

Appendix 1 to report

Primary care interventions provided to families where children have been subjected to abuse and neglect, report 280 (2018)

1 (53)

Appendix 1 Table of included studies

Included quantitative studies

Reference	Study information	Participants	Intervention	Comparison	Results	Comments
Year						
Country						
Reference						
Bernard et al	Study design	Number of participants	Name	Name	Results children	
2012	RCT	n=120 children and	Attachment and Biobehavioral	Developmental Education for		
		n=113 parents	Catch-up (ABC)	Families (DEF)	The Strange situation test,	
USA	Aim				Children with disorganized	
[100]	To evaluate the efficacy of the	Inclusion criteria	Components	Components	attachments 1 month after	
	Attachment and Biobehavioral	All parents were enrolled in the	Theme sessions includes:	Enhancement of cognitive, and	intervention:	
	Catch-up (ABC) intervention	city's program that was intended	Providing nurturance, following	especially linguistic,	I: 19/60 (32 %)	
	relative to the control	to divert children from foster	the lead with delight, frightening	development. Intervention	SAU: 34/60 (57 %)	
	intervention	care.	behavior, recognizing voices from	conducted in the parents' homes		
			the past and consolidation of			
	Intervention directed to	Mean age	gains. Intervention conducted in	Staff education/training		
	Parents and children	Child: m=19.1 (5.5) months	the parents' homes	Not stated		
	Study period	Gender	Staff education/training	Duration/intensity		
	Not stated	Children: 58 % boys	Parent trainers with experience	10 weekly sessions		
		Parents: 98 % female	with children and strong			
	Setting		interpersonal skills	Number of participants		
	Child protective services			n=60		
			Duration/intensity			
	Type of abuse		10 weekly sessions			
	Domestic violence, parental					
	substance use, homelessness,		Number of participants			
	and child neglect were the		n=60			
	conditions noted most often.					
	However, the authors did not					
	have access to families' records,					
	and we were therefore limited to					
	reports of conditions by the					
	referring agency					
Broberg et al	Study design	Number of participants	Name	Name	Results children	
2016	RCT	n=86 randomized (n=80 at first	Trauma-focused Cognitive	SAU		
		follow-up and n=63 at last follow-	Behavior Therapy (TF-CBT)		PTSD remission	
Sweden	Aim	up)		Components	6 months	
[122]			Components		I: 12/42	

 To compare Trauma-focused	Inclusion criteria	Psychoeducation, relaxation	Different interventions with	SAU: 12/36
Cognitive Behavior Therapy (TF-	Child and parent reported two or	skills, to manage stress,	several different components.	
CBT) and services as usual (SAU)	more occasions of exposure to	expressing and modulating	Examples of interventions:	Trauma Symptom Checklist for
among patients who developed	physical, psychological or sexual	upsetting feelings, cognitive	EMDR, CBT, family therapy,	children (TSCC) PTS
severe post traumatic symptoms	violence. Patient had five or more	coping skills, developing a trauma	parent support, network	Baseline
after family related violence	trauma symptoms according to	narrative, correcting maladaptive	meetings, medication, and tactile	I: m=12.16 (5.82)
	DSM IV	cognitions, in vivo mastery of	massage	SAU: m=11.18 (5.83)
Intervention directed to		trauma reminders, joint child-		6 months
Parent and child interaction and	Children's age range	parent sessions, and enhancing	Staff education/training	I: m=8.28 (5.44)
parallel	5-17 years	safety	On average 13 years educational	SAU: m=9.27 (10.96)
			experience (in addition they	12 months
Study period		Staff education/training	received supervision from trained	I: m=6.15 (5.23)
Referrals were made 2012-01-01	Gender	The therapists were 2 social	therapists)	SAU: m=7.44 (6.11)
to 2014-06-30, the last follow-up	Girls = 55, Boys = 31	workers and 8 psychologists who		
interview was conducted 2015-		received training and supervision	Duration/intensity	Trauma Symptom Checklist for
08-01		from licensed TF-CBT therapists	Varied	children (TSCC) Total
				Baseline
Setting		Duration/intensity	Number of participants	I: m=31.60 (19.99)
Outpatient interventions in the		14–16 session	TSCC: n=39	SAU: m=31.08 (16.35)
Child and Adolescent Psychiatry			SDQ: n=35	6 months
		Number of participants	K-SADS: n=44	l: m= 22.69 (15.58)
Type of abuse		Baseline		SAU: m=25.07 (24.03)
Maltreatment (Physical,		TSCC: n=32	6 months	12 months
psychological and sexual abuse)		SDQ: n=39	TSCC: n=30	I: m=19.86 (16.72)
		K-SADS: n=45	SDQ: n=32	SAU: m=22.88 (16.21)
			K-SADS: n=36	
		6 months		Strengths and Difficulties
		TSCC: n=29	12 months	Questionnaire (SDQ) Total
		SDQ: n=38	TSCC: n=22	Baseline
		K-SADS: n=42	SDQ: n=23	I: m=16.16 (6.16)
		12		SAU: m=19.13 (7.52)
		12 months TSCC: n=20		6 months
				I: m=13.33 (7.07) SAU: m=14.17 (5.85)
		SDQ: n=30		12 months
				I: m=14.33 (5.03)
				SAU: m=12.09 (5.01)
				5AU. III-12.05 (5.01)
				Kiddie-Sads-Present and Lifetime
				Version (K-SADS) PTSD
				Baseline
			L	

					l: m=21.02 (6.48)
					SAU: m=21.45 (6.77)
					6 months
					I: m=14.67 (8.73)
					SAU: m=15.35 (10.08)
					Kiddie-Sads-Present and Lifetime
					Version (K-SADS-PL) Total
					Baseline
					I: m=60.07 (23.65)
					SAU: m=64.27 (31.43)
					6 months
					I: m=37.38 (26.34)
					SAU: m=43.68 (33.18)
Chaffin et al	Study design	Number of participants	Name	Name	Results recidivism
2011	RCT (four conditions)	n=153	Child interaction therapy (PCIT) +	SAU	
			Self-motivation (SM)		Child welfare support recidivism
USA	Aim	Inclusion criteria		Components	follow-up data (median 904
[115]	To dismantle the Self-	Study inclusion criteria for	Components	The SAU parenting program; a	days)
	motivational (SM) versus SAU	parents included a referral to the	The PCIT parenting condition	weekly didactic parenting group	PCIT+SM: 10 (29 %)
	orientation, and the child	program by child welfare for	Child-Directed Interaction (CDI):	in which parents learned about	PCIT+SAU: 17 (47 %)
	interaction therapy (PCIT) versus	neglect and/or physical abuse, at	parents learn to follow their	child development and	SAU+SAU: 17 (41 %)
	SAU parenting component effects	least one child between ages 2.5	child's lead in dyadic play and	developmentally appropriate	SM+SAU:14 (34 %)
	, , ,	and 12 years who was available	provide positive attention for	expectations, principles of	
	Intervention directed to	to participate, parent IQ score of	desirable behavior combined	discipline, use of praise,	Removal follow-up data (median
	Parent and child interaction	at least 65, access to at least one	with active ignoring of minor	communication strategies, stress	904 days)
		child, including children in foster	misbehavior. (PDI): parents learn	management, and the ways in	PCIT+SM: 10 %
	Study period	or kinship care	to give effective commands and	which parental personal	PCIT+SAU: 29 %
	Enrollment was conducted at the		instructions, to use a consistent	problems affect children	SAU+SAU: 18 %
	service agency between January	Mean age	time-out protocol in response to		SM+SAU:24 %
	2004 and August 2006	Parents: m=29 (6.5) years, range	noncompliance, and to properly	Staff education/training	
		20-57	reinforce child compliance. The	The SAU orientation condition;	Dyadic Parent-Child Interaction
	Setting	Child: inclusion criteria 2.5–	time-out protocol is highly	delivered by master's-level	Coding System (DPIC-S)
	The child welfare system	12 years, mean not stated	structured	therapists.	Negative parenting behavior
	(a small, inner city, nonprofit,	,,	The SM orientation condition; a	- P	PCIT vs SAU: F (1, 103.2) = 36,1
	community-based agency	Gender	manualized group program.	The SAU parenting condition;	p < .001
	operating a parenting program	Parents: 75 % female	General motivational	delivered by master's-level	Positive parenting behavior
	under contract with the single		interviewing principles and	therapists	PCIT vs SAU: <i>F</i> (1, 119.2) = 8,0
	state child welfare system)		included sessions involving		p < .01
			hearing testimonials from	Duration/intensity	
	Type of abuse		parents who previously		
L	., 196 01 00000		parents who previously		

					I
	Maltreatment (the majority		completed the parenting	SM orientation: designed dose	
	(70 %) of past household referrals		programs, performing decisional	6 sessions	
	involved child neglect, followed		balance exercises weighing the	SM parenting condition: designed	
	by physical abuse (23 %) or		pros and cons of harsh physical	dose 12–14 sessions	
	sexual abuse (6 %))		discipline		
				Number of participants	
			Staff education/training	n=83	
			SM was delivered by master's-	SAU+SM=41	
			level agency therapists trained in	SAU+SAU=42	
			the protocol by investigators.		
			PCIT was delivered by master's-		
			level agency therapists, initially		
			trained by study staff		
			, ,		
			Duration/intensity		
			SM: designed dose 6 sessions		
			PCIT: designed dose 12–14		
			sessions		
			Number of participants		
			n=70		
			PCIT+SAU=36		
			PCIT+SM=34		
Chaffin et al	Study design	Number of participants	Name intervention 1	Name	Results recidivism
2004	RCT	n=112 enrolled, 110 analysed	Parent child interaction therapy	Standard community-based	
		-	(PCIT)	parenting group	Re-reports of physical abuse
USA	Aim	(Data on the main outcome of			obtained from the statewide
[116]	To test the efficacy and	interest (i.e., maltreatment	Components	Components	child welfare administrative
-	sufficiency of parent- child	reports were available on all	Parent activities e.g., homework	The community group	database (median follow-up of
	interaction therapy	participants regardless of	and skills to increase parents	intervention was implemented at	850 days)
	(PCIT) in preventing re-reports of	treatment attrition status)	understanding of the negative	a single community-based	PCIT: n=8 (19 %)
	physical abuse among abusive		consequences of physical	nonprofit agency. The parenting	EPCIT: n=12 (36 %)
	parents	Inclusion criteria	discipline. A manualized safety	program is based on a group	SAU: n=17 (49 %)
		Parent-child dyads (i.e., abusive	and skill-building group was	psychoeducational (i.e., didactic)	
	Intervention directed to	parent and abused child) were	provided for the children. 12–14	model developed in-house by the	Results children
	Parent and child interaction	referred as they entered the child	sessions of PCIT was conducted	agency and are manualized and	
		welfare system for a new	incl.: 1) the Directed Interaction	structured. The first module is a	Behavior Assessment System for
	Study period	confirmed physical abuse report.	(CDI) component, on relationship	six-session introductory phase to	-
	Not stated	Referrals were eligible for the	enhancement skills and parent–	agency services and information	Children (BASC) Externalizing
		study if: (a) both the abusive	child interactions. Daily	about listening skills, how	Baseline
L	1		china interactions. Daily	about insterning skills, now	

Setting	parent (including stepparents or	homework practice logs. 2) The	parenting influence children, and	PCIT: m=60.6 (2.7)
The child welfare system	others in a parental role) and at	Parent-Directed Interaction (PDI)	how own upbringing has	EPCIT: m=69.4 (3.0)
Intervention conducted in	least one abused child were	component focuses on	influenced their parenting. The	SAU: m=59.7 (2.9)
clinic/lab based setting	available to participate together	command-giving skills and	second module is a 12-session	Post
	in treatment, and no legal	behavioral discipline for using	parenting-skills group in which	PCIT: m=55.3 (2.2)
Type of abuse	termination of parental rights or	time-out. The PCIT programs	parents learn about child	EPCIT: m=59.5(2.4)
Maltreatment (the extent and	abdication of parenting role had	emphasized how parenting was	development, discipline, praise,	SAU: m=56.4 (4.0)
duration of abusive behavior	been initiated; (b) the abusive	delivered behaviorally and	behavior management,	
among participants was serious.	parent had a minimum measured	focused on a much smaller and	communication strategies, stress	Behavior Assessment System for
Abusive parents had an average	IQ score of 70; (c) the child was	more behaviorally defined set of	management. The third module	Children (BASC) Internalizing
of two prior child welfare	between 4 and 12 years old	skills	is a 12-session anger	Baseline
physical abuse reports and two			management group to help	PCIT: m=52.2 (1.6)
prior child welfare neglect	Mean age	Staff education/training	participants develop self-	EPCIT: m=51.5 (1.8)
reports	Parents: m=32 (8.8) years	Therapists included basic trainees	awareness, self-control, and	SAU: m=49.7 (1.8)
	Child: inclusion criteria 4–12	(graduate practicum students,	empathy for others. The overall	
	years, mean not stated	interns, and beginning	approach is discussing how	Post
	,,	postdoctoral fellows, all of whom	parenting is conceptualized,	PCIT: m=47.4 (1.5)
	Gender	had no prior experience	regulating emotions, and verbal	EPCIT: m=48.2 (1.9)
	65 % of the parents were female	delivering PCIT), experienced	problem solving. Collateral	SAU: m=47.2 (2.3)
		trainees (trainees who had	supportive programs for children	
		significant experience with PCIT,	were provided. The community	Results Parents
		and experts of PCIT	group program focused on how	
			parenting was understood and	Child Abuse Potential Inventory
		Duration/intensity	conceptualized	(CAPI) Abuse scale
		6 months. A single didactic		Baseline
		session followed by five to six	Staff education/training	PCIT: m=181 (14.8)
		live-coached parent-child dyad	Not stated	EPCIT: m=159 (16.7)
		sessions. The second phase also	Not stated	SAU: m=174 (16.2)
		consists of a single didactic	Duration/intensity	o. (o. (10)
		session followed by five to six	Same as for interventions groups	Post
		live-coached parent-child dyad	sume as for merivencions groups	PCIT: m=122 (15.8)
		sessions.	Number of participants	EPCIT: m=127 (16.1)
			n=37	SAU: m=126 (29.4)
		Number of participants	11-57	CAP data is also reported for
		n=37	Drop-out	subscales: rigidity, distress,
		11-37	n=0	loneliness, problems with child
		Drop-out		ionenness, provients with tinu
		n=0		Dyadic Parent-Child Interaction
				Coding System (DPICS-II) Positive
		Name intervention 2		parenting behaviors
		PCIT plus		Baseline:
1		PCIT plus		Daselline.

		individualized enhanced services,		PCIT: m=140 (10.9)	
		or (EPCIT)		EPCIT: m=127 (10.7)	
				SAU: m=113 (11.0)	
		Components		Post	
		Individualized enhanced services		PCIT: m=152 (11.2)	
		were added, with particular		EPCIT: m=146 (18.3)	
		attention to services targeting		SAU: m=107 (18.0)	
		parental depression, current			
		substance abuse, and family,		Dyadic Parent-Child Interaction	
		marital, or domestic violence		Coding System (DPICS-II)	
		problems. Home visiting by study		Negative parenting behaviors	
		staff to assist parents with		Baseline	
		implementing PCIT skills.		PCIT: m=25 (3.0)	
				EPCIT: m=24 (3.4)	
		Staff education/training		SAU: m=25 (3.3)	
		Not stated		Post	
				PCIT: m=14 (2.9)	
		Duration/intensity		EPCIT: m=15 (3.0)	
		6 months		SAU: m=32 (4.8)	
		Number of participants			
		n=36			
		Drop-out			
		n=0			
Study design	Number of participants	Name	Name	Results children (follow-up after	
RCT	n=124	Trauma-focused Cognitive	SAU (child-centered therapy,	treatment finished)	
		Behavior Therapy (TF-CBT)	CCT)	Change score (Mean, SD for both	
Aim	Inclusion criteria			groups) and difference in change	
To evaluate community-provided	Mothers referred to the WCS.	Components	Components	scores (95 % CI) between groups,	
trauma focused cognitive	Children were eligible to	Psychoeducation about trauma,	Child-centered therapy is the	ITT LOCF	
behavior therapy (TF-CBT)	participate if they (1) were 7 to	managing stress, expressing	usual treatment at the WCS for		
	14 years old; (2) had at least 5	feelings, and cognitive coping.	parents and children It is based	Kiddie-Sads-Present and Lifetime	
treatment for children with	IPV-related PTSD symptoms,	Subsequent TF-CBT components	on the premise that traumatized	Version (K-SADS-PL-R)	
intimate partner violence (IPV)–	including at least 1 in each of 3	include developing a narrative	children and adults develop	Reexperiencing subscale	
related posttraumatic stress	PTSD symptom clusters on the	about the child's IPV experiences	difficulties due to a violation of	l: m= –1.17 (1.75)	
disorder (PTSD) symptoms	Kiddie Schedule for Affective	and joint child-parent sessions.	interpersonal trust and	SAU: m=-0.8 (1.40)	
			disempowerment. Child-centered	. ,	
Intervention directed to			•		
	SADS-PL)16; (3) were fluent in	component was implemented at	by establishing an empowering	Avoidance subscale	
Parent and child interaction and	SADS-PLITO, (S) WEIE HUEHLIN	component was implemented at		Avoidance subscale	
R A T t b b t t t t	AcT Aim To evaluate community-provided rauma focused cognitive behavior therapy (TF-CBT) compared with usual community reatment for children with ntimate partner violence (IPV)– elated posttraumatic stress disorder (PTSD) symptoms	RCTn=124AimInclusion criteriaTo evaluate community-provided rauma focused cognitive behavior therapy (TF-CBT)Mothers referred to the WCS. Children were eligible to participate if they (1) were 7 to 14 years old; (2) had at least 5 IPV-related PTSD symptoms, including at least 1 in each of 3 PTSD symptom clusters on the Kiddie Schedule for Affective Disorders and Schizophrenia,	Study design Number of participants Name RCT Number of participants n=36 Drop-out n=0 Study design n=124 Name RCT Inclusion criteria Mothers referred to the WCS. Nim n=124 Trauma-focused Cognitive Behavior Therapy (TF-CBT) Study design externation through the subscription of children with number of participants n=124 Trauma focused cognitive pehavior therapy (TF-CBT) Inclusion criteria Mothers referred to the WCS. Children were eligible to participate if they (1) were 7 to 14 years old; (2) had at least 5 PY-related PTSD symptoms, including at least 1 in each of 3 PSD symptoms, including at least 1 in each of 3 PTSD symptoms PTSD symptom clusters on the Kiddie Schedule for Affective about the child's IPV experiences and joint child's PIV experiences and polications of TF-CBT (IPV	Situdy design torus Number of participants n=124 Name n=124 Name Name trauma-focused Cognitive Behavior Therapy (TF-CBT) Name SAU (child-centered therapy, CT) Nim to sealuate community-provided reature for children with minate partner violence (PV)- elated postraumatic stress fisorder (PTSD) symptoms Number of participants n=124 Name SAU (child-centered therapy, Subsequent TF-CBT (Deponents) nanaging stress, expressing feelings, and cognitive coping. Subsequent TF-CBT (Deponents) nanaging stress, expressing feelings, and cognitive coping. Subsequent TF-CBT (Deponents) nanaging stress, expressing feelings, and cognitive coping. Subsequent TF-CBT (Deponents) niculed developing a narrative about the child's IPV experiences and joint child-parent sessions. Applications of TF-CBT (IPV) Sau (child-centered therapy, Subsequent TF-CBT (Deponents) nanaging stress repressions, Applications of TF-CBT (IPV)	SAU: m:13(1,0) SAU: m:13(1,0) Post POSt Individualized enhanced services wateraided, with particular attention to services targeting parental depression, current substance abuse, and family, marital, or domestic violence problems. Home visiting by study staff to assist parents with implementing PCIT skills. SAU: m:13(1,0) Vyacic Parent-Child interaction Coding System (PPICS-II) Pyacic Parent-Child interaction Coding System (PPICS-II) Vyacic Parent-Child interaction Coding System (PPICS-II) Pyacic Parent-Child interaction Coding System (PPICS-II) Vyacic Parent-Child interaction Coding System (PPICS-II) Pyacic Parent-Child interaction Coding System (PPICS-II) Vyacic Parent-Child interaction Coding System (PPICS-II) Pyacic Parent-Child interaction Coding System (PPICS-II) Vyacic Parent-Child interaction Coding System (PPICS-II) Pyacic Parent-Child interaction Coding System (PPICS-II) Vyacic Parent-Child interaction Coding System (PPICS-II) Pyacic Parent-Child interaction Coding System (PPICS-II) Vyacic Parent-Child interaction Coding System (PPICS-II) Pyacic Parent-Child interaction Coding System (PPICS-II) Vyacic Parent-Child interaction Coding System (PPICS-II) Pyacic Parent-Child interaction Coding System (PPICS-II) Number of participants in n=36 Number of participants n=0 Nume Number of participants in cludic actority Nume SAU (child-centered therapy, Childe-

		speaking mother who was a	narrative focused on sharing the	between therapist and client and	SAU: m= –0.40 (1.51)	
	Study period	direct IPV victim; and (4)	IPV experiences (3) optimize the	by encouraging the child and	Diff in change: MD=0.55 (0.07 to	
	September 1, 2004, and June 30,	assented (and their mother	child's ability to discriminate	parent to direct the content of	1.03) p<.05	
	2009	consented) to participate in 8	between real danger and	their own treatment.		
		therapy sessions.	generalized fears		Hyperarousal subscale	
	Setting			Staff education/training	I: m=-1.19 (1.42)	
	The Women's Center and Shelter	Mean age	Staff education/training	Same as intervention 1	SAU: m=-0.48 (1.31)	
	of Greater Pittsburgh (WCS), a	Children: m=9.64 (2.46) years	The therapists were 3 master's-		Diff. in change: MD= 0.71 (0.22 to	
	community IPV center, typically		level social workers with diverse	Duration/intensity	1.20), p≤.01	
	struggle with multiple safety,	Gender	clinical backgrounds (child	45-minute therapy sessions for		
	emotional, financial, legal, and	63 girls and 61 boys	welfare, CCT, and play therapy).	8 consecutive weeks or until the	Total score	
	practical problems		They were trained by one of the	family completed all 8 sessions.	I: m= −3.31 (3.48)	
			authors in the applied TF-CBT		SAU: m= -1.68 (3.22)	
	Type of abuse		model and in specific distinctions	Number of participants	Diff. in change MD=1.63 (0.44 to	
	Exposure to intimate partner		between TF-CBT and CCT and	n=60 ITT (32 completed	2.82) p≤.01	
	violence (IPV)		received supervision until	intervention)		
			proficiency was reached. A child		Self-report Reaction Index (RI):	
			CCT manual was to distinguish	Drop-out	I: m= -7.16 (13.52)	
			CCT from TF-CBT in the study	n=28	SAU: m= -1.66 (9.14)	
					Diff. in change: MD=5.5 (1.37 to	
			Duration/intensity		9.63) p≤.01	
			45-minute therapy sessions for			
			8 consecutive weeks or until the		Child Behavior Checklist (CBCL)	
			family completed all 8 sessions.		Behavior problems	
					I: m= -8.78 (19.98)	
			Number of participants		SAU: -10.12 (20.45)	
			n=64 ITT (43 completed		Diff. in change: -8.53 to 5.85	
			intervention)			
					PTSD diagnostic remission	
			Drop-out		I: 32 to 8 (75 %)	
			n=21		SAU: 18 to 10 (44 %)	
Donohue et al	Study design	Number of participants	Name	Name	Results recidivism	Data is
2014	RCT	n=72	Family behavior therapy (FBT)	SAU		reported for
					Number of days' child is in CPS	total group,
USA	Aim	Inclusion criteria	Components	Components	custody:	separate M
[124]	To evaluate a family-based	Participants were mothers	A comprehensive outpatient	A variety of services including	Baseline	and SD for
	behavioral therapy in mothers	referred for treatment of	treatment to manage substance	child placement, crisis	I: m=29.7 (42.7)	drug exposed
	referred from CPS for child	substance abuse and child	disorders. Substance use is	intervention services, family	SAU: m=38.4 (46.2)	and other
	neglect and drug abuse	neglect; (b) mother living with	conceptualized as a primary	services, caregiver services (e.g.,	Post	<i>neglec</i> t is
		the child victim responsible for	reinforcer. Standardized	individual counseling, marital	I: m=41.2 (55.0)	available in
	Intervention directed to	neglect referral (or it was the	engagement procedures	counseling, inpatient and	SAU: m=52.9 (56.3)	the study

			1		
	Parent	intention of the court to return	are used to involve family and	outpatient substance abuse	4 months
		the child to the mother's home	friends in treatment to support	counseling), child services (e.g.,	I: m=31.5 (47.4)
	Study period	upon treatment assignment);	goals as well as modeling pro-	individual and group therapy)	SAU: m=44.2 (54.6)
	NA	(c) mother identified as using	social behavior, assisting in child		
		illicit drugs during the 4	care, completion of therapeutic	Staff education/training	Results Parents
	Setting	months prior to referral; (d)	assignments, role-playing,	NA	
	Department of Family	mother displaying symptoms	communication skills		Child Abuse Potential Inventory
	Services (DFS)	consistent with illicit drug		Duration/intensity	(CAPI) Abuse scale
		(e) at least one adult individual	Staff education/training	6 months	Baseline
	Type of abuse	willing to participate in the	Professional experience varied		I: m=176.4 (107.4)
	Neglect (fetus/child being	mother's treatment; and (f)	(i.e., bachelor's level community	Number of participants	SAU: m=168.7 (103.8)
	exposed to drugs and other child	primary reason for referral not	treatment providers, master's	n=37 (assigned)	Post
	neglect)	due to sexual abuse perpetration	and doctoral graduate students,	6 months: n=31	I: m=135.4 (86.0)
		or domestic violence	postdoctoral fellow). FBT	10 months: n=32	SAU: m=144.2 (113.1)
			providers received approximately		4 months
		Mean age	16 hours of formal FBT training		I: m=135.6 (89.7)
		Mother: m=29.04 (8.07) years	in workshop format utilizing		SAU: m=140.0 (112.0)
		Children: m=3.92 (3.73) years	behavioral role-playing prior to		
			intervention implementation		
		Gender			
		Not stated	Duration/intensity		
			6 months		
			Number of participants		
			n=35 (assigned)		
			6 months: n=24		
			10 months: n=26		
Graham-	Study design	Number of participants	Name	Name	Results children
Bermann et al	RCT	118 Children and their mothers	Kids Club + The Moms'	Wait list	
2007			Empowerment Program [MEP]		Children in the clinical range on
[108]	Aim	Inclusion criteria		Staff education/training	external problems (CBCL)
-	To assess the efficacy of a group	Mothers who experienced	Components	-	(Graham-Bermann et al 2007)
Graham-	intervention for children and	physical conflict in their	Parallel intervention for children		Baseline
Bermann et al	their mothers exposed to IPV and	relationship with an intimate	and mothers. The child group	Duration/intensity	I: 21/61
2013	to identify factors associated with	partner during the past year and	intervention target children's	-	WL: 19/58
[109]	treatment efficacy	who had children of either	knowledge, attitudes and beliefs		Post
		gender between the ages of 6	about family violence, and their	Number of participants	I: 13/61
Graham-	Intervention directed to	and 12 were invited to	emotional adjustment. Groups	n=58	WL: 16/58
Bermann et al	Parent and child interaction	participate in an interview and	were age matched. In the		
2015		support groups for themselves	mothers group the mothers	Drop-out	
[110]	Study period	and/or their children.	discuss the impact of the violence	n=0	

	.				
	Not stated		on their child's development;	Children in the clinical range on	
		Mean age	build there parenting	internal problems (CBCL)	
USA	Setting	Children: range 6–12 years	competences and their repertoire	(Graham-Bermann et al 2007)	
	Recruitment through flyers and		of parenting and disciplinary skills	Baseline	
	newspaper advertisements, at	Gender		l: 19/61	
	social service agencies, and	About 50 % girls	Staff education/training	WL: 24/58	
	through shelters for battered		Group therapists were graduate	Post	
	women in five urban locations in		students in clinical psychology	I: 7/61	
	Michigan. programs were		and social work at the University	WL: 18/58	
	conducted in settings available in		of Michigan who were paired		
	each community, such as existing		with community providers, such	Child Behavior Checklist (CBCL)	
	mental health clinics, education		as therapists at local mental	Externalizing (Graham-Bermann	
	centers, and shelter outreach		health clinics. Therapists received	et al 2007)	
	programs.		intensive training in clinical work	Baseline	
			with children and women	I: m=14.79 (8.38)	
	Type of abuse		exposed to IPV as well as ethical	WL: m=16.76 (13.12)	
	Intimate partner violence (IPV)		issues in working with at-risk	Post	
			populations. All therapists	I: m=12.79 (8.50)	
			received weekly supervision by	WL: m=14.96 (12.96)	
			Sandra A. Graham-Bermann	8 months	
				I: m=10.41 (7.19)	
			Duration/intensity	WL: not applicable	
			10-week intervention		
				Child Behavior Checklist (CBCL)	
			Number of participants	Internalizing (Graham-Bermann	
			n=60 analyzed	et al 2007)	
				Baseline	
			Drop-out	I: m=17.10 (12.34)	
			n=1 (declined to participate)	WL: m=13.17 (9.34)	
				Post	
			This study also included a child-	I: m=11.29 (10.94)	
			only intervention (data not	WL: m=11.03 (9.56)	
			reported here)	8 months	
				I: m=10.66 (8.91)	
				WL: not applicable	
				Children's attitudes About	
				Family Violence (AAFV) Attitudes	
				(Graham-Bermann et al 2007)	
				,	
				Baseline	

		I: m=30.60 (5.52)	
		WL: m=29.14 (5.56)	
		Post	
		l: m=27.71 (4.41)	
		WL: m=30.06 (6.44)	
		8 months	
		I: m=27.94 (4.37)	
		WL: not applicable	
		Results parents	
		- -	
		Posttraumatic Stress Scale (PSS)	
		parents (Graham-Bermann et al	
		2013)	
		Baseline	
		l: m=57.95 (33.74)	
		WL: 70.60 (31.87)	
		Post	
		I: m=34.02 (18.65)	
		WL: m=51.66 (26.59)	
		8 months	
		I: m=30.56 (14.92)	
		WL: not applicable	
		The Anxiety and Parental Child	
		rearing Styles Scale (positive	
		parenting) (Graham-Bermann et	
		al 2015)	
		Baseline	
		I: m=1.07 (0.57)	
		WL: m=3.56 (0.66)	
		Post	
		l: m=2.11 (0.39)	
		WL: m=2.17 (0.71)	
		8 months	
		I: m=1.30 (0.93)	
		WL: not applicable	
		Beck Depression Inventory (BDI)	
		(Graham-Bermann et al 2015)	
		Baseline	
		Buschne	

					I: m=16.28 (11.82)
					WL: m=17.90 (10.03)
					Post
					I: m=10.55 (10.14)
					WL: m=14.26 (11.02)
					8 months
					I: m=8.34 (8.54)
					WL: not applicable
Grogan-Kaylor	Study design	Number of participants	Name	Name	Alabama Parenting
et al 2016					-
et al 2016	RCT	n=113	The preschool Kids Club + The	Wait list	Questionnaire (APQ)
			Moms' Empowerment Program		Baseline
Canada	Aim	Inclusion criteria	[MEP]	Components	I: m=1.65 (0.58)
[112]	Investigate the long-term effects	Women were able to participate		-	WL: m=1.53 (0.50)
	of a parenting intervention	if they had a child in the target	Components		Post
	on disciplinary practices and	age range (4–6 years old) and had	Children's group aim to help	Staff education/training	I: m=1.55 (0.62
	corporal punishment	experienced IPV in the past 2	children not feeling responsible	-	WL: m=1.61 (0.49)
		years	for IPV and give them strategies		6–8 months
	Intervention directed to		for managing conflict. In addition,	Duration/intensity	I: m=1.43 (0.40)
	Parent and child parallel	Mean age	group therapists work with	-	WL: 1.55 (0.51)
		Children: m=4.93 (.86) years	mothers to identify how stress		()
	Study period		affects their ability to parent,	Number of participants	Data received from author, not
	Not stated	Gender	focusing on the relationship	n=50 (analyzed)	available in article
	Not stated	47 % girls, 53 % boys	between IPV and parenting.		
	Cotting	47 % girls, 55 % b0ys		Dron out	
	Setting		Mothers discuss their fears,	Drop-out	
	Recruitment through local		worries, and hopes about	n=12	
	domestic violence shelters as		parenting. Therapists help		
	well as through flyers and		mothers to identify the effects of		
	brochures posted in local		IPV exposure on early child		
	community businesses and clinics		development. Once enrolled in		
			the treatment condition, mothers		
	No more information		and children attended biweekly		
			sessions for 5 weeks. Mothers		
	Type of abuse		and children met in separate		
	Intimate partner violence (IPV)		groups, with about 4 to 6		
	, , ,		mothers participating in each		
			group.		
			Staff education/training		
			Not stated		
			Duration/intensity		
			Duration/intensity	1	

			5 weeks		
			Number of participants		
			n=51 analyzed		
			Drop-out		
			n=7		
Guteman et al	Study design	Number of participants	Name	Name	Results parents
2013	RCT	n=138 (101 at 6-months follow-	Home-based paraprofessional	Case management services only	
		up)	parent aide plus case		Parent – Child Conflict Tactics
USA	Aim		management services	Components	Scale (CTS-PC) Psychological
[126]	Evaluate if parent aide services	Inclusion criteria		Included an initial needs	aggression
	would predict a significant	To be eligible for study	Components	assessment conducted by a case	Baseline
	reduction in child maltreatment	enrollment mothers were	Parent aide services aimed to	manager to gather information	I: m=8.36 (6.26)
	risk when compared with families	required to be the biological or	reduce the risk of physical abuse	about family history and risk for	SAU: m=8.62 (6.31)
	only receiving case management	adoptive mother of at least one	and/or neglect by targeting	maltreatment (including	Post
		child 12 years of age or younger	parenting behavior and	psychosocial and environmental	I: m=7.27 (6.42)
	Intervention directed to	living in the home. Mothers were	environmental challenges linked	risk), crisis intervention	SAU: m=7.79 (5.91)
	Parents	also required to be at least 18	with child maltreatment risk.	counseling whenever necessary,	
		years old and fluent in English.	Parent aides delivered services in	and referrals for substance	Parent – Child Conflict Tactics
	Study period		the home and engaged in	abuse, child care/respite, and	Scale (CTS-PC) Physical assault
	Not stated	Mean age	activities specifically targeting:	other community resources when	Baseline
		Mothers: m=29.6 (7.8) years	(1) child safety, (2) parenting skill	necessary. Services were limited	l: m=5.31 (4.85)
	Setting		guidance, (3) problem-solving	to phone contacts (up to two per	SAU: m=5.18 (4.52)
	Six parent aide program sites of	Gender	support, (4) improving parents'	month) or, if participants did not	Post
	the National Exchange Club	Only mothers	social support. Parent aides could	have active phone lines, such	I: m=4.08 (4.17)
	Foundation (NECF) serving a		visit the homes of their assigned	contacts were carried out in-	SAU: m=4.54 (4.03)
	southeast region of the USA.		cases up to two times per week,	person in the home	
	NECF coordinates the largest		depending upon assessed need.		Parent – Child Conflict Tactics
	collection of parent aide			Staff education/training	Scale (CTS-PC) Neglect scale
	programs in the USA. To be		Staff education/training	Not stated	Baseline
	eligible for services at these		Parent aides were		Not stated
	programs, families must have at		paraprofessionals who receive an	Duration/intensity	Post
	least one child 12 years of age or		initial 12 h of on-the-job training,	Average number of contacts per	I: m=1.29 (3.61)
	younger living in the home and		followed by monthly training and	family: 8.95 (6.40)	SAU: m=1.81 (3.03)
	be deemed at high risk of abuse		regular supervision thereafter	Average total number services	
	and/or neglect			delivered per family: 12.81	Child Well-Being Scale (CWBS)
			Duration/intensity	(11.35)	observational scales Household
	Type of abuse		Average number of contacts per		inadequacy
	Maltreatment (physical child		family: 17.45 (12.97)		
	abuse and neglect)			Number of participants	Baseline

	Average total number services	n=65	I: m=5.77 (1.50)
	delivered per family: 30.50		SAU: m=6.62 (4.19)
	(24.91)	Drop-out	6 months
		n=21	I: m=7.12 (1.76)
	Number of participants		SAU: m=6.87 (2.91)
	n = 73		
			Mother – child neglect scale
	Drop-out		(MCNS)
	n=16		Baseline
			Not stated
			6 months
			l: m=11.70 (2.23)
			SAU: m=18.88 (2.08)
			Brief Symptom Inventory (BSI)
			Maternal depression
			Baseline
			I: m=10.96 (4.65)
			SAU: m=12.70 (6.59)
			6 months
			I: m=9.59 (4.46)
			SAU: m=12.02 (6.01)
			5A0. 11-12.02 (0.01)
			Parenting Stress Index-Short
			Form (PSI-SF)
			Baseline
			I: m=99.29 (26.07)
			SAU: m=98.34 (25.49)
			6 months
			I: m=91.49 (23.13)
			SAU: m=96.09 (28.10)
			Maternal anxiety, maternal
			hostility, parental mastery,
			maternal social support is also
			reported in the study
			reported in the study

Jouriles et al	Study design	Number of participants	Name	Name	Results recidivism
2010	RCT	n=35 families	Project Support	SAU	Results reclainism
2010	ile i			540	Re-referral to CPS for child
USA	Aim	Inclusion criteria	Components	Components	maltreatment 8 months
[121]	To evaluate Project Support with	Families in which allegations of	Through direct instruction,	Families in the comparison	following intervention
[]	a sample of families referred to	physical abuse or neglect of a	practice, and feedback, mothers	condition received services as	I: 5.9 % (1/17)
	CPS for child maltreatment	child aged 3 through 8 years were	were taught skills with which to	usual from CPS caseworkers or	SAU: 27.7 % (5/18)
		substantiated by CPS, and in	increase desirable child behavior,	service providers under contract	
	Intervention directed to	which it was determined by	decrease undesirable child	to CPS. The type and amount of	Results parents
	Parent and child interaction,	CPS that the child and family's	behavior, communicate more	services received varied	
	parallel interventions for mothers	interests would be best	effectively with their children,	considerably across the 18	Parental Locus of Control Scale
	and mentoring for children	served by keeping the family	and facilitate a more positive and	families. Four of the 18 families	(PLOC) The Parental control of
	, C	intact and requiring the mother	warm relationship with their	did not receive any services,	child's behavior subscale
	Study period	(or parents when both parents	children. Therapists also worked	according to CPS records. Of the	Inability
	June 1997 to May 2000	were present) to participate in	with the mothers and one or	14 families who received	Baseline
		Services	more of their children together	services, all received some type	I: m=27.12 (6.95)
	Setting		to monitor the mothers' mastery	of parenting intervention	SAU: m=26.61 (7.68)
	Families reported to Children's	Mean age	of the parenting skills and the		8 months
	Protective Services (CPS) for	Children: m=5.4 (1.5) years,	children's responses to them. The	Staff education/training	I: m=21.88 (6.06)
	allegations of physical abuse or	Mothers: m=28.7 (5.4) years	students who accompanied the	CPS or CPS-contracted service	SAU: m=25.00 (7.22)
	neglect		therapists on the home visits	providers	12 months
		Gender	served as mentors for the		l: m=27.11 (6.86)
	Type of abuse	Mothers only	children; during the time when	Duration/intensity	SAU: m=22.27 (4.46)
	Maltreatment (families had been	Children not stated	the children were not in session	Not stated	16 months
	referred to CPS for physical abuse		with the mother and therapist,		I: m=22.56 (6.23)
	(63 %), neglect (25 %), or both		the students interacted with and	Number of participants	SAU: m=27.03 (7.06)
	(12 %)		supervised the children,	n=18	
			providing positive social support		The global severity index of the
			and serving as caring, prosocial	Drop-out	Symtom Checklist-90-R (SCL-GSI)
			models	n=4 (at last follow-up)	Maternal distress
					Baseline
			Staff education/training		I: m=50.23 (11.80)
			Eleven master's-level licensed		SAU: m=50.65 (13.87)
			mental health service providers were hired, trained, and		8 months
			supervised by a licensed clinical		I: m=42.64 (12.70)
			psychologist. The therapists		SAU: m=48.13 (13.43)
			received extensive training in the		8 months
			content and techniques of the		1: m=43.00 (10.68)
			intervention		SAU: m=49.24 (14.65)
					16 months
	1	1	l	1	<u> </u>

Jouriles et al 2009	Study design RCT	Number of participants n=66 mothers and children	Duration/intensity Home-based weekly sessions of 1 to 1.5 hour for up to 8 months Number of participants n=17 Drop-out n=0 Name Project Support	Name SAU	I: m=42.58 (13.19) SAU: m=48.43 (10.20) Revised Conflict Tactics Scale (CTS-PC) (the psychological aggression and minor assault subscale) Harsh parenting Baseline I: m=1.49 (1.06) SAU: m=1.87 (1.21) 8 months I: m=0.87 (0.93) SAU: m=1.64 (1.04) 12 months I: m=1.19 (1.07) SAU: m=1.87 (1.17) 12 months I: m=1.00 (1.06) SAU: m=1.84 (1.06) Results children	
USA [120]	Aim To evaluate an intervention designed to reduce conduct problems among children exposed to intimate partner violence Intervention directed to Parent and child interaction, parallel interventions for mothers and mentoring for children Study period Families were recruited into the project from October 1996 to January 2000 Setting	Inclusion criteria Women who entered the shelters with 4- to 9-year old children. Exclusion criteria were; the mother's abusive partner lived with the family following the shelter departure and the target child did not meet the DSM–IV criteria for ODD or CD Mean age Mothers Project support: m=29.8 (6.2) years SAU: m=29.1 (4.2) years Children's age not stated	Components Two primary components: (a) teaching mothers child management skills and (b) providing instrumental and emotional support to mothers. The child management skills component of the program included 12 child management skills (e.g., listening to your child, praising, reprimanding). Therapists worked primarily with the mothers, although children were brought into sessions for evaluating mothers' use of skills and children's responses to the skills. The skills were taught to	Components Project staff contacted families monthly, either in person or by telephone. These monthly contacts were structured so that these families could receive instrumental and emotional support services similar to those provided to Project Support families Staff education/training Not stated Duration/intensity 8-month period following shelter departure, families on average had 3.7 contacts with	Child Behavior Checklist (CBCL) Externalizing Baseline I: m=67.9 SAU: m=65.9 Post I: m=57.4 SAU: m=61.6 Cohen's d (Cl, 95 %): 0.66 (0.11 to 1.19) 12 months I: m=53.3 SAU: m=59.0 Cohen's d (Cl, 95 %): 0.63 (0.04 to 1.20) Eyberg Child Behavior Inventory (ECBI) Problem behaviors	

Families were recruited	Gender	mothers through didactic	project staff in which a safety	Baseline
from six urban and	Children	instruction accompanied by	issue was addressed, emotional	I: m=142.1
suburban domestic violence	Project support: 58.8 % male	written materials, role plays, in	support was provided, a referral	SAU: m=129.8
shelters	SAU: 41.2 % male	vivo practice. The students	was requested or offered, some	Post
Sherters	5A0. 41.2 // Inale	who accompanied the therapists	form of instrumental support was	I: m=102.5
Type of abuse	Only mothers	to the sessions served as child	provided, or the family received	SAU: m=102.7
Intimate partner violence (IPV)	Only mothers	mentors (providing positive	some combination of support	Cohen's d (Cl, 95 %): 0,17 (–0.36
		support and serving as prosocial	services	to 0.70)
		models)	Services	12 months
		(induels)	Number of participants	I: m=82.8
		Staff education/training	n=34 randomized	SAU: m=103.8
		A trained therapist and advanced	n=29 at final follow-up	Cohen's d (Cl, 95 %): 0,66 (0.03 to
		undergraduate or	Dren out	1.26)
		postbaccalaureate students delivered the intervention.	Drop-out	Desults manages
			n=5 (15 %)	Results parents
		Eight master's level clinicians and		Benetice Dimensional Investment
		one clinical psychologist served		Parenting Dimensions Inventory
		as therapists. Therapists received		(PDI) Inconsistent parenting
		extensive training about the		Baseline
		intervention		I: m=26.8
				SAU: m=23.1
		Duration/intensity		Post
		An average of 20 home-based		I: m=21.0
		treatment sessions during the 8-		SAU: m=22.7
		month period following shelter		Cohen's d (CI, 95 %): 0.63 (0.08 to
		departure		1.16)
				12 months
		Number of participants		l: m=21.6
		n=32 randomized		SAU: m=20.3
		n=27 at final follow-up		Cohen´s d (Cl, 95 %): –0.01 (–0.58
				to 0.55)
		Drop-out		
		n=5 (16 %)		Revised Conflict Tactics Scale-
				Parent-Child (CTS-PC) Physical
				aggression
				Baseline
				I: m=4.8
				SAU: m=5.4
				Post
				I: m=3.2
				SAU: m=2.6

Cohen´s d (Cl, 95 %): –0.0	4 (–0.57
to 0.49)	
12 months	
l: m=2.2	
SAU: m=2.8	
Cohen´s d (Cl, 95 %): 0.25	(_0.33
to 0.81)	(-0.55
10 0.81)	
Revised Conflict Tactics S	
	cale-
Parent-Child (CTS-PC)	
Psychological aggression	
Baseline	
l: m=9.4	
SAU: m=7.5	
Post	
I: m=6.0	
SAU: m=6.0	
Cohen's d (CI, 95 %): 0.32	(-0.22
to 0.84)	
12 months	
l: m=5.8	
SAU: m=6.0	
Cohen´s d (CI, 95 %): 0.34	(-0.24
to 0.90)	(0.2.
The global severity index	of the
Symptom Checklist-90-R	
GSI) Psychiatric symptom	
Baseline	
l: m=60.0	
SAU: m=60.1	
Post	
l: m=53.4	
SAU: m=50.7	
Cohen´s d (Cl, 95 %): –0.1	9 (–0.73
to 0.36)	
12 months	
l: m=53.1	
SAU: m=53.8	
Cohen´s d (CI, 95 %): 0.04	(-0.57
to 0.64)	

					Impact of Event Scale (IES) (trauma symptoms) Baseline I: m=26.4 SAU: m=24.8 Post I: m=14.17 SAU: m=18.6 Cohen's d (CI, 95 %): 0.49 (-0.06 to 1.03) 12 months
					l: m=12.6
					SAU: m=14.3 Cohen´s d (Cl, 95 %): 0.12 (–0.47
					to 0.70)
Jouriles et al	Study design	Number of participants	Name	Name	Results recidivism
2001 [69] and	RCT	36 mothers and their children	Project SUPPORT	SAU (existing services condition)	
McDonald et					Recurrence of physical violence
al 2006 [119]	Aim	Inclusion criteria	Components	Components	toward the mother during the
	To examine the effects of project	Mothers who reported at least	Providing mothers and children	Contact either in person or by	8 months follow-up period
USA	Support on maternal aggression	one physically violent act from a	with social and instrumental	Telephone. No restrictions were	(reported by the mother)
	toward children and to examine if	male partner during the previous	support and mothers with	placed on families' receipt of	I: 5/16 (31 %)
	project support helped in	12 months and had at least one	problem-solving skills and (b) to	services from other sources. With	SAU: 8/18 (44 %)
McDonald et	providing assistance to mothers	child age 4–9 years who met	use certain child management	the exception of immediate	
al 2006: 24-	who had already made the	Diagnostic and Statistical Manual	and nurturing skills designed to	safety concerns, the families in	Recurrence of physical violence
months	decision to leave their abusive	of Mental Disorders criteria for	help reduce their children's	the comparison condition	toward the mother during the
follow-up	partners	oppositional defiant disorder or	conduct problems. Therapists	received no clinical services other	16 months follow-up period
		conduct disorder	worked primarily with the	than referrals	(reported by the mother)
	Intervention directed to		mothers (e.g., providing support		(McDonald et al 2006)
	Parent and child interaction	Mean age and range	and facilitating the development	Staff education/training	
		Children	of problem-solving skills, teaching	Not stated	I: 5/13 (38 %)
	Study period	m=5.67 (1.88) years	child management skills), while		SAU: 8/17 (47 %)
	Not given	N de the sec	the students served as mentors	Duration/intensity	Break a shild and
	Catting	Mothers	for the children (e.g., providing	contacted monthly for 16 months	Results children
	Setting	m=27.97 (4.90) years	positive support and serving as	Number of continues	Child Dehavior Checklist
	Families were recruited from	Condox	prosocial models). In addition,	Number of participants	Child Behavior Checklist
	three Houston-Galveston, Texas,	Gender	safety concerns were addressed	n=18 mother-child dyads	(CBCL) parent report
	area shelters that offer refuge to	26 boys and 10 girls	with all families	Dron out	Externalizing
	battered women and their			Drop-out	Baseline
	dependent children. The support			Not stated	I: m=66.28 (10.00)

	Chaff a durantized by the	
program was given when the	Staff education/training	SAU: m=65.56 (9.13)
families returned home	Families were assigned to an	Post
	intervention team consisting of a	I: m=57.00 (11.10)
Type of abuse	trained therapist and advanced	SAU: m=60.11 (10.81)
Intimate partner violence (IPV)	undergraduate or	4 months
	postbaccalaureate students. Six	I: m=54.80 (12.95)
	clinical psychology graduate	SAU: m=55.47 (10.39)
	students and one clinical	8 months
	psychologist served as therapists.	I: m=49.79 (9.17)
	The therapists received extensive	SAU: m=58.59 (13.62)
	training in the content and	16 months (McDonald et al 2006)
	techniques of the intervention,	l: m=54.5 (11.5)
	which included graduate	SAU: m=60.0 (14.7)
	coursework, in vivo practice, and	
	direct observation	Child Behavior Checklist
		(CBCL) Internalizing
	Duration/intensity	Baseline
	Weekly sessions of 1 to 1.5 hours	I: m=62.28 (8.94)
	for 8 months	SAU: m=58.72 (11.96)
		Post
	Number of participants	I: m=52.07 (9.71)
	n=18 mother-child dyads	SAU: m=55.41 (10.43)
	,	4 months
	Drop-out	I: m=53.20 (9.79)
	Not stated	SAU: m=50.94 (9.28)
		8 months
		I: m=48.07 (7.98)
		SAU: m=51.59 (9.66)
		16 months follow-up
		(McDonald et al 2006)
		I: m=48.77 (7.68)
		SAU: m=54.38 (60.94)
		SAU. III-54.58 (00.54)
		Results parents
		Symptom Checklist-90 – Revised
		(SCL-90-GSI)
		Baseline
		I: m=67.78 (8.85)
		SAU: m=67.44 (9.49)

Lieberman et al 2006 (6 months follow-up) [103] Lieberman et al 2005 (post measure- ment) [104] USA	Study design RCT Aim To examine whether child–parent psychotherapy (CPP), an empirically based treatment focusing on the parent–child relationship as the vehicle for child improvement, is efficacious for children who experienced multiple traumatic and stressful life events (TSEs) Intervention directed to Parent and child interaction Study period Not stated	Number of participants N=75 children and their mothers Inclusion criteria Child exposed to marital violence as confirmed by mother's report on the Conflict Tactics Scale 2 and the father figure perpetrating marital violence no longer resided in the home. Mean age Children: m=4.06 (0.82) years Mothers: m=31.48 (6.23) years Gender 39 girls and 36 boys	Name Child–parent psychotherapy (CPP) Components Treatment fidelity was monitored through weekly case supervision that included review of process notes. The treatment manual has been published (Lieberman & Van Horn, 2005), and the theoretical, clinical, and research elements of the treatment have been further elaborated in Lieberman and Van Horn (2008). Staff education/training The clinicians had at least a Master's degree in clinical psychology	Name SAU (with case management) Components Information about mental health clinics. Monthly phone calls from a case manager. The clinical case manager assisted in securing services, inquired about how mother and child were doing and intervened during crises. In the comparison group, 73 % of mothers and 55 % of children received individual treatment. Additional details regarding treatment attendance are provided in Lieberman et al. (2005) Staff education/training Db D. degrees layed division as	Post I: m=53.40 (12.55) SAU: m=59.83 (11.08) 4 months I: m=58.87 (14.27) SAU: m=54.00 (13.74) 8 months I: m=52.38 (8.15) SAU: m=55.94 (11.31) Results children Child Behavior Checklist (CBCL) Total behavior problem (Lieberman et al 2006) Baseline CPP: m=60.81 (10.59) SAU: m=57.39 (9.06) 6 months I: m=51,04 (9.92) SAU: m=55,04 (11,45) Child Behavior Checklist (CBCL) Total score (Lieberman et al 2005) Baseline I: m=61.46 (10.32) SAU: m=58.00 (9.52) Post I: m=56,69 (9.60)
	Study period		The clinicians had at least a Master's degree in clinical	provided in Lieberman et al. (2005)	Baseline I: m=61.46 (10.32) SAU: m=58.00 (9.52) Post
	Setting Dyads were referred to treatment by pediatric providers, family resource programs,		Duration/intensity Weekly CPP sessions lasted approximately 60 minutes and	Ph.D. degree-level clinician as case management Duration/intensity	SAU: m=59,07 (11.28) Semistructured interview for
	childcare providers, and child protection workers		were conducted over the course of 50 weeks (dyads attending m=32.09 sessions, SD = 15.20)	Phone calls generally lasted 30 minutes. Face-to-face meetings were scheduled when clinically indicated	Diagnostic Classification (DC 0-3 TSD) Traumatic Stress Disorder (Lieberman et al 2005) Baseline I: m=8.03 (3.50)
	Type of abuse Intimate partner violence (IPV) (child exposure to domestic violence)		Number of participants n=27 at 6-months (Lieberman et al 2006) n=36 post (Lieberman et al 2005)	Number of participants n=23 at 6 months (Lieberman et al 2006)	SAU: m=7.11 (3.80) Post I: m=4.42 (2.86)

				n=29 post (Lieberman et al 2005)	SAU: m=6.71 (4.54)
			Drop-out		
			n=6 at post-test	Drop-out	Results parents
			n=2 at 6-months	n=4 at post-test	
				n=4 at 6-months	Symptoms Checklist-90 Revised
					(SCL-90-R) Global severity index
					(GSI) Maternal symptomatology
					(Lieberman et al 2006)
					Baseline
					I: m=1.02 (0.63)
					SAU: m=0.92 (0.70)
					6 months
					I: m=0,49 (0,61)
					SAU: m=0,74 (0,79)
					Clinician Administered PTSD
					Scale (CAPS) Total (Lieberman et
					al 2005)
					Baseline
					I: m=52.18 (24.72)
					SAU: m=50.56 (22.58)
					Post
					I: m=28.41 (21.59)
					SAU: m=39.16 (25.00)
					5A0. 11-59.10 (25.00)
Lind et al	Study design	Number of participants	Name	Name	The Tool Task
2014	RCT	n=117 children and 112	The Attachment and	Developmental Education for	Children's negative affect
		caregivers	Biobehavioral Catch-up (ABC)	Families (DEF).	expression after about 1 year
USA	Aim				
[101]	Investigating the effectiveness of	Inclusion criteria	Components	Components	Cohen´s d=0.42
	the Attachment and	Families who had been reported	Help parents engage in	The DEF intervention was	
	Biobehavioral Catch-up	to Child Protective Services (CPS)	synchronous interactions with	designed to enhance motor,	
	intervention for young children	in a large, mid-Atlantic city due to	their children, to provide	cognitive, and language skills. It	
	who had been reported to Child	allegations of maltreatment.	nurturing care in response to	was adapted from a home-	
	Protective Services (CPS)	Children were required to be less	child distress, and to avoid	visiting program that was	
		than 2 years old at the time of	frightening behavior. These three	previously shown to be effective	
	Intervention directed to	referral and living with their	targets were intended to	in enhancing intellectual	
	Parent and child interaction	biological parents	enhance children's ability to	functioning	
			develop secure and organized	ž	
1	Study period	Mean age	attachments, to develop	1	1

	Not stated Setting Child Protective Services (CPS) Type of abuse Families who had been reported to Child Protective Services (CPS) in a large, mid-Atlantic city due to allegations of maltreatment. Authors were unable to systematically measure reason for referral or history of other risk factors	Children: m=26.5 (3.4) months Gender Girls: 109 (97 %)	normative cortisol production, and to develop the ability to regulate emotions effectively Staff education/training Not stated Duration/intensity 10 weekly sessions Number of participants n=78	Staff education/training Not stated Duration/intensity 10 weekly sessions Number of participants n=89	
MacMillan et	Study design	Number of participants	Name	Name	Results recidivism
al 2005 Canada	RCT Aim	n=163 randomized	Home visitation by nurses Components	SAU Components	Number of families with rereported abuse incidence
[127]	To investigate whether home	Families with a history of one	Home visitation by a public-	Standard services arranged by	during the 3-year follow-up
[127]	visitation by nurses might reduce	index child being exposed to	health nurse who met with at	the agency including routine	period (hospital records)
	abuse and neglect recidivism	physical abuse or neglect the	least one parent during the visit,	follow-up by CPA caseworkers	
	-	index child was younger than	attempting to meet with both	whose focus was on assessment	Physical abuse and neglect
	Intervention directed to	13 years, the reported episode	parents in two parent families.	of risk of recidivism, provision of	l: 21
	Parents	of physical abuse or neglect	The nurses tailored their home	education about parenting, and	SAU: 8
		occurred within the previous	visits to the individual needs of	arrangement of referrals to	Difference: 12 %
	Study period	3 months and the child identified	the families. Their three main	community-based parent	
	reference to child	as physically abused or neglected	activities were intensive family	education programmes and other	Physical abuse
	protection agencies (CPAs) between March 24 1995 and	was still living with his or her family or was to be returned	support, parent education about infant and child development,	services	l: No reports: 59/88
	October 30 1996	home within 30 days	and linkage of family members	Staff education/training	Reports: 29/88
	October 30 1990	nome within 30 days	with other health and social	Not stated	SAU:
	Setting	Mean age	services that were specific to the	Not stated	No reports: 41/72
	Two local child protection	Children	family's situation	Duration/intensity	Reports: 31/72
	agencies (CPAs)	Home visitation: m=5.1 (3,9)	,	Not stated	
		SAU: m=5.2 (3.3)	Staff education/training		Neglect
	Type of abuse		A manual was developed for the	Number of participants	1:
	Maltreatment (child physical	Parents	public-health nurse training	n=74 at baseline	No reports: 47/88
	abuse or neglect)	Home visitation: m=29.5 (8.0)	programme during a pilot study	n=73 followed up at 1 year	Reports: 41/88
		years	and was further refined for this	n=69 followed up at 2 years	SAU:
		SAU: m=28.9 (6.7) years	trial. Nurses received a 1-week	n=66 followed up at 3 years	No reports: 35/72
			educational programme that was		Reports: 37/72
		Gender	didactic and based on experience	Drop-out	

				<u>^</u>	
		Children		n=8	
		Home visitation: 37 (42 %) male	Duration/intensity		Physical abuse and neglect
		SAU: 45 (61 %) male	Home visitation every week for		1:
			6 months, then every 2 weeks for		No reports: 38/88
		Parents	6 months, then monthly for		Reports: 86/88
		Home visitation: 85 (96 %) female	12 months. The nurses visited for		SAU:
		SAU: 70 (95 %) female	1.5 hours		No reports: 24/72
					Reports: 48/72
			Number of participants		
			n=89 at baseline		Results parents
			n=87 followed up at 1 year		
			n=78 followed up at 2 years		Child Abuse Potential Inventory
			n=73 followed up at 3 years		(CAPI)
					Baseline
			Drop-out		I: m=195.1 (109.6)
			n=16		SAU: m=202.6 (111.1)
					Post (2 years after baseline)
					I: m=156.5 (114.7)
					SAU: m=168.2 (112.6)
					1 year follow up (3 years after
					baseline)
					I: m=149.3 (118.2)
					SAU: m=149.2 (116.3)
					5.61.11 1.5.2 (110.5)
					Adult Adolescent Parenting
					Inventory (AAPI) Score
					Baseline
					I: m=122.3 (17.6)
					SAU: m=123.1 (14.7)
					Post (2 years after baseline)
					I: m=129.5 (16.3)
					SAU: m=130.6 (15.2)
					1 year follow up (3 years after
					baseline)
					-
					I: m=133.1 (18.3)
N 4 - Faulau a 1	Charles de class	Normalization and a constraint of the	News	News	SAU: m=132.4 (16.3)
McFarlane et	Study design	Number of participants	Name	Name	Results children ages 18 months
al 2005	RCT	n=258	Nurse case management (NCM)	Standard Care (SC)	to 5 years
USA	Aim	Inclusion criteria	Components	Components	Child Behavior Checklist (CBCL)
[128]		women who reported physical			Total behavior problem
[120]	1	women who reported physical		1	

To determine if a treatment	or sexual abuse within the	Each mother received standard	Standard care and abuse	
program offered to abused	preceding 12 months, and who	elements of nurse case	assessment and receipt of a	Baseline
mothers positively affects the	had at least one child, ages	management. These elements	wallet-size referral card	I: m=56.6 (12.1)
behaviors of their children	18 months to 18 years, living with	included: (a) supportive care, in		SAU: m=58.3 (14.4)
	them	which the nurse served as an	Staff education/training	Post (18 months after baseline)
Intervention directed to		available, interested, and	Not stated	I: m=43.1 (14.5)
Parents	Mean age	empathic listener; (b)		SAU: m=45.1 (15.2)
	Women range: 18 to 44 years	anticipatory guidance, in which	Duration/intensity	6 months follow up
Study period	Children range: 18 months to	the women were told what to	24-months	I: m=38.2 (12.1)
February 2001- August 2004	18 years	expect if the woman decided to		SAU: m=40.0 (13.5)
		access abuse intervention	Number of participants	
Setting	Gender	services, as well as the risks	Children n=114	Results children ages 6 to
public primary	Not stated	associated with leaving the		18 years
care clinics		abuser, having the abuser	Drop-out	
		arrested, or applying for a	Not specified by group total	Child Behavior Checklist (CBCL)
Type of abuse		protection order, and (c) guided	n=127	Total behavior problem
Intimate partner violence (IPV)		referrals, in which the nurse		Baseline
(physical or sexual abuse of		offered referrals tailored to the		I: m=59.2 (13.7)
mothers)		woman's needs, for example, job		SAU: m=57.6 (11.7)
		training and housing. Sessions.		Post (18 months after baseline)
		Receipt of a wallet-size referral		I: m=49.6 (12.9)
		card.		SAU: m=51.6 (13.2)
				6 months follow up
		Staff education/training		I: m=46.8 (12.1)
		Not stated		SAU: m=48.8 (12.0)
		Duration/intensity		Internal and external CBCL scores
		Nurse case management at entry		are also presented in article
		and again at the 6-, 12 and 18-		
		months visits The case		
		management sessions lasted, on		
		average, 20 minutes and women		
		were encouraged to contact the		
		nurse as often as the woman		
		choose		
		Number of participants		
		n=119 children		
		18 months to 5 years: NCM= 53,		
		SC=50		
		6 to 18 years: NCM=66, SC=64	1	

			Drop-out Not specified by group total n=127		
Moss et al	Study design	Number of participants	Name	Name	Results children
2011 [98],	RCT	79 caregivers and their children	Short-term attachment-based	SAU (Child welfare services)	
Dubois-		(1–5 years)	intervention		The Strange Situation Test
Comtois 2017	Aim			Components	Attachment Classification
99]	To evaluate the efficacy	Inclusion criteria	Components	Standard agency services, which	(children age 12 to 24 months)
-	of a short term attachment-	(a) were the primary caregiver of	Intervention sessions included	consisted of a monthly visit by a	or The Preschool Separation-
	based intervention with	a child between 12 and 71	brief discussions of attachment	child welfare caseworker	Reunion Procedure (children age
anada	maltreating parents and their	months of age and were living	emotion regulation-related		2 to 6 years)
	children	with the child (c) were not	themes and video feedback of	Staff education/training	Organized
		participants in any other parent-	parent-child interaction. (a)		Baseline
	Intervention directed to	child oriented treatment	responding to child distress		1: 16
	Parent and child interaction	program, and (d) were presently	signals with comfort and	Duration/intensity	SAU: 16
		being monitored by a community	appropriate structuring and (b)	1 time monthly	Post
	Study period	(n=13) or child welfare agency	promoting and supporting active	,	1: 28
	Not stated	(n=54) for child maltreatment	child exploration when the child	Number of participants	SAU: 14
			is not distressed	n=32 post	
	Setting	Mean age			Disorganized
	Setting	Children: m=3.35 (1)	Staff education/training	Drop-out	Baseline
		Caregivers: m=27.82 (7.61)	Four clinical workers with	n=7	1: 19
	Type of abuse		experience in child welfare	11-7	SAU: 16
	Maltreatment (sexual abuse,	Gender	settings were trained by		Post
	physical abuse, neglect or	Boys n=41	attachment experts to observe		1:7
	emotional abuse)	Girls n=26	and understand attachment		SAU: 18
	emotional abuse)	Giris II-20	behavior in infants, toddlers, and		5AU. 18
			preschoolers		Child Behavior Checklist (CBCL)
			prescribblers		Externalizing T scores
			Duration/intensity		Baseline
			8 weekly sessions		l: m=59.47 (9.82)
			o weekly sessions		
			Number of contininguate		SAU: m=60.73 (11.60)
			Number of participants		Post
			n=35 post		I: m=57.85 (9.84)
					Control: m=57.54 (12.61)
			Drop-out		
			n=5		Child Behavior Checklist (CBCL)
					Internalizing T scores
					Baseline
					I: m=56.73 (8.23)

			1	I	
					SAU: m=54.80 (11.77)
					Post
					I: m=54.43 (7.44)
					SAU: m=55.56 (11.45)
					Results parents
					The Maternal Behavior Q-Set
					(MBQS) Maternal sensitivity
					Baseline
					I: m=0.26 (0.46)
					SAU: m=0.28 (0.46)
					Post
					l: m=0.48 (0.31)
					SAU: m=0.31 (0.39)
					The Parenting Stress Index-
					Short Form (PSI-SF) Parenting
					stress relating to parental role
					(Data from Dubois-Comtois)
					Baseline
					I: m=83.52 (23.69)
					SAU: m=74.35 (20.57)
					10 weeks
					I: m= 78.48 (20.08)
					SAU: m= 63.90 (15.12)
Overbeek et	Study design	Number of participants	Name	Name	Results children
al 2013	RCT (follow up at one week and	164	Kids Club/"It's my turn now"	Control group ("You belong")	
	six months after the end of the		. ,	0 1 (0)	Child Behavior Checklist (CBCL)
The	program)	Inclusion criteria	Components	Components	Internalized
Netherlands		Experience of psychological	The child sessions drew on work	Only non-specific factors of	Baseline
[111]	Intervention directed to	and/or physical IPV and if	about the program Kids' Club, but	interventions were used in this	I: m=57,59 (10,70)
	Parent and child parallel	participants indicated the	several topics of sessions have	program, such as attention,	SAU: m=60,14 (9,66)
	P	violence had stopped at the time	been altered (e.g. more time	amount of treatment contact, a	1 week
	Aim	parent and child started with the	spent on identifying,	structured environment, positive	I: m= 52,13 (10,81)
	To examine if participation in an	program	differentiating, and dealing with	attention from the therapist,	SAU: m=52,40 (9,75)
	intervention with specific factors,		emotions) or added (e.g. secrets,	positive expectations, distraction	6 months
	focused on IPV, parenting and	Mean age	contact with the violent parent,	and social support and	I: m=51.30 (10.52)
	coping, would be associated with	Children m=9,22 (1,51)	and the future). Treatment	interaction among group	SAU: m=50.89 (11.62)
	better recovery		techniques are based on trauma	participants. Therapists were	
			theory and focus on readjusting	instructed not to focus on	
L		1	theory and rocus on reaujustilly		

Study period	Gender	affective responses to trauma-	traumatic experiences, emotions,	Child Behavior Checklist (CBCL)
September 2009 to January 2012	Boys: n=86	related thoughts and memories	parenting, or coping.	Externalized
	Girls: n=69	directly addressing the traumatic		Baseline
Setting		experiences. In the parent	Staff education/training	I: m=54.04 (10.88)
		sessions the focus was on	Not stated	SAU: m=57.16 (11.39)
Type of abuse		psycho-education and discussion,		1 week
Intimate partner violence (IPV)		improving parenting and	Duration/intensity	I: m=50.02 (11.13)
		disciplinary skills to increase	Nine sessions of 90min each	SAU: m=52.21 (11.87)
		positive behavior and decrease		6 months
		negative behavior	Number of participants	I: m=50.48 (9.81)
			n=56	SAU: m=50.35 (12.72)
		Staff education/training	Baseline	
		Therapists received a one-day	CBCL: n=49	Trauma Symptom Checklist for
		training by one of the developers	TSCYC: n=42	Young Children (TSCYC) (parent
		of the program before they could	TSCC: n=29	report)
		provide this standardized		Baseline
		program and they followed a	1 week	I: m=59.87 (14.58)
		manual for every session.	CBCL: n=48	SAU: m=66.79 (14.15)
			TSCYC: n=39	1 week
		Duration/intensity	TSCC: n=29	I: m=55.36 (13.74)
		Nine sessions of 90 minutes each		SAU: m=57.59 (9.72)
			6 months	6 months
		Number of participants	CBCL: n=46	I: m=54.40 (12.08)
		n=108	TSCYC: n=37	SAU: m=55.22 (12.08)
		Baseline	TSCC: n=27	
		CBCL: n=93		Trauma Symptom Checklist for
		TSCYC: n=85	Drop-out	Young Children (TSCC) (child
		TSCC: n=65	n=10	report)
				Baseline
		1 week		I: m=49.46 (9.65)
		CBCL: n=90		SAU: m=50.52 (9.42)
		TSCYC: n=77		1 week
		TSCC: n=64		I: m=46.39 (10.00)
				SAU: m=44.21 (10.26)
		6 months		6 months
		CBCL: n=89		I: m=45.20 (9.87)
		TSCYC: n=80		SAU: m=45.00 (10.52)
		TSCC: n=61		
		Drop-out		
		n=25		
 •	•			· · · ·

Oxford et al	Study design	Number of participants	Name	Name	Results recidivism
2016	RCT	247 families with 10- to 24-	Promoting First Relationships	Telephone-based, three-call	
		month-old children	(PFR), a home visiting program	resource and referral (R&R)	Number of new allegations at 1-
USA	Intervention directed to			service	year post intervention based on
[102]	Parent and child interaction	Inclusion criteria	Components		official CWS records
		Participants had to have a child	PFR seeks to increase caregivers'	Components	I: n=36/124 (29,0 %)
	Aim	between the ages of 10–24	awareness of their children's	Delivered over the phone in	SAU: n=42/133 (31,6 %)
	To examine if PFR, as delivered	months and an open case with an	social and emotional needs. The	three sessions. A social service	
	by community providers, would	allegation of maltreatment of any	parent and child are recorded	provider conducted a 30-min	Number of removals at 1-year
	result in improved parenting and	type recorded in the database of	playing together 5 times during	needs assessment, mailed a	post intervention based on
	child social and emotional	the regional CPS office at least 2	the 10-week PFR program. The	packet of personalized	official CWS records
	outcomes	weeks prior.	PFR provider will then review a	information, and followed up	I: n=7/124 (5.6 %)
			recorded play session with the	with two 10-min check-in calls.	SAU: n=16/123 (13.0 %)
	Study period	Mean age	parent, typically the week		
	January 2011 and January 2014	Intervention group	following the date on which the	Staff education/training	
		Parents: m=26.41 (5.19)	session was recorded.		Results children
	Setting	Children: m=15.97 (4.37) months			
	At home		Staff education/training	Duration/intensity	Brief Infant Toddler Social and
		Control group	Both providers were female and	3 times	Emotional Assessment (BITSEA)
	Type of abuse	Parents: m=27.04 (6.25)	had master's degrees in social		Behavior problem
	Maltreatment	Children: m=16.77 (4.55) months	work or counseling.	Number of participants	Baseline
				n=123	I: m=10.84 (5.79)
		Gender	Duration/intensity		SAU: m=10.96 (6.47)
		Intervention group	10-week, 10 sessions	Drop-out	Post
		Women: 90.3 %		Post treatment n=11	I: m=11.01 (6.12)
		Girls: 50 %	Number of participants	Follow up 3 months n=23	SAU: m=12.19 (7.08)
			n=124	Follow up 6 months n=36	3 months
		Control group			I: m=11.82 (6.60)
		Women: 91.1 %	Drop-out		SAU: m=11.80 (7.75)
		Girls: 42.3 %	Post treatment n=8		6 months
			Follow up 3 months n=21		l: m=11.23 (7.51)
			Follow up 6 months n=32		SAU: m=11.87 (8.43)
					Toddler Attachment Sort-45
					(TAS-45) Security score
					Baseline
					I: m=0.45 (0.36)
					SAU: m=0.46 (0.34)

					Post I: m=0.52 (0.33) SAU: m=0.51 (0.35) 3 months I: m=0.56 (0.32) SAU: m=0.56 (0.34) 6 months I: m= 0.62 (0.33) SAU: m=0.57 (0.31) Results parents The Parenting Stress Index- Short Form (PSI-3) Parenting stress: competence Baseline I: m=16.03 (4.75) SAU: m=16.59 (5.21) 3 months I: m=19.73 (6.52) SAU: m=19.95 (6.07) 6 months I: m=19.80 (6.54)
Runyon et al	Study design	Number of participants	Name	Name	SAU: m= 19.33 (6.03) Results children
2010	RCT	75 parents and their children	Combined Parent-Child Cognitive	Parent-Only CBT	
			Behavioral Therapy (CPC-CBT)		Kiddie-Sads-Present and Lifetime
USA	Intervention directed to	Inclusion criteria		Components	Version (K-SADS-PL) PTSD
[113]	Parent and child interaction and	Parents either CPA allegation or	Components	Only parents receive intervention	Baseline
	parallel	acknowledged the use of physical	Initially, parent and child groups		I: m=6.44 (1.60)
		punishment by positively	were conducted concurrently for	Staff education/training	Control: m=6.58 (1.90)
	Aim	endorsing at least two items on	the first hour and 45 minutes of	The primary group therapists	Post
	To examine the comparative	the Minor Assault or one item on	the session, and the second 15	were doctoral-level psychologists	l: m=2.76 (1.83)
	efficacy of group CBT to treat the	either the Severe or Very Severe	minutes involved the joint	and master-level social workers	Control: m=4.15 (2.72)
	parent and child and conduct	Assault subscales of the Conflict	parent-child sessions. As	who received 2 days of didactic	
	dyadic work in CPA cases.	Tactics Scale-Parent-Child.	treatment progressed, more time	training in the treatment models.	Child Behavior Checklist (CBCL)
		Children also had to meet one of	was allotted to the parent-child	Trainees served as group co-	Internalized
	Study period	the following symptom criteria:	joint sessions based on families'	facilitators, in conjunction with	Baseline
	Not given	(a) endorsement of four PTSD	needs Parents and children	the primary group therapists.	I: m=8.59 (6.83)
		symptoms; or (b) an elevation on	participating in the experimental		Control: m= 9.12 (8.93)

Setting	at least one externalizing	condition, CPC-CBT, received: (a)		Post
Participants were referred to a	behavior subscale on the	Child Interventions; (b) Parent	Duration/intensity	I: m=6.47 (5.10)
medical school-based child abuse	behavior problems checklist.	Interventions; and (c) Parent-	15 sessions of treatment	Control: m=5.62 (6.68)
clinic from the local child		Child Interventions.		
protection services agencies,	Mean age		Number of participants	Child Behavior Checklist (CBCL)
prosecutors' offices, and health	Intervention group	Staff education/training	35 parents and their children	Externalized
fairs	Parents: m=33.17 (6.56)	The primary group therapists		Baseline
	Children: m=9.82 (2.11)	were doctoral-level psychologists	Drop-out	I: m=16.62 (10.99)
Type of abuse	Control group	and master-level social workers	Post-test n=13 (63 %)	Control: m=17.69 (11.55)
Child physical abuse (CPA)	Parents: m=32.85 (5.70)	who received 2 days of didactic	Follow up n=21 (60 %)	Post
	Children: m=9.96 (1.93)	training in the treatment models.		I: m=13.32 (11.18)
		Trainees served as group co-		Control: m=11.12 (10.96)
	Gender	facilitators, in conjunction with		
	Intervention group	the primary group therapists.		Alabama Parenting
	Women: 100 %			Questionnaire - Child (APQ-C)
	Men: 0 %	Duration/intensity		Positive parenting
		Sixteen 2-hour group sessions		Baseline
	Boys: n=56 %	over a 16- to 20-week period.		I: m=22.68 (5.06)
	Girls: n=44 %			Control: m=19.81 (6.03)
	Control group	Number of participants		Post
	Women: 70 %	40 parents and their children		l: m=23.09 (5.08)
	Men: 30 %			Control: m=20.12 (6.92)
		Drop-out		
	Boys: n=50 %	Post test: n=9 (23 %)		Alabama Parenting
	Girls: n=50 %	Follow up: n=20 (50 %)		Questionnaire – Child (APQ-C)
				Corporal punishment
				Baseline
				I: m= 6.47 (3.25)
				Control: m=7.08 (3.32)
				Post
				I: m= 4.12 (2.01)
				Control: m=5.35 (2.81)
				Results parents
				Alabama Parenting
				Questionnaire - Parent (APQ-P)
				Positive parenting
				Baseline
				I: m=23.47 (3.60)
				Control: m=23.42 (5.16)

					Post I: m=24.71 (4.01)
					Control: m=23.00 (5.35)
					Alabama Parenting
					Questionnaire – Parent (APQ-P)
					Corporal punishment
					Baseline
					I: m=6.44 (2.90)
					Control: m=5.62 (2.02)
					Post
					I: m=4.76 (2.18)
					Control: m=3.58 (1.33)
Sanders et al	Study design	Number of participants	Name	Name	Results children
2004	RCT	n=98 parents with children aged	Enhanced group-administered	Standard behavioral family	
		2 to 7 years	behavioral family intervention	intervention program (SBFI)	Eyberg Child Behavior Inventory
Australia	Aim		program based on the Triple P-		-parent report (ECBI) Intensity
[125]	evaluating the effects of an	Inclusion criteria	Positive Parenting Program that	Components	Baseline
	enhanced group behavioral	(a) parent had received	incorporated attributional	Four group sessions of parent	I: m=137,30 (31,32)
	family intervention (EBFI) for	at least one notification to the	retraining and anger	training. Upon completion of	SAU: m=136,15 (25,70)
	parents at risk of child	FYCCQ for potential abuse or	management (EBFI)	the group sessions, parents	Post
	maltreatment that specifically	neglect of their children (the case	Common to	participated in four individual	I: m=109,65 (25,71)
	targeted parents' negative	need not be substantiated);	Components	telephone consultations. Parents	SAU: m=108,88 (27,97)
	attributions regarding their child's and their own behavior	and/or (b) parent expressed	Four sessions of parent training (as in the SBFI condition) and four	also received a copy of "the Every	6 months I: m=105,00 (23,50)
	and parents' anger-control	concerns regarding difficulty in controlling their anger in relation	additional parent training	Parent's Group Workbook"	SAU: m=110,53 (26,10)
	deficits.	to their child's behavior, and	sessions addressing risk factors	Staff education/training	SAU: M=110,53 (20,10)
	dencits.	scored within an elevated range	associated with child abuse and	Not stated	Eyberg Child Behavior Inventory
	Intervention directed to	on three selected subscales of	neglect. Parents received a copy	Not stated	-parent report (ECBI) Problem
	Parents	the State-Trait Anger Expression	of "the Every Parent's Group	Duration/intensity	Baseline
	T di citto	Inventory	Workbook". The program	four group sessions of parent	I: m=18.39 (8.61)
	Study period		involved teaching parents 17 core	training (2 hours' duration each);	SAU: m=18.18 (6.85)
	Not stated	Mean age	child-management strategies. In	four sessions targeting the	Post
		Parents: m=34 years	addition, parents were taught	additional risk factors (2 hours'	I: m=8.65 (7.83)
	Setting	Children: m=4.4 years	planned activities routine to	duration each); and four	SAU: m=11.35 (7.57)
			enhance the generalization and	subsequent individual telephone	6 months
		Gender	maintenance of parenting skills	consultations (15 to 30 minutes'	I: m=8.43 (6.90)
	Type of abuse	Mothers 92-94 %		duration each)	SAU: m=10.82 (7.70)
	Maltreatment (child abuse or	Girls 48-52 %	Staff education/training		
	neglect)		Fourteen practitioners were	Number of participants	Results parents
			trained and supervised	n=50	

decign	Number of participants	Duration/intensity 8 weeks. Four group sessions of parent training (2 hours' duration each). Upon completion of the group sessions, parents participated in four individual telephone consultations (15 to 30 minutes' duration each) Number of participants n=48 Drop-out n=8	Name	6 months I: m=118.76 (95.58) SAU: m=110.76 (93.04) Parenting scale (PS) Baseline I: m=3.71 (0.62) SAU: m=3.73 (0.63) Post I: m=2.55 (0.80) SAU: m=2.58 (0.73) 6 months I: m=2.69 (0.69) SAU: m=2.87 (0.75) Depression-Anxiety-Stress Scale (DASS) Baseline I: m=39.66 (23.17) SAU: m=32.37 (18.01) Post I: m=23.38 (13.89) SAU: m=18.78 (16.18) 6 months I: m=22.76 (21.48) SAU: m=19.11 (15.68) Passulta childreen	
_	n=137 infants and their mothers	Child-parent psychotherapy (CPP)	SAU (with case management)		
		Name 2	Components		
			•		
	11-105 (10(112015 <i>-</i>)				
	Inclusion exiteria				
a P	design luate the relative efficacy and PPI in supporting the enance of secure	n=137 infants and their mothers (Stronach 2013) subgroup neglecting mothers n=105 (Toth 2015 -) and PPI in supporting the	B weeks. Four group sessions of parent training (2 hours' duration each). Upon completion of the group sessions, parents participated in four individual telephone consultations (15 to 30 minutes' duration each) Number of participants n=48 Drop-out n=8 design Number of participants n=137 infants and their mothers (Stronach 2013) subgroup neglecting mothers n=105 (Toth 2015 -) Name 1 child-parent psychotherapy (CPP) (Stronach 2015 -) Name 2 Psychoeducational parenting intervention (PPI)	design Number of participants n=137 infants and their mothers (Stronach 2013) subgroup neglecting mothers and PPI in supporting the and PPI in supporting the and PPI in supporting the and PPI in supporting the and PPI in supporting the Name 1 Child-parent psychotherapy (CPP) (Stronach 2013) subgroup neglecting mothers n=105 (Toth 2015 -) n=105 (Toth 2015 -) Name 1 Child-parent psychotherapy (CPP) Psychoeducational parenting intervention (PPI) Name Components Families in the SAU condition received case management from	design Number of participants Name 1 Name 1 Name 2 Components Name 2 Components Name 2 Components Name 2 Components C

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(subgroup	attachment and predicting	To recruit 12-month-old infants	Components CPP	customary approach. In addition,	SAU: m= 53.41 (14.43)
neglecting	behavioral functioning in	a liaison from the Department	The therapist and the mother	they received assistance in	
mothers)	maltreated children 12 months	of Human Services (DHS) with	engage in joint observation of the	obtaining referrals to services	The Child Behavior Checklist
	after the end of treatment	access to Child Protective	infant. The therapist's empathic	and resources that may have	(CBCL) Internalizing
		Service (CPS) identify all infants	responsiveness allows for	been more difficult to access	12 months
USA	Intervention directed to	known to have been maltreated	expansion of parental	outside of the research trial.	CPP: m=54.74 (8.64)
	CPP: Parent and child interaction	and/or who were living in	understanding. Therapists strive		PPI: m=52.45 (10.72)
Data also	PPI: Parent	maltreating families with their	to allow distorted emotional	Staff education/training	SAU: m= 53.10 (14.30)
presented in		biological mothers. Infants who	reactions and perceptions of the	Not stated	
Cicchetti et al	Study period	had been placed in foster care	infant during mother-infant		The Child Behavior Checklist
2006	Not stated	were not targeted for inclusion.	interaction. The therapeutic	Duration/intensity	(CBCL) Externalizing
[106]		The DHS liaison contacted eligible	relationship provides the mother	12 months	12 months
	Setting	families and explained the	with an emotional experience		CPP: m= 54.52 (8.49)
	CPP/PPI: Home-based	project to mothers.	and expand her responsiveness	Number of participants	PPI: m= 52.95 (8.49)
	Study conducted at		and sensitivity to the infant.	n=81	SAU: m= 53,47 (11.95)
	home/laboratory	Mean age			
		Mothers: m=26.98 (5.98) years	Components PPI	12 months follow-up	The Strange Situation Test,
	Type of abuse	Infants: m=13.31 (0.81) months	The PPI model was didactic in	n=49	Attachment Classification
	Maltreatment (84.6 % had been		nature and was designed to		Organized
	neglected, 69.2 % bad been	Gender:	provide mothers with education		Baseline
	emotionally maltreated, 8.8 %	60 boys and 77 girls	about child development and		CPP: 1
	bad been physically abused, and		parenting skills, to reduce		PPI: 0
	none had been sexually abused)		parenting stress, and to increase		SAU: 0
			life satisfaction.		Post
			Time spent on each area was		CPP: 17
			individually tailored to meet each		PPI: 12
			mother's primary needs. PPI was		CS: 1
			conducted in the clients' homes		12 months
			by master's level therapists.		CPP: 20
					PPI: 9
			Staff education/training		SAU: 25
			Masters level therapists,		
			experienced in working with		Disorganized
			multiproblem families. Therapists		
			participated in individual and		Baseline
			group supervision on a weekly		CPP: 28
			basis, and checks on the fidelity		PPI: 20
			of the intervention		SAU: 75
			implementation for each		Post
			approach were conducted		СРР: 9
					PPI: 10
			approach were conducted		

		1	throughout the course of	1	CS: 42
			intervention.		12 months
			intervention.		CPP: 7
			Duration/intensity		PPI: 13
			weekly, and over a 12-month		SAU: 24
					SAU: 24
			period. The length of		
			intervention averaged 46.4 (SD =		The Parenting Stress Index (PSI)
			7.36) weeks for the CPP group		Child-related stress (Toth et al
			and 49.4 (SD = 4.81) weeks for		2015)
			the PPI group.		CCP: pre-post change m=-0.15, variance=0.18
			Number of participants		SAU: pre-post change m=0.14,
			CPP: 35		variance=0.18
			PPI: 24		CCP vs SAU: d=2.29
			12 months follow-up		The Parenting Stress Index (PSI)
			CPP: 27		Parental related stress (Toth et al
			PPI: 22		2015)
					PPI: pre-post change m=-0.13,
			Subgroup neglecting mothers		variance=0.25
			CPP: n=44		SAU: pre-post change m=0.22,
			PPI: n=34		variance=0.26
			Drop-out not stated		PPI vs SAU: d=2.44
Swenson et al	Study design	Number of participants	Name	Name	Results recidivism
2010	RCT	n=86 adolescents and their	Multisystemic Therapy for Child	Enhanced Outpatient Treatment	
		custodial parent	Abuse and Neglect (MST-CAN)	(EOT)	Incidents of parental reabuse of
USA	Aim			(-)	the youth, 16 months post
[114]	To evaluate an adaptation of	Inclusion criteria	Components	Components	baseline (CPS-records)
[]	multisystemic therapy (MST) for	(a) determination by CPS that	Therapists delivered the	EOT included the standard	1: 2 (4.5 %)
	physically abused adolescents	physical abuse had occurred, (b)	intervention in the home and	services the Center provided for	SAU: 5 (11.9 %)
	and their families	youth was within the age range	other community locations at	physically abused youths and	
		of 10 to 17 years, (c) family	times convenient to families.	their parents as well as enhanced	Incidents of parental reabuse of
	Intervention directed to:	resided within Charleston County	Interventions implemented with	engagement and parent training	any child, 16 months post
	Parent and child parallel or	(d) case was opened within the	support of assessments of	interventions. STEEP-TEEN,	baseline (CPS-records)
	interactive interventions	past 90 days	family's social ecology.	structured, 7-lession group-based	I: 1 (2,3 %)
			Consistent with standard MST,	parent-training program	SAU: 2 (4.8 %)
	Study period	Mean age	MST-CAN used a recursive	targeting parent-child relations.	Not significant.
	November 2000 to May 2005	Child: m=13.9 (2.07) years	analytical process to identify,	Includes didactic instructions,	iver significant.
		Parents: m=41.8 (10.5) years	develop, and prioritize	role-play, videotapes, group-	Number of out-of-home
	Setting	1 arcints. III-41.0 (10.5) years	interventions. Each stakeholder	discussions	placements 16 months post
	Jetting	Gender			baseline (CPS-records)
		Genuer	(e.g., family members, the CPS		Dasenne (CPS-recurus)

гг		ſ	1	1	
	A community mental health	Youth:	worker) was interviewed to	Staff education/training	l: 6
	center	Female: 56 %	attain her or his opinion on	Masters' degrees in clinical	SAU: 13
		Male: 44 %	desired outcomes, and these	counseling, social work,	
	Type of abuse	Parents:	became the overarching goals of	psychology, at least one year	Results children
	Child physical abuse (CPA)	Female: 65 %	treatment	clinical experience. No earlier	
		Male: 35 %		experience of STEP-TEEN. One	Child Behavior Checklist (CBCL)
			Staff education/training	day training, weekly 1.5 h	Intercept and slope reported in
			Masters' degrees in clinical	consultation sessions	Table 2
			counseling, social work or		
			psychology, with at least one	Duration/intensity	Trauma Symptom Checklist
			year clinical experience. No	Average of 76 hours (range 3 to	(TSCC)
			earlier experience of MST. 5-day	897), over a period of 4 months.	Intercept and slope reported in
			orientation to MST, additional	EOT parents, average of 6.8	Table 2
			training sessions, 4 hours weekly	sessions of STEP-TEEN, over 2.8	
			group supervision	months	Results parents
			0		···· ·· / · · · ··
			Duration/intensity	Number of participants	Brief Symptom Inventory (BSI –
			Frequency of treatment sessions	n=45	GSI and BSI – PST)
			was adjusted to family need –	_	Intercept and slope reported in
			ranging from daily	Drop-out	Table 2
			sessions to once or twice per	n=3	Conflict Tactics Scale (CTS)
			week. Length of treatment		Intercept and slope reported in
			allowed to extend beyond typical		Table 2
			4 to 6 months, m=88 hours		
			(range 3 to 388), over a period of		
			7.6 months		
			Number of participants		
			n=45		
			Drop-out		
			n=1		
Thomas et al	Study design	Number of participants	Name	Name	Results children
	RCT	151 female caregivers and their	Standard 12-session Parent–Child	Waitlist	
2012	NC1	children (3–7 years)	Interaction Therapy (PICT)	vvarnst	Eyberg Child Behavior Inventory
Australia	Aim	children (5-7 years)		Components	(ECBI) parent-report
	To determine if the S/PCIT	Inclusion criteria	Components	Participants allocated to the	Intensity
	-		PCIT has two sequential phases	waitlist were contacted weekly	Baseline
	treatment protocol was as	Participants were referred	known as child-directed		
	effective as the lengthier version	because they had a history or		by phone by an allocated PCIT	I: m=149.8 (37.9)
	(PICT) for high-risk parents	were assessed to be at high risk	interaction (CDI) and parent-	psychologist for brief	WL: m=149.1 (34.9)
		of child abuse. Children were	directed interaction (PDI). Each	conversations regarding family	Post

i.	ntervention directed to	excluded if there was any	phase teaches parants	and other concerns. Parents in	I: m=133.7 (38.1)
	Parent and child interaction	suspected sexual abuse history	phase teaches parents communication skills that foster		WL: m=143.1 (36.7)
P	Parent and child interaction	based on information revealed	positive parent–child	the waitlist group were asked to refrain from family therapy and	VVL: III=143.1 (30.7)
	Study period	during the initial interview with	relationships and strategies of	therapeutic assistance with child	Eyberg Child Behavior Inventory
	ntervention: 2007 – 2009	parents or from child protection	differential reinforcement. PCIT	behavior management for the	(ECBI) parent-report
10	ntervention: 2007 – 2009			duration of 12 weeks.	Problem
6	Constral: 2002 2000	authorities.	skills are taught via didactic	duration of 12 weeks.	Baseline
-	Control: 2002 – 2009	N	presentations to parents and	Shaff advantion (training	
	participants included before	Mean age	direct coaching of parents while	Staff education/training	I: m=19.1 (8.0)
	2006 are the same controls as rec	Women: $m=34$ (7.31) years	they are interacting with their	none	SAU: m=18.0 (7.9)
n	nr 173)	Children: m=4.6 (1.3) years	children.	Duration (interaity)	Post
		Constant	Chaff a durantian (tracining	Duration/intensity	I: m=13.5 (8.6)
	Setting	Gender	Staff education/training	12 weeks	SAU: m=17.5 (9.2)
	Participants were referred from	Girls: n= 45(30 %)	Master and doctoral level		
	child protection authorities	Boys: n=107 (70 %)	psychologists trained in PCIT	Number of participants	Child Behavior Checklist/4–18
	34.2 %), government health		implemented the intervention.	n=91 (n=64 completed 12-week	(CBCL) parent-report
	services (19.7 %), education and		Prior to PCIT, all psychologists	assessment)	Externalizing
	nongovernment social service		had experience in providing	Duran aut	Baseline
	organizations (18.4%) and parent		psychological interventions to	Drop-out	I: m=64.8 (9.8)
SE	self-referrals (27.6 %)		adults and children.	n=27 (30 %)	SAU: m=64.5 (10.1)
-	Sweet of obvious		Duration /interactor		Post
	Type of abuse		Duration/intensity		I: m=59.0 (12.6)
	Child physical abuse (CPA). All		Participants were allocated 12		SAU: m=62.9 (11.1)
	amilies indicated use of corporal		coaching sessions for 12 weeks		Child Data star Charletter (4, 40
	punishment in their discipline		Number of next sine sta		Child Behavior Checklist/4–18
	strategies and expressed high		Number of participants		(CBCL) parent-report
	evels of frustration and		n=61 (ITT) (n=41 completed 12-		Internalizing
	ntolerance with child behavior		week assessment)		Baseline
	and high levels of parental		Duran and		I: m=54.6 (10.1)
a	distress		Drop-out		SAU: m=56.5 (10.9)
			n=20 (33 %)		Post
					I: m=49.8 (11.5)
					SAU: m=55.1 (12.2)
					Results parents
					r · · · ·
					The Child Abuse Potential
					Inventory (CAPI) Mothers'
					level of child abuse potential
					Baseline
					I: m=153.9 (100.5)
					SAU: m=155.1 (103.2)

					Post I: m=137.1 (110.7) SAU: m=149.1 (103.4) The Dyadic Parent–Child Interaction Coding System III (DPICS) Parental sensitivity Baseline I: m=5.6 (1.3) SAU: m=5.3 (1.5) Post I: m=6.3 (1.2) SAU: m=5.4 (1.4) The Beck Depression Inventory II (BDI-II) Parents depression Baseline I: m=14.0 (10.6) SAU: m=15.1 (11.3) Post PCIT: m=12.0 (11.26) SAU: m=11.0 (9.88)	
Terao 1999	Study design	Number of participants n=34 physically abusive parents	Name Parent Child Interaction Therapy	Name SAU (regular family preservation	Results children	
USA		and their children	(PCIT)	services, including parenting	Eyberg Child Behavior Inventory	
[118]	Aim			classes)	(ECBI) Intensity	
	To investigate the effectiveness	Inclusion criteria	Components		Baseline	
	of Parent Child Interaction	Parent-child dyads who were	PCIT involves both the parent and	Components	l: m=136.18 (59.32)	
	Therapy (PCIT) in a sample of parent-child dyads where parents	physically abusive to their child (2–7 years of age). The	child and it alter the pattern of interactions within this abusive	Sacramento County's standard family preservation	SAU: m=151.06 (28.40) Post	
	were identified as physically	family had to be referred to Child	relationship. It provides a means	services which provide intensive	I: m=100.41 (36.16)	
	abusive	Protective Services because of	to directly decrease negative	in-home Family Preservation	SAU: m=127.65 (37.87)	
		physical abuse by the parent and	affect and control – while	services. The social worker		
	Study period	have an active CPS case	promoting (i.e., teaching,	assigned to the case	Eyberg Child Behavior Inventory	
	Not stated		coaching) greater positive affect	coordinates/supports the	(ECBI) Problems	
		Mean age	and discipline strategies. It is	parent's efforts at receiving	Baseline	
	Setting	Childs age	conducted in two phases, Child-	county provided services	l: m=16.65 (9.75)	
	Parent-child dyads identified by	PCIT: m=4.59 (1.50) years	Directed Interaction (CDI) and	(i.e., counseling, drug/alcohol	SAU: m=21.47 (7.05)	
	the Sacramento County	TAU: m=5.18 (1.33) years	Parent-Directed Interaction (PDI).	treatment and parenting classes)	Post	
	Department of Health and	Devente ene	The parents are given an	Sheff advection (training	1: m=3.12 (3.81)	
		Parents age	opportunity to practice in the	Staff education/training	SAU: m=15.82 (8.88)	

Human Services as physically	PCIT: m=32.00 (9.91)	session. Mastery of parenting	Not stated	
abusive	TAU: m=31.12 (6.56)	skills is accomplished by having		Results parents
		the therapist coach live parent-	Duration/intensity	
Type of abuse	Gender	child interactions (e.g., positive	A ten-week parenting program	Parenting Stress Index (PSI) Total
Physical abuse	Children	play interactions, ignoring, limit-	Typically, the social worker	stress scores
	PCIT: 13 (76.5 %) boys, 4 (23,5 %)	setting, time out procedures).	assigned to the case meets with	Baseline
	girls		the family on a weekly	I: m=237.44 (39.97)
	TAU: 9 (52.9 %) boys, 8 (47,1 %)	Staff education/training	basis	SAU: m=285.94 (53.87)
	girls	Not stated		Post
			Number of participants	I: m=233.38 (51.33)
		Duration/intensity	n=17 parent-child dyads	SAU: m=257.00 (73.21)
		Fourteen session PCIT program		
		(one session per week for	Drop-out	Child Abuse Potential Inventory
		fourteen weeks)	n=0	(CAPI)
				Baseline
		Number of participants		I: m=155.50 (90.78)
		n=17 parent-child dyads		SAU: m=260.29 (96.55)
				Post
		Drop-out		I: m=116.37 (97.37)
		n=0		SAU: m=227.06 (120.03)

EMDR = Eye movement desensitization and reprocessing; **K-SADS-PL**= Kiddie Schedule for Affective Disorders and Schizophrenia - Present and Lifetime version; **n** = Number; **m** = Mean; **PTSD** = Posttraumatic stress disorder; **RCT** = Randomized controlled trial; **SAU** = Service as usual; **SC** = Standard care; **TSCC** = Trauma Symptom Checklist for children; **SDQ** = Strengths and Difficulties Questionnaire, **I** = Intervention, **WL** = Wait list

Included qualitative studies

Author Year Reference Country	Aim Data collection Analytic method	Inclusion criteria Informants Type of abuse	Results	Study quality
Bolen et al. 2008 [133] USA	Aim To explore the perspective of 24 parents, at risk for having their children placed in foster care, about involvement in child protection services and related interventions. More specifically the aim was to gain a better understanding of parents' perceptions of their experiences with post-investigative services, the parenting skills learned, current parenting practices, and their suggestions for the improvement of services Data collection Semi-structured interviews in the participants' homes. The interview protocol was designed to elicit participants' perceptions of their experiences with CPS and the intervention services they received, as well as opinions about why they believe they were successful in retaining custody of their children Analytic method An ecological framework	Inclusion criteria Parents of who had been the subjects of CPS investigations and were subsequently termed "high-risk" for the placement of their children in foster care, but who had ultimately retained custody of their children. Parents whose cases had not yet been closed by CPS were excluded from the sample Informants n=24 parents (22 female) Age range: 18–62 years Type of abuse Child maltreatment and domestic violence: Physical abuse (n = 15), domestic violence (n = 8), parental mental health (n = 4), neglect (n = 2), drug and/or alcohol addiction (n = 3), and abandonment (n = 1), more than one reason could be listed per family	Contributing factors associated with their involvement with the child welfare system: Financial strain and single parenthood. Other factors such as child development issues (such as encopresis), poor child school performance, or drug or alcohol problems were also cited are stressors Wanting or Not Wanting Help Many parents stated that they wanted help with their parenting practices. Although many of the parents stated that they wanted or needed help, others directly stated that they wished that CPS would not have intervened Current Parenting Practices Several of the parents said that communication with their children has improved and that they have tried to continue to use the communication skills they learned. Other Learned Skills – in addition to communication, others described behavior charts and rewards systems that have been established. Many parents expressed that, in their opinion, time out was not an effective parenting strategy. The majority of the parents expressed that they continue to use physical punishment (n = 18) Current Parenting Challenges and Implications for Practitioners: difficulty raising teenagers, needing support groups (for parents and children), and understanding the unique needs of each family	Moderate

Bundy-Fazioli et al. 2013 [140] USA	Aim To explore the experiences and perceptions of mothers receiving mandated home-based family prevention programs were chosen based on the assumption that child welfare workers and parents would have more time and opportunity to develop a relationship Data collection Select transcripts were identified from an earlier child welfare study which focused on the distribution of power within the working relationship between child welfare workers and parents receiving services for child maltreatment Analytic method The epistemological stance of constructivism and the theoretical perspective of symbolic interactionism guided the qualitative methods of this research	Inclusion criteria The initial study parents and child welfare workers who were recruited from one of two large private, not-for-profit child and family services agencies. Mandated home-based family prevention programs were chosen based on the assumption that child welfare workers and parents would have more time and opportunity to develop a relationship, thus discussing more fully their perceptions of the topic focused on power relationships Informants n=7 mothers Age range: 18–62 years Type of abuse Child maltreatment: educational neglect (n = 3), medical neglect (n = 1), physical neglect (n = 2), and multiple neglect reasons (n = 1)	needs of families, evaluating the impact of length of time services are offered, and helping parents utilize age appropriate discipline strategies Emergent in the data were themes focused on mother participants' experiences and perceptions which included both an individual perspective as well as an understanding of social interactions related to child neglect Daily Struggles This beginning theme provides a contextual understanding of some of the challenges that mother participants face on a day-to-day basis: CHILDHOOD TRAUMA Mother participants disclosed incidents of abuse and trauma from their childhoods MENTAL ILLNESS Mother participants disclosed their family's struggle with mental illness, whether it was their own struggle, an extended family member, or their child's SUBSTANCE ABUSE AND RECOVERY The daily struggle of substance abuse and recovery emerged as mother participants shared stories of drug abuse and the process of recovery DEPENDENCE ON OTHERS A concern expressed by the mothers was dependence on others to attend meetings and make appointments Protecting My Child The theme of "protecting my child" emerged as mother participants described scenarios where they had acted on behalf of their child, yet these actions resulted in a child maltreatment report Feeling Trapped	Moderate
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			The mothers shared stories of receiving child neglect services where they did not feel heard or respected. In addition, they described interactions with their workers that they found to be disrespectful and disempowering Mutual Trust Mother participants provided a comprehensive picture of what they valued did not value in their worker. Participants identified a number of worker characteristics that they found appealing, such as someone who is "peaceful," "smiling," and "easy going."	
Cossar et al	Aim	Inclusion criteria	Themes	Moderate
2014 [129]	To add to the literature by exploring children's perspectives on the child protection process, including the views of younger children as well as adolescents. Data collection Adult researchers undertook activity-based interviews with children and young people and adult and young researchers ran a workshop. The interview study is the basis for the present analysis. The majority of interviews took place in the child's home Analytic method A qualitative approach was chosen to access individual subjective	All of the children taking part in the study had a current child protection plan and were living at home. Participants were recruited from two local authorities, one a shire county and the other an outer London borough. Informants A total of 26 children took part in the study, from 18 families. There were 13 girls and 13 boys. Their ages ranged from 6 to 17 years (mean 11.5) Type of abuse Emotional abuse 15, neglect 7, physical abuse 3, sexual abuse 1	The importance of a trusting relationship with the social worker in allowing children and young people to voice their thoughts and feelings Minimal contact with their social workers Several children who did see their social workers regularly said that they could not confide in them and there were common features in the quality of these relationships	
Fuller et al	experiences of child protection Aim	Inclusion criteria	Themes	Moderate
2014	Families had participated in	A screened-in report of maltreatment		Wodelate
[141]	Differential response (DR) and the aim was to explore which aspects of DR the parents perceived as most helpful. DR allows CPS systems the flexibility to respond to	between November 2010 and May 2012; had no prior substantiated maltreatment reports; and the current report of maltreatment	Emotional support : For many of the parents, the most helpful thing that their caseworker did for them was to be a source of emotional support	

screened-in reports of child		Listening: When parents were asked about the most	
maltreatment in more than one	Informants	helpful thing their caseworker did for them they often	
way, depending on the initial	20 parents (85 % female) who received a	responded, "Listened to me." When their caseworkers	
allegations or level of risk	Differential Response (DR) family	listened and provided reassurance, many of the	
	assessment response	parents were empowered to "break down their pride"	
Data collection		and try new methods of coping with their current	
Qualitative interviews with parents	Type of abuse	problems, setting the context for the types of	
via telephone using a semi-	Child neglect (inadequate food, inadequate	behavioral change that leads to improved family	
structured interview protocol with	shelter, inadequate clothing,	outcomes	
open-ended questions	environmental neglect, medical neglect, or		
	inadequate supervision), risk of harm, or	Normalizing: Parents who are reported to CPS often	
Analytic method	emotional maltreatment	react to the allegations with negative feelings of fear	
Three researchers simultaneously		or shame. These strong emotional reactions to a visit	
coded the data utilizing		from a CPS caseworker typically stem from the	
triangulation and a list of themes		preconceived notions that parents in many	
that were entered as nodes into		communities have about the primary function of CPS	
NVivo. After the initial coding		as "taking your kids away." To move beyond the initial	
scheme was developed, the		negative reaction, parents reported that it was helpful	
researchers separately analyzed each of the 20 interview transcripts		for them when their caseworker would put their experience with the child protection system in	
in NVivo. Both the content and the		perspective by comparing their situation to that of	
intensity of themes were noted		other parents the caseworker had seen or worked with	
during the coding process		in the past	
		Empowering: The ultimate goal of child protective	
		services that are provided through a family assessment	
		approach is to assist parents in changing their	
		behaviors to ensure child safety and increase family	
		well-being	
		Case management services	
		Child welfare case-workers spend much time providing	
		information and referrals to other services, advocating	
		on the family's behalf with other agencies and	
		institutions, mediating between family members or	
		others, and providing transportation. The majority of	
		these activities were viewed as very helpful by parents,	
		although some were described in more positive terms:	
		Information and referral, Advocacy, Mediation,	
		Transportation, Concrete support	

			Several parents described how helpful it was when their caseworker advocated on their behalf with other agencies or individuals to improve the quality of the services they were receiving or reduce the amount of time needed to receive the correct services.	
Gockel et al. 2008 [139] Canada	Aim To investigating client perspectives on the critical aspects of effective family preservation interventions Data collection Semistructured, in-depth interviews. The interviews were tape recorded, transcribed, and loaded into Atlas.TI software. Following a line-by-line analysis, parent responses were coded using the constant comparative method and organized into major themes Analytic method Grounded theory analysis	 Inclusion criteria Attendance in Project Parent, a strengths- based, ecological intervention for parents who have children ages birth to 12 years who have been apprehended or are at risk of apprehension Informants 35 parents, representing 33 different families, who child protection social workers referred to family preservation programs 89% male, ages 16-54 Type of abuse Child maltreatment: 30% of cases involved identified abuse or neglect, 34% involved a lack of parenting skills 15% problems in parent-child relations 12% concerns about the parent's lifestyle 10% concerns about the parent's personal functioning	Themes'It's Like a Family Here'parents experienced positive relationships withprogram personnel, which they viewed as central tothe helpfulness of the services they receivedRelational Interventions Recreate a NurturingFamily EnvironmentParents identified a series of relational interventionsthat staff demonstrated that functioned to recreate anurturing family environment for and with themStage One of Intervention— EngagementInterpersonal Warmth and Nonjudgmental AcceptanceResponsiveness and FlexibilityA Focus on Client StrengthsStage Two of Intervention— Exploration and GoalSettingIntegrity and RespectEmpathyStage Three of Intervention— Initiating Change andBuilding New SkillsHands-On Mentoring and SupportAdvocacyRelational Interventions Are Key to EffectiveFamily Preservation ServicesParents talked about the beliefs, attitudes, andbehaviors that staff members communicated orengaged in as being helpful because they recreated anurturing family environment where parents felt seen,	Moderate

			heard, cared for, responded to, and helped in	
			meaningful ways	
Kelleher et al.	Aim	Informants	Themes	Moderate
2012	To examine the experiences of	Nine parents consented to participate,		
[134]	parents who were directed by child	however for the interview only six mothers	It's a good place to be: Participation as an affordable	
Australia	protection authorities to attend a	arrived	social outlet	
	tertiary level child protection and		All parents were socially isolated. Their status	
	family enhancement program	Type of abuse	as socially disadvantaged young mothers with	
	, , , , , , , , , , , , , , , , , , , ,	Child maltreatment:	very limited resources and few social supports	
	Data collection	Notification of an incident of child abuse or	had effectively isolated them. Participants felt	
	In depth, unstructured interviews	neglect	accepted by workers and other parents, and had come	
	were used to gather data.		to view program workers as friends	
	Interviews were transcribed			
	verbatim onto computer files.		Learning about kids: Participation as a source of	
	Transcripts were subject to close		learning	
	and repeated reading and key ideas		Prior to participating in the program, the women	
	were identified by two research		had gaps in their knowledge in relation to basic	
	team members. These segments		parenting skills	
	were then coded, categorised, and			
	grouped into themes to reflect the		They are there for me: Participation as a source of	
	experiences of participants		practical help and support	
			Participants experienced multiple difficultis with	
	Analytic method		providing for and managing their families, and	
	The tenets of thematic analysis		there was a need for on-going practical help and	
	were used to guide data analysis		support	
	Type of abuse		I am a good mother: Participation as a source of	
			tension and conflict	
			Data revealed tension and conflict between the	
			feelings of friendship that the women developed	
			with workers, and the mandatory reporting role	
			that workers have	
Kinsworthy et al	Aim	Inclusion criteria	Themes	Moderate
2008	To examine the perceptions of	Parents receiving services as a victim of		
[135]	parents, and victims of domestic	domestic violence and who had been	Structure of the Training	
USA	violence, after receiving filial	referred to the filial therapy group by the	The first content area addressed structure of the	
	therapy. Filial therapy, specifically	clinical supervisor at the agency	training and resulted in the following themes:	
	the child–parent relationship		regarding logistics such as time, location, and material	
	training (CPRT) model, is a form of	Informants	the participants thought the time was sufficient for	
	training that teaches parents the	16 parents (14 women and 2 men)	covering the material, and they enjoyed the support	
	key skills of child-centered play		group format	

	therapy, such as reflecting feelings,			
	returning responsibility, and	Type of abuse	Applicability and Helpfulness	
	crediting the child's effort	Domestic violence	The second content area addressed applicability and	
			helpfulness of the material towards parenting and	
	Data collection		resulted in the following themes: greater	
	A semi-structured, open-ended		understanding of their child's feelings and desires as	
	style interview. The interview was		well an understanding of their child's needs in regard	
	audio taped and tapes were		to developmental expectations	
	transcribed			
			Positive changes in parenting style were shared by	
	Analytic method		numerous parents.	
	Data were analyzed by both		The perceptions of the child–parent relationship, as	
	authors independently using		observed by the parent, were shared as well	
	Colaizzi's method of			
	phenomenological analysis to		Experiencing increased warmth and trust in the child–	
	capture the essence of the		parent relationship, changed parenting style, and	
	participants' experience regarding		decreased parental stress. Additionally, narratives	
	CPRT		reflect the positive influence the training had on	
			parents' perceptions of violence	
Källström Cater	Aim	Inclusion criteria	Themes (selected)	Moderate
et al	This study examines mothers'	Mothers exposure to physical, sexual or	Kids Club were appreciated by the mothers	
2014	experiences of participating with	psychological violence from a partner and a	Both the children groups and the mother's groups	
[136]	their children in the Kids Club	child in the age 6–12 years	were appreciated by the mothers	
Sweden	intervention.			
		Informants	Most appreciated was meeting other mothers in the	
	Data collection	13 children and 10 mothers	same situation	
	45 minutes semistructured			
	interviews with mothers	Type of abuse	One limitation with group based treatment was limited	
		Domestic violence	flexibility regarding which time treatment was	
	Analytic method		delivered	
	Mainly processoriented study			
Lewis et al	Aim	Inclusion criteria	Themes	Moderate
2016	This study explored child welfare	Mothers and children who had attended		
[138]	involved parents' perceptions of	Triple-P	Program Content	
USA	the relevance and fit of one EBI,		positive parent-child relationships	
	Pathways Triple P, to their needs	Informants	Improved stress and anger management techniques	
		47 mothers		
	Data collection		Program Materials	
	Through semistructured	Type of abuse	Workbooks	
		Child maltreatment	Activities	

	interviews, the early		Videos	
	implementation outcomes			
	acceptability and appropriateness		Program Structure	
N	were assessed		Convenient treatment modality	
			Substantial or burdensome time commitment	
	Analytic method			
	Thematic analysis of semi-		Endorsements	
5	structured interviews - the		Barriers to Participation	
	framework method (Ritchie and		Overwhelming circumstances/ Competing	
	Lewis 2003), a systematic process		commitments	
(of categorizing qualitative data by			
(creating matrices, containing			
(quotations and text phrases,			
(organized by theme (columns)			
ć	and participant interviews (rows)			
McManus et al	Aim	Inclusion criteria	Themes	Moderate
2013 1	To identify factors that may impact	Mothers and children who had attended	Elements identified that facilitated the programme	
[130] 0	on the programme's ability to	DART services, which have been running	included:	
UK a	achieve positive outcomes for	for approximately 16 months		
r	mothers and children who have		Programme-related Factors	
f	experienced domestic abuse,	Informants	Joint activities	
F	Recovering Together (DART) is a	15 mothers (27-41 years) and 11 children	In the joint activities, children were able to spend one-	
1	10-week programme that supports	(7-11 years) (20 mothers and 20 children)	to-one time on an activity with their mother that they	
f	families who have experienced	were approached for interviews)	valued highly	
(domestic abuse			
		Type of abuse	The creative activities	
1 I	Data collection	Domestic violence	Mothers and children spoke positively about the	
1	Unstructured interviews using a		activities in which they had participated at DART; in	
t	topic guide. The interviews for the		particular, the creative activities	
(children lasted between 15 and 30			
r	minutes and the interviews with		Discussions about the abuse	
t	the mothers lasted between 30		Many of the sessions in DART encouraged children to	
r	minutes and an hour		share their experiences of domestic abuse. There were	
			children who viewed this positively, stating that they	
	Analytic method		had been able to talk about the abuse for the first time	
	Once the transcripts were finalised,		during DART and that they felt better after sharing	
	interviews were themed for		their experience	
	analysis using the Framework			
	approach		Activities that highlighted how children had been	
· · · · · · · · · · · · · · · · · · ·				

			Certain activities were designed to raise mothers' awareness of how domestic abuse can affect children. Engaging and supportive parenting advice Mothers were given advice about their parenting by practitioners that they felt was engaging and supportive. Emphasis that domestic abuse was not the mother/child's fault Throughout the programme, practitioners emphasised that domestic abuse was never the fault of the mother or child, and accepting this was described as a key turning point by the mothers. This helped them to feel happier in themselves, more able to talk in the groups and believed that their increased self-esteem reflected positively in their child. Children learning about healthy and unhealthy relationships Issues with literacy Length of the programme Staff and Peers DART practitioners Other group members Emotional and Behavioural Factors Strategies to deal with anger External Factors	
Petra et al 2010	Aim To evaluate the fit and	Inclusion criteria Parents who had had at least one child 6–	Contact with the perpetrator Themes	Moderate
[132] USA	acceptability of one parent- mediated training program (Pathways Triple P) to case managers and parents within this	10 years old and had been referred to the child welfare system because of maltreatment allegations and were case managed by either the public or private	The changes started with a new awareness of how they were parenting Learning new ways to handle difficult situations with	
	system of care Data collection	child welfare agencies Informants	their children Parents found the program acceptable and a good fit	
	All interviews (participant and case manager) were conducted by	6 parents (24-43 years, five fathers, one mother) received Triple P and 3 received	for their needs	
	interviewers trained in qualitative methods and were recorded and	control condition	Logistic supports Variety of teaching/learning methods	

	transcribed verbatim. Interview	Dropout in the triple P group	Specific parenting techniques taught	
	guides included open-ended	N=1	Parents appreciated the program's use of diverse	
	questions and probes to elicit		methods. In keeping with case manager expectations,	
	further information or clarify	Type of abuse	participants reported that their enhanced parenting	
	responses if necessary.	Child maltreatment	skills and new ability to use non-physical discipline	
			resulted in a better home life. They liked logistic	
	Analytic method		supports (taxi vouchers, child care, reminder calls, and	
	multistage, iterative process using		the location and time of the group meetings). Parents	
	Nivo 8 conducted in two stages,		appreciated the variety of structural elements (group,	
	using a combination of deductive		phone calls, home visits) and teaching/learning	
	and inductive approaches.		methods (group discussion, workbook, and video)	
			utilized in the program. Participants also appreciated	
			the diversity of situations among parents in the group,	
			and said that they were able to get ideas on how to	
			manage their situations from others as well.	
Reimer	Aim	Inclusion criteria	Themes	Moderate
2013	To explore in depth multiple	Eligibility depended on the relationship	Parents' Desperation and Ambivalence	
[142]	perspectives on the development	having been established around a neglect	The building phase was characterized by the parents	
Australia	of relationships between family	related focus and having ceased within the	feeling a high level of vulnerability, desperation, and	
rastrana	workers and parents where neglect	last three months. Parents who were	ambivalence. In particular, parents and workers	
	is a concern.	recruited to the study had to have been a	described how the associated anger or fear of poor	
		client of the workers who were also	experiences impacted negatively on the early part of	
	Data collection	recruited. At the time of the study, neglect	the relationship.	
	Using in-depth interviews and	was defined in NSW legislation as "the		
	drawing on literature about the	continued failure by a parent or caregiver	Parents Assessing Worker Qualities	
	notion of phases in relationships,	to provide a child with the basic things	Although parents felt unable to meet their own needs	
	participants were asked to provide	needed for his or her proper growth and	and be the kind of parent they wanted to be, and this	
	a chronological account of the	development, such as food, clothing,	motivated them to either seek or accept support, they	
	relationship. While the parents	shelter, medical and dental care, and	were not yet willing enough to lose some sense of	
	were involved in the relationship	adequate supervision"	agency over the interaction. Most participants	
	due to neglect concerns, the focus		reported that parents tested workers during this	
	of the interviews was on the	Informants	phase,	
	relationship, rather than on the	The participants involved in this study are		
	child or child protection issues that	part of the 30-year-long tradition of family	Worker Actions and Attributes	
	may have existed.	work in NSW, Australia. The services were	Important worker actions and attributes during this	
		originally developed to fill a support gap	trust building phase included workers providing a first	
	Analytic method	for families who cannot access normal	impression that they were genuine/authentic, active in	
	The study utilised qualitative	informal support, or who find that	their attention to the parent, willing to help, focused	
	methods to explore, in depth, and	previously established formal social	on capacities, empathic, nonjudgemental, patient,	
	in a holistic fashion, the complex	welfare services cannot adequately meet	flexible, collaborative, and confident in their dealings	
	multiple and layered dimensions of	their needs. The number of participants in	with the parent.	

	eight relationship dyads. Case study methods provided a way to organise the data, while thematic analysis enabled rigorous analysis and confidential presentation of the findings. Analytic induction was used to examine the de-identified transcribed data for keywords in three relationship cases	the study was 21, made up of 9 parents (where a couple had been engaged with 1 worker in a relationship), 8 workers, and 4 supervisors. The relationships varied in duration, but all could be considered medium to long-term, lasting from over 1 year in all cases to over 5 years in two cases. Type of abuse Child neglect	Trust Parents and workers described that parents progressed from unwillingness to willingness as they got to the point of connection and feeling comfortable, the lynchpin of which was trust. Trust was found to be central to the establishment of working relationships. Parents may test the level of worker trustworthiness and attempt to reduce power inequities. The parents in this study were clear that an integral aspect of trust development involved workers themselves providing some level of personal disclosure.	
Rizo et al 2016 [137] USA	AimWhich longer-term outcomes do survivors attribute to their participation in the MOVE program (Mothers Overcoming Violence through Education and Empowerment - a 13-week IPV and parenting program intended for female system-involved IPV survivors who are mothers of minor children)?Data collection Data were collected using in-depth	Inclusion criteria Women were eligible for study inclusion if they participated in both the MOVE program and the Improve MOVE Outcome Evaluation (i.e., the formal program evaluation study of MOVE) between January 2009 and July 2011. During that period, 89 women enrolled in MOVE, of whom 73 (82 %) agreed to participate in the Improve MOVE Outcome Evaluation. Findings from the evaluation study have been published elsewhere. To be eligible for the current study, participants had to have completed the	Themes Qualitative analysis determined 4 key themes: Relationship changes (e.g., most women were no longer with abusive partners), Parenting changes (e.g., improved communication and discipline strategies the vast majority of participants reported they had gained a greater awareness of the negative impact of IPV on children) Personal life changes (e.g., improved help-seeking and improved self-esteem)	Moderate
	individual interviews and brief demographic surveys. The in-depth individual interviews and brief demographic surveys were collected as part of the current follow-up study Analytic method An exploratory, qualitative description approach	MOVE program at least 12 months prior to recruitment for the current study Informants Data were collected from 38 survivors Type of abuse Domestic violence	New or ongoing challenges (e.g., financial stress) Overall, findings suggest that tailored, mandated programming — when positive and empowering — may lead to some longer-term beneficial outcomes	

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