

## RESPONSE X CHILD MALTREATMENT OCCURRENCE/RECURRENCE

Evidence on response-focussed interventions reporting to child maltreatment is scarce.

<b>Evidence status</b>	<b>Some concerns</b>	Insufficient evidence that response-focussed interventions can reduce child maltreatment.
------------------------	----------------------	---

### The summary in brief

The evidence on institutional response interventions is sparse, especially from low- and middle-income countries. The available evidence shows mixed findings without clear patterns about how to reduce child maltreatment.

### Contents of the cell

All studies in this cell are recent :-)

The cell has two primary studies (*Herbert 2021, Hymel 2021*) and three systematic reviews (*Hermenau 2017, Lo 2021, Sherr 2017*).

*Herbert 2021* has an individual summary in the guidebook.

### A. Primary Studies (Herbert 2021, Hymel 2021)

#### The interventions

*MIST, or the Multi-Agency Investigation & Support Team (Herbert 2021: a QED)*, is a collaborative approach to investigating allegations of child abuse in an Australian city. MIST creates a team with representatives from different agencies located at the same location, rather than having individual responses from each agency. A case team involves detectives, social workers, child family advocates, and therapists.

The other study evaluated a training programme combined with a clinical decision tool for paediatric intensive care unit (PICU) doctors in multiple US hospitals. The goal was to improve assessments of whether head trauma observed in children could result from abuse (*Hymel 2021: an RCT*). Training comprised an initial 15-minute online session, a booster session, access to a clinical head abuse probability calculator, and additional information sessions. Physicians were also provided progress reports every six months.

#### Do the interventions work in reducing child maltreatment occurrence or recurrence?

Whether these interventions reduce child maltreatment is unclear.

In the PICU study, high risk cases were evaluated more thoroughly (than usual clinical practice), and the possibility of missed abusive head trauma decreased. However, there was no statistical difference

between the estimated number of missed abusive head traumas (by PICU doctors) in the intervention and control group.

During child interviews, MIST reported lower disclosure rates than usual, but the rate of substantiated crimes was not different than the usual practice/control group.

**Have the interventions been implemented at scale?**

*MIST* investigated a third of the cases of alleged child abuse in a large Australian city.

The PICU study involved eight hospital sites across the US.

**Which type of organisation delivered the intervention?**

In *MIST*, there is no specific deliverer.

In the PICU study, training was delivered online with additional check-ins and information sessions by the research team.

**What do the interventions cost?**

Neither study reported costs.

**How are the programmes meant to work? The theory of change**

Studies did not explicitly mention a theory on which they were based. *MIST* simulates the Child Advocacy Centers (CACs) in the US.

**How reliable is the evidence?**

Moderately. There are some concerns with the RCT (the *MIST* study), but the QED study (the PICU study) is rated as low risk of bias.

***Risk of Bias for Randomised Controlled Trials (RCTs)***

Study (Author and year)	Overall risk of bias	Randomised process	Deviations from intended interventions	Missing outcome data	Measurement of the outcome	Selection of the reported result
<i>Hymel 2021 (MIST:</i>	Some concerns	Some concerns	Low risk	Low risk	Low risk	Low risk

Australia)						
------------	--	--	--	--	--	--

**Risk of Bias for Quasi-Experimental Designs (QEDs)**

Study (Author and year)	Overall risk of bias	Confounding	Selection bias	Bias in intervention classification	Deviation from intended intervention	Missing outcome data	Measurement of the outcome	Selection of the reported result
<b>Herbert 2021</b> <i>(PICU: US)</i>	Low risk of bias	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk

**B. Systematic Reviews (Hermenau 2017, Lo 2021, Sherr 2017)**

**What are the systematic reviews about?**

Hermenau 2017 assessed structural changes, caregiver training, and enriched environments in institutional care settings and their subsequent impact on child development. It looked particularly at orphans – in orphanages and foster homes.

Lo 2021 is a wide-spanning systematic review assessing community-based approaches to prevent child maltreatment.

Sherr 2017 is a series of systematic reviews that looked at multiple aspects of child violence in institutional care, including interventions to reduce abuse in these settings.

**What are the findings on child maltreatment occurrence and recurrence?**

In general, the evidence on interventions in institutions or even in the community in response to child maltreatment is sparse. Simple training or more complex structures to place children in conducive alternative environments (or to avoid institutionalised placements in the first place) seem to be the main approaches to intervention to address abuse.

**What information is available on cost and cost-effectiveness?**

No information is provided on cost or cost-effectiveness.

**How reliable is the evidence?**

Not very. The risk of bias in all three systematic reviews is rated as high. This means that there is at least one major flaw in how they were conducted, which reduces our confidence in the findings.