# **Review Paper**

# Efficacy and Effectiveness of Psychosocial Interventions on Behavioral and Psychological Problems of Abused Children in Iran: A Systematic Review

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#### **Key Words:**

Psychotherapy, Child, Child abuse, Sexual abuse, Maltreatment

# ABSTRACT

**Background:** Due to the increasing rate of abuse, several psychosocial interventions have been proposed for the adverse effects of child abuse. However, the conflicting and inconsistent results in this field should be explored. Accordingly, this study aimed to review the effectiveness of psychosocial interventions on the behavioral and psychological problems of abused children in Iran.

**Methods:** A systematic search was conducted in Iranian and international databases, including SID, Magiran, PubMed, Scopus, Web of Science, and Google Scholar search engine. The related articles were searched using the proper keywords. The study samples included male/female patients less than 12 years old. The search process was conducted until June 2023. Two researchers independently screened the titles and abstracts of the search results and then assessed the full texts, selecting the relevant studies. This review emphasized children-focused interventions.

**Results:** A total of 11 qualified studies (8 quasi-experimental, 2 randomized clinical trials, and 1 single subject) out of 239 gathered articles were included in the present systematic review. Samples included 473 patients (198 boys, 247 girls, and 28 unclassified). According to this review, research has confirmed the effectiveness of psychosocial interventions on behavioral and psychological problems of abused children.

**Conclusions:** The results of this review propose that psychosocial interventions are practical and can be used for children suffering from abuse. Considering their efficacy, such psychosocial interventions are recommended in clinical and educational contexts. Clinical and research implications are presented in the discussion section.

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# Introduction

hild abuse is one of the most important health problems in many developed [1-3] and developing countries around the world [4]. It is considered one of the adverse experiences of early life [5]. Statistics indicate that child abuse is prevalent in the

world [6]. The prevalence of physical abuse in different countries ranges from 0.7% to 54%, and that of neglect varies from 1% to 59% [7]. The previous systematic review revealed that our information about child abuse is inadequate in Iran. The results of a systematic review and meta-analysis in Iran showed the prevalence rates of emotional, physical, and neglect types of child abuse in children are 17.9%-91.1%, 9.7%-67.5%, and 23.6%-80.18%, respectively. Also, the prevalence of sexual abuse in Iranian children ranges from 1.5% to 32.5%. In addition, emotional abuse was the most common type of child abuse [8, 9].

The results of another survey of Iranian children show that the prevalence rates of emotional, physical, and neglect in children are respectively 90%, 82.9%, and 78.8% [10]. In addition, according to the annual report of the United Nations Children's Fund (UNICEF), some children die due to violence and mistreatment [11]. The studies show that all forms of abuse and neglect harm children and often, in the long term, can lead to adverse effects in many domains, including physical, psychological, behavioral, and social functioning [12, 13]. Due to the increasing rate of abuse, several treatments have been proposed for the adverse effects of child abuse on the child and the family. In this regard, the results of a meta-analysis study, cognitive behavioral therapy, home visits, parent training, family-based multi-system, and combined interventions have been identified as effective approaches in preventing or reducing child abuse. Paying attention to improving the health status and providing social or emotional support to the child are also emphasized as effective in intervention for families that misbehave [14]. The results of the studies conducted in Iran also support the effectiveness of interventions in reducing the behavioral and psychological problems of children [15-19].

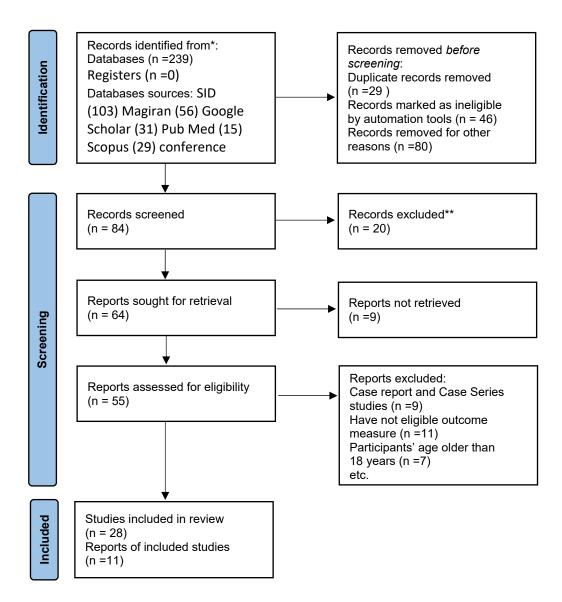
Although the review of the conducted research generally indicates the interventions' effectiveness, the results of these studies are inconsistent [20]. Given the high prevalence of child abuse and its adverse effects on children's health and the lack of systematic review studies on the effectiveness of psychological interventions in the treatment of child abuse, the present study aimed at reviewing the effectiveness of psychosocial interventions on behavioral and psychological problems in abused children conducted in Iran until 2023.

# Methods

This review aimed to put together the findings and the outcome of interventions implemented to reduce child abuse in Iranian children until 2023. The articles were searched in Iranian and foreign databases, including Google Scholar, SID, Scopus and Magiran, and Pub Med, as well as articles presented in the conferences and published until June 2023. The key terms searched in the titles and abstracts included "child abuse," "behavioral problems," "physical abuse," "emotional abuse," "sexual abuse," "maltreatment," "neglect," "posttraumatic stress disorder," "cognitive behavioral therapy," "play therapy," and "Iran." The equivalent words in Persian have been used to search the Persian studies. All original articles published until 2023 that investigated the efficacy of psychosocial interventions in child abuse in Iran were included.

Two independent researchers filtered the articles, and related articles were classified according to the type of study. The quality of the study was assessed by recording the details of the randomization method, random assignment, blinding of investigators, and dropout in follow-up. In most cases, the methodology of the articles was at a medium level in terms of quality. Therefore, there is a possibility of bias in presenting the results. The study strength was not reported in any article [15-18, 20]. The dropout and its reasons during the research process were only mentioned in one study [15]. In none of the studies, dealing with the control group was not explained. In addition, the diversity in the type and content of therapeutic interventions and the number of therapeutic sessions were significant in this systematic review.

All authors critically evaluated the articles and discussed their quality as low, medium, or high. The data were recorded in Table 1. Finally, after removing duplicates and unrelated articles to the research objectives, the qualified clinical trials were selected, and the desired findings were extracted (Table 1). The quality assessment of the articles was carried out by two authors using the most up-to-date checklist of CONSORT [21]. The score obtained from the checklist was between 0 and 44, classified into 3 groups. The high-quality studies obtain scores of more than 29.34. Medium-quality studies obtain a score between 29.34 and 14.67, and poor-quality studies had scores lower than 14.67. For



#### Figure 1. The flowchart of studies included in the systematic review process

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the final evaluation, the full text of the articles was read, and studies of appropriate quality were included (Table 1). In each study, 2 researchers performed data extraction and evaluated them independently. Any disagreements were resolved by discussion and consultation. A third reviewer would be asked for an opinion in case of dispute. The agreement of the two researchers in selecting articles was calculated by the Kappa index, whose values more than 0.6, indicating a good level of agreement in selecting articles. The analyses were done using SPSS software, version 24. The flowchart of the selected articles is shown in Figure 1. The inclusion criteria comprised studies published in Farsi or English, studies conducted until June 2023, clinical trial studies, the target group of people under 12 years old, and the use of psychosocial treatments. The exclusion criteria were case

studies, single-subject studies, and using samples over 12 years old. All interventional studies were considered in this systematic review. Articles that were indexed in databases in both English and Persian languages were searched. In addition, related articles that were written in English but conducted in Iran were collected.

## Results

In these studies, we examined 8 different methods of psychosocial intervention that were used in child abuse: Specific recall training, cognitive-behavioral intervention, play therapy, eye movement desensitization and reprocessing, Gestalt-based play therapy, cognitive processing therapy, psychosocial interventions, and trauma-focused cognitive behavioral therapy. Among the extracted articles, studies that met the inclusion criteria were selected (Table 1). The search results of different databases were merged using EndNote software and then similar studies were removed. In addition, 239 articles were evaluated by searching electronic databases. The titles and abstracts of the articles were also screened, and related articles were evaluated. Finally, 11 articles were included in the study and analyzed. Among the reviewed articles, 5 were published in Farsi and 6 in English. All studies were conducted in Iran. Among the 11 reviewed articles, 3 articles were only about emotional abuse and physical abuse, 2 articles were about sexual abuse, and 6 articles were about physical, emotional, and sexual abuse. In the evaluation of studies, 3 articles lacked a control group [16, 17], 8 articles had at least one control group [15, 18, 20], and 1 article had two experimental groups [16]. The treatments implemented in these articles comprised emotion-focused training [18], parent-child-focused cognitive behavioral therapy [16], play therapy [20], specific recall training therapy [15], and skills training [22]. In 2 studies, therapeutic interventions were used for parents in addition to children [16, 22]. In 7 studies, the effect of therapeutic interventions was investigated in the follow-up period [15-17]. In all 11 studies, therapy sessions have been done face-to-face. Five studies were conducted in Tehran City, 3 studies in Kermanshah City, and the rest of the studies were conducted in other cities of Iran. The results of this review revealed that no interventions have been made on child abuse at the national level. All studies had a pre-test and post-test design, and none investigated cost-effectiveness. Various assessment tools examined the effectiveness of these psychosocial interventions after their implementation. Most tools were standard psychological questionnaires. The results of these studies indicate that psychosocial interventions and training have a positive effect on reducing disturbing thoughts and physical and mental problems in children.

# Discussion

Abuse and maltreatment occur in all age groups of childhood and cause many negative consequences for the victims. Previous studies [9] about child abuse interventions were limited. A systematic review study on psychosocial interventions for child maltreatment reveals that no interventions have been conducted in Iran. The findings of the present review demonstrate that psychosocial interventions have a beneficial outcome in decreasing annoying mental and psychological disorders in children. In this review research, studies that used psychotherapy interventions to reduce the behavioral and psychological problems of abused children were described. In 5 studies in which participants suffered from problems caused by various forms of abuse, it was shown that psychotherapy interventions were effective in reducing psychological problems, such as anxiety and depression [15-18, 20]. However, in a causal study, it was reported that play therapy intervention reduced anxiety and depression more in the experimental group than in the control group. Regarding the effectiveness of this intervention in reducing behavioral disorders, the experimental group has a higher total rank than the control group, and the results have shown the effect of the intervention. Still, this effect was inadequate to make the difference between the groups statistically significant [20].

In a study that used a combination of pharmacological and non-pharmacological therapeutic interventions on the behavioral problems of abused children, the results indicate the effectiveness and significant improvement of the interventions in reducing anxiety/depression, social issues, delinquent behavior, aggression, internalization, and externalizing in abused children. In addition, this effectiveness was maintained at the 3- and 6-month follow-up time stages. Considering that this study lacked a control group, the interpretation of its results should be done with caution [17].

Another study compared parent-child and parent-centered cognitive behavioral therapy interventions. Both interventions reduced behavioral problems in physically abused children in the period after the intervention and follow-up. Still, there was no significant difference between the two methods. Although two experimental groups were compared in this study, the results must be interpreted cautiously because the study lacked a control group [16].

Although the results showed the effect of this psychosocial intervention on the reduction of anxiety and depression after the intervention compared to the control group, this intervention could not cause a significant decrease in anxiety in the follow-up phase [15]. Another study also examined the emotion-focused education method in emotionally abused children, and the results showed the effect of this intervention on reducing negative emotions and increasing positive emotions in the experimental group compared to the control group [18].

Although the results showed that psychosocial interventions are effective in treating the behavioral problems of abused children, we should keep in mind that

#### Table 1. Data collected from studied articles

| Author(s),<br>Year,<br>City                                 | Title  | Age (y) | No., Gender                   | Design                  | Measurement  | CONSORT<br>Score, Quality<br>of Study |
|---|--|---------|-------------------------------|-------------------------|--|---------------------------------------|
| Amini et al.<br>2015, Tehran<br>[5]                         | Effectiveness of specific<br>recall training on depres-<br>sion and anxiety in children<br>(7-11 years old) with post<br>traumatic stress disorder<br>(PTSD) caused by sexual<br>abuse | 7-11    | 34, girls                     | Quasi-experi-<br>mental | The Spence children's<br>anxiety scale (SCAS)<br>The children's depression<br>inventory (CDI)  | 32, good                              |
| Moin Eslam et<br>al. 2015,<br>Tehran [16]                   | The efficacy of parent-<br>child focused cognitive-<br>behavioral intervention<br>on behavioral problems of<br>physically abused children<br>and parental practices                    | 7-9     | 28 children<br>aged 7-9 years | Quasi-experi-<br>mental | Child behavior checklist<br>the Alabama parenting<br>questionnaire<br>Child abuse potential<br>inventory   | 29, good                              |
| Arabgol et al.<br>2013, [17]                                | Effect of therapeutic<br>interventions on behav-<br>ioral problems of abused<br>children   | 4-11    | 73, boys: 43,<br>girls: 30    | Quasi-experi-<br>mental | Child behavior checklist<br>(CBCL)   | 33, good                              |
| Koumijani et<br>al. 2010,<br>Tehran [20]                    | Investigating the effect of<br>play therapy on reducing<br>behavioral disorders of<br>physically and emotionally<br>abused students aged 9-12<br>in Tehran                             | 9-12    | 24, boys: 12,<br>girls: 12    | Quasi-experi-<br>mental | Achenbach behavior<br>disorder questionnaire<br>Child behavior checklist<br>(CBCL)   | 23, medium                            |
| Jaberghaderi<br>et al. 2019<br>[23]                         | Effectiveness of cognitive<br>behavioral therapy and eye<br>movement desensitiza-<br>tion and reprocessing in<br>child victims of domestic<br>violence                                 | 8-12    | 139, boys: 70,<br>girls: 69   | Experimental            | The Persian version of<br>the Rutter teacher scale<br>The Persian version of<br>child report of posttrau-<br>matic symptoms (CROPS)<br>The Persian version of<br>parents report of post-<br>traumatic symptoms<br>(PROPS)<br>The Persian version of<br>Life incidence of trau-<br>matic events scale (LITEs) | 26, medium                            |
| Khodabakhshi<br>et al. 2019,<br>Karaj [24]                  | Investigating gestalt-based<br>play therapy on anxiety<br>and loneliness in female<br>laboure children with<br>sex- abuse: A single case<br>research design (SCRD)                     | 8-11    | 3, girl                       | Single subject          | Child abuse scale (CAS)<br>Asher loneliness scale<br>(ALS)<br>Spence children's anxiety<br>scale (SCAS)  | 21, medium                            |
| Basharpoor<br>et al.<br>2011 [25]                           | Effect of cognitive process-<br>ing therapy and holo-<br>graphic reprocessing on<br>reduction of posttraumatic<br>cognitions in students<br>exposed to trauma                          | 6-12    | 60, boys                      | Experimental            | Traumatic events screen-<br>ing inventory- self report<br>form (TESI-SR)<br>The structured clinical<br>interview for DSM-IV<br>(SCID)<br>Symptom checklist 90-re-<br>vised (SCL90-R)<br>Posttraumatic cognitions<br>inventory (PTCI)   | 19, medium                            |
| Derakhshan-<br>pour et al.<br>2017,<br>Bandar Abbas<br>[19] | Effectiveness of psychoso-<br>cial interventions in abused<br>children and their families  | 3-9     | 68, boys: 26,<br>girls: 32    | Quasi-experi-<br>mental | Child abuse checklist<br>child's strengths and<br>difficulties questionnaire<br>(SDQ)<br>General health question-<br>naire (GHQ)   | 30, good                              |
| Farnia et al.<br>2017<br>Kermanshah<br>[26]                 | Trauma-focused cogni-<br>tive behavioral therapy<br>a clinical trial to increase<br>self-efficacy in abused the<br>primary school children   | 9-12    | 40, boy                       | Quasi-experi-<br>mental | Children's and ado-<br>lescent's self-efficacy<br>questionnaire (CASQ)<br>Child abuse question-<br>naire (CAQ)   | 31, good                              |

| Author(s),<br>Year,<br>City                  | Title  | Age (y) | No., Gender | Design                       | Measurement  | CONSORT<br>Score, Quality<br>of Study |
|--|--|---------|-------------|------------------------------|--|---------------------------------------|
| Farnia et al.<br>2018,<br>Kermanshah<br>[27] | Efficacy of trauma-focused<br>cognitive behavioral<br>therapy in facilitating<br>posttraumatic growth and<br>emotional management<br>among physically abused<br>children | 9-12    | n=40, boys  | Randomized<br>clinical trial | Posttraumatic growth<br>inventory (PTGI)<br>Children's emotional<br>management scale<br>(CEMS)<br>Child abuse question-<br>naire (CAQ) | 18, medium                            |
| Naami et al.<br>2023, <mark>[28</mark> ]     | Comparison of trauma-fo-<br>cused cognitive-behavioral<br>therapy and theory of mind<br>on increasing social com-<br>petence among abused<br>children                    | 9-12    | n=26, girls | Clinical trial randomized    | Social competence ques-<br>tionnaire (SCQ)   | 25, medium                            |
| Salemi et al.<br>2017<br>Ahvaz [29]          | Effectiveness of trauma-<br>focused behavioral method<br>on posttraumatic growth<br>among abused children  | 9-12    | n=26, girls | Quasi-experi-<br>mental      | Post traumatic growth inventory (PTGI)   | 20, medium                            |

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most studies had moderate methodology. In 3 studies, the control group received no treatment [15, 18, 20]. This problem seems to be one of the important limitations of a study because it questions the interpretation of the superiority of the performed interventions over the control group. The wide variations in the use of psychotherapy interventions, the number of sessions, and the duration of sessions in the reviewed studies cause uncertainty in comparing and judging the actual effectiveness of the interventions. It does not make it possible for other researchers to repeat similar results. Another limitation of the reviewed studies is the small number of samples, which makes it difficult to generalize the results [16, 20]. Only one study mentioned that the samples were dropped during the research process [15]. Due to the importance of sample loss in studies and its lack of reporting in the majority of reviewed articles, there is a possibility of bias in presenting the results of the studies. In line with therapeutic interventions, as shown in the studies, various types of psychological treatments are effective in reducing behavioral problems, and the continuation of the treatment period can improve mental health and reduce behavioral problems in this group of children.

# Conclusions

Previous studies revealed that child abuse has many harmful effects on the psychological health of children and should be accordingly treated through psychosocial interventions. Paying more attention to psychosocial interventions and combining them with appropriate practical skills can be utilized with children and adolescents suffering from abuse. These results can also be used in new specialized and social planning, improving existing services, or budgeting for educational programs. This sort of review could help analyze the advantages and disadvantages points of psychotherapy interventions that have been provided to help practitioners and policymakers in child abuse. Developing studies are necessary to investigate the efficacy of psychosocial intervention delivered by external facilitators, carried out in children who have diverse abused specifications and originated in various sociocultural environments. Furthermore, there is a necessity for best-quality randomized clinical trials into extended psychotherapy efficacy to make more reliable long-time effect size evaluations possible. By investigating the phases that have been adopted previously to manage these problems, it would be feasible to have more practical and effective ideas. One of the limitations of the current research is that the number of articles included in the systematic review is relatively small. The second limitation of the current research is that the interventions carried out in this area were diverse and heterogeneous, thus making it difficult to compare them. The third limitation of the present study is that the scales and questionnaires used for outcome measurement were not the same, and this issue was a big obstacle in conducting meta-analysis. The suggestion for future research is that due to methodological inconsistencies (design and outcome measurement), it is better to conduct more homogeneous studies. Also, due to the lack of randomized control trial studies, conducting studies that comply with this research design is recommended.

# **Ethical Considerations**

#### **Compliance with ethical guidelines**

There were no ethical considerations to be considered in this research.

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#### **Authors contributions**

Conceptualization and supervision: Seyed Hamzeh Hosseini; Investigation and writing the original draft: Yazdan Naderi Rajeh; Review & editing: Seyed Hamed Hosseini.

#### **Conflicts of interest**

The authors declared no conflict of interest.

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