violence prevention
the evidence

Preventing violence through the development of safe, stable and nurturing relationships between children and their parents and caregivers

Series of briefings on violence prevention

This briefing for advocates, programme designers and implementers and others is one of a seven-part series on the evidence for interventions to prevent interpersonal and self-directed violence. The other six briefings look at reducing access to lethal means; developing life skills in children and adolescents; reducing availability and misuse of alcohol; promoting gender equality; changing cultural norms that support violence; and victim identification, care and support.

For a searchable evidence base on interventions to prevent violence, please go to: www.preventviolence.info

For a library of violence prevention publications, including the other briefings in this series, please go to: http://www.who.int/violenceprevention/publications/en/index.html

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Overview

Interventions that encourage safe, stable and nurturing relationships between parents (or caregivers) and children in their early years can prevent child maltreatment and reduce childhood aggression.

This briefing looks at the effectiveness of interventions that encourage safe, stable and nurturing relationships for preventing child maltreatment and aggressive behaviour in childhood. The focus is on primary prevention programmes, those that are implemented early enough to avoid the development of violent behaviour such as child maltreatment and childhood aggression (a risk factor for youth violence).

There are four types of violence prevention programmes that aim to develop these nurturing relationships.

Parenting programmes (e.g. the Positive Parenting Program or Triple P) provide information and support to help parents. Parent and child programmes (e.g. Early Head Start) provide both parents and their children with family support, preschool education, child care and health and community services. Social support groups (e.g. Parents Anonymous) help parents build social networks to provide peer support and reduce social isolation. Media interventions (e.g. the television series "Families") aim to educate all parents to increase their knowledge and strengthen awareness of child maltreatment.

Evidence suggests that parenting and parent and child programmes can reduce child maltreatment and aggressive behaviour in children.

High-quality evidence has shown, for instance, that the Nurse Family Partnership home-visiting programme and the Triple P in the United States of America reduce child maltreatment. Findings also suggest that parenting and parent and child programmes can reduce problematic aggressive, disruptive and defiant behaviour in children in the short term, and arrests, convictions and violent acts in adolescence and early adulthood.

More rigorous evaluations of prevention programmes worldwide are needed.

More rigorous evaluations using actual child maltreatment, rather than risk factors for child maltreatment, as an outcome measure are required, as are more cost-effectiveness studies. In addition, more research is urgently needed on the applicability and effectiveness of violence prevention programmes in developing countries.

The life-long negative consequences of child maltreatment can be prevented.

There is some strong evidence to show that programmes that promote safe, stable and nurturing relationships between parents (or caregivers) and children reduce child maltreatment and its life-long negative consequences for mental and physical health, social and occupational functioning, human capital and security and, ultimately, for economic development.

1. Introduction

Safe, stable and nurturing relationships with parents and other caregivers are central to a child's healthy development (*1,2*). Such relationships offer lasting affection, parental responsiveness, trust and guidance, enabling children to safely explore the world and develop the skills required to establish loving and supportive relationships with others. Early relationships are thought to affect structural and functional development of the brain, and in turn, the cognitive, emotional and social development of a child (**Box 1**; *2,3*). Lack or disruption of safe, stable and nurturing relationships in early childhood can have severe and long-lasting effects and is related to a variety of problems from childhood through to adulthood. These include anxiety and depression, poor communication skills, low self-esteem, difficulties forming peer relationships, lack of empathy for others in distress, anti-social behaviour, poor educational attainment and economic productivity and being a perpetrator or victim of violence (*1–6*).

Child maltreatment is a particular risk for families that experience difficulties creating safe, stable and nurturing relationships.[1] For instance, a child has greater risk of being abused if its parents

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[1] "Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power"(*7*).

have little understanding of child development and, therefore, unrealistic expectations about behaviour. The same is true if the parents offer less nurturing and affection; are less responsive; have a more controlling, aggressive or inconsistent parental approach; and approve of physical punishment to discipline a child (*7–9*). Regardless of whether a child is maltreated, however, poor relationships between caregivers and children can increase the risk of aggressive and violent behaviour displayed in childhood and later in life (e.g. youth violence) (*7*).

There are many strategies employed to improve parent–child relations and parenting skills, and so encourage safe, stable and nurturing relationships. Although many of these do not explicitly aim to reduce violent behaviour by parents or children, their ability to improve relationships suggests they also have potential to prevent both child maltreatment and childhood aggressive behaviour. Being a victim of child maltreatment is associated with victimization by and perpetration of other types of violence, such as intimate partner, sexual and self-directed violence. Consequently, programmes that prevent child maltreatment also have the potential to reduce involvement in violence later in life (*10*). This briefing provides a brief overview of the types of programmes that can encourage safe, stable and nurturing relationships, focusing in particular on their effectiveness in preventing child maltreatment and aggressive behaviour in childhood. It deals mainly with primary prevention, aimed at preventing violent behaviour – such as child maltreatment – before it manifests itself, rather than responding to it once it has occurred. It includes programmes that aim to reduce problematic childhood behaviour such as conduct disorder, since this is a risk factor for youth violence and other types of violence later in life (*7*).

There are four main types of interventions that can help develop safe, stable and nurturing relationships between children and their caregivers: parenting programmes, parent and child programmes, social support and media interventions (**Box 2**). These vary in their primary objectives, which include improving child or maternal health, decreasing problematic child behaviour, promoting family wellness, building social networks, increasing parenting skills and reducing child maltreatment. All, however, have the potential to improve relationships between parents and children.

BOX 2

Types of programmes to strengthen relationships between children and their parents and other caregivers (see also **Table 1**)

PARENTING PROGRAMMES (e.g. Nurse Family Partnership and Triple P): These centre on increasing parental skills and improving the relationship between parents and children. With support and information, they strengthen parents' ability to adapt to the changing needs of the child, develop strategies to cope with their child's behaviour and build knowledge of child development and capabilities (*7,8,11,12,25*).

PARENT AND CHILD PROGRAMMES (e.g. Early Head Start and Sure Start): Family support, preschool education, child care and health and community services are common components of these programmes. The objectives are normally wide-ranging, including, for instance, promoting children's academic success, encouraging parental involvement in their child's education, improving maternal health, encouraging child development and providing parental support and education (*13,14*).

SOCIAL SUPPORT (e.g. Parents Anonymous and Circle of Friends): These groups help parents build social networks to provide peer support, increase problem-solving and coping skills, reduce social isolation and strengthen parental communication (*15*).

MEDIA INTERVENTIONS (e.g. "Families" and Play Nicely): These provide information to parents through a variety of media: newsletters, magazines, television, etc. They aim to increase parenting knowledge and strengthen awareness of child maltreatment in all parents (*16*).

TABLE 1

Programmes to encourage safe, stable and nurturing relationships*

	Triple P (Positive Parenting Program)	Nurse Family Partnership
PARENTING	Offers different levels of support for parents, from providing information (level 1) to sessions addressing severe childhood problems (level 5). Triple P aims to create a stable, harmonious and supportive family; reduce problematic behaviour; build positive relationships with children; and manage problems effectively.	An evidence-based nurse home-visiting programme that aims to improve the health, well-being and self-sufficiency of low-income first-time mothers and their children. Women enroll as early as possible, ideally by the 16th week of pregnancy. Visits include prenatal health advice and support, child development education and life coaching for the mother.
	www.triplep.net	**www.nursefamilypartnership.org**
	Implemented in Australia, Belgium, Canada, Germany, Hong Kong, New Zealand, Singapore, Switzerland, the United Kingdom and the United States, for example.	Implemented in the United States, for example.
	Early Head Start	**Sure Start**
PARENT AND CHILD	This community-based programme targets vulnerable families with children up to age three, aiming to improve the health of pregnant women, encourage child development, provide family support through home-visiting or community centre sessions and provide early childhood and parent education.	A community-based initiative, Sure Start brings together early child education, child care and health and family support, spanning pregnancy up to the child's 14th year. Some components are available to all parents, others target vulnerable groups such as families living in disadvantaged areas.
	www.ehsnrc.org	**www.surestart.gov.uk**
	Implemented in the United States, for example.	Implemented in the United Kingdom, for example.
	Circle of Parents	**Parents Anonymous**
SOCIAL SUPPORT	Parent-led, weekly self-help group for sharing of ideas, support, information and resources. Groups are designed for all parents, with children of all ages, and aim to prevent child maltreatment and neglect and strengthen families.	A self-help support group that aims to strengthen families and build caring communities to prevent child maltreatment and neglect. Led by parents and professionally trained facilitators, they are open to all parents and aim to reduce social isolation, develop coping strategies and offer social support.
	www.circleofparents.org	**www.parentsanonymous.org**
	Implemented in the United States, for example.	Implemented in Bermuda, Canada, Malawi, Nigeria, South Africa and the United States, for example.
	"Families"	**Play Nicely**
MEDIA	Developed as a component of a Triple P parenting programme, "Families" is a 12-episode television series that explores parenting strategies to cope with common behavioural problems and prevent problematic behaviour. It also discusses family functioning and offers a parent information sheet.	A 30-minute CD-ROM that aims to inform parents about effective ways of responding to childhood aggression.
	(16)	*(58)*
	Implemented in Australia, for example.	Implemented in the United States, for example.

* Not all of these programmes have been evaluated for their effectiveness in preventing child maltreatment and childhood aggression.

2. Parenting programmes

Parenting programmes are among the most common strategies to improve parent–child relationships. Programmes can be offered to groups or individuals through home visits (home-visiting programmes) or at designated centres in communities, and they can be presented to all families, or targeted at vulnerable families (e.g. disadvantaged or teenage mothers). They are usually delivered by a nurse, social worker, or other professional (although sometimes this is done by experienced mothers) during the first two or three years of a child's life (some programmes begin prenatally).

A number of factors are thought to increase the effectiveness of parenting programmes, including:

- Offering services in more than one setting (e.g. office and home) (*17*);

- Providing both group and individual services (rather than just one) (*17,18*);

- Providing at least 12 sessions (*17*) or interventions spread out over a longer duration (*19,20*);

- Having nurses, social workers, or other professionals (rather than non-professionals, such as lay helpers) deliver programmes (*20*); and

that may be related to child maltreatment, such as parental attitudes (*18*), child rearing or parenting skills (*18,26,27*), family wellness (*19*) and relationships with partners (*28*). For example, a review of early childhood home-visiting programmes suggests an overall reduction of reported child maltreatment of approximately 39% following intervention (*20*). However, home-visiting programmes are not uniformly effective in reducing child maltreatment (*29*). Furthermore, it is difficult to draw any firm conclusions about the efficacy of parenting programmes overall, because:

- Different evaluations define and measure child maltreatment differently (*30*). For instance, some use direct measures of child maltreatment (e.g. reports from child protective services), while others use risk factors for child maltreatment (e.g. measures of child abuse potential or parental stress);

- Evaluations are often limited by methodological weaknesses (*31,32*) and there are few randomized trials on whether interventions prevent maltreatment (*29,33*);

- Child maltreatment may be more likely to be detected in homes that are visited (a problem