elements (i.e., the type of home visiting professional, the duration of the program as well as the number and interval of home visits), content components related to parenting (i.e., whether or not a program focuses on stimulating responsive or nurturing parenting, improving the attachment between the parent and child, and improving parental expectations of the child), non-parenting components (i.e., whether or not a program focuses on improving the parental physical health, home cleanliness and safety, and the social network of the parent), and delivery techniques (i.e., using visual or written materials, modeling desired behaviors, or video-based feedback).

In Chapter 4, a third meta-analytic study was described examining the effectiveness of school-based child abuse prevention programs and the contribution of intervention components to the effectiveness of these programs. School-based programs seem promising for the prevention of child abuse. However, research mainly focused on sexual child abuse, and knowledge is lacking on how individual program components contribute to the effectiveness of school-based prevention programs for any form of child abuse. Therefore, by conducting two three-level meta-analyses, the overall effect of these school-based programs was examined on (a) children's child abuse-related knowledge and (b) self-protection skills, respectively. Furthermore, moderator analyses were performed to identify how program components and delivery techniques were associated with effectiveness.
The study described in Chapter 5 aimed to better understand the perspective of young child abuse survivors on school-based child abuse prevention programs. In interviews, these children were asked to which extent these programs may have helped them in their childhood and how these programs should be shaped. They were also asked what components they find important in school-based prevention programs. For the latter we made use of a list of 12 program components, derived from the meta-analysis in Chapter 4: (1) promoting child abuse related knowledge; (2) learning about safe and unsafe secrets; (3) learning about personal rights; (4) teaching children to avoid self-blame; (5) learning about body and boundaries; (6) identifying a trusted person; (7) increasing social-emotional skills; (8) recognizing risky situations; (9) increasing assertiveness skills; (10) learning to go away or find help; (11) increasing children's self-esteem; and (12) learning skills to disclose abuse.

Chapter 6 examines experiences, attitudes, perspectives, and decision-making skills of healthcare and education professionals with regard to identifying and reporting child abuse, and explores how detection and reporting can be improved. Semi-structured interviews were conducted with 49 Dutch professionals working in child health care, mental health care, primary schools, and secondary schools. Following Schols et al. (2013), the I-Change model was used as a theoretical framework to organize the results (De Vries, 2017; De Vries et al., 2005).

Chapter 7 explores the potential of using Dutch administrative child welfare data to evaluate the long-term benefits of preventive interventions. This chapter describes the process of accessing and using administrative data from Statistics Netherlands to evaluate the long-term (up to 20 years) benefits of three preventive early childhood interventions: Supportive Parenting, VoorZorg, and Incredible Years. The results of the evaluations, and the challenges and opportunities of using this data in future research are discussed.

The final chapter, Chapter 8, comprises a general discussion that highlights the main findings of these studies, discusses the strengths and limitations, and describes implications for clinical practice as well as directions for future research.
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<th>Chapter</th>
<th>Research question(s)</th>
<th>Prevention level</th>
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<td>Which program components and techniques of parent training programs for child abuse are associated with program effectiveness?</td>
<td>Secondary &amp; tertiary</td>
<td>Meta-analysis</td>
<td>k = 51 studies, 185 effect sizes, N = 6,670</td>
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<tr>
<td>3</td>
<td>Which program components and techniques of home visiting programs for child abuse are associated with program effectiveness?</td>
<td>Secondary &amp; tertiary</td>
<td>Meta-analysis</td>
<td>k = 77 studies, 174 effect sizes, N = 48,761</td>
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<td>4</td>
<td>i. What is the overall effect of school-based child abuse prevention programs on children’s (a) child abuse-related knowledge and (b) self-protection skills? ii. How are program components and delivery techniques associated to the effectiveness of school-based programs?</td>
<td>Primary</td>
<td>Meta-analysis</td>
<td>Knowledge: k = 34 studies, 158 effect sizes, N = 11,798; Skills: k = 22 studies, 99 effect sizes, N = 7,804</td>
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<td>5</td>
<td>i. How do young child abuse survivors think school-based child abuse prevention programs should be shaped? ii. What program components do they perceive as essential?</td>
<td>Primary</td>
<td>Qualitative study</td>
<td>N = 13 Dutch young adults that were a victim of child abuse or neglect</td>
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<td>6</td>
<td>i. How do healthcare and education professionals detect and report child abuse? ii. How can the detection and reporting of child abuse be improved?</td>
<td>Primary</td>
<td>Qualitative study</td>
<td>N = 49 professionals (incl. 15 in child health care, 10 in mental health care, 14 in primary schools, and 10 secondary schools)</td>
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<td>7</td>
<td>What is the potential of administrative data to evaluate the long-term benefits of preventive early childhood interventions on outcomes related to child abuse?</td>
<td>Secondary</td>
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<td>Three preventive early childhood interventions: (1) Supportive Parenting (N = 466), (2) VoorZorg (N = 292), and (3) Incredible Years (N = 336)</td>
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