Evidence Directions for Primary Care Interventions to Prevent Child Maltreatment

The USPSTF sought evidence linking validated risk assessment and primary care–feasible or referrable interventions to direct or intermediate measures of child maltreatment. Due to inaccuracies in risk assessment, racial and ethnic biases in reporting and diagnoses, and potential bias in outcome measurement within the evidence,[1] the USPSTF is calling for additional research on this important topic for child health. Potential future directions for this research could include approaches that align with the current USPSTF analytic framework on this topic, as well as approaches that could inform an alternative analytic framework in the future. Addressing the following potential research directions could be beneficial regardless of approach and generally could assist in clinical preventive guidelines to prevent child maltreatment. Evidence gaps and limitations are listed below to describe the background of existing child maltreatment research. For additional discussion on limitations of the evidence and potential future directions, see https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2820857.

Future Research Directions	Evidence Gaps and Limitations	Potential Research Questions
Inaccuracies in risk assessment along with racial and ethnic biases in reporting and diagnoses	*"Limitations in the validity and reliability of measurement of self- and parenting reporting serve as further challenges. Potential areas for research include more reliable and valid measures from youth self-report and the development and validation of composite outcomes with potentially higher event rates."*[1] *"The process of identification of participants eligible for the intervention, when paired with 'at-risk' terminology, may cause harms from stigma, labeling, legal risks, and family separation and dissolution."*[1]	What types of high-quality standards could be developed to validate risk assessment tools in determining the true presence or absence of maltreatment and also limit racial and socioeconomic bias? How can studies best identify families who might benefit from supportive interventions while also limiting racial and socioeconomic bias and harms of stigma, labeling, legal risk, and family separation and dissolution?
Intervention effectiveness and poor outcome measures along with racial and ethnic biases in reporting and diagnoses The role of social determinants of health on prevention of child maltreatment	*"Multiple studies included in the review have raised surveillance bias in the intervention arm as a potential explanation for higher rates of direct or proxy measures of child maltreatment in the intervention arm. When interventions to prevent child maltreatment are implemented, difficulties around measuring child maltreatment directly or through proxies impede an accurate understanding of the benefits of the intervention."*[1]	What types of outcomes best (and most accurately) measure the effectiveness of interventions to prevent abuse or neglect while limiting bias (e.g., surveillance bias or race or ethnicity bias)? Should outcome measures include those outside of the child welfare system or composite measures? Using these outcomes, how effective are interventions in preventing child maltreatment? Should interventions include components to address social determinants of health?
Potential harms of child maltreatment interventions	*"Rates of harms, including those arising from surveillance, for racial and ethnic populations of interest will be important to document in future trials."*[1]	How can potential harms be characterized (i.e., arising from surveillance or reporting bias), and specifically how can rates of harms associated with racial and ethnic bias be best understood and prevented?

Reference

1. Viswanathan M, Rains C, Hart L, et al. Primary Care Interventions to Prevent Child Maltreatment: An Evidence Review for the U.S. Preventive Services Task Force. Evidence Synthesis No. 235. Rockville, MD: Agency for Healthcare Research and Quality; 2024. AHRQ Publication No. 23-05307-EF-1.