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Common components of evidence-based parenting programs for preventing maltreatment of school-age children

Caroline E. Temcheff[a,*], Marie-Josée Letarte[b], Stéphanie Boutin[a], Katherine Marcil[b]

[a] Department of Educational and Counselling Psychology, McGill Univeristy, Canada
[b] Département de psychoeducation, Université de Sherbrooke, Canada

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ABSTRACT

Child maltreatment can lead to a variety of negative outcomes in childhood including physical and mental health problems that can extend into adulthood. Given the transactional nature of child maltreatment and the difficulties that many maltreating families experience, child protection services typically offer various kinds of programs to maltreated children, their parents, and/or their families. Although the specific difficulties experienced by these families may vary, sub-optimal parenting practices are typically part of the picture and may play a central role in maltreated children's development. Hence, to deal with child maltreatment, programs that focus on parenting practices are essential, and identifying the common components of effective programs is of critical importance. The objectives of the present study were to: 1) describe the components of evidence-based parenting programs aimed at parents who have maltreated their elementary school-aged children or are at-risk for doing so and 2) identify the components that are common to these programs, using the approach proposed by Barth and Liggett-Creel (2014). Fourteen evidence-based parenting programs aimed at parents who had maltreated their elementary school-aged children (ages 6–12) or were at-risk for doing so were identified using both a review of relevant online databases of evidence-based programs (California Evidence-Based Clearinghouse for Child Welfare, Blueprints for Healthy Youth Development, Youth.gov, and the National Registry of Evidence-based Programs and Practices). Common components were identified (operationalized as components present in two thirds of programs) and discussed. The identification of common components of evidence-based programs may help clinicians choose the best intervention methods.

1. Introduction

Child maltreatment can be defined as any act of omission (failure to meet a child's physical, emotional or social needs—also known as child neglect) or commission (actions inflicted on the child directly or indirectly—also known as child abuse) that may impair a child's safety, development or physical, psychological and emotional integrity (Clément, Chamberland, & Bouchard, 2016). These various forms of child maltreatment can co-occur; they can be classified into the categories of physical abuse (PA), sexual abuse (SA), emotional abuse (EA), and neglect (Clément et al., 2016; Government of Canada, 2010).

Stoltenborgh, Bakermans-Kranenburg, Alink, and van IJzendoorn (2015) combined and compared the results of previous meta-analyses in order to draw conclusions about the prevalence of various types of maltreatment. The authors found that the combined prevalence rates for SA, PA and EA reported in studies based on statistics from child welfare agencies were 0.4%, 0.3%, and 0.3%,

* Corresponding author.
E-mail address: caroline.temcheff@mcgill.com (C.E. Temcheff).

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respectively. In contrast, the combined prevalence rates found in studies based on self-reports were strikingly higher, with 7.6% for SA among boys, 18.0% for SA among girls, 22.6% for PA and 36.3% for EA. A recent U.S. study found that overall, 9.4 out of every 1000 children in the United States are victims of maltreatment every year (U.S. Department of Health & Human Services, 2015).

The World Health Organization has identified child maltreatment as a major public health problem (Krug, Dahlberg, Mercy, Zwi, & Lozano-Ascencio, 2002). It has serious consequences from childhood to adulthood, the most tragic, of course, being the death of the child through homicide or neglect. In the United States, the National Child Abuse and Neglect Data System identified 1560 deaths attributable to child abuse and neglect in 2010 (Krugman & Lane, 2014).

In regards to physical health, maltreated children experience more injuries, broken bones, head injuries, and growth delays (Gilbert et al., 2009; Trocmé, 2012; Widom, 2014). Maltreatment is also associated with problems in brain development, speech/language disorders and learning difficulties (Bernard, Lind, & Dozier, 2014; Widom, 2014), as well as with obesity, chronic pain and health problems in adulthood, such as diabetes, liver and kidney disease, and cardiac and respiratory diseases (Gilbert et al., 2009; Widom, 2014).

As regards mental health, children who are maltreated are more likely to have internalized problems, such as anxiety and depression, and externalized problems, such as aggressiveness, delinquency and criminality (Gilbert et al., 2009). Maltreatment in childhood is also associated with mental-health problems in adulthood, such as alcohol abuse (especially in women), post-traumatic stress disorder, personality disorders and suicidal behavior (Gilbert et al., 2009; Widom, 2014).

These consequences of maltreatment are accompanied by increased use of health and social services. Every year, affluent countries such as the United States and the United Kingdom spend hundreds of billions of dollars to pay the costs associated with child maltreatment, mainly for short-term and long-term health and social services (Ferrara et al., 2015), including programs provided to maltreated children and their families.

The ecological/transactional model proposed by Cicchetti and his colleagues (Cicchetti & Lynch, 1993; Cicchetti & Valentino, 2006) clearly illustrates how maltreatment influences children's development and adjustment. According to this model, when parents maltreat their children, their affective involvement with these children and their child-rearing practices are directly and mutually related to these children's behaviour problems, low self-esteem, and difficulties in school. According to Cicchetti et al., such parents' child-rearing practices are influenced directly by proximal factors such as the parents' limited psychological resources (limited self-control, limited ability to manage stress and frustration, mental-health problems, substance-abuse problems, history of maltreatment in childhood) and difficult family dynamics (conflict and violence), as well as indirectly, by distal factors such as cultural values and beliefs, community factors, and characteristics of the family setting. This model is supported by studies that describe maltreating families (Dubowitz, 2010; Pauzé, Déry, & Toupin, 1995; Smith & Fong, 2004). In general, the parents in these families have limited personal resources to cope with their own problems and meet their children's needs. These parents are often undereducated, socially isolated, and living in poverty. Many have a combination of mental-health problems and problems of drug or alcohol abuse, which directly undermine their parenting practices (Pauzé et al., 1995, Pauzé et al., 2004).

Given the transactional nature of child maltreatment and the difficulties that many maltreating families experience (Cicchetti & Lynch, 1993; Cicchetti & Valentino, 2006), child protection services typically offer various kinds of programs to maltreated children, their parents, and/or their families. Although the specific difficulties experienced by these families may vary, sub-optimal parenting practices are typically part of the picture and may play a central role in maltreated children's development. Hence, to deal with maltreatment and reduce its impacts and the demands that it places on health and social services, multidimensional support for families is essential, including programs that focus on parenting practices.

2. Parenting programs

Programs that help parents to play their parental role are thus central to the mission of child protection services, which is to protect children and ensure their well-being (Barth et al., 2005). That such programs are necessary is all the more apparent when one considers statistics such as those from two studies, which found that 95% of all children who had been maltreated were living with at least one of their biological parents at the time of the reported incident (Hélie, Collin-Vézina, Turcotte, & Trocmé, 2017) and that 49% of all children whose cases were taken in charge by child protection services remained in their family settings (Institut national d'excellence en santé et en services sociaux, 2017). But the services provided in parenting programs vary widely. For parents who are at high risk of maltreating or have actually maltreated a school-age child (age 6–12), the programs offered fall into three categories, all of which have the same goal: to help the parents take better care of their children and thus put an end to the situation that endangers the child's safety or development (Barth et al., 2005; MacLeod & Nelson, 2000). The first of these categories, parent support programs, typically offer parents various types of social and/or emotional support, while the second, parent education programs, typically aim to increase parents' knowledge regarding child development and/or positive parenting strategies (Andrews & McMillan, 2013). In contrast, parent training programs are designed to improve communication and the relationship between parents and their children. They also teach parents to apply positive child-rearing practices, such as using praise and rewards, following a daily routine, and employing effective disciplinary strategies in a consistent way (Andrews & McMillan, 2013; MacLeod & Nelson, 2000; Mikton & Butchart, 2009).

The meta-analysis conducted by Chen and Chan (2016), using randomly controlled trials with a variety of populations, showed that both parent education programs and parent training programs are effective in reducing child maltreatment. But most of the programs that studies have shown to be effective in producing changes in parents' behaviour (Barth et al., 2005; Hughes & Gottlieb, 2004; Letarte, Normandeau, & Allard, 2010; Lundahl, Risser, & Lovejoy, 2006a; Lundahl, Nimer, & Parsons, 2006b) and in children's behaviour (Letarte et al., 2010; Lundahl et al., 2006a,b) are parent training programs. Moreover, longitudinal studies have shown

that parent training programs help to reduce recurrence of maltreatment for up to six years after parents participate in them (Lutzker & Rice, 1987; Menting, Orobio de Castro, & Matthys, 2013).

3. Components associated with the effectiveness of parenting programs

Although parenting programs have been shown to be effective in preventing child maltreatment, relatively little is known about the components of these programs that explain their effectiveness. In the past, three literature reviews and two meta-analyses on the effectiveness of such programs for preventing occurrence and recurrence of child maltreatment have examined what components of these programs are associated with their effectiveness, but these reviews and analyses have limitations that still need to be addressed. Barth (2009) analyzed the literature dealing specifically with parent training programs that provided a practitioner's manual, in order to identify the common components of effective programs, but did not specify what criteria he used to identify these components. Andrews and McMillan (2013) reviewed programs that were provided through the child welfare system to prevent child maltreatment by parents who were considered at high risk of maltreating their children and by parents who had been found to have maltreated their children in the past. However, the authors did not specify what criteria they used to identify core evidence-based principles for choosing programs to serve parents in the child welfare system. The third literature review that we considered was by Holzer, Higgins, Bromfield, Richardson, and Higgins (2006), who examined the characteristics of all types of parenting programs that had been found to be effective and that child protection services might offer in cases of maltreatment, but whose effectiveness had not necessarily been evaluated for parents who had mistreated their school-age children or were at risk of doing so. None of these studies applied evidence-based criteria to identify the program components associated with effectiveness. Hence, it is hard to know to what extent the components identified are actually common to programs that are effective in preventing parents from maltreating their children.

Both of the meta-analyses that we examined dealt with programs for preventing child maltreatment. Lundahl et al. (2006a,b) dealt specifically with parent training programs, while MacLeod and Nelson (2000) dealt with various types of programs aimed at parents of children ages 0–12. Though highly relevant, these meta-analyses were conducted over 10 years ago, and the evaluation of evidence-based programs has made great strides since then. Also, like the literature reviews that we examined, neither of these meta-analyses dealt specifically with programs for parents of children ages 6–12. Lastly, because of reasons inherent in their methodology, both of these meta-analyses analyzed only a limited number of components at a time.

In 2014, Barth and Liggett-Creel conducted a review of the literature on common components of programs for parents of children involved with child welfare services. Although this review did identify some important common components of some of these programs, it did not focus specifically on programs for preventing child maltreatment. Moreover, the programs in question were for parents of children from birth to age 8. From a transactional-ecological perspective (Cicchetti & Lynch, 1993), it is reasonable to suppose that elementary-school-aged children, who exert greater agency in creating their social environments, may interact with maltreating parents differently from maltreated babies or pre-school children. Hence the common components of evidence-based treatments for parents who maltreat children of elementary-school age may or may not be similar to those for parents who maltreat younger children.

Although all of the studies in these reviews and meta-analyses thus had limitations, they did enable us to identify the following five categories to consider in attempting to determine common components in evidence-based parenting programs: components related to the programs' content, to the intervention modalities that they use (individual versus group), to the practitioners who deliver them (professionals versus paraprofessionals), to the settings in which they are delivered and the time that they require, and to evaluating the fidelity with which they are implemented. We will now discuss each of these categories briefly.

3.1. Components related to program content

Barth (2009) observes that the most effective programs have explicit objectives, clearly articulated mechanisms for change, and a sound theoretical foundation. But Andrews and McMillan (2013) and Holzer et al. (2006) note that flexibility in adapting to each family's specific needs is also necessary. Interventions for parents are also found to be more effective when interventions are provided to their children at the same time (Andrews & McMillan, 2013; Barth, 2009; Holzer et al., 2006).

3.2. Components related to intervention modalities

Parenting programs that offer a combination of individual interventions and group interventions appear to be more effective than programs that offer only one of these modalities (Andrews & McMillan, 2013; Barth, 2009; Lundahl et al., 2006a,b). Each of them seems to offer a unique set of mechanisms to effect changes in the parents, and combining the two provides the benefits of both. Programs that apply behavioral interventions appear to have better effects (Barth, 2009; Holzer et al., 2006; Lundahl et al., 2006a,b), as do programs based on a non-stigmatizing, empowering approach (Holzer et al., 2006; MacLeod & Nelson, 2000).

3.3. Components related to practitioners

Various kinds of parenting programs provide better results when delivered by professionals rather than para-professionals (Andrews & McMillan, 2013; Holzer et al., 2006). Barth (2009) stresses that it is important to train these practitioners, and that their training should be simple and focus on the key intervention techniques applied in the program.

3.4. Components related to program setting and time requirements

According to Lundahl et al. (2006a,b), in their meta-analysis of parent training programs designed specifically to prevent child abuse, programs that provide training to parents both in an office setting and at home are more effective than programs delivered in only one of these two settings, most likely because parents can take the skills that they learn in the office and practice them in the home. Also, although the literature deals with parenting programs applied in various contexts, there seems to be a consensus that programs are more effective when they are of longer duration, and that it is desirable to see the parents again for follow-up ("booster") sessions at the end of the program (Andrews & McMillan, 2013; Barth, 2009; Lundahl et al., 2006a,b, MacLeod & Nelson, 2000). Holzer et al. (2006) state that programs need to last at least four to six weeks.

3.5. Components related to evaluating implementation fidelity

More and more program manuals include a set of tools for evaluating implementation fidelity, which should help to make the programs in question more effective (Barth, 2009).

The present review was based on the existing literature but attempted to address the limitations of past reviews and meta-analyses. Its goal was to expand the current body of knowledge by identifying common components in the preceding five categories in *evidence-based parenting programs specifically targeting parents who have maltreated or are at-risk for maltreating their elementary-school-aged children,* the age group that accounts for the greatest proportion of children being served in child protective services for child maltreatment according to a government study in the Canadian province of Quebec (Institut national d'excellence en santé et en services sociaux, 2017). A common element is defined here as an element reported in at least 66% of the programs reviewed (Barth & Liggett-Creel, 2014). Although this does not allow us to identify of programs, this definition allows us to identify the components that are most often associated with program effectiveness.

Given the high prevalence of child maltreatment, its serious consequences, and the need to address parenting practices in programs to prevent it, identifying the common components of effective programs is of critical importance. While there may be no "gold standard" in parenting programs for child maltreatment, by identifying the common components of evidence-based programs, we can help clinicians to choose the best intervention methods for reducing human suffering and the long-term effects of child maltreatment.

4. Objective

The objective of the present study was to identify programs that have been evaluated and found to be effective when provided to parents of children ages 6–12 whom they have maltreated or are at risk of maltreating. More specifically, this study sought to: 1) describe the components of these evidence-based programs and 2) identify the components that are common to these programs, using the approach proposed by Barth and Liggett-Creel (2014). This is the first review dealing exclusively with parenting programs that have been proven effective in preventing maltreatment of children ages 6–12. This review innovates in that it has used an objective method to identify the components commonly associated with the effectiveness of these parenting programs. The conclusions that can be drawn from this study will enhance knowledge of evidence-based practices for preventing child maltreatment, in addition to identifying features that should be incorporated when parenting programs are being designed.

5. Methodology

5.1. Method used to review and select evidence-based programs

To carry out this study, we conducted a scoping review of four databases of evidence-based programs: the California Evidence-Based Clearinghouse for Child Welfare (CEBC; www.cebc4cw.org), Blueprints for Healthy Youth Development (www.blueprintsprograms.com), Youth.gov and the National Registry of Evidence-based Programs and Practices (NREPP; www.samhsa.gov/nrepp). Each of these databases is different and offers different search options. In addition, we searched a number of academic databases and reviewed scientific articles that we found there regarding programs of interest for this study. Data were extracted by one of the co-authors (S. Boutin, with the assistance of K. Marcil), and verified by the other co-authors.

We reviewed the CEBC first, because this database deals exclusively with evidence-based practices for children and families involved with the child welfare system and applies rigorous criteria (such as the use of randomly controlled trials) to rate the strength of the scientific research evidence supporting a practice or program. For us to select a program from this database, it had to: 1) be rated as well-supported, supported or promising on the CEBC's scientific rating scale; 2) be rated high or medium on CEBC's Child Welfare System Relevance scale; 3) be suitable for parents of children ages 6–12; and 4) fall into one or more of the following CEBC topic areas: Home Visiting Programs for Prevention of Child Abuse and Neglect, Interventions for Abusive Behavior, Interventions for Neglect, Parent Training Programs that Address Child Abuse and Neglect, and Prevention of Child Abuse and Neglect (Primary and Secondary) Programs.

Applying these criteria to the CEBC database, we selected the following 11 programs: Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT); Coordination, Advocacy, Resources, Education and Support (C.A.R.E.S.); Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT); Exchange Parent Aide; Family Connections; Homebuilders®; The Incredible Years; Multisystemic Therapy for Child Abuse and Neglect (MST-CAN); Nurturing Parenting Program for Parents and their School-age Children 5–12 years; Parents Anonymous®; and Triple P – Positive Parenting Program® - Level 4).

Table 1
Selected evidence-based parenting programs for preventing child maltreatment.

Program	Source Database			
	CEBC	Blueprints	Youth.gov	NREPP
Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT)	X		X	
Coordination, Advocacy, Resources, Education and Support (C.A.R.E.S.)	X			
Combined Parent-Child Cognitive-Behavioral Therapy (CPC-CBT)	X			
Exchange Parent Aide	X			
Family Connections (FC)	X			
Homebuilders®	X			X
The Incredible Years (IY)	X			
Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)	X		X	
Nurturing Parenting Program - 5–12 years	X			
Parents Anonymous®	X			
Parent-Child Interaction Therapy (PCIT)	X[a]	X	X	
Project 12-Ways	X			
Systematic Training for Effective Parenting (STEP)	X[a]			X
Triple P (Level 4)	X	X		X

Note. CEBC = California Evidence Based Clearinghouse; NREPP = National Registry of Evidence-based Programs and Practices.
[a] Present in these databases but categorized as effective for parents of children with behavior problem.

Next, consulting the three other databases mentioned above and applying the same criteria or searching on keywords such as maltreatment, abuse and neglect, we selected the following two additional programs: Parent-Child Interaction Therapy (PCIT), selected from Blueprints for Healthy Youth Development and Youth.gov, and Systematic Training for Effective Parenting (STEP) selected from the NREPP.

We also examined programs discussed in scientific articles listed in the following academic databases: Academic Search Complete, ERIC, PsycINFO, socINDEX and Social Work Abstracts. By this means we selected one more program: Project 12-Ways (identified in Barth et al., 2005).

It is important to note that all of these last three programs (PCIT, STEP, and Project 12-Ways) are inventoried in the CEBC as well, but they did not meet all of our initial search criteria, so we did not identify them from that database. Specifically, the CEBC classifies PCIT under the topic area "Disruptive Behavior Treatment", STEP under "Parent Training Programs that Address Behavior Problems in Children and Adolescents," and Project 12-Ways under "Interventions for Neglect" (CEBC does not assign a rating to this last program, citing lack of data).

Table 1 lists the 14 programs that we thus selected and shows which of the four databases we selected it from.

5.2. Method used to extract data about the 14 evidence-based programs selected

To describe the programs that we had selected, we systematically searched for details on a variety of program components (program-related and clientele-related components, program objectives, interaction methods employed, professional-related components, settings in which program is delivered, time and intensity of program, parent responsibilities, and implementation fidelity evaluation components; all components listed in Table 2), which had been identified from our previous literature search. Details regardging program components were systematically searched both from the CEBC website and from the websites of the programs themselves. For a program to be considered to comprise a certain component, that component had to be mentioned explicitly. Common factors for parent training programs specifically and common factors for all programs together are both reported. This allows for the consideration of common factors specific to parent training programs, given the fact that the majority of programs shown to be effective for child maltreatment are of this type.

6. Results

6.1. CEBC ratings of the 14 evidence-based programs

Table 2 lists all 14 of the parenting programs that we identified as having been empirically shown to be effective in preventing child maltreatment. Only three of these programs have received the CEBC rating of "Well-Supported" and can hence be regarded as exemplary models: The Incredible Years, PCIT, and Triple P. Two more of these programs are rated as "Supported": Homebuilders® and MST-CAN. The nine others were rated as "Promising". But it should be noted that the CEBC's criteria are very conservative. Even if a program is rated only as "Promising", this means that it has been evaluated positively in at least one rigorous study that used some form of control and that has been reported in published, peer-reviewed literature.

6.2. Components common to the 14 evidence-based programs

6.2.1. Target clientele

Most of the programs (64%) are provided to parents who are regarded as at risk of maltreating their children, mainly because of

Table 2

Components of selected evidence-based parenting programs for preventing child maltreatment.

Components	Parent Training Programs (PTP)											Parent Education and Support Programs				
	AF-CBT	CPC-CBT	Homebuilders®	The Incredible Years	MST-CAN	Nurturing Parenting Program	PCIT	Project 12-Ways	STEP	Triple P (Level 4)	% of PTP with	C.A.R.E.S.	Exchange Parent Aide	Parents Anonymous®	FC	% of Programs with
Level of research evidence																
1-Well supported				X			X			X						
2-Supported			X		X											
3-Promising	X	X				X		X	X			X	X	X	X	
Clientele																
Age of children																
0–12 years				X		5-12	2-12			X	40		X			36
0–17 years	5-17	3-17	X		6-17			X	X		60	X		X	X	64
Parents who:																
Have maltreated their children	X		X	X	X	X		X		X	70			X		57
Are at risk for maltreating their children		X		X			X		X	X	50	X	X	X	X	64
Program content																
Underlying theory																
Cognitive-behavioural or social learning	**X**	**X**	**X**	**X**	**X**		**X**			**X**	**70**					**50**
Family systems	X	X		X							30	X				29
Personality development											0		X			7
Ecological model											0				X	7
Attachment				X			X				20					14
Topics Covered																
Child-rearing practices - reinforcement	**X**	**X**		**X**		**X**	**X**		**X**	**X**	**70**	**X**	**X**	**X**		**71**
Child-rearing practices - discipline	**X**	**X**		**X**	**X**	**X**	**X**	**X**	**X**	**X**	**90**	**X**	**X**	**X**		**86**
Child-rearing practices - supervision			X			X					20					14
Parent/child relationship	X	X		X		X	X				50					36
Family communication/ interaction	**X**	**X**	**X**	**X**	**X**		**X**	**X**	**X**		**80**	**X**		**X**	**X**	**79**
Solving problems	X	X		X	X	X		X			60		X	X		57
Regulating emotions	**X**	**X**		**X**	**X**	**X**	**X**		**X**		**70**					**50**
Coping and stress management		X		X						X	30	X	X	X		43
Feelings of competence/ confidence											0			X	X	14
Child safety			X		X	X		X			40				X	36
Child development		X				X			X		30		X	X		36
Physical/financial resources			X					X			20				X	21
Trauma	X	X			X						30					21
Adaptation of program to needs	X		X	X	X			X		X	60	X	X		X	64

(continued on next page)

Table 2 (*continued*)

Components	Parent Training Programs (PTP)											Parent Education and Support Programs				
	AF-CBT	CPC-CBT	Homebuilders®	The Incredible Years	MST-CAN	Nurturing Parenting Program	PCIT	Project 12-Ways	STEP	Triple P (Level 4)	% of PTP with	C.A.R.E.S.	Exchange Parent Aide	Parents Anonymous®	FC	% of Programs with
Teacher component				X							10					7
Child component	X			X		X					30			X		29
Objectives																
Improve parenting skills	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**100**	**X**	**X**			**86**
Improve family functioning	X		X								20	X	X	X		36
Improve parent/child relationship	**X**	**X**	**X**	**X**			**X**	**X**	**X**		**70**	**X**				**57**
Improve feelings of competence/worth		X				X	X			X	40	X		X		43
Increase knowledge		X				X	X			X	40				X	36
Increase social support			X	X	X						30	X	X			36
Increase child safety	X										10	X	X	X		29
Reduce use of punishment/coercion	X	X		X	X					X	50			X		43
Reduce risk/recurrence of maltreatment	X		X		X						30	X		X	X	43
Reduce risk of child placement outside home			X		X						20			X		21
Reduce child behaviour problems		X	X	X			X	X		X	60					43
Interaction methods																
Program manual	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**100**	**X**	**X**	**X**	**X**	**100**
Intervention plan			X		X			X			30	X	X		X	43
Needs assessment																
Formal	X		X		X	X		X		X	60		X		X	57
Informal											0	X				7
Group/individual modality																
Group		X		X		X			X	X	50			X		43
Individual	X									X	20			X		21
Individual with child	X	X	X		X		X	X			60	X	X		X	64
Teaching strategies																
Empowerment	X	X	X			X				X	50	X		X	X	57
Education	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**100**	**X**	**X**	**X**		**93**
Discussions		X		X		X			X		50			X		43
Modeling	X	X		X	X		X			X	60			X		50
Positive reinforcement		X		X			X			X	40			X		36
Feedback	X	X	X		X		X			X	60					43
Role playing				X						X	20					14
Videos				X					X	X	30					21
Participant notebooks/documentation	X			X				X	X	X	50			X		43
Exercises with child during workshop	X	X	X								30					21

(*continued on next page*)

Table 2 (*continued*)

Components	Parent Training Programs (PTP)											Parent Education and Support Programs				
	AF-CBT	CPC-CBT	Homebuilders®	The Incredible Years	MST-CAN	Nurturing Parenting Program	PCIT	Project 12-Ways	STEP	Triple P (Level 4)	% of PTP with	C.A.R.E.S.	Exchange Parent Aide	Parents Anonymous®	FC	% of Programs with
Telephone follow-up			X							X	20					14
Practitioners																
Educational requirements																
None						X			X		20		X			21
Relevant postsecondary college diploma										X	10					7
Relevant university degree (u = bachelor; m = master)	**b**	**m**	**M**	**m**	**m**		**m**	**m**			**70**	**b**		**b**	**m**	**71**
Program-specific training																
Training	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**100**	**X**	**X**	**X**	**X**	**100**
Training + upervision			X		X		X	X		X	50		X	X	X	57
Setting																
Home	X	X	X		X					X	50	X	X	X	X	64
Outside of home (clinic, community center)		**X**		**X**		**X**	**X**	**X**	**X**	**X**	**70**			**X**		**57**
Time																
Frequency and intensity										V		V				
1–2 hours per week	**X**	**X**[1]		**X**		**X**	**X**	**X**	**X**		**70**		**X**	**X**[2]	**X**	**71**
8–10 hours per week			X		X						20					14
Duration																
Less than 3 months			4-6 wks						7 wks	2-3 mths	30					21
3–6 months		X		X		X	X	X			50	X			X	50
6–12 months	X			X	X						30		X			29
12–18 months											0			X		7
Parents' responsibilities																
Homework assignments	**X**	**X**	**X**	**X**	**X**	**X**	**X**		**X**	**X**	**90**					**64**
Implementation fidelity evaluation																
Procedures/ questionnaires available	**X**	**X**	**X**	**X**	**X**		**X**	**X**		**X**	**80**	**X**		**X**		**71**

Notes: AF-CBT = Alternatives for Families: A Cognitive-Behavioral Therapy; C.A.R.E.S. = Coordination, Advocacy, Resources, Education and Support; CPC-CBT = Combined Parent-Child Cognitive-Behavioral Therapy; FC = Family Connections; MST-CAN = Multisystemic Therapy for Child Abuse and Neglect; PCIT = Parent-Child Interaction Therapy; STEP = Systematic Training for Effective Parenting; [1] = individual sessions and group sessions held every week and last one to two hours each; V (Triple P) = two different options: 1) five 2-hour group sessions + three 20-minute individual sessions by telephone for eight weeks, or 2) 10 weekly individual sessions lasting one hour each; V (C.A.R.E.S.) = At first, the visits are very frequent (a minimum of one per week), and then they decrease (to a minimum of one to three hours per month).

their current parenting practices. As seen in Table 2, the programs are generally offered to parents whose children vary considerably in age. Only 36% of programs are specifically for children below age 12, the other 64% are for children with varying minimum ages, up to age 17.

6.2.2. Program content

The majority of the 14 effective programs that we identified (71%) are parent training programs as previously defined. Three of the programs combine parent support with parent education, while one provides parent support only (Family Connections). Next, 10 of the 14 programs (71%) identify their particular theoretical basis. Cognitive-behavioral or social learning theory is cited most often (cited by 70% of parent training programs, and 50% of the programs overall). This theoretical orientation was cited by the three programs that fell into the "well supported" category. The topics addressed in these 14 programs are many and varied. The most common are child-rearing practices—discipline (90% of parent training programs, and 86% of programs overall) and reinforcement (70% and 71%, respectively), family communication and interactions (80% and 79%, respectively), and regulation of emotions (70% and 47% respectively). Although not meeting criteria to be considered a common factor, more than half of the programs (64%) offer some flexibility to adapt to parents' needs. For example, the Triple-P program offers optional modules, which cater to specific needs of different parents. Specifically, some parents may benefit from a module on dealing with parental depression. Only one program offers a component for the child's teacher (The Incredible Years), while four provide a component for the child at the same time as the parent component. In sum, the common components associated with programs recognized as effective for preventing child maltreatment are that they are parent training programs, and address the topics of parenting practices (discipline and reinforcement), and family communication and interaction. It should also be noted that among parent training programs, having a cognitive-behavioural or social learning theoretical orientation, and addressing the topic of regulation of emotions also emerged as common components.

6.2.3. Program objectives

The 14 effective programs that we identified had 11 different objectives. The objective shared by the largest proportion of these programs (100% of parent training programs and 86% of programs overall) was improving parenting skills, followed by improving the parent-child relationship (70% and 57% respectively). Six of the programs (43%) focused specifically on the objective of preventing the risk of occurrence or recurrence of maltreatment. A number of the 14 programs (43%) were originally designed for parents of children with behavior problems and only later evaluated as means of addressing maltreatment, so their objective is to reduce children's behaviour problems. This is the case with the three programs that are "well-supported", according to their CEBC ratings. This is in line with the idea that reducing children's behavior problems can also improve maltreatment situations (Barth et al., 2005).

6.2.4. Interaction methods

All of the 14 parenting programs that we identified as effective for preventing child maltreatment are documented in manuals, which increases implementation fidelity and the likelihood of achieving the desired results. More than half require assessing the family's needs, either formally (60% and 57% respectively) or informally (7% overall), and some even require preparing an intervention plan tailored to the needs identified (30% and 43% respectively). Some of the programs offer group sessions (50% and 43% respectively) or individual sessions with the child (60% and 64% respectively), which in fact often takes places in a family meeting. Other programs offer a combination of group sessions and individual sessions, with or without the child present. The programs use a wide variety of teaching strategies. The programs that offer the largest number of different strategies are CPC-CBT and two of the programs that the CEBC rates as well-supported: The Incredible Years and Triple P. One common factor of effective parent training programs were found in this category: parent education (informing parents to expand their knowledge; 100% and 93% respectively). Other heavily used strategies include empowerment (50% and 57% respectively), discussions (50 and 43%), modeling (demonstration of a skill either by the practioner or by other participants in a group setting in order for a parent to be able to reproduce it; 60% and 50%), and feedback (60% and 43%). To sum up, as regards the interaction methods used in the programs, the common components that we found are a manual that explains the program, and the use of parent education as an intervention strategy.

6.2.5. Practitioners who deliver the programs

The majority of the 14 parenting programs that we identified as effective in preventing child maltreatment require the practitioners delivering them to have training in a relevant discipline (psychology, psychoeducation, or social work); 70% of parent training programs and 71% of programs overall require a bachelor's or a master's degree, which makes this a common component. Seven of the 14 programs (50%), including the two of the three with the highest CEBC ratings, require practitioners to have master's degrees, though exceptions can be made—for example, when someone does not have a master's degree but does have significant relevant experience or is being supervised by someone who does have such a degree. All practioners must also take program-specific training; 57% of the programs also require clinical supervision for those delivering programs. In summary, university education and specific training for the program are found to be common factors.

6.2.6. Program setting

Some programs (43% overall) are delivered in home settings only, while others (36% overall) are delivered in outside settings such as social-service offices, schools, and community centres only; the remaining 21% are delivered both in the home and in outside settings. Despite these differences, 50% of parent training programs and 64% of programs overall prescribe delivery of services in the

home setting. In addition, 70% of parent-training programs and 57% of programs overall have at least part of the program delivered outside the home.

6.2.7. Time required

The frequency and intensity of the sessions provided are similar in the majority of the evidence-based programs. These sessions typically are held once per week and last one to two hours each. Only Homebuilders® and MST-CAN are more intensive (8–10 hours per week). The duration of the programs varies. Half of the programs take three to six months to complete. Note, however, that many of these programs allow the time requirements to be adjusted to the family's needs. For instance, more program modules or sessions could be offered in Triple-P or sessions could be added to Incredible Years or PCIT (seven of the 14 programs mention this possibility). Thus, weekly meetings lasting one to two hours constitute a common element of the 14 effective programs.

6.2.8. Parents' responsibilities

The great majority of the effective programs that we identified actively involve the parents in the process of change. Many of these programs even adopt a philosophy of empowerment, as described in the theories underlying them. Thus the parent is positioned as one of the agents of change. One of the ways to make parents assume even more responsibility is to give them homework assignments in which they must practice with their child the skills that they have learned in the program, and then report back on this experience at their next meeting. For instance, in Incredible Years, the leaders ask the parents to practice new parenting skills with their child each week. Parents may also be asked to play for at least 10 min with their child each day in order to practice coaching or reinforcement skills. Nine of the ten parent training programs (90%) give the parents such assignments, which makes them a common element of these programs.

6.2.9. Implementation fidelity evaluation

Because implementation fidelity is so important for achieving a program's desired results, 80% of the parent training programs and 71% of the programs overall provide tools for evaluating it, which makes such tools a common element.

7. Discussion

With the ultimate goals of alleviating human suffering due to child maltreatment and avoiding the prolonged use of health and social services that can result from it, we conducted this study: 1) to identify programs that evidence shows to be effective in preventing parents from maltreating their children ages 6–12, and 2) to describe these programs and the common components that they share. The variety of programs offered in this general area can be daunting; the present study should make it possible to isolate the common components of these programs that may enable them to achieve their desired goals.

By reviewing a number of databases, we identified 14 programs that have been shown to be effective for preventing child maltreatment and that are intended for parents of children ages 6–12. Although a number of past literature reviews and meta-analyses have established the general efficacy of parenting programs, far too few studies to date have looked exclusively at programs reported to produce positive results regarding child maltreatment specifically. Our study thus has the advantage of being specific to parenting programs that have been recognized as effective in preventing maltreatment. All of the programs that we identified have been shown to improve families' functioning or children's adjustment, which suggests that providing such programs to parents would shorten the amount of time that they require health and social services or reduce their recurrent use of such services.

7.1. Description and common components of evidence-based programs

The present study documented 14 parenting programs that have been shown to be effective in preventing child maltreatment and has identified the common components that these programs share. Although identifying these common components does not prove that they are the programs' active ingredients or necessary for achieving their objectives, it is a useful preliminary to a more extensive investigation of these issues (Barth & Liggett-Creel, 2014). To determine whether a given component of an evidence-based program is one of its active ingredients is no easy task. To make such a determination, one must test the program with and without this component and compare the results. A quick perusal of the program components in Table 2 will suffice to show that such testing is not always possible. But identifying the common components of such programs is a good first step toward identifying those components that make them effective (Barth & Liggett-Creel, 2014). These components may help to guide the design and development of new programs and to compare them with existing ones.

Our findings support past recommendations in several respects. First, among the 14 parenting programs that we identified as having demonstrated effectiveness in preventing child maltreatment, parent training programs were the most common type. A common component related to having a cognitive-behavioural or social learning theoretical orientation emerged among the parent training programs identified. This finding supports other authors who have established that programs that use behavioral methods produce better outcomes (Barth, 2009; Bunting, 2004; Holzer et al., 2006; Lundahl et al., 2006a,b). Common components related to topics covered were child rearing practices (reinforcement and discipline) and family communication and interaction. Among parent training programs, regulating emotions was another common topic covered. Also, all of the effective programs have explicit objectives—in most cases, to improve parenting skills, once again as recommended by Barth (2009).

Several effective parent programs use parent education as a teaching strategy. Since only three of the evidence-based programs that we identified provide parents with a combination of intervention modalities (group and individual sessions), the value added by

this combination (Andrews & McMillan, 2013; Barth, 2009; Bunting, 2004; Lundahl et al., 2006a,b) would appear to warrant further investigation. In regards to the settings in which the programs are delivered, the evidence-based programs that we identified give priority to delivery outside the home. Only three programs offer a combination of sessions in the home and outside it, which is what Lundahl et al. (2006a,b) recommend. All of the programs that we identified exceed the minimum recommended duration of four to six weeks (except one which meets the minimum exactly; Holzer et al., 2006). With respect to intensity, most of these programs are currently provided in weekly sessions lasting at least one to two hours each; Barth's recommendations in this regard should therefore potentially be revised upward. This increase in the amount of time required to provide these parenting programs may be attributable to the fact that this review has evaluated specifically programs dealing with the very sensitive and complex problem of child maltreatment, which may take longer to treat than other difficulties. The assignment of between-session practice exercises (homework) to parents is the only common element in the programs identified in this study that has not been the subject of recommendations in past studies. Again, this may be partially due to the difficulty of working with this complex clientele.

All of the effective programs that we identified have explanatory manuals, and all provide training to the practitioners who deliver the programs to parents, which may contrinute to increasing their effectiveness, according to Barth (2009). Also, the programs identified require the trainers to have bachelor's or master's degrees, to ensure better results, as several other authors have recommended (Andrews & McMillan, 2013; Bunting, 2004; Holzer et al., 2006). In addition, in terms of program implementation, most of the effective programs had recommended procedures and questionnaires to evaluate programs implementation fidelity. The importance of the precision in implementation, assured by the presence of manuals, practioner training, and fidelity evaluation should therefore not be underestimated, and is in line with Barth's finding that using tools to evaluate the fidelity with which programs are implemented enhances their effectiveness (Barth, 2009).

In summary, it is reassuring to see good consistency between the components that past studies reported as having positively influenced program outcomes and the common components brought to light in the present study specific to a child maltreatment clientele. This suggests that the components identified in this study may be good indicators for judging the effectiveness of parenting programs (Holzer et al., 2006).

Nevertheless, selecting and implementing an intervention program for parents who have maltreated or are at risk of maltreating their children is not an easy task. The path is strewn with challenges that include the impressive volume of information and number of programs to be considered and the resistance to new approaches among the practitioners who might deliver them (Andrews & McMillan, 2013; Horwitz, Chamberlain, Landsverk, & Mullican, 2010). In this regard, Barth and Liggett-Creel (2014) suggest adopting a method that is easier and less expensive to implement (possibly while transitioning to an evidence-based treatment) but that nevertheless ensures the quality of services provided to parents and increases the likelihood of preventing maltreatment. The method that these authors propose consists in comparing typical practices in clinical settings with the common characteristics of evidence-based programs. The authors describe this approach as costing less than adopting a new program while also placing fewer demands on practitioners to make more radical changes in their practices (Barth & Liggett-Creel, 2014). In this regard, the common components identified in the present study may help clinicians to modify their practices so as to achieve better outcomes for maltreated children. In fact, Table 2 presented in this study can be used by practioners as a guide either when choosing programs to implement in their clinical settings, or to compare their current practices to common components found in evidence-based programs for child maltreatment.

8. Limitations

The present study contributes to the literature by identifying components of parenting programs that have been shown to be effective for the specific purpose of preventing child maltreatment and that are delivered specifically to parents of children ages 6–12. Nevertheless, it is still limited in certain respects. First of all, identifying the common components of these programs is not the same as determining their active ingredients. Thus the results of our review are still essentially descriptive, though this in no way detracts from their potential value. Second, because this review was non-systematic, it may have failed to locate some relevant articles, in particular if they did not appear in the peer-reviewed literature. However, it should be remembered that the databases that inventory effective programs and determine their level of supporting evidence consider only studies in this literature. The method used in the present study is thus consistent with this practice.

9. Recommendations for future studies

To date, with only a few exceptions, studies evaluating the effectiveness of programs for parents who maltreat their children have done very few comparisons between the programs commonly used by child welfare agencies and the evidence-based programs discussed in the literature (Barth et al., 2005). But such comparisons would provide practitioners with useful guidance in their efforts to provide better services to protect children. They would also help to reduce the sometimes wide gap between the practices designed and evaluated by researchers and those commonly used in the field (Barth et al., 2005). The present study could be an excellent starting point for future studies that made such comparisons. Another possible avenue for future research would be to document the impact of parenting programs on future use of health and social services. The programs cited in this paper are now recognized as yielding a variety of benefits consistent with their stated objectives and have also been shown to have positive impacts on the official rates of maltreatment cases reported to child protection services (Chen & Chan, 2016). Thus, reducing cases of child maltreatment and use of coercive and punitive parenting practices can be expected to improve children's safety, diminish use of emergency health services, and even reduce use of social services. But this issue still receives too little attention in the current literature and remains an

important avenue to explore in future research.

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