

## Literature search results Domestic Abuse, Children and Family

Date results received: 12<sup>th</sup> April 2025 (See below):

### Grey Literature – results of Google searches

- [Interventions | The National Child Traumatic Stress Network](#)
- [DAC Mapping-Abuse-Survivors Summary-Report\\_Feb-2023\\_Digital.pdf](#)
- [wish childrensreport 2020.pdf](#)
- [Domestic-abuse-services-for-children-.pdf](#)
- [Domestic Abuse, Recovering Together \(DART\) | NSPCC Learning](#)
- [Maia and Lift - Advance Charity](#)
- [2020-21-End-of-Year-Report-Empowerment-budget-redacted.pdf](#)
- [HSK-iCan.pdf](#)
- [#ReduceDomestic Abuse Campaign in Doncaster Metropolitan Borough Council | Local Government Association](#)
- [Essex, Thurrock and Southend-on-Sea: POWER project | Local Government Association](#)
- [Barnardo's - Support for victims of domestic abuse.pdf](#)
- [Hackney Trauma-Informed Multi-Agency Guidance: Responding to Child Victims of Domestic Abuse - Google Docs](#)
- [DA-Guidance-for-Schools-Oct-2022.pdf](#)
- [Researching Effective Approaches for Children \(REACH\)](#)
- [Evaluating domestic abuse programmes for children & families - Foundations](#)
- ['Not just collateral damage' Barnardo's Report\\_0.pdf](#)
- [Victims and Prisoners Bill – CHIDVAs and CHISVAs Freedom of Information Data .pdf](#)

## Results from database search (203 records)

- Please note
  - some links may now need accessing by reader due to time elapsed since search
  - Links to grey literature may also need accessing by reader
  - Results are in date order (most recent first)

Wynter, K., Francis, L. M., Borgkvist, A., et al. 2025. **Effectiveness of Father-Focused Interventions to Prevent or Reduce Intimate Partner Violence During Pregnancy and Early Parenthood: A Systematic Review.** *Trauma, Violence, and Abuse* 26(1) 167-182.  
<https://dx.doi.org/10.1177/15248380241277270>

During pregnancy and the early parenting period, women are especially vulnerable to intimate partner violence (IPV), with devastating impacts on women, children, and families. The aim of this systematic review was to determine the effectiveness of father-focused interventions to prevent or reduce IPV during pregnancy and early parenthood. Six databases were searched, using a combination of the concepts "fathers," "pregnancy/early parenthood," "IPV" and "intervention." Articles were double screened by title and abstract, and then full-text. Methodological and reporting quality was assessed using the Quality Assessment with Diverse Studies tool. Fifteen papers were eligible for inclusion; these articles were mostly of poor-to-moderate quality. Only three of the articles reported on interventions in lower- and middle-income countries. The most common forms of IPV addressed in these interventions were physical (10), psychological (8), sexual (4), and economic/financial (3). Of 12 articles reporting on data from both intervention and control groups, only six indicated statistically significant results; among these, only three reported robust analyses showing significantly greater reduction in IPV in intervention than in control groups. All three took place in lower- or middle-income countries. Two were underpinned by theoretical frameworks, which considered transforming traditional perceived gender norms. Therefore, interventions based on principles that address transformation of gender norms show promise but the success of such underlying principles needs to be confirmed, and better-quality evidence and reporting are needed for interventions targeting fathers to prevent or reduce IPV.  
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van Leuven, L., Vasthagen, M., Forster, M., et al. 2025. **Parents' experiences of parent training after reported child abuse: A qualitative study.** *Child Abuse & Neglect* 161 107252.  
<https://dx.doi.org/10.1016/j.chiabu.2025.107252>

**BACKGROUND:** Parenting programs can be effective for preventing child maltreatment, though effects are often modest, and motivating parents reported for abuse to participate in programs remains a challenge. Understanding parents' experiences can provide valuable insights into fostering parental motivation and improving programs.

**OBJECTIVE:** This study aimed to gain a deeper understanding of parents' experiences of participating in Safer Kids, a parenting program routinely delivered in Sweden to parents reported for child abuse.

**PARTICIPANTS AND SETTING:** Fifteen parents from a randomized controlled trial of Safer Kids were interviewed. The participants had children aged 2-12 years old and had been reported to Swedish child welfare services for physical or emotional child abuse.

**METHODS:** Semi-structured interviews were conducted, and data were analyzed using reflexive thematic analysis.

**RESULTS:** Four key-themes were generated: mindful parenting, which describes that parents reported improved presence in daily life and perspective-taking; confidence facing challenges, describing participants' capacity to remain calm and to regulate their children's emotions; enjoying the relationship, describing parents' experiences of a stronger, more enjoyable parent-child relationship; and a desire to improve parenting competence, highlighting parents' motivation to enhance their parenting skills, which appeared to be a reason for participation.

**CONCLUSIONS:** Parents reflected positively on their experiences with Safer Kids and described several improvements to their parenting after the program. A central finding was that enhancing the ability to focus on the present moment seemed crucial for improving emotional regulation and the parent-child relationship quality.

Thibault, J., Lapierre, S. & Molgat, M. 2025. **Children's and Young People's Experiences in Shelters and Their Recovery from Domestic Violence.** *Journal of Family Violence*.  
<https://dx.doi.org/10.1007/s10896025-00819-y>

**Purpose:** Children and young people living with domestic violence experience one or more stays in domestic violence shelters. This article presents findings from a study that investigated the experiences and perspectives of French-speaking children and young people on domestic violence, with a focus on their time in domestic violence shelters in Québec and Ontario (Canada).

**Method:** The findings presented in this article are based on data collected through 25 semi-structured individual interviews conducted with children and young people who had experienced domestic violence and had received services from a shelter. The participants were aged 7 to 18, with 16 participants identifying as girls and 9 identifying as boys. Thematic content analysis was conducted using NVivo. The theoretical framework guiding this study is the new sociology of childhood.

**Results:** The research findings highlight the importance of listening to children's and young people's voices to understand their recovery process, showing that their stay in a shelter was a key element in this process. Living in a violence-free environment and being able to play without fear helped create a sense of normality, which played an important role in their healing process.

**Conclusion:** Practitioners and policymakers should not underestimate the positive role that shelters can play in the recovery process for children and young people living with domestic violence. Being free from violence, feeling safe, empowered, and involved in decision-making can significantly contribute to their recovery. © The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2025.

Rocca, F., Schröder, T., Golijani-Moghaddam, N., et al. 2025. **Video Narrative Exposure Therapy (NET) with Children and Young People who Witnessed Domestic Violence: A Naturalistic Single Case Study Series.** *Journal of Child and Adolescent Trauma*.  
<https://dx.doi.org/10.1007/s40653-024-00681-y>

This study investigated the potential effectiveness, feasibility, acceptability, and putative mechanisms of change of Narrative Exposure Therapy (NET) delivered via videoconferencing with young people who witnessed domestic violence. A naturalistic, mixed-method, AB, interventional single case design was used. Five female adolescents aged 13–17 years were recruited from a Child and Adolescent Mental Health Service in the United Kingdom and attended 4–10 video-sessions of the child-friendly NET protocol. Participants completed questionnaires assessing posttraumatic stress symptoms (PTSS), general psychological distress, and trauma memory quality, wore a heart rate (HR) monitor assessing habituation, and were offered a Change Interview. At post-intervention, three participants showed reliable improvement in PTSS, but only one showed clinically significant change. One participant also demonstrated reliable improvement in general psychological distress. Effect size estimates ranged from moderate to very large and indicated change in the desired direction for all but one participant; estimated effects for general psychological distress were more modest. Three participants showed reductions in trauma memory quality, indicating increased integration. Within-session habituation was observed for all participants with available HR data; between-session habituation was also recorded for two of them. The lifeline was mentioned as a helpful aspect of NET, the video delivery was considered both a barrier and a facilitator to engagement, and positive or mixed changes were reported by two participants. Future research with more control and larger samples is needed to answer questions on generality of findings and impact of online delivery; future studies may also include longer follow-up periods and investigate other outcomes. Trial registration number NCT04866511 (ClinicalTrials.gov). © The Author(s) 2025.

Powell, C., Szilassy, E., Cowan, K., et al. 2025. **Adapting a consensus process for survivors of domestic abuse and child maltreatment: a brief report about adopting a trauma informed approach in multistakeholder workshops.** *BMJ Open* 15(1) e090017.  
<https://dx.doi.org/10.1136/bmjopen-2024-090017>

**PURPOSE:** Among health researchers, there is a growing appreciation of the importance of the involvement of service users and members of the public. This recognition has not only resulted in involvement guidelines and improved research ethics but also an increasing use of consensus processes with service users and members of the public to determine research priorities and questions and to agree outcomes to be measured in intervention studies. There is, however, limited advice about how to safely involve survivors of violence and abuse in consensus-based studies.

**METHODS/RESULTS:** This commentary provides an overview of the adaptations made to a process of core outcome set development, to ensure that survivors of violence and abuse felt safe, heard and supported, and able to contribute in a meaningful way.

**CONCLUSIONS:** We advocate for an iterative process of listening to and learning from survivors, as well as buy-in from funders to ensure research studies are appropriately resourced and involve sufficient planning time.

Powell, C., Adisa, O., Herlitz, L., et al. 2025. **Domestic abuse, primary care and child mental**

**health services: A systems analysis of service coordination from professionals' perspectives.** *Children and Youth Services Review* 169.  
<https://dx.doi.org/10.1016/j.chidyouth.2024.108076>

**Objective:** We explored how services work together to support parents and children experiencing both parental intimate partner violence (IPV) and parental or child mental health problems by drawing on the perspectives of professionals working in primary care, children and young people's mental health services (CYPMHS), and domestic abuse services.

**Methods:** We conducted a qualitative study, interviewing 38 professionals in three geographically contrasting local authority areas in England. We carried out framework analysis using a systems approach and mapping techniques to understand the service interrelationships and boundary judgements of professionals.

**Results:** The relationships between domestic abuse services, CYPMHS, and primary care were complex, involving funders and commissioners, local authority strategic groups, and wider services such as schools and children's centres. Participants consistently identified a gap in the relationship between statutory CYPMHS and domestic abuse services. Other service gaps were for children living with ongoing or intermittent IPV and for children and parents with needs falling below or between service thresholds. There was a gap in support services for users of abusive behaviour to prevent future IPV. An overview of staff perspectives revealed differing views on treating the effects of trauma, and the co-ordination and sequencing of care.

**Conclusion:** Improving the response to children and adults experiencing mental health problems in the wake of IPV requires a systems perspective to understand the barriers to service co-ordination. Our findings indicate a particular need to address the gap between CYPMHS and domestic abuse services. Current ways of working with adults could be adapted for children, in addition to learning from examples of best practice in the study sites. © 2024 The Author(s)

Øverlien, C. & Selvik, S. 2025. **Fifteen Years of Children in Domestic Violence Shelters – Journey of Progression and Lost Opportunities.** *Journal of Family Violence*.  
<https://dx.doi.org/10.1007/s10896-025-00818-z>

**Purpose:** The purpose of this article is to shed light on how the situation of children in domestic violence shelters in Norway has progressed over the last 15 years. We ask; how has the situation for children changed from 2008 until today? How do children themselves understand the situation? Can children be understood as service users today, as defined in the 2010 Norwegian Domestic Violence Shelter Act? How do shelters currently use the "window of opportunity" in terms of fulfilling children's rights and needs?

**Methods:** Leaders in domestic violence shelters in Norway were surveyed in 2008 and 2010. The results of these surveys were compared to results from a survey answered by child-focused practitioners and leaders in domestic violence shelters in 2023. In addition, qualitative interviews were conducted with 23 children and young people, 5 to 23 years old, who all were staying, or had recently stayed, at a shelter in Norway.

**Results:** There had been progress with regard to almost all issues that were compared between 2008/2010 and 2023. More staff are now employed specifically for children, children receive more counseling and information, are able to visit friends, and the

shelters cooperate more with other agencies. However, although more children continue schooling, many do not. Fewer children receive visits from friends, and social media compromises their security.

**Conclusion:** The situation for children in shelters has improved considerably. Today, children are seen as rights-holders and agents. However, progress still must be made before the full potential of the window is used. © The Author(s) 2025.

Onsjo, M., Axberg, U., Hultmann, O., et al. 2025. **A mixed-methods evaluation of long-term outcomes after trauma-focused cognitive behavioural therapy for children subjected to family violence.** *Psychotherapy research : journal of the Society for Psychotherapy Research* 1-15. <https://dx.doi.org/10.1080/10503307.2025.2469256>

**OBJECTIVE:** Exposure to family violence in childhood significantly increases the risk of developing severe psychiatric and physiological illnesses. Trauma-focused cognitive behavioural therapy (TF-CBT) effectively addresses trauma-related symptoms and improves overall well-being. However, knowledge of the persistence of these positive effects over time, facilitating factors, and why some children are not benefited remains limited. Furthermore, little attention has been paid to exploring children's subjective experiences. This study aimed to investigate long-term changes in trauma-related symptoms among children and youths who underwent TF-CBT due to family violence. Nine participants (M age = 16,6 years, range = 14-23; 7 girls and 2 boys) were assessed and interviewed four to five years after TF-CBT treatment.

**METHOD(S):** The study adopted a mixed-method approach, integrating quantitative and qualitative methods.

**RESULT(S):** While most participants still reported being affected by the violence, most had benefited from treatment, with improvements lasting over the years. However, for those who did not report decreased symptoms, trauma symptoms persisted, accompanied by additional severe mental health problems.

**CONCLUSION(S):** The findings underscore the importance of providing effective trauma-focused treatments such as TF-CBT and highlight the need for enhanced safety measures and parental interventions for children who do not benefit from treatment.

Nicholson, J. H., Ha, Y., DeVoe, E. R., et al. 2025. **"They need nurturance; they need to be seen": Early care and education for children exposed to intimate partner violence.** *Children and Youth Services Review* 169. <https://dx.doi.org/10.1016/j.chilyouth.2024.108073>

Exposure to intimate partner violence (IPV) can disrupt and impair children's early development. Some evidence suggests that early care and education (ECE) participation may buffer some of these negative influences, but this area remains understudied. The current study draws on primary data from in-depth, semi-structured interviews with 17 IPV survivor mothers of young children and 6 ECE providers in New England to examine the ECE needs of children exposed to IPV and the supportive factors within ECE settings that can promote their resilience. Findings revealed that children's IPV exposure tended to increase their needs from ECE providers and settings, and that ECE providers' awareness of children's IPV exposure and adequate understanding of IPV dynamics were important for supporting these needs. Participants reported key resilience-promoting features within ECE settings for children exposed to IPV: 1) risk-focused factors, such as reduced exposure to IPV and prevention of IPV perpetrators' unsafe contact with children, 2) resource-focused factors, including nurturance, stability, and facilitated access to therapeutic services, and 3) process-



focused factors, including scaffolded opportunities to strengthen emotion regulation and social development. Results highlight the important role of high quality ECE for young children exposed to IPV and suggest its potential for promoting their resilience. © 2024

Kanter, J. B., Lannin, D. G., Ratliff, H. C., et al. 2025. **The Efficacy of Relationship Education for Improving Children's Outcomes: A Multi-Informant, Multi-Method Study.** *Family Process* 64(1) e70001. <https://dx.doi.org/10.1111/famp.70001>

Although relationship education (RE) programs aim to improve parents' communication with one another with the hope that it will enhance children's mental health, few studies have investigated if such spillover actually occurs. Therefore, drawing from a sample of 431 families from the Supporting Healthy Marriage Project, the present study examined the relations between parental participation in a RE program and children's subsequent distress, as well as mechanisms that may explain these effects. Using a multi-informant (focal child and parents) and multi-method (self-report and observational assessments) longitudinal design, the current study examined whether randomization into RE programming predicted children's exposure and emotional reactivity to interparental conflict and if decreases in parents' negative communication mediated these effects. Results based on mothers' reports indicated that when parents received RE, children's exposure to conflict decreased. However, these findings were not corroborated by fathers or children. There were also no differences in children's emotional reactivity across conditions, and observable communication did not mediate the relation between randomization into RE and children's outcomes. Together, there was minimal evidence for the efficacy of RE on children's functioning. Results underscore the importance of evaluating multiple family members' perspectives and highlight the need for future work to consider these pathways in samples experiencing greater distress.

Holmes, M. R., Bender, A. E., Yoon, S., et al. 2025. **Examination of protective factors that promote prosocial skill development among children exposed to intimate partner violence.** *Development & Psychopathology* 37(1) 490-503. <https://dx.doi.org/10.1017/S0954579424000087>

This retrospective cohort study examined prosocial skills development in child welfare-involved children, how intimate partner violence (IPV) exposure explained heterogeneity in children's trajectories of prosocial skill development, and the degree to which protective factors across children's ecologies promoted prosocial skill development. Data were from 1,678 children from the National Survey of Child and Adolescent Well-being I, collected between 1999 and 2007. Cohort-sequential growth mixture models were estimated to identify patterns of prosocial skill development between the ages of 3 to 10 years. Four diverse pathways were identified, including two groups that started high (high subtle-decreasing; high decreasing-to-increasing) and two groups that started low (low stable; low increasing-to-decreasing). Children with prior history of child welfare involvement, preschool-age IPV exposure, school-age IPV exposure, or family income below the federal poverty level had higher odds of being in the high decreasing-to-increasing group compared with the high subtle-decreasing group. Children with a mother with greater than high school education or higher maternal responsiveness had higher odds of being in the low increasing-to-decreasing group compared with the low stable group. The importance of maternal responsiveness in fostering prosocial skill development underlines the need for further assessment and intervention. Recommendations for clinical assessment and parenting programs are provided.

Edwards, K. M., Deutsch, A. R., Gardella, J., et al. 2025. **A Systematic Review of Family Violence Prevention Among Indigenous Populations: A Call to Center Prevention Work in Strengths, Culture, and Dignity.** *Journal of Family Violence*.  
<https://dx.doi.org/10.1007/s10896-025-00853-w>

**Purpose:** The purpose of this paper is to conduct a systematic literature review focused on prevention initiatives for family violence among Indigenous populations in the U.S. and Canada.

**Method(s):** The authors of this systematic review identified, critically reviewed, and synthesized findings from nine studies through searches of research databases on family violence prevention among Indigenous populations.

**Result(s):** Findings from the review highlight that skills-based, strengths-focused, culturally grounded programs targeting families, caregivers, and children have utility in the prevention of family violence among Indigenous populations. There is also some evidence that programs even with minimal cultural adaptations but that include staff cultural competency training may be beneficial in reducing family violence among Indigenous populations. Further, the resilience portfolio model and dignity literatures have great promise for the future of preventing family violence among Indigenous populations. These literatures point to the importance of a focus on strengths, culture, and intrinsic value of all people in family violence prevention work in addition to highlighting the importance of early intervention strategies to interrupt intergenerational processes contributing to high rates of family violence.

**Conclusion(s):** Future research on family violence prevention among Indigenous populations should utilize large samples, randomized trials (as long as they are acceptable by tribal/community partners), methods of data collection beyond self-report only, methods to ensure high rates of enrollment and retention, and intersectional approaches. Macro level initiatives are needed to reduce interlocking systems of oppression that drive disparities in family violence experienced by Indigenous populations.

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Draxler, H., Hjarthag, F., Tillfors, M., et al. 2025. **Changes in Psychiatric Symptoms in Swedish Mothers Who Took Part in Project Support: An Intervention for Mothers Exposed to Intimate Partner Violence With Children Who Have Developed Conduct Problems.** *Violence Against Women* 31(1) 224-244.  
<https://dx.doi.org/10.1177/10778012231203622>

Project Support (PS) is an evidence-based individual support and parenting program developed for mothers exposed to intimate partner violence (IPV) whose children have developed conduct disorders. This Swedish feasibility study focuses on changes in the mothers' psychiatric symptoms, in relation to social and emotional support received as part of PS. In a within-subject design in a naturalistic setting (i.e., 10 social service



units), mothers (n = 35) reported a significant decrease in symptoms, but from an individual perspective, most mothers still suffered from clinical levels of psychiatric symptoms. The need for additional interventions for mothers exposed to IPV is discussed.

Currie, J., Nelson, C., Papas, L., et al. 2025. **A Mixed Methods Evaluation of a Nurse-Led Domestic and Family Violence Service.** *Journal of Advanced Nursing* 01 01.  
<https://dx.doi.org/10.1111/jan.16836>

**AIM:** To explore the perceived impact of a nurse-led domestic and family violence service on access to care.

**BACKGROUND:** Delivered from a metropolitan community based not for profit organisation, this nurse-led service provided a multidisciplinary response to meeting the needs of women, and or women and children experiencing the consequences of domestic and family violence and homelessness. This involved integration of specialist community services to support women's safety planning, housing, and mental health.

**DESIGN:** A mixed methods single-site study was conducted.

**METHODS:** Routine patient attendance data were analysed to identify service use. Semi-structured interviews with service providers and key stakeholders explored perceived service impact on access to care.

**RESULTS:** Data were collected over 2.5 years from n = 233 women experiencing domestic and family violence, of whom 28% (n = 64) identified as First Nations, and 26% (n = 61) had at least one dependent child. The nurse facilitated access through referrals, and care navigation, often driving and accompanying women to their appointments. Person-centered and trauma sensitive approaches were highly effective in gaining trust. Qualitative data themes were, care environment, macro context, care outcomes and person centeredness.

**CONCLUSION AND IMPLICATIONS:** Stakeholders' perspectives highlight the need to improve health professionals' capability to respond effectively when women disclose domestic and family violence. The success of this nurse-led service was its capacity for flexibility, which meant it could address women's unmet health needs in most environments and directly facilitate their access to mainstream healthcare and social supports.

**IMPACT:** Accessing healthcare is extremely challenging for women experiencing domestic violence in Australia. The nurse-led specialist service provided much needed support to women experiencing domestic and family violence and to health professionals within the broader organisation, to improve access to care. Optimising the nurse's scope of practice in terms of authority to refer for investigations and prescribe medications, would further increase access to care.

**REPORTING METHOD:** This study has been reported using the Consensus Reporting Items for Studies in Primary Care (CRISP) checklist.

**PATIENT OR PUBLIC CONTRIBUTION:** No Patient or Public Contribution.

Cox, S., Parkinson, S., Herbert, J., et al. 2025. **Trauma-focused cognitive behavioral therapy**

**for children and young people who have experienced forms of child maltreatment other than child sexual abuse: A review of the evidence.** *Children and Youth Services Review* 170 (no pagination). <https://dx.doi.org/10.1016/j.childyouth.2025.108159>

Trauma-focused cognitive behavioral therapy (TF-CBT) developed by Judith Cohen, Anthony Mannarino, and Esther Deblinger, is one of the most widely researched and best supported psychological treatments for posttraumatic stress in children and young people who have experienced traumatic events. However, as TF-CBT was originally developed to treat posttraumatic stress symptoms in children who had experienced sexual abuse, the literature is focused on samples experiencing trauma from child sexual abuse. A review of the effectiveness of TF-CBT for trauma symptoms associated with non-sexual abuse related child maltreatment including physical abuse, emotional abuse, neglect, and domestic violence has not been specifically addressed in the literature. This review reports on the results of a systematic search of the literature for controlled and uncontrolled studies (pre-post minimum) that quantitatively examine the effectiveness or efficacy of TF-CBT for children and young people (0-18 years) who had experienced child maltreatment (>50 % of sample) where the included population was not overrepresented by sexual abuse (determined by a cut-off of <31 % of sample). Cochrane Library, Embase (via Ovid), ProQuest Central, MEDLINE (via Ovid), PsycINFO (via Ovid), and Scopus were searched in August 2021 for peer-reviewed literature. JBI checklists for RCTs and quasi-experimental studies were used to assess quality of the literature. Four randomized controlled trials (representing 446 participants) and four uncontrolled trials (representing 345 participants) were eligible for inclusion. Narrative synthesis was undertaken to present the results from this small body of literature which focuses mainly on physical abuse and domestic violence. Results suggested that TF-CBT, delivered in a variety of 'real-world' settings is an effective intervention for a range of non-sexual abuse related trauma symptoms in children and young people. The included RCTs showed that TF-CBT had a positive effect on posttraumatic stress symptoms, anxiety, strengths, functional impairment, and also potentially depression and emotional and behavioral difficulties (with mixed effect). Based on the recorded trauma symptoms of the included samples, treatment effects are applicable to threat-based experiences (e.g., physical abuse and domestic violence), and cannot be generalized to deprivation-based experiences (e.g., neglect). The findings from this review suggest that a flexible approach to implementation and employing engagement strategies to minimize high attrition rates could be beneficial. Limitations of the included evidence comprise small sample sizes, self-report measures, and mixed trauma types. Copyright © 2025

Catherine, N. L. A., Macmillan, H., Jack, S., et al. 2025. **Effects of nurse-home visiting on intimate partner violence and maternal income, mental health and self-efficacy by 24 months postpartum: a randomised controlled trial (British Columbia Healthy Connections Project).** *BMJ Open* 15(1) (no pagination). <https://dx.doi.org/10.1136/bmjopen2023-083147>

**Objective:** To evaluate the impact of Nurse-Family Partnership (NFP), a home-visiting programme, on exploratory maternal outcomes in British Columbia (BC), Canada. **Design Pragmatic,** parallel arm, randomised controlled trial conducted October 2013-November 2019. Random allocation of participants (1:1) to comparison (existing services) or NFP (plus existing services). Researchers were naive to allocation. Setting 26 local health areas across four of five BC regional health authorities. Participants 739 young (<25 years), first-time mothers (enrolled <28 weeks gestation), experiencing socioeconomic disadvantage. Intervention Public health nurses with NFP education offered home visits (up to 64) during pregnancy and until children's second birthday plus

existing services on offer in BC. Outcome measures Prespecified exploratory outcomes included exposure to intimate partner violence (IPV), income (annual from employment) and not in education, employment or training (NEET) by 24 months postpartum, and psychological distress and self-efficacy across five time points (34-36 weeks gestation, 2, 10, 18 and 24 months postpartum).

**Results :** A total of 739 participants were randomised (368 NFP, 371 comparison) and analysed via an intention-to-treat analysis. At 24 months postpartum, for participants receiving NFP, a lower percentage reported IPV (group difference -7.14; 95% CI: -14.17, -0.10); incomes were larger (\$1629.74, 95% CI: \$5.20, \$3254.28) after adjusting for baseline differences and no difference in percentage of NEET (-2.41, 95% CI: -10.11, 5.30). For participants receiving NFP, psychological distress was lower across time points (-1.59, 95% CI: -2.35 to -0.84); self-efficacy was greater at 34-36 weeks gestation (0.78, 95% CI: 0.34, 1.22), then decreasing and becoming insignificant by 24 months postpartum (0.29, 95% CI: -0.18, 0.75). No unanticipated serious adverse events were reported. Conclusion Relying on the maternal report, at 24 months postpartum, the NFP group had reduced IPV exposure and increased incomes. Benefits observed in late pregnancy were sustained to study end for psychological distress, but not self-efficacy. Longer-term follow-up is recommended. Trial registration NCT01672060.

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Brannvall, M., Ormon, K. & Lovestad, S. 2025. **Children's and adolescents' perspectives on routine inquiry about violence in specialised outpatient care.** *BMC Research Notes* 18(1) 120. <https://dx.doi.org/10.1186/s13104-025-07175-6>

**OBJECTIVE:** This study explores children's and adolescents' experiences and opinions of routine inquiries about violence within specialised outpatient care. Utilising a mixed method with a convergent parallel design, the research combines quantitative data from 184 respondents aged 6-17 collected through survey data and qualitative interviews with four participants aged 7-14. The data presented is a byproduct of an ongoing research project that evaluates a questionnaire designed to ask children about violence.

**RESULTS:** Findings indicate that most children and adolescents view routine questioning about violence positively or neutrally. The study highlights the importance of healthcare professionals' responses to disclosures of violence, emphasising that supportive and empathetic reactions can impact children's willingness to disclose such experiences in the future. The results underscore the necessity for routine inquiries about violence in healthcare settings to ensure that affected children receive appropriate support and intervention.

Bevilacqua, K. G., Holliday Nworu, C., Miller, J., et al. 2025. **Pathways to safety and housing stability among intimate partner violence survivors receiving supportive housing services: A mixed methods analysis.** *Journal of Family Violence* No Pagination Specified. <https://dx.doi.org/10.1007/s10896-025-00846-9>

**Purpose:** Intimate partner violence (IPV) is a leading cause of homelessness among women in the United States. Our recent evaluation of on-site transitional housing (TH) and community-based rapid-rehousing (RRH) for IPV survivors demonstrated statistically significant reductions in IPV revictimization and housing instability by 6-month follow-up. The current study extends these results to address key knowledge

gaps, including 1) for whom such supports work, 2) the interplay of IPV, housing instability, and economic dependence over time, and 3) women's perceptions of how housing supports influence safety and housing and economic stability.

**Methods:** Our prospective, quasi-experimental design enrolled IPV survivors (n = 70) receiving housing support services (RRH or TH) in [Baltimore, Maryland], with survey data at baseline and 3-month intervals over 6-month follow-up and qualitative interviews (n = 20). Intervention effects were stratified by key conceptualized moderators, including housing program, children with abuser, and intimate partner homicide risk at baseline. Structural equation models examined the interplay of IPV and housing stability over time. Qualitative interviews examined the pathways by which changes occurred.

**Results:** In stratified models, IPV reductions at 6-month follow-up were evident among RRH and TH participants, irrespective of shared children with abusive partners and across baseline homicide risk categories, including variable homicide risk ( $p < 0.01$ ) and severe/extreme homicide risk ( $p < 0.001$ ). Structural equation modeling identified a significant positive relationship between baseline housing instability and economic dependence on abuser at 6-months. Cross-sectionally, IPV and economic dependence were positively associated at all three time points. Women described financial and safety-related pathways afforded by the housing program and sustained safety-related considerations and strategies.

**Conclusions:** Housing support simultaneously improved housing stability and safety among women. While housing can begin to mitigate economic dependence, it remains an important IPV risk factor in this population, and the end of such supports may precipitate increased reliance on an abusive partner for women with greater housing instability before receiving services. Further work is needed to understand the intensity and duration of housing supports needed for sustained safety and well-being among IPV survivors. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Arnell, L. & Thunberg, S. 2025. **Young Children's Lives at Domestic Violence Shelters: Mothers' Perspectives on Their Children's Experiences.** *Child and Adolescent Social Work Journal* 42(1) 123-134. <https://dx.doi.org/10.1007/s10560-023-00948-7>

**Purpose:** The aim of this study is to analyze mothers' narratives about their children's life situation while living at domestic violence shelters in Sweden. More precisely, the analysis focuses on determining what aspects are highlighted as being most important for the children's living situation during their stay.

**Method:** This study is based on interviews with mothers who have experience of living at a domestic violence shelter together with their young child/ren. Thematic analysis was used to analyze the narratives.

**Results:** The analysis resulted in seven themes important for the children's lives during their shelter stay. These are: safety, isolation, a child-friendly environment, shared living space, social relations at the shelter, children's health during their stay, and support at the shelter.

**Conclusion:** In the narratives, safety was highlighted as the most important issue, and as something that also affects other aspects of the children's lives during their time at the shelter. A child-friendly environment, access to activities and support, and positive social relations at the shelter are also important. In addition, positive experiences regarding

these aspects can be understood to counteract the feeling of isolation and improve children's ability to process their experiences. © The Author(s) 2023.

Alisic, E., Groot, A., Snetselaar, H., et al. 2025. **Raising a child bereaved by domestic homicide: caregivers' experiences.** *European Journal of Psychotraumatology* 16(1) 2463277. <https://dx.doi.org/10.1080/20008066.2025.2463277>

**Background:** Optimising support for children and families affected by fatal family violence requires understanding all aspects of their experience. So far, little is known regarding the views of those who provide a home to children bereaved due to parental intimate partner homicide.

**Objective:** The aim of the current study was to provide an in-depth exploration of the experiences of caregivers raising children after the loss of a parent due to intimate partner homicide.

**Method:** Within the context of a mixed-methods study among 22 caregivers (16 female, 6 male, aged 33 to 71 years old) related to 35 children and young people (19 female, 16 male), bereaved due to parental intimate partner homicide in the Netherlands, we conducted a reflexive thematic analysis of the qualitative caregiver interviews.

Wang, M. & Wang, J. 2024. **Adolescent mindfulness may buffer the longitudinal effect of parental work-family conflict and interparental conflict on adolescent affiliation with deviant peers.** *Journal of Social and Personal Relationships* 41(12) 3841-3860. <https://dx.doi.org/10.1177/02654075241282026>

Parental work-family conflict undermines family functioning, which in turn may impair children's peer functioning. Using a longitudinal design spanning across 2 years, the present study examined whether paternal/maternal work-family conflict could predict interparental conflict and, in turn, whether such conflict contributed to adolescent affiliation with deviant peers. Additionally, this study also explored the moderating role of adolescent mindfulness on these relationships. As part of a large longitudinal project, 1427 adolescents (773 boys and 654 girls; aged from 12 to 15 years,  $M = 12.66$  years,  $SD = 0.63$ ) completed questionnaires regarding perceived interparental conflict, deviant peer affiliation, and mindfulness, and both parents reported on questionnaires regarding their own work-family conflict at three-time points with 1-year intervals. Results indicated that paternal but not maternal work-family conflict positively predicted interparental conflict, which was further positively predictive of deviant peer affiliation for adolescents with low but not high mindfulness. Our study revealed the role of paternal work-family conflict as a seemingly distal but relatively proximal risk factor for adolescents' affiliation with deviant peers, as well as the buffering role of mindfulness on the longitudinal relations. Copyright © The Author(s) 2024.

Vikander, M. & Källström, Å. 2024. **What children exposed to domestic violence value when meeting social workers: A practice-oriented systematic research review.** *Child and Family Social Work* 29(1) 287-298. <https://dx.doi.org/10.1111/cfs.13073>



Children exposed to domestic violence (DV) face a heightened risk of many types of short- and long-term problems. Social workers can limit these risks if the support and help they offer is perceived as valuable by the child.

The aims of this review were to identify what children exposed to DV value when meeting social workers, to suggest how this knowledge can be used in practice by professionals dedicated to working with these children and to identify and suggest key areas of focus for future research. A synthesis of 18 studies reveals that, in meetings with social workers, children exposed to DV value (1) basic requirements, (2) inclusion, (3) acknowledgement and (4) enjoyment.

This review offers a smorgasbord of opportunities for practitioners to meet the wishes and needs of these children. However, comparative research is needed to facilitate adaptation and to distinguish between elements valued by children that are core prerequisites for helping them disclose their experiences and/or aiding their recovery and elements that are less crucial but still valued.

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Trygged, S., Bylund Grenklo, T., Marttila, A., et al. 2024. **To See and Be Seen: A Swedish Register Study on Children Who Witness Family Violence.** *International Journal of Environmental Research and Public Health* 21(10). <https://dx.doi.org/10.3390/ijerph21101291>

Authorities and civilians can make a report-of-concern to Social Services if they suspect a child is experiencing or witnessing violence. In 2021, Sweden implemented new legislation that considers children as victims of crime not only when abused but also when witnessing family violence, i.e., Barnfridsbrott.

This study aimed to describe and analyze reports-of-concern regarding children witnessing family violence. Are there any changes in number of reports over the years? Who is reporting? And what interventions are most frequent? This is a register-based study of reports-of-concern in Gävle municipality in Sweden for the years 2018–2022. This unique register makes it possible to identify and follow up reported cases as long as they are active by Social Services.

Results show there was already a major increase in the number of reports-of-concern in 2020. Most reports are made by Social Services and the police. Of all reports related to family violence, an increasing number lead to further investigations. In most of those cases, the children stay with their families, and Social Services offer counselling. Conclusion: there was a distinct increase in reports related to children witnessing family violence already starting in 2020 in the studied municipality, before the new legislation was implemented.

Thunberg, S., Vikander, M. & Arnell, L. 2024. **Children's Rights and Their Life Situation in Domestic Violence Shelters—An Integrative Review.** *Child and Adolescent Social Work Journal* 41(4) 499-514. <https://dx.doi.org/10.1007/s10560-022-00900-1>

The aim of this systematic integrative review was to review existing research on children in domestic violence shelters, and specifically to examine previous research on how shelters contribute to children's life situation after leaving a violent home.



The review includes 28 scientific articles published between 1984 and 2021. These were thematically analyzed and discussed using a children's rights perspective to identify strengths and limitations in existing research and social work practice.

The analysis resulted in five themes: (1) safety and security, (2) health, behavior, and support, (3) schooling, (4) spare time and shelter environment, and (5) social relationships. Safety and security is a theme of great importance, and if this aspects is lacking, it can adversely affect other areas of the children's lives.

Overall, the children feel safe at the shelters, and they appreciate the playgrounds and activities offered by the shelter. They often make friends at the shelter. The children's right to be protected from violence appears to be prioritized, but the studies show the importance of also acknowledging children's rights to support, education, recreational time, and social relationships, to improve their life situation at the shelter.

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Tarpey-Brown, G., Kirwan, J., Wise, S., et al. 2024. **Domestic and Family Violence Affecting Children and Young People from Culturally and Racially Marginalized Migrant Backgrounds in Australia: A Scoping Review of Child Experiences and Service Responses.** *Trauma Violence & Abuse* 25(5) 3872-3886.  
<https://dx.doi.org/10.1177/15248380241265386>

In Australia, children and families from culturally and racially marginalized (CARM) migrant backgrounds experience a range of compounding structural and interpersonal factors that limit help-seeking and exacerbate the impacts of domestic and family violence (DFV). This scoping review examines the current state of knowledge on how children and young people from CARM migrant backgrounds experience DFV, and the services that respond to DFV including child protection services. A systematic search was conducted across PsycINFO, MEDLINE, and CINAHL databases and Google Scholar, alongside a complementary grey literature search. Articles were included in the review if participants were from CARM migrant backgrounds, and the article included information related to children and young people's experiences of DFV, and the DFV service system. The review found 19 articles that met selection criteria. Due to limited research on this topic in Australia, most articles focused on children and young people's experiences shared through parental, carer or service provider perspectives. To our knowledge, this is the first scoping review to examine how children and young people from CARM migrant backgrounds experience DFV. Findings demonstrate children and young people are victim-survivors of multiple forms of DFV. Children and young people's engagement with the DFV service system is often accompanied by feelings of fear and distrust. Findings suggest that to strengthen system responses to DFV, services must build their capability to implement intersectional approaches that simultaneously support the safety and well-being of both the child and the non-violent parent or carer.

Szilassy, E., Coope, C., Emsley, E., et al. 2024. **Feasibility of a reconfigured domestic violence and abuse training and support intervention responding to affected women, men, children and young people through primary care.** *BMC Primary Care* 25(1) 38.  
<https://dx.doi.org/10.1186/s12875-023-02249-5>

**BACKGROUND:** Identification in UK general practice of women affected by domestic violence and abuse (DVA) is increasing, but men and children/young people (CYP) are rarely identified and referred for specialist support. To address this gap, we collaborated with IRISi (UK social enterprise) to strengthen elements of the IRIS + intervention which

included the identification of men, direct engagement with CYP, and improved guidance on responding to information received from other agencies. IRIS + was an adaptation of the national IRIS (Identification and Referral to Improve Safety) model focused on the needs of women victim-survivors of DVA. Without diminishing the responses to women, IRIS + also responded to the needs of men experiencing or perpetrating DVA, and CYP living with DVA and/or experiencing it in their own relationships. Our study tested the feasibility of the adapted IRIS + intervention in England and Wales between 2019-21.

**METHODS:** We used mixed method analysis to triangulate data from various sources (pre/post intervention questionnaires with primary care clinicians; data extracted from medical records and DVA agencies; semi-structured interviews with clinicians, service providers and referred adults and children) to assess the feasibility and acceptability of the IRIS + intervention.

**RESULTS:** The rate of referral for women doubled (21.6/year/practice) from the rate (9.29/year/practice) in the original IRIS trial. The intervention also enabled identification and direct referral of CYP (15% of total referrals) and men (mostly survivors, 10% of total referrals). Despite an increase in self-reported clinician preparedness to respond to all patient groups, the intervention generated a low number of men perpetrator referrals (2% of all referrals). GPs were the principal patient referrers. Over two-thirds of referred women and CYP and almost half of all referred men were directly supported by the service. Many CYP also received IRIS + support indirectly, via the referred parents. Men and CYP supported by IRIS + reported improved physical and mental health, wellbeing, and confidence.

**CONCLUSIONS:** Although the study showed acceptability and feasibility, there remains uncertainty about the effectiveness, cost-effectiveness, and scalability of IRIS + . Building on the success of this feasibility study, the next step should be trialling the effectiveness of IRIS + implementation to inform service implementation decisions.

Swenson, C. C. & Schaeffer, C. M. 2024. **Development of a family-based treatment for co occurring intimate partner violence and child maltreatment: the MST-IPV model.** *BJPsych Bulletin*. <https://dx.doi.org/10.1192/bjb.2023.103>

Intimate partner violence (IPV) is a significant global problem that affects the health of children, parents/caregivers and extended family. The effects can be lifelong and span generations. Treatments for IPV are focused largely on individual work with men as the primary aggressor. Even when the situation includes child maltreatment, generally all family members are referred to a host of providers for varied treatments. Traditionally, couples and family work does not occur. In this article, we detail the development and practice of a comprehensive treatment model for complex cases of co-occurring IPV and child maltreatment that is inclusive of the family and couple. Of particular note, the development of this model, Multisystemic Therapy for Intimate Partner Violence (MST-IPV), involved input from the IPV stakeholder community. Copyright © The Author(s), 2024. Published by Cambridge University Press on behalf of Royal College of Psychiatrists.

Svensson, M., Jonson, H. & Johansson, S. 2024. **Stigma-related barriers to participation in support groups for children: Social workers' experiences and destigmatizing strategies.** *Child & Family Social Work* 29(1) 24-34. <https://dx.doi.org/10.1111/cfs.13048>

In Sweden, preventive support groups for children exposed to domestic violence, substance abuse or mental illness are provided by local child protection services (CPS).

The stigma of parental problems and contact with CPS are barriers to recruiting children. This article investigates how such barriers are experienced and handled by professional support group leaders. The empirical data is drawn from five group interviews with 16 professionals, recruited from a purposive sample of nine local authorities in Sweden. It is found that professionals experience stigma as a barrier to recruiting children, mainly the parents' shame but also their fear of CPS involvement. Professionals describe parents' problems on a 'scale of shamefulness', ranging from divorce to domestic violence, and the barriers vary in strength relative to the shamefulness of the problem. Parents are gatekeepers for their children's participation, so destigmatizing and shame-reducing strategies, whether on the interpersonal, organizational or structural level, are called for to increase children's access. However, strategies targeting parental shame are not without their challenges and risks. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Oberheim, K., Barlow, J. & Nescott, E. 2024. **Implications of Exposure to Intimate Partner Violence in Childhood.** *Delaware Journal of Public Health* 10(2) 6-8.  
<https://dx.doi.org/10.32481/djph.2024.06.03>

The most recent available data show that children were present at 38% of domestic incidents reported throughout Delaware, and analysis of barriers to reporting predict this number to be much higher. Intimate partner violence (IPV) can take numerous forms, such as patterns of physical, sexual, psychological, economic, and reproductive abuse, meaning each situation manifests differently and requires individualized intervention. Children face unique short- and long-term challenges as a result of their witness status within such scenarios. Programming throughout Delaware works to support victims and mitigate the negative ramifications that IPV has on children and their families.

Nwabuzor Ogbonnaya, I., Ward, M. R., Rose, M. L., et al. 2024. **A systematic review of interventions to reduce intimate partner violence among young people in child welfare and legal system settings.** *Journal of Family Violence* 39(5) 955  
971. <https://dx.doi.org/10.1007/s10896-023-00525-7>

**Purpose:** Intimate partner violence (IPV) interventions for young people involved with the child welfare and legal systems are critical. However, researchers have yet to systematically assess this knowledge area.

**Methods:** We conducted a systematic review to identify IPV interventions targeting young people involved with the legal and/or child welfare system. Six electronic databases were searched for quantitative and qualitative peer-reviewed articles that focused on IPV victimization and/or perpetration; included child welfare and/or legal system-involved young people aged 10 to 24 years; delivered an intervention; and reported outcome(s). Three researchers independently screened captured article abstracts; two researchers conducted full-text eligibility assessments. Data were extracted and findings were narratively summarized and compared.

**Results :** We identified seven eligible studies: two child welfare and five legal system studies. Three studies focused on IPV perpetration only; two on IPV victimization and perpetration; two on IPV victimization only. Only two studies mentioned IPV types. One intervention was culturally-tailored. Two studies assessed IPV as an outcome, with the one focused on educating about power dynamics in romantic relationships and improving communication skill deficits reporting significant IPV reductions. Other improved outcomes were present across studies (e.g., IPV knowledge, trauma symptoms, condom use).

**Conclusion :** Few IPV interventions focus on young people involved with the child welfare and/or legal system. We call for more research on this topic that is trauma-informed, culturally relevant, and includes all genders. It should also include components related to gender and power and healthy communication and target multiple types of IPV victimization and perpetration.

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Muir, C., Kedzior, S. G. E., Barrett, S., et al. 2024. **Co-design workshops with families experiencing multiple and interacting adversities including parental mental health, substance use, domestic violence, and poverty: intervention principles and insights from mothers, fathers, and young people.** *Research Involvement & Engagement* 10(1) 67. <https://dx.doi.org/10.1186/s40900-024-00584-0>

**BACKGROUND:** Clustering and co-occurring of family adversities, including mental health problems, substance use, domestic violence and abuse, as well as poverty can increase health and behavioural risks for children, which persist throughout the life course. Yet, interventions that acknowledge and account for the complex interactive nature of such risks are limited. This study aimed to develop intervention principles based on reflections from mothers, fathers, and young people who experience multiple and interacting adversities. These principles will show how family members perceive an intervention may bring about positive change and highlight key insights into design and delivery.

**METHODS:** A series of six co-design workshops with mothers, fathers, and young people who experienced multiple and interacting adversities (n = 41) were iteratively conducted across two regions in England (London and North-East) by four researchers. Workshop content and co-design activities were informed by advisory groups. Data from facilitator notes and activities were analysed thematically, resulting in a set of intervention principles.

**RESULTS:** The intervention principles highlighted that: (1) to reduce isolation and loneliness parents and young people wanted to be connected to services, resources, and peer support networks within their local community, particularly by a knowledgeable and friendly community worker; (2) to address feelings of being misunderstood, parents and young people wanted the development of specialised trauma informed training for practitioners and to have the space to build trusting, gradual, and non-stigmatising relationships with practitioners; and (3) to address the needs and strengths of individual family members, mothers, fathers, and young people wanted separate, tailored, and confidential support.

**CONCLUSIONS:** The current study has important implications for practice in supporting families that experience multiple and interacting adversities. The intervention principles from this study share common characteristics with other intervention models currently on offer in the United Kingdom, including social prescribing, but go beyond these to holistically consider the whole families' needs, environments, and circumstances. There should be particular focus on the child's as well as the mothers' and fathers' needs, independently of the family unit. Further refinement and piloting of the developing intervention are needed.

Morrison, F. 2024. **Trying to find safety, to make it speakable, and to mourn the losses – children's recovery from domestic abuse.** *Journal of Family Violence* No Pagination Specified. <https://dx.doi.org/10.1007/s10896-024-00745-5>

**Purpose:** This article addresses a gap in our understanding of children's 'recovery' from domestic abuse. Whilst the impacts of domestic abuse on children have been well-documented and researched, their recovery from it has been under-theorized. By analyzing qualitative accounts on children's participation in recovery programmes, the article uses Judith Herman's trauma recovery model, to make the how of children's recovery explicit.

**Methods:** Conducted in Scotland, the research involved individual qualitative interviews with 14 children (aged 7-15 years) and their 14 mothers, who had completed Cedar, a 12-week therapeutic and peer support group programme. A co-produced approach to initial data analysis foregrounded children and mothers' own priorities for children's recovery and afforded findings greater rigor. These priorities were then further analyzed using Herman's trauma recovery framework.

**Findings:** Findings offer insight on the ways in which structures, resources, and values designed into the recovery programmes can mobilize children's experiences of domestic abuse to help them find safety; make domestic abuse 'speakable'; as well as provide space for children to mourn the losses resulting from domestic abuse. Findings further indicate the power of group-based interventions and the ways in which they can promote recovery through ideas of nurture and care.

**Conclusions:** By using Herman's theoretical lens for recovery, the article makes a new contribution to understandings of children's recovery from domestic abuse. It identifies key factors that contribute to children's ability to recover including: their sense of safety, the role of the mother-child relationship and significance of the child-father relationship. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

McVeigh, M. J. 2024. **Two voices in harmony: A creative family-led intervention post domestic and family violence.** *Australian and New Zealand Journal of Family Therapy* 45(4) 437-448. <https://dx.doi.org/10.1002/anzf.1617>

Mothers who experience DFV are often at risk of being epistemically harmed by professional discourses that are mother-blaming because professionals often overburden them with unrealistic expectations of protecting their children. In addition, children and young people who experience DFV are frequently at risk of being subjected to epistemic injustice by professional discourses that negate them as knowledge generators. Added to this tangle of epistemic misplacement is the wedge that perpetrators drive between mothers and children so they both cannot see each other survive wisdom and connection to each other. Family-inclusive/lead therapy that epistemically privileges mothers' and children's survival wisdom can repair the damage done to them as knowledge generators and to their relationships. This article describes an example of nondeliberative work that highlights family-inclusive/lead therapy has a place in family intervention post-DFV. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Mayrhofer, A. M., Alderson, H., Sarma, K., et al. 2024. **What are the factors influencing service provider response to working with families affected by intimate partner violence and abuse? A qualitative systematic review of the literature.** *Journal of Family Violence* No Pagination Specified. <https://dx.doi.org/10.1007/s10896-024-00755-3>

**Purpose:** Intimate partner violence and abuse (IPVA) is a major public health issue with long-term negative impacts on abused adults and affected children. Addressing this



complex problem requires a multi-agency response, but barriers to effective joint working remain. This review aimed to understand the factors that influence multi-agency response to families who experience IPVA and to their children.

**Method:** We undertook a qualitative systematic review of international literature via five electronic databases and supplemented the review by citation searches, online searches of grey literature, and hand searches of relevant journals. We analyzed data thematically.

**Results:** The 31 identified papers reported findings from 29 unique studies undertaken in six countries and drew on data from 1049 professionals across health care, social care, the police, courts, schools and voluntary organisations. The main factors influencing service provider response to IPVA were siloed approaches to IPVA, particularly the separation between adult and childrens services. This influenced assessment and response to risk. Risk was also a consideration when child-protection staff were expected to work with perpetrators in 'family settings', even in lower-risk cases. Multi-agency working facilitated information sharing between agencies, an understanding of each other's remit, and building trust.

**Conclusion:** Multi-agency collaboration needs to be supported by clear policies of interaction between agencies. Providers of child protection services, health, mental health, housing police and probation need to be supported by specialist training in IPVA, not only in high-risk cases, but also to relieve pressure on an already overstretched workforce.

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MacRae, A., Kertesz, M. & Gavron, T. 2024. **Therapeutic interventions with women and children in domestic violence shelters: A systematic scoping review.** *Children and Youth Services Review* 166 1-16. <https://dx.doi.org/10.1016/j.childyouth.2024.107913>

Background: Domestic violence (DV) is a significant social issue. Women and children who are displaced by violence in their homes often access shelters for critical support and housing. Support for the mother-child relationship can mitigate the impacts of trauma and enhance recovery. DV Shelters can play a role in provision of therapeutic approaches that strengthen the mother-child relationship however there is little evidence of these approaches being applied within the refuge environment.

Kurdi, Z., Devaney, J., Houghton, C., et al. 2024. **Applying a socio-ecological model to understanding the needs of children and young people bereaved by intimate partner homicide across their life course.** *Journal of Family Violence* No Pagination Specified. <https://dx.doi.org/10.1007/s10896-024-00721-z>

**Purpose:** To develop a socio-ecological understanding of the immediate and long-term effects on, and the needs of, children and young people (CYP) in the UK and Ireland bereaved by parental intimate partner homicide (IPH).

**Method:** The study draws on in-depth interviews from three different informants: those with lived experience (LE) (10); caregivers (12); and professionals (10). In addition to the 10 interviews with those bereaved by maternal IPH, experiences discussed include a further 23 cases of bereavement due to IPH during childhood (when aged under 18). We used thematic analysis to code and extracted themes into the relevant five dimensions of the socio-ecological model.



**Results:** The circumstances in which the homicide/suicide took place, were crucial in shaping children's life trajectory. We identified circumstantial predictors in branching of trajectories: witnessing the murder; relatedness to perpetrator; and assumptions on biological relatedness. We found the need for life-long access to therapeutic care to support CYP essential during various developmental stages and life transitions. We recognized that both kinship and foster carers, required support in dealing with the complexity of grieving children. For kinship care, carers require help in managing their own grief, in addition to financial support to account for the new caring responsibilities. We also observed that children's voice was rarely elicited, with no opportunities to exercise their agency.

**Conclusion:** Our findings highlight the importance of contextual circumstances for tailored support and the identification of appropriate carers and supporting them holistically. Finally, we highlight the importance of child centered policies and dedicated resources to support relevant services dealing with CYP bereaved by parental IPH.

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Keipert, S. A. & Bastian, C. 2024. **Understanding practice with culturally and linguistically diverse children and young people who have experienced domestic and family violence: A practitioner perspective.** *Child Abuse Review* 33(1). <https://dx.doi.org/10.1002/car.2852>

There is a dearth of research focused on practice responses with culturally and linguistically diverse (CALD) children and young people experiencing domestic and family violence (DFV). This knowledge gap may result in a lack of professional guidance and clarity for practitioners who work in this complex context.

This small-scale qualitative research study explored practice responses with CALD children and young people. Semi-structured interviews were conducted with nine practitioners who supported and responded to CALD children and young people and their families at the intersection of DFV and child protection.

Data included their practice experience, professional knowledge and practice wisdom. A thematic analysis was used that highlighted the importance of practitioners prioritising the needs of children and young people and navigating the complexities of culture and gender.

© 2023 The Authors. *Child Abuse Review* published by Association of Child Protection Professionals and John Wiley & Sons Ltd.

Hock, E. S., Blank, L., Fairbrother, H., et al. 2024. **Exploring the impact of housing insecurity on the health and wellbeing of children and young people in the United Kingdom: a qualitative systematic review.** *BMC Public Health* 24(1) 2453. <https://dx.doi.org/10.1186/s12889-024-19735-9>

**BACKGROUND:** Housing insecurity can be understood as experiencing or being at risk of multiple house moves that are not through choice and related to poverty. Many aspects of housing have all been shown to impact children/young people's health and wellbeing. However, the pathways linking housing and childhood health and wellbeing are complex and poorly understood.

**METHODS:** We undertook a systematic review synthesising qualitative data on the perspectives of children/young people and those close to them, from the United Kingdom (UK). We searched databases, reference lists, and UK grey literature. We extracted and tabulated key data from the included papers, and appraised study quality. We used best fit framework synthesis combined with thematic synthesis, and generated diagrams to illustrate hypothesised causal pathways.

**RESULTS:** We included 59 studies and identified four populations: those experiencing housing insecurity in general (40 papers); associated with domestic violence (nine papers); associated with migration status (13 papers); and due to demolition-related forced relocation (two papers). Housing insecurity took many forms and resulted from several interrelated situations, including eviction or a forced move, temporary accommodation, exposure to problematic behaviour, overcrowded/poor-condition/unsuitable property, and making multiple moves. Impacts included school-related, psychological, financial and family wellbeing impacts, daily long-distance travel, and poor living conditions, all of which could further exacerbate housing insecurity. People perceived that these experiences led to mental and physical health problems, tiredness and delayed development. The impact of housing insecurity was lessened by friendship and support, staying at the same school, having hope for the future, and parenting practices. The negative impacts of housing insecurity on child/adolescent health and wellbeing may be compounded by specific life circumstances, such as escaping domestic violence, migration status, or demolition-related relocation.

**CONCLUSION:** Housing insecurity has a profound impact on children and young people. Policies should focus on reducing housing insecurity among families, particularly in relation to reducing eviction; improving, and reducing the need for, temporary accommodation; minimum requirements for property condition; and support to reduce multiple and long-distance moves. Those working with children/young people and families experiencing housing insecurity should prioritise giving them optimal choice and control over situations that affect them.

Hasselle, A. J., Howell, K. H. & Gilliam, H. C. 2024. **Self-perception among children exposed to family violence: A pilot randomized controlled trial investigating the effectiveness of a strengths-based camp intervention.** *Child & Youth Care Forum* 53(1) 73-94.  
<https://dx.doi.org/10.1007/s10566-023-09744-x>

**Background:** Self-perception is an important internal resource, and violence exposure can negatively impact children's view of themselves. Although camp interventions can enhance self-perception, research has not yet examined whether camp interventions improve self-perception among children affected by family violence. Camp-based interventions promote health equity by addressing common barriers to service engagement.

**Objective:** Using a non-masked, parallel randomized controlled design, this pilot study evaluated whether a camp-based intervention (i.e., Camp HOPE) enhanced self-perception among youth exposed to family violence.

**Method:** Participants included 47 children aged 7-12 ( $M = 9.55$ ,  $SD = 1.63$ ; 79% Black/African American) and one of their adult caregivers seeking services from a Family Justice Center. Children were assigned to the camp ( $n = 23$ ) or waitlist control ( $n = 24$ ) condition using block randomization. Caregiver-child dyads completed evaluations at baseline, 2-month follow-up, and 5-month follow-up. Children reported on three self-perception domains: Social Competence, Behavioral Conduct, and Global Self-Worth

(GSW). Piecewise latent growth curve models evaluated between-group differences in self-perception at 2- and 5-month follow-up.

**Results:** Findings from intent-to-treat analyses indicated that Camp HOPE may have a temporary, negative impact on children's GSW (Diff. = - 2.65; SE = 1.22;  $p = 0.029$ ;  $g = 0.63$ ). Supplemental "as-treated" analyses revealed no significant differences between children who attended and did not attend the camp.

**Conclusions:** Results are inconsistent with previous findings that camp interventions enhance self-perception, raising important questions about the unique experiences of youth exposed to family violence. Given these findings, Camp HOPE America might consider modifications to enhance effectiveness.

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Hasselle, A. J., Howell, K. H., Garza, A., et al. 2024. **A randomized controlled trial examining the effect of camp HOPE Tennessee on youth functioning: Results from a pilot study.**

*Psychological Trauma: Theory, Research, Practice and Policy* 28 28.

<https://dx.doi.org/10.1037/tra0001702>

**OBJECTIVE:** Family violence can negatively affect youth's psychosocial functioning. Strengths-based interventions may enhance positive youth functioning among youth experiencing adversity, but little is known about the effectiveness of camp-based interventions for youth exposed to family violence. The current study examined the effectiveness of Camp HOPE Tennessee in promoting multidimensional well-being and school engagement among youth exposed to family violence.

**METHOD:** This pilot study employed a nonmasked, parallel randomized controlled design. Participants were 47 children and their caregivers who sought services from a Family Justice Center. Children were 7-12 years old ( $M = 9.55$ ,  $SD = 1.63$ ; 79% Black/African American). Using block randomization, caregiver-child dyads were assigned to the camp ( $n = 23$ ) or waitlist control ( $n = 24$ ) condition and completed evaluations at baseline, 2-month follow-up, and 5-month follow-up. Children reported on two indicators of positive functioning: multidimensional Quality of Life (i.e., Physical Well-Being, Psychological Well-Being, Autonomy And Parent Relations, Social Support And Peers, And School Environment) and School Engagement. Piecewise latent growth curve models evaluated between-group differences in positive youth functioning at 2- and 5-month follow-up (ClinicalTrials.gov: CampHopeTN).

**RESULTS:** Results suggest that Camp HOPE positively impacted children's psychological well-being (difference = 12.28,  $SE = 2.84$ ,  $p < .001$ ,  $g = 0.94$ ) and autonomy and parent relations (difference = 7.96,  $SE = 2.95$ ,  $p = .007$ ,  $g = 0.77$ ) at 2-month follow-up. Additionally, the camp appeared to have a long-term effect on school engagement at 5-month follow-up (difference = 9.97,  $SE = 4.83$ ,  $p = .039$ ,  $g = 0.59$ ).

**CONCLUSIONS:** Results suggest that camp interventions may enhance positive functioning among youth exposed to family violence. Larger investigations are needed to strengthen the evidence base for Camp HOPE's effectiveness and support further dissemination.

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Hale, H., Bracewell, K., Bellussi, L., et al. 2024. **The child protection response to domestic violence and abuse: A scoping review of interagency interventions, models and collaboration.** *Journal of Family Violence* No Pagination Specified. <https://dx.doi.org/10.1007/s10896-024-00681-4>

**Purpose:** There is a growing acknowledgement that children are direct victims of domestic violence and abuse, and require support and protection in their own right. However, professional interventions designed to protect children may unintentionally further victimise parents, most often mothers. In response, a number of new interagency approaches have been developed.

**Method:** Updating a previous review by Macvean et al. (Australian Social Work, 71(2), 148-161, 2018), we report the findings of a scoping review of models of interagency working between child protection and either domestic abuse services or family law services, or all three services, to improve understanding of practices that may facilitate collaboration between child protection and other agencies in the context of domestic violence and abuse. We also consider the effectiveness of such approaches in improving the safety of child and adult victims.

**Results:** A systematic search of all sources identified 4103 documents that were screened for inclusion. The outcome of this screening was the identification of thirteen papers or reports dated between 2018 and 2022 that comprised an evaluation of six models of interagency interventions. Nine publications originated in Australia, three in the UK and one in the USA. The most referenced model was Safe & Together, primarily due to the number of publications from the same research team in Australia. None of the included studies reported the outcomes or impact for children and families.

**Conclusions:** While there are a growing number of promising approaches identified, there is little evidence of effectiveness, or the views of child and adult family members about the acceptability and utility of such approaches.

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Gunaydin, Y. & Zincir, H. 2024. **The effect of child-parent relationship therapy-based play support on parental stress and acceptance, and child behaviours in children who witness domestic violence: Randomized controlled study.** *Australian and New Zealand Journal of Family Therapy* 45(3) 336-348. <https://dx.doi.org/10.1002/anzf.1579>

In domestic violence (DV), the deterioration of parental skills in mothers, increased stress levels and child behaviour issues are the most common problems. In DV, the way to cope with the difficulties encountered is to strengthen relationships within the family.

In this study, we aimed to reduce maternal stress levels and problematic child behaviours and increase the child acceptance level in children who have witnessed domestic violence (WDV) with child-parent relationship therapy (CPRT).

This study is a randomized controlled study with pretest-posttest intervention and control groups. In the study, 20 mothers were in the intervention group, and 18 were in the control group. A 10-week CPRT-focused training program was applied to the intervention group. After the training of the mothers in the intervention group was completed, 2-h training on communication skills was given to the mothers in the control group. The data include parents' reports through three surveys: the Parenting Stress

Index (PSI), the Parental Acceptance-Rejection Parental Form (PAR) and the Strengths and Difficulties Questionnaire (SDQ).

In the study, it was determined in the group comparisons that the total scores of PSI, PAR and SDQ significantly reduced between the application and pre-application terms for the intervention group ( $p < 0.05$ ), and there was no significant difference in the control group ( $p > 0.05$ ).

The results highlight the benefits and importance of including both mothers and children in therapeutic interventions for children who have WDV, with particular emphasis on CPRT benefits.

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Gomersall, A., Alisic, E., Devaney, J., et al. 2024. **Professional support for children bereaved by domestic homicide in the uk.** *Journal of Family Violence* No Pagination Specified. <https://dx.doi.org/10.1007/s10896-024-00704-0>

**Purpose:** Children bereaved by domestic homicide face unique challenges that are likely to require professional interventions. In this study, the theoretical lens of candidacy, which considers the dynamic factors that affect service eligibility and access, is employed to evaluate current service provision in the United Kingdom.

**Method:** We conducted a mixed methods survey ( $n = 90$ ) and semi-structured interviews ( $n = 7$ ) of professionals working in the children and families sector. Thematic analysis was used to interpret qualitative data, while descriptive and parametric statistics were used for the analysis of quantitative data.

**Results:** Quantitative results showed that a majority of professionals reported that the current service provision is not meeting the specific needs of children bereaved by domestic homicide, and that professionals reported low levels of confidence in working with the topic, regardless of professional background. This article reports on two key themes identified in the qualitative data: unmet needs and the barriers to candidacy, and developing a more effective provision.

**Conclusions:** Using the theoretical lens of candidacy, this study identified factors which were found to limit children's access to appropriate services, indicating the need for a specialist service which provides long-term input, support for caregivers, and access to peer-support.

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Glick, S. & Spearman, K. J. 2024. **Children betrayed: The unseen victims of domestic violence and how law enforcement can better protect them.** *Policing (Oxford)* 18. <https://dx.doi.org/10.1093/police/paae022>

Domestic violence is a commonplace and serious societal problem with vast public health and economic consequences. Childhood exposure to domestic violence can blight children's biological and social development. Often, local police departments are first responders to domestic violence. This is because danger is associated with these events, which requires police presence. Yet, children are often unseen victims of domestic violence. In general, law enforcement agencies (i) are ill-equipped to identify the risks experienced by children; (ii) struggle to find alternative outcomes for children at risk other than removal or criminalization; (iii) do not use scientifically informed



assessment tools which might improve their interactions with children; and (iv) inconsistently share data with other agencies in a timely manner. Moreover, gaps in criminal legal, child welfare, and family court responses to violence in the family create circumstances where children may fall through the cracks. Positive interventions in relation to domestic violence and children who suffer as a result of it should be viewed as a public priority. Improving responses to these issues should be reframed as (i) a way to reduce the amount of future violent crimes committed, and (ii) reduce the resource burden felt by public services. This commentary discusses the scope and scale of children's exposure to domestic violence and child maltreatment and discusses international best practices that can serve as models to improve law enforcement's response to children. © The Author(s) 2024. Published by Oxford University Press.

Gatfield, E., O'Leary, P., Tsantefski, M., et al. 2024. **Differential Intervention Outcomes Among Fathers Who Commit Domestic and Family Violence: The Influence of Parental Relationship Status.** *Journal of Family Violence.* <https://dx.doi.org/10.1007/s10896-02400687y>

**Background:** In Western contexts, the behavior of domestically violent men is largely addressed through legal sanctions and standardised men's behavior change programs. When domestically violent fathers remain together or in contact with their families, safety is an ongoing concern. However, program evaluations have failed to provide clear evidence for their effectiveness in addressing family violence in relation to parenting status. Part of the problem in developing efficacious programs has been the challenge of targeting them to typologies or socio-cultural needs of participants.

**Purpose(s):** The Caring Dads (CD) program supports father-change through leveraging men's motivation to be positive parents, promoting child-centred fathering and cessation of family abuse. The aim of this study was to investigate whether participating fathers improved their co-parenting interactions, family functioning and wellbeing, and considered father characteristics and relationship statuses that coincided with positive outcomes.

**Method(s):** This mixed method Australian study investigating a CD pilot incorporated psychological measures and semi-structured interviews at pre-, post- and 10 months post-intervention. Participants were fathers who attended CD in South-East Queensland, 2017-2019, and their co-parents.

**Result(s):** All fathers experienced improvements in parenting and family functioning by post-intervention, with greatest improvements for partnered fathers' families. Partnered fathers also experienced improved parental alliance, unlike most separated fathers, although results must be viewed with caution due to small sample size and attrition across the study duration.

**Conclusion(s):** This study provides early support for improvements in CD participants' fathering, parental alliance, and family functioning, most substantially for partnered fathers, though findings should be further investigated with larger cohorts.

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Foundations 2024. **The Reach Plan: a five-year plan to find out what works to prevent domestic abuse and support child victims (2024)**, European, Foundations.

Sets out a sets out a five-year plan that would enable the UK to become the first country in the world to identify proven approaches to preventing domestic abuse and supporting



child victims. Reports that although around one in five children in the UK are affected by domestic violence, there is a lack of evidence about what works to support these children, and that there are no evaluations of services with proven impacts. Calls for significant and sustained investment into high quality impact evaluation of services for children affected by domestic violence. Outlines the four principles underlining the plan: working alongside services to ensure they are ready for evaluation; testing for impact using rigorous methods, usually through random controlled trials (RCTs); testing approaches across the spectrum, from prevention through to recovery; and ensuring that victims and survivors are fully engaged in the evaluation process. Outlines the various stages of the plan for evaluation, from identifying the programmes most likely to show positive impact, through to conducting a full impact evaluation. Highlights the estimated costs per stage, reporting that implementing the full plan will require an overall investment of £75 million over five years.

Fang, Y., Chung, L. M. Y., Or, P. P. L., et al. 2024. **Helping children exposed to domestic violence: A scoping review and narrative synthesis of rationale and processes in play therapy programs.** *Child & Family Behavior Therapy* No Pagination Specified. <https://dx.doi.org/10.1080/07317107.2024.2341081>

This scoping review was conducted to synthesize and analyze the rationale and processes involved in implementing play therapy programs to help children who have been exposed to domestic violence. Participants of reviewed play therapies were commonly living in shelters, had experienced child maltreatment and/or witnessed family violence, and exhibited psycho-social/behavioral problems. Key steps of play therapies include using reinforcement to provide an appropriate outlet for overwhelming emotions and/or problematic behaviors, identifying modifiable behaviors underlying cognitive distortions, cognitive restructuring/re-framing, behavioral correction, and learning coping and interpersonal skills. Parents' education, children's improvement, and the advantages/concerns of play therapy are also discussed. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Esposito, C., De Masi, F., Dragone, M., et al. 2024. **Technology-Based Interventions for Preventing Youth Violence: A Systematic Review of Programs, Tools, and Evidence.** *Adolescent Research Review* 9(2) 165-192. <https://dx.doi.org/10.1007/s40894-023-00222-y>

Digital interventions have emerged as a promising tool for preventing youth violence, although the evidence base supporting their effectiveness lacks a cohesive framework. The aim of this review was to consolidate existing strategies for preventing youth violence through technology, providing insights into the current landscape, emerging trends, gaps, and the effectiveness of these strategies. Several databases were searched for evaluation studies of digital interventions specifically designed for children and adolescents up to the age of 18, without imposing any restrictions on the publication dates (e.g., APA PsycArticles, APA PsycInfo). The methodological quality of the included studies was appraised using the Mixed Methods Appraisal Tool. The review covered 26 studies, which included a total of 24 distinct digital interventions targeting general aggression (N = 9), bullying and/or cyberbullying (N = 11), and violence in intimate partner relationships (N = 4). These interventions, encompassing interactive games, online activities, and video training, have shown promising potential in preventing youth violence by targeting essential skills such as conflict resolution, emotion regulation, knowledge and awareness, empathy, and self-efficacy. Key areas for the improvement of digital interventions in youth violence prevention involve conducting careful evaluations, refining strategies, and considering cultural factors during intervention design. Also, efforts must be prioritized to ensure their longevity and sustained

Dimopoulos, G., Horley, K. & Anderson, T. 2024. **Children's voices for change: Co researching with children and young people as family violence experts by experience.** *Childhood* 31(3) 369-389. <https://dx.doi.org/10.1177/09075682241266786>

Researching with children and young people on topics that are considered to be 'sensitive', such as family violence, trauma and abuse, continues to be challenging. But there still is not enough evidence on children and young people's own views and experiences of participating in 'sensitive' research.

This article reflects on our experience, as a team of young lived experience advocates and a university researcher, of working together on a project to find out what children and young people in Victoria, Australia who have experienced family violence need to support them in their recovery.

The project is about learning what is working well, what could be done better, and where the gaps are between what children and young people tell us they need from services, and what services are doing now. This article shares what we have learnt, including how we have set up a Youth Advisory Group and how we have developed an interactive online activity for children and young people to tell us about their experiences of family violence support services. We also discuss challenges we have faced, such as navigating power flows within the project team; embedding co-design into the project; and getting ethics approval to do this research.

Finally, we share three guiding principles for collaborative research that puts children and young people's voices, views and experiences at the centre. We hope that others can learn from our experience to promote the rights and participation of children and young people when working with them in research about family violence. © The Author(s) 2024.

Diemer, K., Hammond, K., Absler, D., et al. 2024. **Keeping safe together: A brief report on children's experiences of one 'all of family' domestic violence intervention program in melbourne, australia.** *Journal of Family Violence* No Pagination Specified. <https://dx.doi.org/10.1007/s10896-024-00708-w>

**Purpose:** To develop a response to an identified service gap for domestic violence (DV) victim-survivors who are living with their abusive partner and have children in their care, Keeping Safe Together (KST) was designed as an 'all of family' program and piloted over 18-months in Victoria, Australia. The purpose of this brief report is to explore how children had experienced the KST program, and what, if any, changes to their safety and situations they experienced because of the program.

**Methods:** Interviews were conducted with eight children engaged in the program alongside their family members. Thematic analysis of the data was undertaken to draw out themes.

**Results:** The children were aware of the impact of the violence and conflict on their families. They demonstrated strong empathy for their family members' wellbeing, and a desire for change. The children saw the KST program as having a positive impact on their own and their families' safety and circumstances, particularly in terms of reducing their fathers' abusive behaviors. The program supported them to increase their own sense of control, happiness, and development of coping strategies.

**Conclusions:** The findings indicate that the program met a significant support gap and improved the lives of children in this sample who were living with fathers using violence against their mothers. Further trial and evaluation of 'all of family' programs such as KST is needed to build the evidence base on their effectiveness for children.

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de Souza, R. 2024. **Child victims' access to advocacy**, London, Children's Commissioner for England. <https://www.childrenscommissioner.gov.uk/blog/thousands-of-child-abuse-victims-forced-to-navigate-criminal-justice-system-without-support/> [View online report]

(ABS) Discusses advocacy support during the criminal justice process for children who have experienced sexual and domestic abuse. Draws data from all police forces in England and Wales and finds that: most police forces do not collect data on whether children are referred onto advocacy support services; the majority of child victims of sexual or domestic abuse receive no support from Child/Independent Sexual Violence Advisers; and very few advocates have the distinct training and qualifications needed to effectively support child victims of the most serious crimes.

Cuartas, J., Salazar, A., Backhaus, S., et al. 2024. **Strategies to Prevent Violence Against Children in the Home: A Systematic Review of Reviews**. *Trauma Violence & Abuse* 25(4) 3419-3433. <https://dx.doi.org/10.1177/15248380241247018>

Violence against children (VAC) in the home, or by household members, is a human rights and social problem with long-lasting consequences for individuals and society. Global policy instruments like the INSPIRE package have proposed strategies to prevent VAC, including Implementation and enforcement of laws, Norms and values, Safe environments, Parent and caregiver support, Income and economic strengthening, Response and support services, and Education and life skills.

This systematic review of reviews aimed to synthesize the recent evidence base (i.e., published since 2000) for each INSPIRE strategy to reduce VAC in the home or by household members. We searched four databases using controlled vocabularies and keywords and searched for additional records in prior reviews of reviews.

A total of 67 studies were included in this review, including literature reviews, meta-analyses, systematic reviews, and other types of reviews. We found extensive evidence supporting the effectiveness of parent and caregiver support interventions. However, reviews on other INSPIRE strategies were scarce. We also found a vast underrepresentation of samples from low- and middle-income countries, children with disabilities, and families affected by forced displacement and conflict.

In sum, this systematic review suggests that there are several promising strategies to prevent VAC (e.g., home visiting and parent education), but further research is necessary to strengthen the current body of evidence and effectively inform the

implementation and scale-up of evidence-based interventions to protect children from violence globally.

Costello, A. & Holt, S. 2024. **A brief report on empowering children and young people through participation: Giving space and voice to childhood experiences of domestic violence and abuse.** *Journal of Family Violence* No Pagination Specified.  
<https://dx.doi.org/10.1007/s10896-024-00701-3>

**Purpose:** Understanding children's experiences of living with domestic violence and abuse (DVA) is central to a child-centered, rights-based approach to working with children and young people. However, the tension between children's right to be heard and their need to be protected from harm can often mean that those opportunities are experienced as tokenistic. In response to this concern about the reality of children's participation in the context of DVA, the Empower Kids Project (EKP) was initiated by Barnardos [Ireland] in 2020. The EKP collaborates with partner agencies who collectively come together to provide children with a supported environment to give voice to their experiences of domestic violence and abuse. The children participate in this work within the safe and trusted relationship of their keyworker, through one to one or group work or through their support group in their local area service.

**Methods:** Located primarily within Lundy's (British Educ Res J 33:927-942, 2007) model of participation, this brief report charts the journey of the EKP over the last four years across Lundy's four quadrants of Voice, Space, Audience and Influence.

**Results:** Beginning with just 12 children in 2020, the EKP has to date included the voices of 74 children in its work. Analysis of the children's journey of participation illustrates poignantly how meaningful participation is possible when scaffolded space is provided to elevate the voices of young survivors of childhood DVA. Employing child friendly multi-modal methodologies resulted in a potent sense of ownership and impact, encapsulated by one child articulating that she felt she was part of a 'movement'.

**Conclusions:** The testimonies of the children and young people participating in the EKP challenge any concern that children who have experienced an adversity such as DVA may be too vulnerable to participate. Rather, the EKP participants felt part of a 'movement' that was influencing and creating change. Importantly, participating in the EKP has provided an otherwise marginalized and silenced group, a platform to share their experiences of living with such abuse.

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Cochrane, M., Szilassy, E., Coope, C., et al. 2024. **Primary care system-level training and support programme for the secondary prevention of domestic violence and abuse: a cost-effectiveness feasibility model.** *BMJ Open* 14(1) e071300.  
<https://dx.doi.org/10.1136/bmjopen-2022-071300>

**OBJECTIVES:** This study aimed to evaluate the prospective cost-effectiveness of the Identification and Referral to Improve Safety plus (IRIS+) intervention compared with usual care using feasibility data derived from seven UK general practice sites.

**METHOD:** A cost-utility analysis was conducted to assess the potential cost-effectiveness of IRIS+, an enhanced model of the UK's usual care. IRIS+ assisted

primary care staff in identifying, documenting and referring not only women, but also men and children who may have experienced domestic violence/abuse as victims, perpetrators or both. A perpetrator group programme was not part of the intervention per se but was linked to the IRIS+ intervention via a referral pathway and signposting. A Markov model was constructed from a societal perspective to estimate mean incremental costs and quality-adjusted life years (QALYs) of IRIS+ compared with to usual care over a 10-year time horizon.

**RESULTS:** The IRIS+ intervention saved 92 per patient and produced QALY gains of 0.003. The incremental net monetary benefit was positive (145) and the IRIS+ intervention was cost-effective in 55% of simulations at a cost-effectiveness threshold of 20 000 per QALY.

**CONCLUSION:** The IRIS+ intervention could be cost-effective or even cost saving from a societal perspective in the UK, though there are large uncertainties, reflected in the confidence intervals and simulation results.

Cervantes, B. R., Allman, M., Walton, Q. L., et al. 2024. **Considerations in cultural adaptation of parent-child interventions for African American mothers and children exposed to intimate partner violence.** *Frontiers in Psychology* 15 1295202.  
<https://dx.doi.org/10.3389/fpsyg.2024.1295202>

African American women are at disproportionate risk of experiencing intimate partner violence (IPV) and consistently report more severe and recurrent IPV victimization in comparison to their White and Hispanic counterparts. IPV is more likely to occur in families with children than in couples without children. Parenting in the wake of IPV is a challenging reality faced by many African American women in the United States. Despite the urgent need to support mothers who have survived IPV, there is currently no culturally adapted parenting intervention for African American mothers following exposure to IPV. The aim of this review is to summarize and integrate two disparate literatures, hitherto unintegrated; namely the literature base on parenting interventions for women and children exposed to IPV and the literature base on parenting interventions through the lens of African American racial and cultural factors. Our review identified 7 questions that researchers may consider in adapting IPV parenting interventions for African American women and children. These questions are discussed as a possible roadmap for the adaptation of more culturally sensitive IPV parenting programs.

Carr-Jones, N. & Ellis, G. 2024. **Supporting children and young people affected by domestic abuse in wales: A multiagency perspective on existing responses in the school system.** *Educational Psychology in Practice* No Pagination Specified.  
<https://dx.doi.org/10.1080/02667363.2024.2386294>

Children and young people (CYP) who experience domestic abuse are at greater risk of negative outcomes in adult life. In Wales, an emphasis is placed on a multiagency response to domestic abuse, and there is growing interest in the role of schools in prevention and intervention.

A mixed-methods design was adopted to explore the views of professionals on the current response to domestic abuse. Questionnaires were completed by 36 schools in Wales, and a series of focus groups was held with CYP workers from specialist domestic abuse settings and from school and social work staff. Data were analysed using descriptive statistics and reflexive thematic analysis.



Four overarching themes were developed. Findings illustrate that, whilst there are a variety of interventions and support available for CYP who have experienced domestic abuse, an effective response is impacted by the systems in place to respond to it. It is argued that current practice needs to be more radical if meaningful change is to take place for CYP and their families. Implications for practice are discussed, including the role of the educational psychologist (EP). (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Booth, A. T., Guest, Z. C., Vuong, A., et al. 2024. **Child-Reported Family Violence: A Systematic Review of Available Instruments.** *Trauma, Violence, and Abuse* 25(2) 1661-1679. <https://dx.doi.org/10.1177/15248380231194062>

The impact of family violence (FV) on children is a significant global public policy issue. Earliest identification of FV among children is critical for preventing escalating sequelae. While practitioners routinely ask adults about FV, there are relatively few measures that enable children to reliably self-report on their own safety.

This review sought to systematically identify and appraise all available child self-report measures for screening and assessment of FV in both clinical and research settings. Database searching was conducted in January 2022. Articles were eligible for review if they included a validated child (5–18 years) self-report measure of FV (including victimization, perpetration, and/or exposure to inter-parental violence). Screening of an initial 4,714 records identified a total of 85 articles, representing 32 unique validated instruments.

Results provide an up-to-date catalog of child self-report measures of FV, intended to benefit practitioners, services and researchers in selecting appropriate tools, and in understanding their suitability and limitations for different cohorts and practice goals. While just under half of the measures captured both exposure to inter-parental violence and direct victimization, none captured all three domains of exposure, victimization and perpetration together. Instruments with provision for input from multiple respondents (e.g., both child and parent report) and with assessment of contextual risk factors were few.

Findings point to the need for developmentally appropriate, whole-of-family screening and assessment frameworks to support children in the early identification of family safety concerns.

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Bates, E., Taylor, J. & Harper, E. 2024. **Barriers to help-seeking from the victim/survivor perspective.** *Children and adolescent's experiences of violence and abuse at home: Current theory, research and practitioner insights.* New York, NY: Routledge; US.

The wider Domestic abuse (DA) literature includes a wealth of evidence that indicates the negative impact of growing up in a home where there is violence and abuse. Historically, children living in these environments were positioned at the margins, described as "witnesses" of this abuse rather than victims which carried the implication of them being passive in experiencing the abuse in the home with significant impact on their access to help and support.



Recognition of their victim status is an important gateway into being able to get support from DA agencies. This chapter briefly review some of the literature on the barriers children and adolescents face in help-seeking and reporting their experiences. It includes new data that has explored the personal, social and structural level challenges that children face when seeking help.

The chapter examines these barriers and potential sources of support in the context of current policy and practice. It further draws upon data that has explored children's retrospective experiences of growing up in a home where there was DA and explores the barriers they faced in help-seeking and their help-seeking responses.

Bacchus, L. J., Colombini, M., Pearson, I., et al. 2024. **Interventions that prevent or respond to intimate partner violence against women and violence against children: a systematic review.** *The lancet. Public Health* 9(5) e326-e338. [https://dx.doi.org/10.1016/S2468-2667\(24\)00048-3](https://dx.doi.org/10.1016/S2468-2667(24)00048-3)

Efforts to prevent or respond to intimate partner violence (IPV) and violence against children (VAC) are still disparate worldwide, despite increasing evidence of intersections across these forms of violence.

We conducted a systematic review to explore interventions that prevent or respond to IPV and VAC by parents or caregivers, aiming to identify common intervention components and mechanisms that lead to a reduction in IPV and VAC. 30 unique interventions from 16 countries were identified, with 20 targeting both IPV and VAC. Key mechanisms for reducing IPV and VAC in primary prevention interventions included improved communication, conflict resolution, reflection on harmful gender norms, and awareness of the adverse consequences of IPV and VAC on children.

Therapeutic programmes for women and children who were exposed to IPV facilitated engagement with IPV-related trauma, increased awareness of the effects of IPV, and promoted avoidance of unhealthy relationships.

Evidence gaps in low-income and middle-income countries involved adolescent interventions, post-abuse interventions for women and children, and interventions addressing both prevention and response to IPV and VAC. Our findings strengthen evidence in support of efforts to address IPV and VAC through coordinated prevention and response programmes. However, response interventions for both IPV and VAC are rare and predominantly implemented in high-income countries.

Although therapeutic programmes for parents, caregivers, and children in high-income countries are promising, their feasibility in low-income and middle-income countries remains uncertain. Despite this uncertainty, there is potential to improve the use of health services to address IPV and VAC together.

Altafim, E. R. P., Magalhaes, C. & Linhares, M. B. M. 2024. **Prevention of child maltreatment: Integrative review of findings from an evidence-based parenting program.** *Trauma, Violence, & Abuse* 25(3) 1938-1953. <https://dx.doi.org/10.1177/15248380231201811>

This integrative review of the ACT Raising Safe Kids (ACT)-child maltreatment prevention program for parents-focuses on the program's theoretical framework, examines the ACT studies about the effects on caregivers, and discusses the ACT's implications for the practice and public policy.

A systematic search of the PubMed, Web of Science, PsycINFO, and Lilacs databases was performed, along with a search on the ACT Program website and contacting

program researchers. Twenty-five studies evaluating the ACT Program were reviewed. The evaluation studies were conducted in the United States, Brazil, Portugal, and Peru.

The program improved parenting practices in general and targeted populations such as incarcerated parents, mothers with a history of childhood violence, and mothers of preterm children.

Additionally, the program was effective in decreasing child behavioral problems. Overall, the ACT Program effectively decreased hostile, aggressive, and coercive parenting and child behavior problems, which are key predictors of family violence.

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Alink, L. R. A., de Roos, C., Kesarlal, A. R., et al. 2024. **Navigating treatment trajectories for families with young children after domestic violence: a Delphi-study exploring the priorities in terms of trauma-therapy and attachment-based intervention.**

#### *Child Protection and Practice*

(ABS) Explores factors which expert-clinicians agree should be considered when deciding on prioritisation of trauma therapy for the parent, for the child, and attachment-based intervention. Uses data from 16 experienced clinicians trained in attachment-based intervention for parents and their children, and trauma therapy.

Findings include: clinicians lack guidelines for ordering treatments for traumatized families; clinicians agreed on the role of 11 factors in this decision, which can provide a starting point for designing a treatment plan with a specific family; and factors related to parent, child, and parent-child interaction must be considered.

[Open access]

Vass, A. & Haj-Yahia, M. M. 2023. **The potential role of social and familial networks in shaping the well-being of children in shelters for women survivors of intimate partner violence.** *Child & Family Social Work* 28(4) 1100-1109. <https://dx.doi.org/10.1111/cfs.13029>

**Abstract:** Children living in households where severe intimate partner violence (IPV) exists sometimes move with their mothers to shelters for battered women. Although there is an increased interest in research exploring children's exposure to IPV, little is known about children's subjective experiences during their stay in shelters.

The present study examines children's views of their disconnection from their social and familial networks during their stay in a shelter. Using qualitative methods, 32 children, ages 7–12 years, who resided in a shelter were interviewed. Thematic analysis was implemented to develop codes and themes.

The following five themes emerged from the data analysis: (a) absence of grandparents, (b) worry about older siblings, (c) disconnection from the neighbourhood, (d) missing their house and (e) disconnection from previous school and classmates.

Findings suggest that children's disconnection from previous formal and informal networks significantly affected their well-being. The findings are discussed and interpreted in light of selected key concepts of Bronfenbrenner's bioecological model.

The limitations of this study are discussed, along with implications for future research, as well as highlights for future intervention.

Tiyyagura, G., Leventhal, J. M., Crawley, D., et al. 2023. **Frequency of injuries in a voluntary program evaluating young children exposed to intimate partner violence.** *Child Abuse & Neglect* 144 106385. <https://dx.doi.org/10.1016/j.chiabu.2023.106385>

**OBJECTIVE:** Intimate partner violence (IPV) affects 1 in 4 American women, and physical child abuse is reported to occur in 10-67 % of homes with IPV. Routine evaluation of physical abuse in IPV-exposed children is neither widespread nor informed by clinical guidelines. Thus, the true frequency of detectable injuries in IPV-exposed children remains unknown. The purpose of this study was to examine the frequency of injuries in children <3-years-old reported for IPV to a regional child protective services (CPS) office.

**METHODS:** In this prospective observational study, we reviewed encounters of children whose caregivers agreed to an evaluation for injuries (physical exam and imaging, if indicated) from July 2019-June 2022. Children were included if: 1) a CPS investigator referred a child for evaluation for injuries ("non-acute" evaluation) or 2) a child presented immediately after an IPV incident ("acute" evaluation).

**RESULTS:** Of 326 children <3-years-old reported to the CPS office after IPV exposure, 90 (27.6 %) were evaluated: 81(90 %) presented for a non-acute evaluation, and 21(23 %) were reported to have sustained trauma during the IPV event. Of the 90 children evaluated, 3 (3.3 %, 95 % CI 0.7-9.4) were found to have cutaneous injuries, fractures, and/or intracranial findings. Each was <6-months old and had an "acute" evaluation.

**CONCLUSION:** In this study of children reported to CPS for IPV exposure, a small percentage was found to have injuries. A multi-center study that examines the frequency of and factors that increase the risk of abusive injuries in IPV-exposed children may ensure that testing targets children at highest risk.

Thomas, D., Stevens, M. & Davies, J. 2023. **The equilibrium domestic abuse behaviour change and healthy relationships programme: a service description and evaluation framework.** *Journal of Forensic Practice* 25(3) 276-286. <https://dx.doi.org/10.1108/JFP-10-2022-0056>

**Purpose:** Domestic abuse (DA) is a major issue with serious psychological, social, societal and economic impacts. Consequently, there has been an increased focus by policymakers and multiple statutory and third-sector agencies on addressing harms associated with DA and fostering healthy intimate and domestic relationships. This paper details the development and implementation of a whole family approach to DA set within a community social services setting.

**Design/methodology/approach:** A detailed description of the development and implementation of a new whole family approach is provided. This includes a focus on the equilibrium programme, an accredited strengths-based, solution-focused group element that has been devised and established for those engaging in harmful behaviours.

**Finding(s):** The importance of governance, programme support and practitioner supervision are discussed along with the ways these are used by the service. The evaluation framework presented will enable the impact of the programme to be determined over the coming years.

**Practical implications:** There is clear need to address the significant problem of DA/intimate partner violence. This paper provides a model and accredited treatment approach to implementing a whole family approach to DA set within a community social services setting. This provides an opportunity for early intervention based on a strengths-based, solution focussed approach to addressing harmful behaviours and building skills and resilience.

**Originality/value:** This paper details a whole system approach to early intervention with families in which there is DA. Providing input via social care child and family support services prior to legal involvement provides an opportunity to avoid an escalation of harms. It also enables solutions to conflict to be found which take account of the relationship between parents and children.

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Sullivan, C. M., Guerrero, M., Simmons, C., et al. 2023. **Impact of the Domestic Violence Housing First Model on Survivors' Safety and Housing Stability: 12-Month Findings.** *Journal of Interpersonal Violence* 38(5-6) 4790-4813.  
<https://dx.doi.org/10.1177/08862605221119520>

Intimate partner violence (IPV) is a widespread and devastating phenomenon resulting in a myriad of long-term consequences for survivors and their children. IPV victimization not only has negative health and economic consequences, it has also been linked to homelessness and housing instability.

In response, the Domestic Violence Housing First (DVHF) model is being used in some domestic violence (DV) agencies to help survivors attain safe and stable housing. The model includes using individualized advocacy and/or flexible funding to help survivors meet these goals. Using a longitudinal, quasi-experimental design, the current study involved conducting interviews with survivors and examining agency records to investigate the effectiveness of this model. We hypothesized that survivors who received DVHF would experience less re-abuse and greater housing stability over 12 months compared to those who received services as usual (SAU). The sample included 345 IPV survivors who had been homeless or unstably housed when they approached one of five DV programs for help. Interviews were spaced 6 months apart (when survivors first sought services as well as 6 months and 12 months later).

Longitudinal analyses showed that survivors who received the DVHF model reported greater improvements in housing stability at both the 6-month and 12-month time points compared to those receiving SAU. At the 12-month time point, survivors who had received DVHF reported decreased physical, psychological, and economic abuse, as well as the use of their children against them as a form of abuse.

This study adds to a growing body of evidence supporting this model's effectiveness and adds to our understanding of factors impacting the long-term housing stability and safety for IPV survivors.

Spencer, L. H., Hendry, A., Makanjuola, A., et al. 2023. **What is the effectiveness and cost effectiveness of interventions in reducing the harms for children and young people who have been exposed to domestic violence or abuse: a rapid review.** *medRxiv*. 11. <https://dx.doi.org/10.1101/2023.05.10.23289781>

Children and young people witnessing domestic violence and abuse (DVA) can be affected negatively in terms of their psychological, emotional, and social development. Adverse events in childhood are known to be harmful to a young persons development and influence their life course, and therefore is a significant public health issue.

The aim of this rapid review is to highlight the evidence on effective interventions (and any relevant cost-effectiveness evidence) focusing on reducing the harms for children and young people who have been exposed to DVA.

Twenty-five studies were identified along with three guidance documents from the Welsh Government and the National Institute for Health and Care Excellence (NICE) in the UK. Twenty papers from nineteen studies reported the effectiveness of a wide range of interventions to support children and young people who have witnessed DVA.

Most studies found meaningful differences in behaviour following an intervention. However, some studies did not find any differences between the intervention and control groups following an intervention to reduce the negative effects of witnessing DVA. An included cost-effectiveness analysis suggested that for behavioural outcomes, a psychoeducational intervention delivered to parent and child in parallel is likely to be cost-effective among the interventions they compared. Two further full economic evaluation studies determined the cost-effectiveness of cognitive behavioural therapy interventions to support children and young people who have been exposed to DVA.

Policy and practice implications: Economic evaluations have found preliminary evidence that cognitive therapy is a cost-effective intervention to treat children and adolescents with PTSD. Future interventions should be co-produced with relevant stakeholders and patient and public members (including children and young people). There is a need for larger, well conducted, pragmatic randomised controlled trials with longer follow-up periods. Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-ND 4.0 International license.

Ragavan, M. I. & Murray, A. 2023. **Supporting Intimate Partner Violence Survivors and Their Children in Pediatric Healthcare Settings.** *Pediatric Clinics of North America* 70(6) 1069-1086. <https://dx.doi.org/10.1016/j.pcl.2023.06.016>

Intimate partner violence (IPV) is a pervasive public health epidemic that influences child health and thriving. In this article, we discuss how pediatric healthcare providers and systems can create healing-centered spaces to support IPV survivors and their children. We review the use of universal education and resource provision to share information about IPV during all clinical encounters as a healing-centered alternative to screening. We also review how to support survivors who may share experiences of IPV, focused on



validation, affirmation, and connection to resources. Clinicians are provided key action items to implement in their clinical settings.

Pinkerton, L. M., Kisiel, C. L. & Risser, H. J. 2023. **Treatment Engagement Among Children Exposed to Violence: A Systems Perspective.** *Journal of Interpersonal Violence* 38(3-4) 4215-4239. <https://dx.doi.org/10.1177/08862605221114306>

Childhood exposure to violence is a major public health issue. Effective treatment can reduce the impact of violence exposure on child outcomes. However, disparities in treatment engagement can interfere with effective treatment.

This study reviews data collected from 2,546 children referred to community-based mental health services from 2001 to 2015 after exposure to violence. Children were categorized into three groups: those who attended intake but never started treatment, referred to as the Nonengager group; those who started but discontinued treatment prior to meeting treatment goals, referred to as the Attriter group; and those who completed treatment as rated by the treating therapist, referred to as the Completer group.

The three groups were analyzed for differences in behavioral and emotional problems, racial identity, child social support, household income, number of people living in the home, parent stress, parent social support, community violence exposure, and neighborhood-level child opportunity.

Analyses demonstrated that the Completer group were more likely to: live in neighborhoods with higher levels of childhood opportunity, identify as White, have an annual household income of \$40,000 or greater, have significantly fewer people living in the home, report lower levels of parental stress, report higher levels of parental social support, report higher levels of child social support, and have significantly lower scores of emotional and behavioral problems after treatment.

Overall, our study supports the importance of considering multiple ecological levels when targeting treatment engagement for children after exposure to violence. Results indicate that children from more advantaged environments are more likely to complete treatment, which leads to better outcomes. This can exacerbate existing disparities.

Findings highlight the need for systems change and advocacy for children in less advantaged environments and meeting families in their specific context, to combat treatment disparities.

Pernebo, K. & Almqvist, K. 2023. **Reduced Posttraumatic Stress in Mothers Taking Part in Group Interventions for Children Exposed to Intimate Partner Violence.** *Violence & Victims* 38(1) 130-147. <https://dx.doi.org/10.1891/VV-2021-0056>

This study investigated whether interventions for children exposed to intimate partner violence combining parallel groups for children and mothers contribute to positive outcomes for partaking mothers. The study included 39 mothers in a long-term within-subject design without a control group in a Swedish naturalistic setting. Maternal psychological health was assessed pre- and posttreatment and at 6-month and 12-month follow-up. Mothers reported medium- to large-sized decrease in psychological symptoms, including symptoms of posttraumatic stress, postintervention ( $p < .001$   $d =$

0.45-0.96). During the follow-up period, sustained and further decrease of symptoms was reported ( $p = < .001$   $d = 0.58-1.60$ ). Mothers also reported decreased exposure to violence. Results indicate that these child-focused programs have major and sustainable positive effects on mothers' psychological health.

Papamichail, A., Shnyien, A., Ingram, N., et al. 2023. **Responding to the mental health needs of children who experience domestic violence.** *Children and Adolescent's Experiences of Violence and Abuse at Home: Current Theory, Research and Practitioner Insights*. Taylor and Francis.

The aim of this chapter is to provide guidance on ways of responding to the mental health needs of children who have experienced intimate partner violence (IPV). This chapter draws on the principles of trauma-informed practice as a guiding framework, informing potential mental health responses for young people, their families and the professional networks around them. We briefly review mental health presentations in the context of IPV and we discuss ways to engage therapeutically with children and their parents/caregivers to build collaborative understandings of their current mental health needs. We also consider the ways in which we can sequence mental health interventions to respond to children's most pressing needs within their wider contexts. The strengths and resilience that often exist in the contexts around children who have experiences of IPV and in the children themselves are also highlighted.

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Onsjö, M., Strand, J. & Axberg, U. 2023. **Children subjected to family violence: A retrospective study of experiences of trauma-focused treatment.** *Clinical child psychology and psychiatry* 28(3) 1135-1149. <https://dx.doi.org/10.1177/13591045231169147>

Exposure to adverse childhood experiences is a risk factor for the development of serious psychiatric and somatic illness. Although trauma-focused therapy is effective in reducing symptoms, not all children benefit from it. To improve treatment efficacy, the children's perspective on what they perceive as helpful versus hindering is necessary. This study aimed, retrospectively, to explore how children exposed to family violence experienced treatment at the Child and Adolescent Mental Health Service. Seventeen children and youths were interviewed 4–5 years after treatment. The thematic analysis resulted in five themes: confusion, the need to feel heard, fear of consequences, feelings of pain, and identifying oneself as an agent. The results emphasize the importance of the therapeutic relationship, and that trust, genuine interest, and reciprocity are necessary for the child to engage in treatment. However, neither the child's own agency nor external obstacles such as continuous exposure to abuse should be underestimated in terms of the child's engagement. © The Author(s) 2023.

Nikupeteri, A., Laitinen, M., Gupta, A., et al. 2023. **Using the capability approach in social work with children experiencing post-separation parental stalking.** *British Journal of Social Work* 53(2) 900-920. <https://dx.doi.org/10.1093/bjsw/bcac163>

This article analyses Finnish children's experiences of post-separation parental stalking as a form of domestic violence and explores how the capabilities approach (CA) can help social workers understand the issue and support children.

The data consist of thematic interviews with eighteen children and young people (aged 4-21 years) whose father or stepfather has stalked their mothers after separation. The theory-driven data analysis was carried out by utilising the CA as the theoretical framework.

Our findings show that parental stalking undermines children's well-being by compromising their safety and reducing their capabilities to use their agency. The study deepened our understanding of issues that children value in their lives and of their possibilities to exercise their agency under parental stalking.

Our findings suggest that social workers can support children's agency and their chances of living out their values through interventions which provide internal and external protection. It is important that social workers create a situated understanding of children's experiences through a relationship in which children are considered sentient individuals who are listened to and valued. The article offers a novel contribution to the application of the CA in social work involving children exposed to parental stalking. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

**Impact Statement:** This study is based on eighteen interviews with children and young people who have experienced their father's stalking of their mother after the parents' separation. We address stalking as a form of domestic violence. As a theoretical framework, we used the capability approach. It focuses on people's well-being, human development and social justice, thereby enabling one to put human rights into practice. The capability approach helped us to reach a nuanced understanding of the negative impacts of stalking on children and of the factors promoting their well-being and agency.

Our findings show that parental stalking undermines many aspects of children's well-being and agency. The findings also deepened our understanding of issues that children value in their lives and of their possibilities to exercise their agency under parental stalking. The study suggests that social workers can support the agency and well-being of children under parental stalking through interventions which provide internal and external protection. It is also important that social workers create a full understanding of children's experiences through a relationship in which they are considered sentient individuals who are listened to and valued.

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Morris, A. & Humphreys, C. 2023. **What about the child? Bringing children to the fore in Australia's national domestic and family violence agenda.** *Violence in families: Integrating research into practice.* Cham, Switzerland: Springer Nature Switzerland AG; Switzerland.

This chapter examines key aspects of Australia's current national and state-based domestic and family violence (DFV) policy and practice agendas through the lens of a response to infants, children, and young people.

Australia's socio-political landscape is discussed with reference to deeply embedded gender norms and stereotypes and the lack of a holistic view of victim survivors and perpetrators of DFV through the lens of family, community, and culture. The risk and harm to infants, children, and young people experiencing DFV are situated within this milieu, and the barriers and opportunities to progressing adequate responses to their experiences are discussed.

Evidence informed relational programs to support children's healing and recovery are described along with five key features required for system-based approaches. Particular

attention is given to policy and programs that address each family member including the perpetrators of violence and abuse through "all of family approaches".

A way forward is proposed drawing on a case study of state-based DFV reform to illustrate key features that underpin the potential emergence of a safe, effective, and appropriate DFV response to infants, children, and young people.

McNaughton Reyes, H. L., Armora Langoni, E. G., Sharpless, L., et al. 2023. **Web-Based Delivery of a Family-Based Dating Abuse Prevention Program for Adolescents Exposed to Interparental Violence: Feasibility and Acceptability Study**. *JMIR Formative Research* 7 e49718. <https://dx.doi.org/10.2196/49718>

**BACKGROUND:** Numerous studies have demonstrated that exposure to caregiver intimate partner violence (IPV) can have cascading negative impacts on children that elevate the risk of involvement in dating abuse. This cascade may be prevented by programs that support the development of healthy relationships in children exposed to IPV. This paper describes the results of a study of the web-based adaptation of an evidence-based dating abuse prevention program for IPV-exposed youth and their maternal caregivers. Core information and activities from an evidence-based program, Moms and Teens for Safe Dates, were adapted to create the web-based program (e-MTSD), which comprises 1 module for mothers only and 5 modules for mother-adolescent dyads to complete together.

**OBJECTIVE:** The primary objective of this study was to evaluate the feasibility and acceptability of the e-MTSD program and the associated research processes. We also examined the practicability of randomizing mothers to receive SMS text message reminders and an action planning worksheet, which were intended to support engagement in the program.

**METHODS:** Mothers were recruited through community organizations and social media advertising and were eligible to participate if they had at least one adolescent aged 12 to 16 years of any gender identity who was willing to participate in the program with them, had experienced IPV after their adolescent was born, and were not currently living with an abusive partner. All mothers were asked to complete the program with their adolescent over a 6- to 8-week period. Participants were randomized to receive SMS text message reminders, action planning, or both using a 2x2 factorial design. Research feasibility was assessed by tracking recruitment, randomization, enrollment, and attrition rates. Program feasibility was assessed by tracking program uptake, completion, duration, and technical problems, and acceptability was assessed using web-based surveys.

**RESULTS:** Over a 6-month recruitment period, 101 eligible mother-adolescent dyads were enrolled in the study and were eligible for follow-up. The median age of the adolescent participants was 14 years; 57.4% (58/101) identified as female, 32.7% (33/101) identified as male, and 9.9% (10/101) identified as gender diverse. All but one mother accessed the program website at least once; 87.1% (88/101) completed at least one mother-adolescent program module, and 74.3% (75/101) completed all 6 program modules. Both mothers and adolescents found the program to be highly acceptable; across all program modules, over 90% of mothers and over 80% of adolescents reported that the modules kept their attention, were enjoyable, were easy to do, and provided useful information.

**CONCLUSIONS:** Findings suggest the feasibility of web-based delivery and evaluation of the e-MTSD program. Furthermore, average ratings of program acceptability were high. Future research is needed to assess program efficacy and identify the predictors and outcomes of program engagement.

Ma, G. C., Ravulo, J. & McGeown, U. 2023. **Refuge for Rover: A Social Return on Investment of a Program Assisting Victim-Survivors of Domestic and Family Violence with Their Pets.** *Social Work* 69(1) 73-85. <https://dx.doi.org/10.1093/sw/swad041>

Pets are likely to be present in as many as 70 percent of domestic and family violence (DFV) cases, and the bond between victim-survivors and their animals can be particularly strong. Animals can also be victims of DFV, and concern for their animal's safety can cause victims to delay leaving their abusive situations.

Programs like the Royal Society for the Prevention of Cruelty to Animals New South Wales Domestic Violence Program, which provide temporary accommodation for pets, can enable victim-survivors and their children to plan their escape and access safety.

This article evaluated the program using social return on investment methodology. Evidence on outcomes experienced by three stakeholder groups were collected from 15 stakeholder interviews and 37 program client questionnaires. Concern for their animals had caused 54 percent of clients to delay leaving their abusive situation, most for six months or more. Program clients, their children, and their animals experienced improved safety, mental health and well-being, and physical health because of the program. The alternative described by clients was often homelessness or living in their car. In total an estimated AUD\$9.65 of social value was created for every AUD\$1 invested into the program.

Louis, J. M. & Reyes, M. E. S. 2023. **Cognitive Self- Compassion (CSC) Online Intervention Program: A Pilot Study to Enhance the Self-Esteem of Adolescents Exposed to Parental Intimate Partner Violence.** *Clinical Child Psychology & Psychiatry* 28(3) 1109-1122. <https://dx.doi.org/10.1177/13591045231169089>

Children exposed to parental intimate partner violence (IPV) are at high risk in terms of their mental health during the COVID-19 pandemic. Therefore, online interventions are imperative in a crisis situation. Empirical studies indicate a significant relationship between self-esteem and children exposed to parental IPV.

This research aimed to develop, and pilot test an online intervention program to enhance the self-esteem of Adolescents exposed to parental IPV. Conklin's developmental model was used to develop the online program and the Coopersmith Self Esteem Inventory scale, interview, and focus group discussion was used to understand the key issues. The developed Cognitive Self Compassion (CSC) Online Intervention Program that integrates the theories and techniques of social cognitive theory and self-compassion was implemented over 6 weeks at a rate of 60 min per session to the 10 participants.

Results of the single-group pilot experiment showed a significant difference in the pre & post-test scores of the participants. The self-esteem of the adolescents exposed to parental IPV was significantly enhanced after undergoing the CSC Online Intervention Program.



Letourneau, N., Anis, L., Novick, J., et al. 2023. **Impacts of the Attachment and Child Health (ATTACH<sup>TM</sup>) Parenting Program on Mothers and Their Children at Risk of Maltreatment: Phase 2 Results.** *International Journal of Environmental Research & Public Health [Electronic Resource]* 20(4) 09. <https://dx.doi.org/10.3390/ijerph20043078>

Early adversity (e.g., family violence, parental depression, low income) places children at risk for maltreatment and negatively impacts developmental outcomes. Optimal parental reflective function (RF), defined as the parent's ability to think about and identify thoughts, feelings, and mental states in themselves and in their children, is linked to secure attachment and may protect against suboptimal outcomes.

We present the results of Phase 2 randomized control trials (RCTs) and quasi-experimental studies (QES) of the Attachment and Child Health (ATTACH<sup>TM</sup>) parental RF intervention for families with children at risk for maltreatment. Phase 2 parents experiencing adversity, along with their children aged 0-5 years (n = 45), received the 10-12-week ATTACH<sup>TM</sup> intervention. Building on completed Phase 1 pilot data, Phase 2 examined outcomes of long-standing interest, including parental RF and child development, as well as new outcomes, including parental perceived social support and executive function, and children's behavior, sleep, and executive function. RCTs and QES revealed significant improvements in parents' RF, perception of social support, and executive function, children's development (i.e., communication, problem-solving, personal-social, and fine motor skills), and a decrease in children's sleep and behavioral problems (i.e., anxiety/depression, attention problems, aggressive behavior, and externalizing problems), post-intervention. ATTACH<sup>TM</sup> positively impacts parental RF to prevent negative impacts on children at risk of maltreatment.

Lawler, C. 2023. **Pilgrim's bumpy flight: Helping young children learn about domestic=abuse safety planning**, Taylor and Francis. <https://dx.doi.org/10.4324/b23172>

For effective and safe use, this book should be purchased alongside the professional guidebook. Both books can be purchased together as a set, Domestic Abuse Safety Planning with Young Children: A 'Pilgrim's Bumpy Flight' Storybook and Professional Guide [9781032357997] Pilgrim is a little plane who loves flying through the sky and zooming through big hoops with their friends. At home, however, Pilgrim experiences frightening behaviour from Jumbo, who represents the perpetrating parent, that makes them feel scared and sad. Pilgrim is comforted and guided by Jet, who represents the victim/survivor parent, to think about safety and what to do when frightening things are happening. The trauma a young child may experience from domestic abuse can impact their entire developing system, making them feel worried, frightened, and unsafe. Safety planning is an essential component of direct work with children, offering a way to help them vocalise their feelings and understand what to do when something does not feel right, and this storybook is a key vessel for communication and exploration. The story, which is rhyming and engaging, enables young children to engage in the narrative in a

non-threatening way. This book aims to be accessible to all children from all families where safety planning is needed as such the characters in it are non-gendered. This beautifully illustrated storybook is a crucial tool for the early years sector, education staff and those working in children's services, including safeguarding officers, family support workers, social workers and children's IDVAs. This book is designed to be used alongside the companion guidebook, Domestic Abuse Safety Planning with Young Children: A Professional Guide. Both books should be used in tandem with agency policy, procedure and guidance. © 2024 Catherine Lawler and Nicky Armstrong.

Hultmann, O., Broberg, A. G. & Axberg, U. 2023. **A randomized controlled study of trauma focused cognitive behavioural therapy compared to enhanced treatment as usual with patients in child mental health care traumatized from family violence.** *Children and Youth Services Review* 144. <https://dx.doi.org/10.1016/j.chidyouth.2022.106716>

**Purpose:** This study compared the effectiveness of trauma-focused cognitive behavioral therapy (TF-CBT) and enhanced treatment as usual (eTAU) in children and adolescents exposed to family violence and receiving mental health services.

**Methods:** A total of 89 children, aged 5 to 17 years, with severe trauma symptoms participated with their non-offending caregiver in a randomized controlled trial (RCT) comparing TF-CBT and eTAU. Children were assigned a DSM-IV diagnosis at treatment start and after 6 months. Self-reported trauma symptoms and parental reports of children's psychological well-being and their own psychological symptoms were obtained at treatment start and after 6 and 12 months. Intention-to-treat analyses were performed, and the reliable change index was calculated.

**Results:** Reports from children, parents, and clinicians showed a statistically significant reduction in trauma and other mental health symptoms among children in both the TF-CBT and eTAU groups, with no statistically significant between-group differences. Trauma symptoms and other mental health symptoms decreased, with small to medium effects after both 6 and 12 months. Clinically significant change in core symptoms was however documented in less than half of the sample. Parents' self-reported psychiatric and trauma symptoms showed small reductions in both groups, with no between-group differences.

**Conclusions:** Contrary to findings in prior RCTs, TF-CBT did not significantly outperform the control treatment (eTAU). The non-significant between-group findings and modest positive changes for individuals in both groups may be explained by the multi-traumatized study population, the treatment delivery, and/or the study design.

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Hoegler, S., Mills, A. L., Fedá, A., et al. 2023. **Randomized preventive intervention for families: Adolescents' emotional insecurity and attachment to fathers.** *Journal of Family Psychology* 37(1) 79-91. <https://dx.doi.org/10.1037/fam0001042>

The family communication project was a randomized preventive intervention designed to support families by improving interparental conflict behavior and the parent-child relationship, with the ultimate goal of decreasing emotional insecurity in the interparental relationship.

Evidence for programs that may benefit father-adolescent attachment and adolescents' emotional insecurity in the marital context is a gap in the literature. According to the fathering vulnerability hypothesis, father-child attachment security might be expected to especially benefit from improvements in interparental conflict behavior.

The present study evaluated whether there were any indirect effects of this intervention on emotional insecurity via attachment with each parent, with a particular interest in the role of father-child attachment. Cross-lagged panel models revealed that the parent-adolescent (PA) treatment condition predicted significantly decreased emotional insecurity at 6 months through posttest attachment to fathers, relative to the control and parent-only conditions. Mother-adolescent attachment was improved in the PA condition at posttest but was not a significant mediator of subsequent adolescent emotional insecurity. Thus, the intervention's effects on father-adolescent attachment plays an important role in explaining the long-term effects of the intervention on emotional insecurity about the interparental relationship.

Results also call attention to the value of including adolescents in interventions to improve interparental conflict and parent-child relationships.

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Giesbrecht, C. J., Kikulwe, D., Watkinson, A. M., et al. 2023. **Supporting newcomer women who experience intimate partner violence and their children: Insights from service providers.** *Affilia: Feminist Inquiry in Social Work* 38(1) 127-148.  
<https://dx.doi.org/10.1177/08861099221099318>

This qualitative study adds to research on the experiences of professionals who support newcomer women who have experienced intimate partner violence (IPV). Findings from seven focus groups with 32 service providers from newcomer-serving and domestic violence agencies in Saskatchewan, Canada, include newcomer survivors' experiences of isolation, the impact of IPV on newcomer children, and challenges and opportunities for supporting newcomer women who have experienced IPV.

Service providers described gaps in existing services and the need for additional services; they also described ways of working effectively with newcomer women survivors of IPV and their children. Professionals indicated the importance of a trauma-and-violence-informed, survivor-centered approach and highlighted the need for compassion, empathy, and patience when working with newcomer women who have experienced IPV.

This article includes recommendations for service providers, including IPV shelters and services and newcomer-serving agencies, to improve service to newcomer survivors.

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Galano, M. M., Stein, S. F., Clark, H. M., et al. 2023. **Eight-year trajectories of behavior problems and resilience in children exposed to early-life intimate partner violence: The overlapping and distinct effects of individual factors, maternal characteristics, and early intervention.** *Development & Psychopathology* 35(2) 850-862.  
<https://dx.doi.org/10.1017/S0954579422000104>

Childhood exposure to intimate partner violence (IPV) can have lasting effects on well-being. Children also display resilience following IPV exposure. Yet, little research has prospectively followed changes in both maladaptive and adaptive outcomes in children who experience IPV in early life.

The goal of the current study was to investigate how child factors (irritability), trauma history (severity of IPV exposure), maternal factors (mental health, parenting), and early intervention relate to trajectories of behavior problems (internalizing and externalizing problems) and resilience (prosocial behavior, emotion regulation), over 8 years. One hundred twenty mother-child dyads participated in a community-based randomized controlled trial of an intervention for IPV-exposed children and their mothers. Families completed follow-up assessments 6-8 months (N = 71) and 6-8 years (N = 68) later.

Although intention-to-treat analyses did not reveal significant intervention effects, per-protocol analyses suggested that participants receiving an effective dose (eight sessions) of the treatment had fewer internalizing problems over time. Child irritability and maternal parenting were associated with both behavior problems and resilience. Maternal mental health was uniquely associated with child behavior problems, whereas maternal positive parenting was uniquely associated with child resilience.

Results support the need for a dyadic perspective on child adjustment following IPV exposure.

Edwards, K. M., Orchowski, L. M., Espelage, D. L., et al. 2023. **What Is Not in the Methods Section: Challenges, Successes, and Lessons Learned From Conducting School-Based Interpersonal Violence Prevention Research.** *Journal of Interpersonal Violence* 38(3-4) 4507-4532. <https://dx.doi.org/10.1177/08862605221109881>

Interpersonal violence (IV)-which includes sexual assault, sexual harassment, teen dating violence, bullying, and other forms of violence-among youth (i.e., individuals 18 years of age or younger) is a public health crisis in the United States. As such, preventing IV among youth is a public health priority. Schools are natural settings for IV prevention among youth. However, conducting school-based IV prevention research with youth in school settings is riddled with challenges, and there is little systematic discussion of lessons learned from doing this work.

As such, the purpose of this paper is to outline challenges, successes, and lessons learned from conducting school-based IV prevention research, as ascertained by four researchers with over 75 years of collective experience conducting school-based IV prevention research. Specifically, we focus on the importance of researchers (1) doing research on the school/school district prior to reaching out about potential partnerships; (2) establishing relationships with school partners that are characterized by being present, trustworthiness, and respect as well as the prioritization of school partners' ideas over one's research agenda; (3) working collaboratively with school partners to conceptualize and fund school-driven ideas; (4) preparing for pushback, often from parents/caregivers; and (5) embracing reciprocity (i.e., do things to support your school partners that may not directly benefit you).

Additional considerations for recruitment, enrollment, and retention; program implementation and data collection; and dissemination are discussed.

Dix, A. 2023. **Little Voices: Can a play-based dramatherapy group provide a safe container to help children explore the effects of domestic abuse?** *Dramatherapy*. <https://dx.doi.org/10.1177/02630672231208891>

This article explores the effects of groupwork with primary school children who have experienced living with domestic abuse.

I describe an 8-week dramatherapy programme called Little Voices, which centres around the character of Little-mouse and which uses stories, improvisations, puppets and play to explore his world and the mixture of emotions it engenders.

The aim of the group is to help children realise they are not alone and give them a safe place to talk about their experiences. They relate to Little-mouse so they do not disclose personal information and are not retraumatised. Little Voices is underpinned by current attachment and trauma research. I ask if a dramatherapy group can create a safe place to address the trauma of domestic violence. Vignettes of sessions are reflected upon and contextualised within current research theories.

Qualitative evaluations were completed by child, parent and teachers and indicate that the groupwork had a positive effect on the children's ability to interact with parents and peers.

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Department of, H. & Social, C. 2023. **Evaluation of the Children of Alcohol Dependent Parents programme innovation fund**, European, Department of Health and Social Care (DHSC).

Explores the findings of the Children of Alcohol Dependent Parents innovation fund (CAdEP IF).

Identifies that there are over 120,000 adults with an alcohol dependency living with children in England, which equates to around four children per 100 parents.

Explains that CAdEP IF aimed to improve systems and practices to enhance the identification and outcomes for children with alcohol dependent parents as well as increase awareness of parental conflict among services.

Finds that CAdEP IF reduced the caseload of treatment providers, increased the capacity to deliver more whole-family interventions, integrated parental conflict work into support provided, expanded capacity and introduced new services targeting children and young people.

Cullen, O., Jenney, A., Shiels, L., et al. 2023. **Integrating the Voices of Youth with Lived Experience as Co-researchers to Improve Research and Practice Approaches to Childhood Experiences of Intimate Partner Violence**. *Journal of Family Violence* 38(6) 1111-1125. <https://dx.doi.org/10.1007/s10896-023-00558-y>

**Purpose:** Childhood experiences of intimate partner violence (CEIPV) is common, but youth voices are underrepresented in such research, and little is known about what they find helpful in counselling. The purpose of this research was to engage youth with lived experience to address the following questions: (1) What do youth with CEIPV identify as key competencies needed for CEIPV service providers? And (2) How can youth participatory action research (YPAR) (and participatory methods) be utilized to enhance research on CEIPV? This article is focused on the YPAR process and addressing the second research question.

**Methods:** Utilizing a YPAR approach, 12 Canadian youth were engaged as members of the research team to include their voices, perspectives, and experiences in addressing the research questions.



**Results:** Youth researchers highlighted strategies and principles to engage youth meaningfully in YPAR. These were: (1) recognizing and valuing lived experience as expertise; (2) recognizing the diversity in youths' experiences, skills, and strengths; (3) creating a safe space with no judgement; and (4) having adult researchers committed to the process and not just the outcomes of the research.

**Conclusions:** The YPAR process used in the current study is an example of how youth with lived expertise successfully engage in research. Reflecting on what worked in the current study, youth researchers provided recommendations to improve youth engagement. When safety and relationships are prioritized, and youth feel heard and respected, they note finding value in participatory research to counter the impact CEIPV has had on their lives.

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Centre for Social, J. 2023. **Home for good: Housing First for domestic abuse survivors.** <https://www.centreforsocialjustice.org.uk/library/home-for-good-housing-first-for-domestic-abuse-survivors>

Explores the benefits of adopting the Housing First homelessness approach for survivors of domestic abuse and their children. Outlines the current picture of homelessness in England, including numbers, the different ways of looking at the problem and the current policy approach.

Explains the Housing First approach to providing settled housing alongside intensive support for people whose homelessness is compounded by complex needs, and outlines the regional pilot schemes being carried out in England.

Discusses the challenges in the system relating to domestic abuse, including a surge in numbers and the link between homelessness and domestic abuse.

Outlines models of Housing First programmes for domestic abuse survivors, principles for a successful domestic abuse housing first model, the key factors for enabling success and costs/funding of a new programme.

Presents recommendations to central and local government on taking forward the Housing First approach for survivors of domestic abuse and their children.

Callaghan, J. E. M., Fellin, L. C., Mavrou, S., et al. 2023. **Part of the family: Children's experiences with their companion animals in the context of domestic violence and abuse.** *Journal of Family Violence* No Pagination Specified. <https://dx.doi.org/10.1007/s10896-023-00659-8>

**Purpose:** Children who experience Domestic Violence and Abuse (DVA) draw on a range of strategies to manage the complex dynamics of family life. This article explored children's experiences of their relationships with pets and other animals, considering how children understood these relationships.

**Methods:** This qualitative study is based on semi-structured interviews and visual methods-based research with 22 children (aged 9-17), drawn from a larger study on how children cope with DVA. The data were analysed using reflexive thematic analysis.

**Findings:** Five themes are discussed: Part of the family explores how children positioned animals as relational beings who occupied an important place in their lives; caring for animals considers the reciprocal caring relationship children described; listening and support details how children interacted with animals to allow themselves to feel more heard and supported; in the theme control and abuse, we consider children's experiences of perpetrators' use of companion animals as part of a pattern of abuse and control; and in disruption, uncertainty and loss, we discuss how children feel and relate to their animals when leaving situations of domestic abuse.

**Conclusions:** The implications of our analysis are considered in relation to providing support for children impacted by domestic abuse, and the importance of ensuring companion animals are provided for in housing policy and planning for domestic abuse survivors.

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Butala, N., Asnes, A., Gaither, J., et al. 2023. **Child safety assessments during a caregiver's evaluation in emergency departments after intimate partner violence.** *Academic Emergency Medicine* 30(1) 23-31. <https://dx.doi.org/10.1111/acem.14614>

**Background:** Physical abuse of children is reported to occur in 30%–60% of homes with intimate partner violence (IPV). IPV in adult victims presenting to emergency departments (EDs) represents a critical opportunity to evaluate for child safety.

**Objectives:** The primary objective was to determine the frequency of child safety assessments (CSAs), defined as any documented inquiry about the presence of children in the household, when adults presented to EDs for IPV. The secondary aims were to assess (1) the impact of demographic factors, ED type, and social work (SW) involvement on the likelihood of CSAs; (2) the nature of children's exposure; and (3) the frequency of child protective services (CPS) reports.

**Methods:** We performed a chart review of encounters with ICD-10-CM codes for patients aged 18–60 with IPV presenting to three EDs in Connecticut from 2017 through 2019. Results: CSAs were completed in 179/277 encounters (78.9%) and were more likely to be completed in encounters with SW involvement than without (162/171 [94.7%] vs. 17/56 [30.3%],  $p < 0.001$ ). A total of 143 children lived in the home at the time of the incident; of the 107 children for whom the nature of exposure was known, 10 (9.3%) were physically involved and 26 (24.2%) were direct witnesses to the violence. CPS reports were made in 52.4% of the encounters in which children lived in the home.

**Conclusions:** CSAs were omitted in one-fifth of encounters for IPV. Given the high prevalence of children involved in IPV episodes, ED encounters for IPV represent an opportunity to improve the safety of children.

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Buchanan, F., Borgkvist, A. & Moulding, N. 2023. **What Helps Young People in Australia Create Healthy Relationships After Growing up in Domestic Violence?** *Journal of Family Violence.* <https://dx.doi.org/10.1007/s10896-023-00647-y>

**Purpose:** This study aimed to discover what enables young people in Australia to create healthy relationships despite exposure to domestic violence (DV) in their families of origin during their formative years.

**Method(s):** Taking an ecological systems theory and mixed qualitative methods approach, a survey was designed to identify different factors that young people recalled as helpful when they were enduring DV as children and, later, as young adults. Two hundred and three young people aged 18-30 years completed the national online survey. In addition, to achieve richer insights and an understanding of the complexities in individual experiences, fourteen of the survey respondents then participated in in-depth life-history interviews.

**Result(s):** Although most participants believed they had been adversely affected by growing up in DV, empathetic family members and friends, achievements through school and sports, and gaining knowledge about DV and healthy relationships, often through social media, enabled many to distinguish the difference between healthy relationships and DV. These influences then affected how they approached partnership relationships as they matured.

**Conclusion(s):** Analysis of survey and interview data led us to consider that all strata of the ecosystem could, through applying prevention and early intervention strategies, support children and young people to identify and choose healthy relationships rather than accept prescriptive, pathologizing predictions for their future.

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Brodeur, G., Fernet, M., Hebert, M., et al. 2023. **Adapting Adolescent Dating Violence Prevention Interventions to Victims of Child Sexual Abuse.** *Health Promotion Practice* 24(4) 694-705. <https://dx.doi.org/10.1177/15248399221083255>

Considering the increased risk of revictimization, adolescents who have experienced child sexual abuse (CSA) are a priority subpopulation for the prevention of dating violence. Yet, intervention programs often focus on psychological symptomology associated with CSA; few tackle issues specific to relational violence.

Addressing the relational traumatization of adolescents with a history of CSA is essential to prevent their revictimization. Given specific CSA sequelae related to intimacy and engagement in sexual behaviors, there is a need for tailoring interventions to boy and girl survivors.

A case study of a group intervention designed for adolescent girls with a history of CSA was conducted. The context adaptation, based on intervention mapping proposed by Bartholomew and colleagues, served as a theoretical framework. Four steps were taken to ensure that the intervention addressed CSA youth needs: (a) needs assessment, (b) analysis of the conceptual framework of the original program, (c) selection of interventions and developing new interventions, and (d) validation with a committee of practitioners.

This approach provided an understanding of risk factors and intervention priorities using the problem logic model. The original program was enhanced by adding four interventions addressing the prevention of dating violence. These interventions were then validated by practitioners before implementation in the setting. The approach underscores the relevance of understanding the needs of the clientele and of adopting a collaborative approach to ensure the proposed interventions are relevant.

Berry, O. J. 2023. **29.2 Evidence-Based Interventions for Intimate Partner Violence:**

**Objectives:** Intimate partner violence (IPV) is a key public health challenge that affects the mortality, health, and financial and social stability of millions of families worldwide. Historically, interventions for survivors of IPV have focused on advocacy services rather than psychiatric and psychotherapeutic interventions, resulting in service gaps for IPV survivors. In particular, very young children bear the burden and are at risk for adverse outcomes due to its disruption to sensitive and attuned parenting. This presentation will provide various evidence-based interventions for IPV for families (survivors, caregivers, and children exposed to IPV) as well as identify a novel implementation strategy within a large urban cross-agency collaboration system for integrated care for families impacted by IPV.

**Method(s):** The speaker will explore the interrelatedness between early childhood mental health, maternal mental health, and IPV. Relevant research will expose the impact of parent-child dyadic relationships due to trauma covering adverse childhood experiences (ACEs) and other social determinants of health including racism and healthcare inequities. Pilot data will be shared from the SAMHSA National Child Traumatic Stress Network (NCTSN) Category III grant designed to increase access to universal mental health screening, referral, and administration of evidence-based, trauma-informed, mental health care for IPV-exposed children and their parents.

**Result(s):** Preliminary results from an implementation-effectiveness study of the novel Family Justice Center Mental Health Program via focus groups and deidentified surveys of clients and staff revealed client improvement in sleep, mood, irritability, and reduction in thoughts of self-harm; improved relationships with others, especially their children, and improved self-efficacy in parenting skills; and decreased barriers to care, including 67.2% seeing a mental health specialist within 2 weeks of a request. Further results will highlight difficulties in addressing IPV in traditional and nontraditional settings.

**Conclusion(s):** Participants from the Symposium will learn key clinical and systemic lessons in providing care to families impacted by IPV. Knowledge from the presentation may help those who treat trauma-exposed young children and their caregivers.

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Bastian, C., Wendt, S., Rowley, G., et al. 2023. **Improving service responses for children and young people who experience domestic and family violence: A way forward.**

*Australian Social Work* No Pagination Specified.

<https://dx.doi.org/10.1080/0312407X.2023.2267046>

**ABSTRACT:** Domestic and family violence experienced by women and children is a significant social issue. Children and young people's exposure to domestic and family violence is a recognised form of child abuse and neglect nationally and internationally reflected in child protection legislations and practice guidelines. There is an increasing imperative to ensure effective responses are provided to children and young people, however there are significant service gaps that warrant urgent attention. In this article it is argued that the way forward to responding to the increasing numbers of children and young people who experience domestic and family violence is to build capacity in the existing structure and expertise in women's shelters.

**IMPLICATIONS:** Building capacity in existing structures and expertise within women's shelters can help workers respond to the needs of children and young people. Implementing a child-centred and child-informed practice approach within shelters and employing specialists can ensure that children and young people will be safely and effectively supported.

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Barlow, J., Schrader McMillan, A. & Bowen, E. 2023. **Improving outcomes for children with child protection concerns who have been exposed to domestic abuse.**

<https://foundations.org.uk/wp-content/uploads/2024/02/improving-outcomes-for-children-with-child.pdf> [View online report]

(ABS) Focuses on interventions with families exposed to domestic abuse specifically when children have social care involvement. Analyses 20 studies to identify: "what works" in improving outcomes for children; barriers and facilitators to implementing services; and what makes it harder or easier for families to get involved in a service and complete it. Findings include: children with trauma symptoms are likely to need interventions that address those symptoms; further evaluation of the effectiveness of some approaches is needed; and there are some groups of people who are not always included in these services.

Arnell, L. & Thunberg, S. 2023. **Involving children and young people in research on domestic violence and housing: re-visited.** *Journal of Social Welfare and Family Law* 45(2) 104-118. <https://dx.doi.org/10.1080/09649069.2023.2206222>

Children's and young people's opinions and experiences are important to listen to, as they offer perspectives that adults might not be aware of otherwise. Yet children are often viewed as a vulnerable group in need of protection, with adults talking for them instead of letting them speak for themselves. Sometimes this might be the correct decision. However, it is also important to let children and young people participate in research on their own terms, to identify, for example, what kind of support they might need in relation to problems they have experienced.

Based on previous research, we revisit this topic and discuss its relevance today, once again asking the question of how best to involve children in research in order to hear their views and opinions on matters that concern them. We base our experiences on a research project examining what sheltered housing means for children living there.

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Anderson, K., Kondili, E., Stiller, C., et al. 2023. **Personal Barriers to High Conflict Domestic Dispute Resolution.** *Family Journal*. <https://dx.doi.org/10.1177/10664807231202418>

The aim of this research is to determine the antecedents that cause domestic disputes to devolve into high conflict domestic disputes (HCDs) in couples with children. Little is known about how antecedents can cause conflict to progress from low to high levels, comprehensive assessment of existing and potential conflicts, or the effectiveness of interventions that may help couples in HCDs.



Using a qualitative, grounded theory approach, a theory that identifies the antecedents that cause regular conflict to devolve into a HCD was developed. This theory increases understanding of early identification of antecedents, and the use of proactive and targeted interventions to specifically address these antecedents could help reduce or eliminate HCDs by allowing the root cause of the conflict to be addressed before it escalates to high conflict.

The purposes of this study were, therefore, to (1) explore the perceptions of family counselors about assessment of and interventions for antecedents that can cause conflicts to progress to HCDs in couples with children and (2) develop a conceptual framework and theory to explain how antecedents can create barriers to conflict resolution and describe a process for decreasing the potential for the development or continuation of HCDs in couples with children.

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Wood, L., McGiffert, M., Fusco, R. A., et al. 2022. **"The Propellers of My Life" The Impact of Domestic Violence Transitional Housing on Parents and Children.** *Child & Adolescent Social Work Journal* 1-15. <https://dx.doi.org/10.1007/s10560-021-00809-1>

Housing and homelessness are frequent issues facing domestic violence (DV) survivors and their children. Several DV programs provide transitional housing (DVTH) to address the housing needs of DV survivors and their children. Despite wide use, little is known about the impact of DVTH, especially on child and parenting related needs and outcomes.

Multiple structured interviews (82) were conducted with 27 parents with minor children living in DVTH in order to explore housing program experiences. Thematic analysis techniques produced three themes and seven subthemes about DVTH impact on parenting and child wellness. Overarching themes include: (1) DVTH helps to strengthen the parent-child relationship through a focus on family connection and health; (2). Transitional housing provides an opportunity for family stability via housing, material, and economic stability; (3). Time at DVTH allows family to access a diverse range of trauma-informed resources and social support to meet family goals.

Barriers to these potential impacts are explored. Implications for practice with youth and parents include the need for extensive mental health and legal advocacy, programmatic models that emphasize resources, safety and the transition to permanent housing, and build on family strengths. Further research is needed to evaluate DVTH program outcomes.

van der Asdonk, S., Kesarlal, A. R., Schuengel, C., et al. 2022. **Testing an attachment- and trauma-informed intervention approach for parents and young children after interparental violence: protocol for a randomized controlled trial.** *Trials [Electronic Resource]* 23(1) 973. <https://dx.doi.org/10.1186/s13063-022-06902-9>

**BACKGROUND:** Interparental violence has persistent adverse effects on victimized parents and children. Young children, including infants and toddlers, are at particular risk to develop long-lasting negative outcomes, and yet specific evidence on effective intervention approaches for this vulnerable group is still lacking. This study will test the effectiveness of an attachment- and trauma-informed intervention approach in a sample of parent-child dyads who have experienced severe interparental violence. We test the individual and combined effects of two interventions: (1) "Nederlandse Interventie

Kortdurend op Atypisch oudergedrag" (NIKA; Dutch, short-term intervention focused on atypical parenting behavior) aimed at improving the attachment relationship and (2) eye movement desensitization and reprocessing (EMDR) therapy aimed at reducing parental post-traumatic stress disorder (PTSD) symptoms.

**METHODS:** This study uses a multicenter randomized controlled design across multiple domestic violence shelters in the Netherlands. We aim to recruit 150 parent-child dyads with children aged between 0.5 and 6 years old. The study design consists of two phases. During the first phase for testing the effect of NIKA only, eligible dyads are randomly allocated to either NIKA or a waitlist usual care group. A pre-test is conducted prior to the treatment period and a post-test takes place directly afterwards (6 weeks after the pre-test). Phase 2 follows directly for testing the effects of EMDR and the combination of NIKA and EMDR. Parents who report clinical PTSD symptoms are randomly allocated to either EMDR therapy or a waitlist usual care group. Parents who do not report clinical PTSD symptoms only receive care as usual. Six weeks later, a post-test of phase 2 is conducted for all participating dyads. Primary study outcomes are disrupted parenting behavior, sensitive parenting behavior, and parental PTSD symptoms. Secondary study outcomes include PTSD symptoms and behavioral and emotional problems of the child.

**DISCUSSION:** This study will inform and enhance the clinical field by providing new insights regarding effective treatment combinations for traumatized parents and their young children after interparental violence.

**TRIAL REGISTRATION:** Netherlands Trial Register (NTR) NL9179 . Registered 7 January 2021.

Sullivan, C. M., Lopez-Zeron, G., Farero, A., et al. 2022. **Impact of the Domestic Violence Housing First Model on Survivors' Safety and Housing Stability: Six Month Findings.** *Journal of Family Violence.* <https://dx.doi.org/10.1007/s10896-022-00381-x>

Intimate partner violence (IPV) is a leading cause of homelessness, yet little evidence exists about effective strategies to assist IPV survivors as they work to avoid homelessness while freeing themselves from abuse. An ongoing demonstration evaluation is examining if and how one promising model assists IPV survivors in obtaining safe and stable housing over time.

The Domestic Violence Housing First (DVHF) model involves providing IPV survivors with mobile advocacy and/or flexible funding, depending on individual needs, in order to attain these goals. We hypothesized that those receiving DVHF would experience greater housing stability and less re-abuse compared to survivors receiving services as usual.

The current study evaluated the short-term efficacy of the DVHF model with a sample of 345 homeless or unstably housed survivors who sought services and who completed in-person interviews shortly after contacting the DV agency, as well as six months later.

Those who received the DVHF model showed greater improvement in their housing stability compared to those receiving services as usual, as well as decreased economic abuse. Both groups experienced a sharp decline in all forms of abuse. The Domestic Violence Housing First model shows promise in helping unstably housed DV survivors achieve safe and stable housing. Study findings have implications for DV agencies as well as those funding such services.

Understanding which interventions work best for which survivors is critical to ensuring that service providers are effectively working toward long-term housing stability and well-being for IPV survivors and their children.

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Stith, S. M., Topham, G. L., Spencer, C., et al. 2022. **Using systemic interventions to reduce intimate partner violence or child maltreatment: A systematic review of publications between 2010 and 2019.** *Journal of Marital & Family Therapy* 48(1) 231-250.  
<https://dx.doi.org/10.1111/jmft.12566>

This systematic review seeks to understand the effectiveness of systemic interventions to reduce Intimate Partner Violence (IPV) or child maltreatment published between January 2010 and December 2019.

We found nine studies reviewing systemic interventions for IPV and 12 studies reviewing systemic interventions for child maltreatment. In our discussion, we added relevant articles published before 2010 to determine the overall state of the evidence for these interventions.

We determined that parent training programs with in vivo coaching components for child maltreatment meet the criteria for well-established interventions. Relationship education approaches are probably efficacious. Parent education and family therapy programs to reduce child maltreatment, and cognitive behavioral couples treatment to reduce IPV are possibly efficacious interventions.

Programs based on "naturalistic" couples therapy for IPV are experimental interventions. This review also highlights limitations in this research in addressing the needs of marginalized couples and families.

Spratt, T., Swords, L. & Hanlon, H. 2022. **Domestic violence and whole family interventions: Charting change in the lives of service users.** *British Journal of Social Work* 52(4) 2082-2104. <https://dx.doi.org/10.1093/bjsw/bcab176>

In this article we report the results of the introduction of measures to ascertain the impact of therapeutic services for families where domestic violence has taken place. The setting is a specialist service for families located in Dublin, Ireland. The overall goal of the intervention was the ending of violence.

To help achieve this, therapies sought to reduce conflict, promote better parental mental health and improve the quality of relationships between parents and children. Using validated instruments, measures were taken at Time 1 (entering service) from seventy-one mothers and forty fathers.

At the time of data analysis for this article thirty-seven mothers and twenty-four fathers had completed the Time 2 (leaving service) surveys. Results indicate significant reduction in conflict between participating partners, and improvements in parental mental health and quality of parent-child relationships.

These results add support to the view that whilst intervention goals must include the cessation of domestic violence, this can only be achieved with due attention to the complexity of the causes. The use of validated instruments is helpful in seeking to establish outcomes measures that may supplement more traditional measures of efficacy of interventions within specialist services. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Schwab-Reese, L. M., Cash, S. J., Lambert, N. J., et al. 2022. **"They Aren't Going to Do Jack Shit": Text-Based Crisis Service Users' Perceptions of Seeking Child Maltreatment Related Support From Formal Systems.** *Journal of Interpersonal Violence* 37(19-20) NP19066-NP19083. <https://dx.doi.org/10.1177/08862605211043577>

Many of the children reported to child protective services (CPS) exhibit signs and symptoms that allow others to recognize their abuse or neglect and intervene; others, especially adolescents, must disclose their experiences to be identified. Relatively little is known about young people's disclosure experiences, but individual, interpersonal, and cultural factors appear to influence when and how young people disclose.

Technology-facilitated approaches, such as text- or chat-based hotlines or crisis services, may be one way to help young people share their maltreatment experiences and seek help. The current study contributes to the small body of literature that includes nonsexual maltreatment disclosures and sheds some light on how to support young people during their disclosures.

We conducted a qualitative content analysis of all conversations from a text-based crisis service that resulted in a report to CPS (n = 244). Many of the texters had previously sought support from their peers or parents, and some had engaged with more formal systems.

Many young people were hesitant to reach out to formal systems in the future, in part because of negative experiences during past disclosure experiences. Young people may be more likely to seek support through their preferred communication medium, so providing text- and chat-based communication may be one way to encourage and facilitate disclosure.

As these resources become increasingly available, determining best practices for receiving disclosures through technology-facilitated platforms will be critical.

Schubert, E. C. 2022. **Supporting Children Who Experience Domestic Violence: Evaluating the Child Witness to Domestic Violence Program.** *Journal of Interpersonal Violence* 37(19-20) NP18175-NP18193. <https://dx.doi.org/10.1177/08862605211035874>

Impacting 1 in 4 children in the United States, childhood exposure to domestic violence predicts myriad negative sequelae. Intervening post exposure is critical to help children and their protective parent heal and avoid long-term negative consequences.

Children aged 2-17 and their mothers who were victims of domestic violence participated in a 12-week group program delivered by domestic violence agency staff that provides psychoeducation on the impact of trauma and domestic violence and aims to improve parent and child well-being. The impact of the Child Witness to Domestic Violence

(CWDV) program was tested in an intervention group (n = 69 children, 33 mothers) who participated in CWDV and control group (n = 80 children, 39 mothers) consisting of children whose mothers received adult-focused domestic violence services but were not enrolled in CWDV or other child-focused services.

Multiple regression analyses controlling for child gender, child age, mother's age, and the outcome of interest at time 1 found that participation in CWDV program significantly predicted better child functioning as indicated by less hyperactivity ( $B = -.85$ ,  $p = .06$ ), fewer negative emotional symptoms ( $B = -1.14$ ,  $p = .01$ ), and fewer total behavioral difficulties ( $B = -2.48$ ,  $p = .02$ ) as well as higher maternal hope ( $B = .57$ ,  $p = .03$ ).

These data provide promising evidence of the impact of a brief, replicable group intervention that promotes healing and well-being among children and parents exposed to domestic violence. Limitations include a quasi-experimental design and reliance on maternal report.

Russell, A., Clements, K., Duschinsky, R., et al. 2022. **Domestic violence and abuse in local child safeguarding policy: How is the problem represented?** *Health and Social Care in the Community* 30(6) e3871-e3884. <https://dx.doi.org/10.1111/hsc.14086>

Within the United Kingdom, domestic violence and abuse (DVA) is the most commonly identified factor within child in need assessments, with rates increasing in recent years in addition to 'lockdown'-related spikes.

This article examines the representation of DVA in local child safeguarding policies using Bacchi's (2009) 'What is the problem represented to be?' approach. Policies were collected from the websites of all the child safeguarding partnerships of England in July 2021. In total, we identified 59 policies. These policies are designed to guide local responses to DVA across services and thus have potential for substantial impact on practice across health and social care.

Our results suggest that local DVA policy in England exists within a conceptual framework which spotlights the individual and lacks attention to their context. We argue that these policies focus on adults, neglecting attention to children within their own safeguarding policies. This is through children being peripheralized within the conceptualisation of 'victim' and the assessed adult risk being used as a proxy measure for the risk to child. Demographic discussions build an image of DVA as an issue that can affect anyone, but with little acknowledgement of the vulnerabilities facing proportions of the population and their complexities – when such vulnerabilities are discussed, they are individualised and viewed in absence of their societal causes, potentially eclipsing critical elements of a child's experience of DVA.

The implications of our results are wide-ranging but suggest a need to refocus on children and their context within local DVA policy.

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Roy, J., Williamson, E., Pitt, K., et al. 2022. **'It felt like there was always someone there for us': Supporting children affected by domestic violence and abuse who are identified by general practice.** *Health & Social Care in the Community* 30(1) 165-174. <https://dx.doi.org/10.1111/hsc.13385>



One in five children in the UK are affected by domestic violence and abuse. However, primary care clinicians (GPs and nurses) struggle to effectively identify and support children and young people living in homes where it is present.

The IRIS+ (Enhanced Identification and Referral to Improve Safety) training and advocacy support intervention aimed to improve how clinicians respond to children and young people affected by domestic violence and abuse. IRIS+ training was delivered as part of a feasibility study to four general practices in an urban area in England (UK).

Our mixed method design included interviews and questionnaires about the IRIS+ intervention with general practice patients, including children and young people as well as with clinicians and advocacy service providers. We collected the number of identifications and referrals by clinicians of children experiencing domestic violence and abuse through a retrospective search of medical and agency records 10 months after the intervention. Forty-nine children exposed to domestic violence and abuse were recorded in medical records. Thirty-five children were referred to a specialist domestic violence and abuse support service over a period of 10 months. Of these, 22 received direct or indirect support.

The qualitative findings indicated that children benefitted from being referred by clinicians to the service. However, several barriers at the patient and professional level prevented children and young people from being identified and supported. Some of these barriers can be addressed through modifications to professional training and guidance, but others require systematic and structural changes to the way health and social care services work with children affected by domestic violence and abuse.

Powell, C., Feder, G., Gilbert, R., et al. 2022. **Child and family-focused interventions for child maltreatment and domestic abuse: development of core outcome sets.** *BMJ Open* 12(9) e064397. <https://dx.doi.org/10.1136/bmjopen-2022-064397>

**BACKGROUND:** The current evidence for child maltreatment (CM) and domestic violence and abuse (DVA) interventions is limited by the diversity of outcomes evaluated and the variety of measures used. The result is studies that are difficult to compare and lack focus on outcomes reflecting service user or provider priorities.

**OBJECTIVE:** To develop core outcome sets (COSs) for evaluations of child and family-focused interventions for: (1) CM and (2) DVA.

**DESIGN:** We conducted a two-stage consensus process. Stage 1: a long list of candidate outcomes across CM and DVA was developed through rapid systematic reviews of intervention studies, qualitative and grey literature; stakeholder workshops; survivor interviews. Stage 2: three-panel, three-round e-Delphi surveys for CM and DVA with consensus meetings to agree with the final COSs.

**PARTICIPANTS:** 287 stakeholders participated in at least one stage of the process (ie, either CM or DVA COS development): workshops (n=76), two e-Delphi surveys (n=170) and consensus meetings (n=43). Stakeholders included CM and DVA survivors, practitioners, commissioners, policymakers and researchers.

**RESULTS:** Stage 1 identified 335 outcomes categorised into 9 areas and 39 domains. Following stage 2, the final five outcomes included in the CM-COS were: child emotional health and well-being; child's trusted relationships; feelings of safety; child abuse and neglect; service harms. The final five outcomes in the DVA-COS were: child emotional

health and well-being; caregiver emotional health and well-being; family relationships; freedom to go about daily life; feelings of safety.

**CONCLUSIONS:** We developed two COSs for CM and DVA with two common outcomes (child emotional health and well-being; feelings of safety). The COSs reflect shared priorities among service users, providers and researchers. Use of these COSs across trials and service evaluations for children and families affected by CM and DVA will make outcome selection more consistent and help harmonise research and practice.

Ozan, J. 2022. **We Can Talk About Domestic Abuse: pilot evaluation report.**

Presents the findings of an evaluation of the We Can Talk About Domestic Abuse (WCTADA) programme.

Explains that WCTADA is a pilot programme, delivered by Wirral Council, that aims to improve the experience of social care processes for those parents and children affected by domestic abuse so that they feel believed, supported and empowered, while being appropriately safeguarded.

Reports that the programme was established in response to concern that the application of child protection processes can often alienate, even re-victimise, adults affected by domestic abuse. Outlines the nature of the programme, which involved the establishment of a small team of eight subject-matter experts who provided challenge and support to social workers in their daily practice (one manager; three Domestic Abuse Practice Professionals (DAPPs); three Domestic Abuse Family Advocates (DAFAs); and one project officer). Looks at the activities undertaken in each of three streams: whole family approach and active participation; reflective practice among professional(s) supporting them; and system change.

Considers the feasibility of the programme's Theory of Change, how well it has been received by social workers, other professionals, survivors and their families, and its potential costs and impacts.

Oliffe, J. L., Kelly, M. T., Gonzalez Montaner, G., et al. 2022. **Men building better relationships: A scoping review.** *Health Promotion Journal of Australia* 33(1) 126-137. <https://dx.doi.org/10.1002/hpja.463>

**ISSUE ADDRESSED:** Health outcomes linked to men's relationships have the potential to both promote and risk the well-being of males and their families. The current scoping review provides a synthesis of men's relationship programs (excluding criminal court mandated services) in Australia, Canada and the United Kingdom to distil predominant program designs, access points, delivery modes and evaluative strategies.

**METHODS:** Databases CINAHL, Medline, PsycInfo and Web of Science were searched for eligible articles published January 2010 and June 2020. The inclusion criteria consisted of empirical studies focussed on relationship programs for men.

**RESULTS:** The review identified 21 articles comprising eight focussed on Fathering Identities as the Catalyst for Relationship Building and 13 targeting Men's Behaviour Change in Partner Relationships. Findings highlight the prevalence of group-based, in-person programs which men accessed via third party or self-referrals. Fathering programs highlighted the impact of men's violence on their children in appealing to attendees to strategise behavioural adjustments. Men's partner relationship programs

emphasised self-control amid building strategies for proactively dealing with distress and conflict. Program evaluations consistently reported attendee feedback to gauge the acceptability and usefulness of services.

**CONCLUSIONS:** That most men attending fathering and partner relationship programs were referred as a result of domestic violence and/or intimate partner violence underscores men's reticence for proactively seeking help as well as the absence of upstream relationship programs. There are likely enormous gains to be made by norming boys and men's relationship programs to prevent rather than correct violent and/or abusive behaviours.

O'Hara, K. L., Boring, J. L., Sandler, I. N., et al. 2022. **Enhancing Daily Affect in Youth Experiencing High-Conflict Parental Divorce: A Multiple Baseline Trial of an Online Prevention Program.** *Family Court Review* 60(3) 458-473. <https://dx.doi.org/10.1111/fcre.12654>

This study investigated the effects of a highly interactive, online cognitive-behavioral youth coping program: Children of Divorce-Coping with Divorce (CoD-CoD; Boring et al., 2015) on children exposed to high levels of interparental conflict (IPC).

A multiple-baseline experimental design (N = 9) evaluated within-subject intervention effects on change in daily positive and negative affect before, during, and after the intervention ( $n_{\text{observations}} = 462$ ). Participants were youth ages 11-16 who reported high exposure to IPC and whose parents had filed for divorce or parenting plan determinations in the prior year. A significant interaction effect indicated change in positive affect, but not negative affect, between the intervention and baseline phases. Positive affect linearly decreased during the baseline phase and flattened during the intervention phase.

Results indicate that CoD-CoD was effective in interrupting a decline in youth-reported positive affect in a high-IPC sample, which may indicate a buffering effect against depression.

Critical future directions include conducting large-scale randomized trials with children from high-IPC families to assess for whom the program is effective and assess long-term effects across a broad range of important outcomes.

No authorship, i. 2022. **Award for Distinguished Professional Contributions to Applied Research: Sandra A. Graham-Bermann.** *American Psychologist* 77(9) 1141-1143. <https://dx.doi.org/10.1037/amp0001096>

The Award for Distinguished Professional Contributions to Applied Research is given to a psychologist whose research has led to important discoveries or developments in the field of applied psychology. The 2022 recipient is Sandra A. Graham-Bermann. Graham-Bermann is a professor of Psychology and Psychiatry at the University of Michigan and director of the Child Violence and Trauma Lab. Her research focuses on resilience, intimate partner violence (IPV), and community-based intervention programs, along with understanding the psychological mechanisms relevant to how children manage trauma and violence, translating that work into culturally sensitive interventions for families. She has made significant contributions to understanding how IPV and stress affect children's social, physical, and emotional adjustment and to developing measures to assess stress and outcomes. Her work has been translated into important interventions, made easily accessible, and implemented across settings, including with undocumented immigrants in Michigan and Texas and with Native Alaskans. This work has had a huge impact on

people often excluded from clinical services. Dr. Graham- Bermann also developed the Kids' Empowerment Program to promote health and wellness in children. This work-from measure development to intervention-exemplifies the development and application of methodologies and interventions to provide direct and immediate solutions to significant and practical problems in the field. Her contributions have been recognized over time with multiple prestigious awards, and she is likewise highly deserving of this distinguished award. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Mc, C. L., Maia, S. & Hannah, W. 2022. **The domestic abuse report 2022: the annual audit.**

This report is the 2022 edition of Women's Aid's yearly publication on the provision, usage and work of domestic abuse services in England.

We primarily examine the financial year 2020-21, but have also included information about the early implementation after April 2021 of the new statutory duty to provide support for victims of domestic abuse, including children, within safe accommodation.

The Women's Aid data sources used in this report are On Track, Routes to Support and the Women's Aid Annual Survey 2021.

Key findings include: 9% of organisations responding to our annual survey told us they had been running an area of their domestic abuse service in 2020-21 without any dedicated funding; 9% of refuge referrals in 2020-21 were declined, most often because of a lack of capacity; 7% of organisations responding to our annual survey reported that Covid-19 had affected demand for their services - of these organisations, 84.5% told us that demand for the support they offer had increased; provision was not always accessible to all women who needed it - only 6.3% of all service vacancies were able to consider women who had no recourse to public funds and less than half could accommodate a woman with two children; 6% of women placed in refuge between 1st July 2020 and 31st March 2021 came from a different local authority area to the refuge they moved to, and 28.1% to a completely different region; refuge services supported 10,809 women and 11,890 children and community-based services supported 124,044 women and 148,852 children in 2020-21.

The year 2020-21 was a challenging one, dominated by the response to Covid-19 and the rapid changes in ways of working that were precipitated by the pandemic. Despite these immense pressures, domestic abuse services have successfully adapted and found ways to continue to meet the needs of survivors and their children.

London Assembly, P. & Crime, C. 2022. **Violence against women and girls.**

Explores the increase in violence against women and girls (VAWG) in London, and considers the ways in which partner organisations can work together to prevent it.

Outlines the types of crimes covered by the term VAWG, the way in which the inquiry was undertaken by the Police and Crime Committee and summarises the emerging recommendations.

Discusses the issues around ensuring London is safe for women and girls, including improving VAWG data collection and analysis, addressing domestic abuse and examining the barriers to reporting of VAWG by victims. Looks at support for VAWG victims, including specialist support services for victims and children affected by domestic violence and domestic abuse.

Considers issues around working with offenders, men and boys, including utilising specialist support services and increasing investment in school education programmes.

Lawler, C. & Howes, N. 2022. **Helping Young Children to Understand Domestic Abuse and Coercive Control: A Professional Guide**, Taylor and Francis. 10.4324/9781003206170.

This guidebook is designed to support professionals with the effective use of the storybook, Luna Little Legs, which has been created help preschool aged children understand about domestic abuse and coercive control.

Sensitively and accessibly written, the guidebook presents the adult with comprehensive information regarding domestic abuse and coercive control, and its impact on young children, putting them in a position to have important and informed interactions with the young children in their care.

These conversations help children to make sense of their experiences of domestic abuse, giving them the opportunity to vocalise their feelings and to understand what to do when something is not right.

Key features of this book include: Page-by-page notes to support the sensitive reading of the Luna Little Legs story Accessible information about domestic abuse and coercive control based on the latest research A comprehensive list of helplines and organisations in place to support adult victims of domestic abuse.

This is an essential companion to the Luna Little Legs story, and is crucial reading for anybody working with young children and their families who are experiencing, or have experienced, domestic abuse and coercive control.

© 2023 Catherine Lawler, Norma Howes and Nicky Armstrong.

Kirsten, A. 2022. **What works to improve the lives of England's most vulnerable children: a review of interventions for a local family help offer.**

This report considers how outcomes for children known to children's social care might be improved through policies, practices and interventions with evidence of improving vulnerable children's life-chances.

It identifies over 50 interventions and activities with evidence of improving child and family outcomes within five categories of vulnerability: problematic child behaviour, family conflict, parental mental health, domestic abuse and parental substance misuse.

Six key messages stand out from this review: 1. There are a range of interventions with good evidence that could be included in local family help offers; 2. Increasing the availability of evidence-based interventions can accelerate improvements in practice; 3. There are interventions that are currently not available in the UK that could add value to the current system; 4. Increasing the availability of evidence-based interventions is likely to require support for implementation; 5. There are limitations to the current evidence



base, and areas where UK evidence remains insufficient for guiding practice; 6. Evidence-based interventions will never be enough to reverse the impact of poverty.

Kertesz, M., Humphreys, C., Fogden, L., et al. 2022. **KODY, an all-of-family response to co occurring substance use and domestic violence: protocol for a quasi-experimental intervention trial.** *BMC Public Health* 22(1) 291. <https://dx.doi.org/10.1186/s12889-022-12529-X>

**BACKGROUND:** The co-occurrence of domestic violence with alcohol and other drugs significantly increases the severity of abuse and violence experienced by family members. Longitudinal studies indicate that substance use is one of few predictors of men's continued use of, or desistance from, violence. Recent developments in men's behaviour change programs have focused on men's attitudes and behaviour towards their children, and the exploration of interventions that address the needs of all family members. However, the research evidence is limited on the most effective elements of men's behaviour change programs in promoting the safety and wellbeing of child and women victim survivors. This study aims to build on the existing evidence by trialling the KODY program which addresses harmful substance use by men who also perpetrate domestic violence; the safety and wellbeing of women and children; the needs of children in their own right, as well as in relationship with their mothers; and the development of an 'all-of-family' service response. The evaluation of these innovations, and the ramifications for policy development to support less fragmented service system responses, provide the rationale for the study.

**METHODS/DESIGN:** A quasi-experimental design will be used to assess the primary outcomes of improving the safety and wellbeing of mothers and children whose (ex)partners and fathers respectively participate in KODY (the trial program), when compared with 'Caring Dads standard' (the comparison group). Psychometric tests will be administered to fathers and mothers at baseline, post-program and at 3-month follow up. Data collection will occur over three years.

**DISCUSSION:** By building the evidence base about responses to co-occurring domestic violence and substance use, this study aims to develop knowledge about improving safety outcomes for women and children, and to better understand appropriate support for children in families living at the intersection of domestic violence and substance use. It is anticipated that study findings will point to the ramifications for policy development to support less fragmented service system responses.

**TRIAL REGISTRATION:** An application for registration with the Australian and New Zealand Clinical Trials Registry ( <https://www.anzctr.org.au/> ) was lodged on 20 December 2021 (Request number: 383206)-prospectively registered.

Jenney, A., Scott, K. & Wall, M. 2022. **Mothers in Mind: Exploring the Efficacy of a Dyadic Group Parenting Intervention for Women Who Have Experienced Intimate Partner Violence and Their Young Children.** *International Journal on Child Maltreatment: Research, Policy and Practice* 5(1) 57-79. <https://dx.doi.org/10.1007/s42448-021-00094-6>

Identifying and responding to the mental health needs of young children (0–4 years) exposed to intimate partner violence is one of the most pressing issues confronting child mental health and welfare sectors today.

Children exposed to IPV (CEIPV) are at an increased risk of experiencing maltreatment, developing emotional and behavioral problems, and experiencing other adversities (Kimball, *Journal of Family Violence*, 31, 625–637, 2016).

Among the range of protective factors that can mitigate against this impact is a strong relationship with, and attachment to, a primary caregiver (Holt, Buckley, & Whelan, *Child Abuse & Neglect*, 32, 797–810, 2008).

Despite this, there are few evidenced-based programs which address the unique parenting supports required by women who experience domestic violence, while simultaneously attending to the unique developmental and psycho-social needs of exposed young children (Austin, Shanahan, Barrios, & Macy, *Trauma, Violence and Abuse*, 20(4), 498–519, 2019).

This article describes the development and preliminary evaluation of Mothers in Mind, a trauma-informed, dyadic, mother–child intervention program designed to meet this need. Analyses of data from 36 mother–child dyads who completed pre- and post-group evaluation find that, after program completion, mothers report greater parenting self-efficacy, healthier parenting, and enhanced psychological well-being. The importance of relational capacity building in mother–child dyads impacted by violence and suggestions for future avenues for research and intervention are explored.

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Ibabe, I., Arnoso, A. & Elgorriaga, E. 2022. **Early intervention program in youth-to-parent aggression: Clinically relevant long-term changes.** *Journal of Family Violence* No Pagination Specified. <https://dx.doi.org/10.1007/s10896-022-00447-w>

**Purpose:** Practitioners in child and family services are able to identify cases of youth-to-parent aggression. The aim of this study was to evaluate long-term effects of the Early Intervention Program in Situations of Youth-to-Parent Aggression (EI-YPA), which was implemented in a Children and Family Services context on the outcome variables of adolescents and parents (individual behavior and health outcomes), indicating the strength of the evidence.

**Methods:** The participants were members of 39 Spanish families with children between 12 and 17 years ( $N = 101$ ; 40 adolescents and 61 parents) and a quasi-experimental design of repeated measures was applied. EI-YPA provides positive evidence and experiences based on the reports of children and parents. In order to analyze whether the improvements were clinically relevant, a reliable change index was used.

**Results:** Significant improvements concerning aggressive behavior at home, clinical symptoms and family conflict were found. Effect sizes were large for aggressive behavior indicators (aggressive discipline  $d = 1.19$ ; psychological YPA  $d = 0.93$ ), and depressive symptomatology of adolescents ( $d = 0.80$ ).

**Conclusion:** The positive changes found indicate the long-term efficacy of the EI-YPA on behavioral variables and clinical symptoms of children and parents, as well as the family conflict perception. This study contributes to increasing the evidence quality of EI-YPA as a potential evidence-based program.

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Hoeven, M. L., Widdershoven, G. A., Duin, E. M., et al. 2022. **A resilience enhancing trauma-informed program for children and mothers in domestic violence shelters: A qualitative study.** *Child & Family Social Work* No Pagination Specified.  
<https://dx.doi.org/10.1111/cfs.12981>

In domestic violence (DV) shelters, offering psychosocial support services to mothers and children is vital. The program 'Time for Tony the Turtle' has been developed for mothers and children residing in DV shelters in the Netherlands. It aims to foster attachment and regulation skills, which can also prepare for trauma treatment if sought after later on.

This qualitative study explores the experiences of mothers, children and professionals with the program and its perceived impact and what components function as facilitators and barriers in the implementation of such a program in DV crisis shelters in the Netherlands.

We conducted in-depth interviews with 15 mothers, 11 children and 18 professionals from three organizations offering DV shelters. We used thematic analysis to identify patterns of meaning in the interviews. Mothers, children and professionals valued that the program provided a calm moment for reflection in hectic times and that the playfulness in which the program addressed trauma-related topics. However, mothers find it difficult to attend the program in the beginning of their shelter stay, therefore hampering the applicability of the program.

Our findings suggest that integrating the topic of discussing father in a program in crisis shelters is complex and deserves more attention.

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Giallo, R., Fogarty, A., Savopoulos, P., et al. 2022. **Capturing the experiences of clinicians implementing a new brief intervention for parents and children who have experienced family violence in Australia.** *Health & Social Care in the Community* 30(5) e1599-e1610.  
<https://dx.doi.org/10.1111/hsc.13587>

Family violence (FV) affects one in four families. While the evidence regarding therapeutic interventions for children and families who experience FV is expanding, little research has been conducted about clinicians' experiences of implementation.

The current study aimed to capture the voices of clinicians delivering a brief dyadic intervention for women and their children after FV exposure. The Brief Relational Intervention and Screening (BRISC) is an evidence-informed intervention designed by Berry Street (Australia) for mothers and children with recent experiences of FV. Consisting of four sessions, BRISC was implemented across one regional and one metropolitan site. Thirteen BRISC clinicians participated in semi-structured interviews individually or in a focus group.

Thematic analysis of transcripts was conducted using NVivo. Clinicians considered key strengths of BRISC to be related to the intervention principles, including the hopeful and relationship-focused approach, the intervention implementation such as the timing, structure and flexibility, as well as the systems and processes in place, such as intake and triage, supervision structure and their team environment.

Challenges described by clinicians included aspects of delivery such as limited referral options and safety concerns, the nature of the program including the mechanics of delivery and specific role challenges such as vicarious trauma. Clinicians also shared suggestions for improvements for delivery, supervision and training.

This study emphasises the importance of clinician perspectives when identifying factors that can promote the successful implementation of innovative interventions in real-world community settings.

Gatfield, E., O'Leary, P., Meyer, S., et al. 2022. **A multitheoretical perspective for addressing domestic and family violence: Supporting fathers to parent without harm.** *Journal of Social Work* 22(4) 876-895. <https://dx.doi.org/10.1177/14680173211028562>

**Summary:** Domestic and family violence remains a significant challenge to family wellbeing. The risk of serious harm from domestic and family violence is disproportionately carried by women and children, yet often the complex reality of family life means that many families have ongoing contact with their abusers. Responses to this problem are frequently siloed across child protection and specialist domestic violence services, leading to a lack of holistic intervention. More recently, there has been increased attention on addressing the role and behavior of abusive fathers, especially where fathers remain in families or have ongoing contact postseparation through coparenting. This paper offers a systemic approach for understanding and addressing such families.

Fogarty, A., Treyvaud, K., Savopoulos, P., et al. 2022. **Facilitators to Engagement in a Mother-Child Therapeutic Intervention Following Intimate Partner Violence.** *Journal of Interpersonal Violence* 37(3-4) 1796-1824. <https://dx.doi.org/10.1177/0886260520926316>

Intimate partner violence (IPV) affects more than one in four children worldwide. Despite the growing evidence base for interventions addressing children's IPV exposure, little is known about what assists families to engage with services. The current study sought to explore women's perceptions of barriers and facilitators to accessing an intervention for their children following IPV.

A total of 16 mothers who had engaged in a community-based, dyadic intervention for children exposed to IPV participated in the study. The Brief Relational Intervention and Screening (BRISC) is an evidenced informed program designed by Berry Street (Australia). A pilot of the intervention was implemented across one metropolitan and one regional site. In-depth semi-structured interviews were conducted with 16 mothers who had completed BRISC. Transcripts were analyzed in NVivo using thematic analysis. Key facilitators to initial engagement included strong referral pathways, clear information about the program, and initial phone contact from the service.

Difficulty trusting services were identified as a key barrier to initial engagement. Facilitators of continued engagement included flexibility in service delivery, consistent and direct communication between sessions, and the therapeutic approach. Key barriers to sustained intervention engagement included children's continued contact with their

father, mothers' experiences of guilt and blame, and the need for additional support for mothers' own mental health.

These findings highlight how service and clinician factors such as flexibility, therapeutic approaches, and communication can facilitate engagement for families affected by IPV. In addition, the study highlights the importance of including the voices of women in research to improve the acceptability of services for consumers.

Fictorie, V., Jonkman, C., Visser, M., et al. 2022. **Effectiveness of a high-intensive trauma-focused, family-based therapy for youth exposed to family violence: study protocol for a randomized controlled trial.** *Trials [Electronic Resource]* 23(1) 46.  
<https://dx.doi.org/10.1186/s13063-021-05981-4>

**BACKGROUND:** Family violence is a common problem with direct adverse effects on children as well as indirect effects through disruption of parenting and parent-child relationships. The complex interrelationships between family violence, parenting, and relationships make recovery from psychological responses difficult. In more than half of the families referred to mental health care after family violence, the violence continues. Also, the effect sizes of "golden standard" treatments are generally lower for complex trauma compared to other forms of trauma. In the treatment of complex trauma, trauma-focused therapies including cognitive restructuring and imaginal exposure are most effective, and intensifying therapy results in faster symptom reduction. Furthermore, there is promising evidence that adding a parental component to individual trauma treatment increases treatment success. In family-based intensive trauma treatment (FITT), these factors are addressed on an individual and family level in a short period of time to establish long-term effects on the reduction of trauma symptoms and recovery of security in the family. This randomized controlled multicentre study tests if FITT is an effective treatment for concurrent reduction of trauma symptoms of children, improvement of parenting functioning, and increasing emotional and physical security in children, through the improvement of parent-child relationships.

**METHODS:** The effectiveness of FITT will be tested by a RCT design. A total of 120 adolescents with a history of family violence and PTS symptoms will be randomized to (a) an intensive trauma treatment with a parent and systemic component (FITT), (b) an intensive trauma treatment without these components (ITT), and (c) treatment as usual (TAU, low-frequency trauma treatment with parent therapy and family sessions). Changes in children's trauma symptoms, child and parent functioning, and emotional and physical security in the family will be monitored before, during, after, and at 3 months follow-up.

**DISCUSSION:** Comparing these interventions with and without a high intensive frequency and parenting and family components can help to understand if and how these interventions work and can contribute to the ambition to recover from the impact of family violence and restore emotional and physical security for children and young people.

**TRIAL REGISTRATION:** Netherlands Trial Register Trial NL8592 . Registered on 4 May 2020.

Fictorie, V., Jonkman, C., Visser, M., et al. 2022. **Effectiveness of a high-intensive trauma focused, family-based therapy for youth exposed to family violence: study protocol for a randomized controlled trial.** *Trials [Electronic Resource]* 23(1) 46.  
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Elspeth, W. & Virginia, G. 2022. **Using the reducing parental conflict planning tool: key findings from local areas**, London, Early Intervention Foundation.

This short briefing summarises the key findings from the analysis of self-assessment data from 130 local areas which used the Reducing Parental Conflict Planning Tool to develop their local plans to reduce the impact of parental conflict on children.

Tackling parental conflict requires effective local arrangements for strategy and planning, leading change, delivering effective single- and multi-agency working, and evaluating progress. The Reducing Parental Conflict (RPC) Planning Tool is designed to guide local areas in developing local arrangements to reduce the impact of parental conflict on children.

This briefing summarises the key findings of the analysis of planning tool data collected from 130 local areas in 2021. The briefing highlights the progress local areas are making, challenges faced in developing their RPC programmes, and common next steps that local areas were taking to move forward across the four dimensions outlined in the

planning tool. It also spotlights three common enablers for making progress, and provides tips for completing the planning tool.

Local areas consistently reported three enablers for making progress: securing a commitment to action and establishing a shared understanding of parental conflict and its impact enables progress on local strategy; including RPC in the Early Help strategy can unlock wider strategic planning, for example the inclusion of RPC in children and young people plans; having an active team of RPC trainers can increase the chances of training the majority of the workforce in at least one service.

Dougherty, E. H., Edge, N. A., Vanderzee, K. L., et al. 2022. **Pairing policy change with investments in supports to improve outcomes for children impacted by family violence: The Arkansas experience.** *Aggression and Violent Behavior* 65(no pagination). <https://dx.doi.org/10.1016/j.avb.2021.101636>

Children who experience family violence are at heightened risk for a multitude of physical, emotional, and behavioral difficulties. Fortunately, research has revealed several evidence-based ways to improve outcomes for this vulnerable population across child-serving systems.

This manuscript highlights the collaborative efforts in Arkansas to pair policy changes designed to support children impacted by family violence with investments in supports necessary to ensure the success of policy changes. Specifically, this manuscript highlights initiatives designed to support children with histories of trauma exposure, including family violence, across key child-serving systems including child welfare, behavioral health, and early care and education.

More specifically, three trauma-informed initiatives are described that paired policy changes with implementation supports: child welfare system training in trauma-informed care; expulsion prevention efforts for children ages birth to 5, particularly those with experiences of trauma; and Medicaid-related infant mental health certification requirements intended to emphasize evidence-based mental health care services. Processes, successes, and lessons learned are discussed.

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Donagh, B., Bradbury-Jones, C. & Taylor, J. 2022. **The use of technology to support children and young people experiencing domestic violence and abuse during the COVID 19 pandemic: a failure modes and effects analysis.** *Journal of Gender-Based Violence* 6(2) 393-405. <https://dx.doi.org/10.1332/239868021X16397664798942>

Technology is an ever-increasing part of most people's lives and it has been crucial for the delivery of support by domestic violence and abuse (DVA) services during the COVID-19 pandemic. Paradoxically, this same technology has provided perpetrators with new and growing opportunities to continue or escalate their abusive behaviours.

This article draws on the experiences of a specialist DVA service for children and young people (CYP) in the United Kingdom reflecting on the use of technology in service delivery during the COVID-19 pandemic.

We applied a safety systems approach – a failure modes and analysis (FMEA) to analyse the nature and impacts of service responses. The FMEA shed light on the risks within the environment in which children and young people engage with remote, digital-enabled support. Practitioners, for example, have been unable to determine potential

'lurking', whereby other people, including the abusive parent or partner, are present within the room, but out of sight.

The FMEA generated 13 'corrective actions' that will be helpful to specialist practitioners supporting children and young people experiencing DVA and to operational managers modifying current services and designing those for the future.

Côté, I., Damant, D. & Lapierre, S. 2022. **Children in domestic violence shelters: Does the feminist perspective collapse?** *Journal of Social Work* 22(2) 422-439.  
<https://dx.doi.org/10.1177/14680173211009740>

**Summary:** Even though an extensive body of literature on children has swept the field of domestic violence in the last 30 years, little is known about how domestic violence shelter workers understand children's situations and how they intervene with them. This article seeks to address this gap in the literature, and presents the results of a study conducted with 48 advocates in the province of Québec (Canada).

**Findings:** The data suggest that most of the participants adopt a child-centred perspective and consider the children in their own right during their stay. The accounts of the participants' practices also reveal that they perceive children as being vulnerable and at-risk. With a moderate emphasis on vulnerability and risk, the participants tend to support the children alongside their mothers, while associating potential risks with the behaviour of the perpetrator of domestic violence. However, with a strong focus on vulnerability and risk, participants tend to cast aside the perpetrators' behaviour and monitor the women-as-mothers during their stay while associating potential risk with their [in]actions under the circumstances. This can lead to mother-blaming, surveillance and more authoritarian interactions.

**Applications:** The understanding of children living with domestic violence needs to remain rooted in a feminist analysis of violence against women in order to avoid some of the issues highlighted in the article. Furthermore, studies that seek to shed light on best social work practices when working with children in alliance with their mothers from a feminist perspective are crucially needed.

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Cilar Budler, L., Stricevic, J., Kegl, B., et al. 2022. **Caring for children and adolescents victims of domestic violence: A qualitative study.** *Journal of Nursing Management* 30(6) 1667-1676. <https://dx.doi.org/10.1111/jonm.13512>

**AIM:** To explore nurses' perceptions on caring for children and adolescents who are victims of domestic violence, medical treatment of a victim of domestic violence and social aspects of recognizing this problem.

**BACKGROUND:** Nurses are often first to recognize family violence; thus, they must have appropriate knowledge, skills and experience. Caring for child victims of domestic violence can be very stressful and emotional and nurses must have support when caring for them.

**METHODS:** A qualitative study was conducted between June and August 2020. Interviews were conducted with paediatric nurses in a university hospital in Slovenia. Interviews were transcribed, coded and synthesized.

**RESULTS:** We identified four main categories: violence against children; nurses' perception of caring for a child victim of domestic violence; medical treatment of a child who is a victim of domestic violence; the social aspect of recognizing violence against a child.

**CONCLUSIONS:** Domestic violence is present regardless of country, language and nationality. Early interventions should be directed towards recognition of the signs of domestic violence and care for victims of violence and caregivers.

**IMPLICATIONS FOR NURSING MANAGEMENT:** It is the responsibility of healthcare systems, hospital managers and nurses themselves to provide nursing care for children and adolescent victims of domestic violence based on the newest and best evidence.

Capulong, A. 2022. **Helping Latinx young children identify intimate partner violence: A bibliotherapy approach for preschool age children.** *Dissertation Abstracts International: Section B: The Sciences and Engineering* 83(11-B) No Pagination Specified

As of 2020, Latinos/Hispanics make up 18.7% of the population in the United States. Although many factors within this community are protective against intimate partner violence, others reduce the likelihood that it will be reported. One potential way to reduce cross-generational transmission of intimate partner violence is bibliotherapy.

Research has shown that literature is not only a prevention tactic but can also illuminate situations that are currently being experienced at home. The purpose of this project was to design and write a book for children between 2 and 6 years old, focused on the Latinx population, that can be used as a developmentally appropriate intervention to help children recognize the difference between intimate partner violence and a healthy romantic relationship.

The book follows the story of Sofia, a 4-year-old girl who became afraid after seeing her parents argue and who witnessed intimate partner violence in her own home. Sofia learns what to do in this situation, telling a teacher after receiving guidance from her friend and Child Family Services.

The goals of this book included helping children recognize problematic behaviors occurring with adults in their home, encouraging them to talk to a trusted adult, and allowing readers to not feel alone in their experiences. The children's book was reviewed by 13 masters' and doctoral-level clinicians, as well as one child development master teacher and one child development program director. Each participant answered 19 Likert-Scale items and seven open-ended questions. The majority of reviewers (93.3%) reported that the book would be a useful tool in working with children who have been exposed to intimate partner violence, 86.6% reported that children who read this book will feel less apprehensive about seeking help from a trusted adult, 93.3% recorded that the use of Latinx/Hispanic characters would help Latinx/Hispanic children identify with the story, and 73.4% reported that children who read/have read the book will have a better understanding of intimate partner violence.

This study suggests the potential efficacy of utilizing a culturally and developmentally appropriate bibliotherapy intervention, particularly among young Latinx/Hispanic children. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Campbell, K. D., Hasselle, A. J. & Howell, K. H. 2022. **A Familial Case Study Exploring the Effects of a Strengths-Based Camp Intervention on Children's Self-Perception.** *Clinical*

Childhood victimization can negatively affect children's self-perception, a multifaceted developmental asset that can be delineated into Global Self-Worth, Social Competence, and Behavioral Conduct. Despite the importance of self-perception, few studies have examined how strengths-based interventions impact self-perception among youth experiencing victimization.

Using a familial case study design, the current study evaluated how a camp-based intervention, known as Camp HOPE, affected self-perception among siblings who experienced childhood victimization. Participants included three siblings and their mother who all identify as Black/African American and reside in the Midsouth, United States. The siblings participated in a week-long, overnight camp with other children exposed to victimization. The family was evaluated across three timepoints: pre-camp, 1 month post-camp, and 4 months post-camp. Participating in Camp HOPE appeared to have differential effects on the siblings' self-perception. Specifically, all three children endorsed small to medium improvements in perceived Behavioral Conduct, but the camp differentially impacted their Global Self-Worth and Social Competence.

Findings suggest that Camp HOPE may enhance self-perception among Black/African American children who have experienced victimization. This intervention may also be more accessible and acceptable, compared to traditional treatment formats.

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Branco, P., Keene, C., Menard, A., et al. 2022. **Advocacy and intimate partner violence.** *Handbook of interpersonal violence and abuse across the lifespan: A project of the National Partnership to End Interpersonal Violence Across the Lifespan (NPEIV).* Cham, Switzerland:

Springer Nature Switzerland AG; Switzerland.

Advocacy is multifaceted, but at its core involves helping survivors increase their safety and access to justice as well as their well-being. Advocacy at the individual level addresses the particular risks and life circumstances of each survivor.

To be fully responsive and effective, advocates must understand and respect a survivor's particular risks, life circumstances, and cultural contexts and be a skillful partner in safety planning that builds on the survivor's strengths, enhances resilience, and advances their self-defined priorities, plans, and relationship decisions. Policy advocacy utilizes an array of strategies to promote the best practice as well as identify and address systemic barriers that make achieving safety, economic security, and well-being difficult or impossible, especially for survivors from marginalized communities facing historic and present-day inequities and injustices.

Survivors often seek assistance from law enforcement, courts, schools, housing programs, faith-based organizations, and social service agencies or find themselves entangled in child welfare agencies and criminal or civil justice systems. Each of these are sites in which coordinated systems advocacy may be necessary to change policies and practices that block access or cause harm to the ones that support healing and recovery. Increasingly, advocacy is also seen as a critical component of prevention work, including proactive efforts to reduce violence, lessen its impact, and stop violence



and abuse from occurring in the first place by interrupting the cultural rules, norms, and constructs that support it.

Successful advocacy to end intimate partner violence must address all levels of the social ecology, including comprehensive strategies that influence individuals, families, communities, systems, and societies. Chapter Overview: This chapter will provide an introduction to intimate partner violence advocacy on the individual, systems, and societal levels, exploring the specific and unique roles of advocates in a variety of settings. The value of embracing intersectional frameworks will be explored while reviewing both mainstream and nontraditional models of responding to the complex and varied needs of survivors and their children.

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Bounds, D., Boakye-Donkor, A., Sumo, J., et al. 2022. **Listening to the "HITS:" Screening for IPV in African American Co-Parents of Young Children.** *Journal of Interpersonal Violence* 37(15-16) NP14411-NP14430. <https://dx.doi.org/10.1177/08862605211006356>

Relationships among African American (AA) parents living apart can be contentious. A common assumption is that men are the perpetrators and women are the victims of violence. Research examining the symmetry of intimate partner violence (IPV) has not focused enough on AA parents who are co-parenting their young children while living apart.

The purpose of this study is to explore reports of IPV among non-cohabiting AA co-parents of 2-6-year-old children enrolled in the Dedicated African American Dad Study (DAADS). Our objectives for this study are to characterize the nature of intimate partner relationships among non-co-residing co-parents by exploring the association between the quality of relationship and co-parenting fathers' and mothers' Hurt, Insult, Threaten, and Scream (HITS) scores. The HITS is a domestic violence screening tool for use in the community. As part of the screening protocol for study inclusion, we administered the HITS to father-mother dyads. Fathers were ineligible for participation if either parent reported HITS cut-off scores >10 and identified safety concerns for themselves when interacting with their co-parent. Among DAAD study parenting dyads, we noted symmetry in reports of IPV (i.e., both parents reported elevated HITS scores). The most frequently elevated HITS items were "insult or talk down to" and "scream or curse" indicating the preponderance of verbal conflict among parents in the study. The nature of IPV among co-parents in this study is predominantly verbal. In light of the potential for reciprocity in IPV, interventions for families in this context should focus on communication and problem solving to support fathers and mothers and minimize child harm.

Bosk, E. A., Van Scoyoc, A., Mihalec-Adkins, B., et al. 2022. **Integrating responses to caregiver substance misuse, intimate partner violence and child maltreatment: Initiatives and policies that support families at risk for entering the child welfare system.** *Aggression and Violent Behavior* 65(no pagination). <https://dx.doi.org/10.1016/j.avb.2021.101637>

Complex trauma is a significant public health problem in the United States (U.S.), occurring in families with chronic and compounding exposures to traumatic stressors like substance misuse, intimate partner violence (IPV) and child maltreatment (Cook et al., 2017).

Yet, few programs exist to treat their intersection, challenging our ability to respond effectively and restore positive trajectories for children and families. In this context, there is a need for innovative approaches to treat these intersecting phenomena.

In this conceptual paper, we identify three innovative programs that offer integrative approaches to these intersecting challenges. We analyze common elements among these programs, offering a theoretical foundation for fundamental elements of transformative services.

Finally, we consider how the Families First Prevention Act could be leveraged for states to adopt and implement these programs. The goal of this conceptual paper is to advance empirical and practical discussions regarding programmatic and policy options for more effectively responding to substance misuse, and IPV in families, and the associated traumas incurred by maltreated children and their caregivers.

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Allen, K., Melendez-Torres, G. J., Ford, T., et al. 2022. **Family focused interventions that address parental domestic violence and abuse, mental ill-health, and substance misuse in combination: A systematic review.** *PLoS ONE [Electronic Resource]* 17(7) e0270894. <https://dx.doi.org/10.1371/journal.pone.0270894>

Parental domestic violence and abuse (DVA), mental ill-health (MH), and substance misuse (SU) are three public health issues that tend to cluster within families, risking negative impacts for both parents and children. Despite this, service provision for these issues has been historically siloed, increasing the barriers families face to accessing support.

Our review aimed to identify family focused interventions that have combined impacts on parental DVA, MH, and/or SU. We searched 10 databases (MEDLINE, PsycINFO, Embase, CINAHL, Education Research Information Centre, Sociological Abstracts, Applied Social Sciences Index & Abstracts, ProQuest Dissertations and Theses Global, Web of Science Core Collection, and Cochrane Central Register of Controlled Trials) from inception to July 2021 for randomised controlled trials examining the effectiveness of family focused, psychosocial, preventive interventions targeting parents/carers at risk of, or experiencing, DVA, MH, and/or SU.

Studies were included if they measured impacts on two or more of these issues. The Cochrane Risk of Bias Tool 2 was used to quality appraise studies, which were synthesised narratively, grouped in relation to the combination of DVA, MH, and/or SU outcomes measured.

Harvest plots were used to illustrate the findings. Thirty-seven unique studies were identified for inclusion. Of these, none had a combined positive impact on all three outcomes and only one study demonstrated a combined positive impact on two outcomes. We also found studies that had combined adverse, mixed, or singular impacts. Most studies were based in the U.S., targeted mothers, and were rated as 'some concerns' or 'high risk' of bias.

The results highlight the distinct lack of evidence for, and no 'best bet', family focused interventions targeting these often-clustered risks. This may, in part, be due to the ways interventions are currently conceptualised or designed to influence the relationships between DVA, MH, and/or SU.

**2022. Tackling domestic abuse plan.**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1064427/E02735263\\_Tackling\\_Domestic\\_Abuse\\_CP\\_639\\_Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064427/E02735263_Tackling_Domestic_Abuse_CP_639_Accessible.pdf) [View online report]

(ABS) Outlines the Government's

Plan to prevent domestic abuse and support victims in England and Wales. Includes strategies to achieve these aims and safeguard child victims of domestic abuse, including: ensuring children know about healthy relationships through the relationships, sex and health education (RSHE) curriculum; and ensuring that child victims have access to support to help them to manage the impact of domestic abuse.

Waddell, S. & Molloy, D. 2021. **Improving services for children affected by domestic abuse.**

Explores ways of improving support for children who have experienced or are at risk of experiencing domestic abuse.

Explains that the impacts of experiencing domestic abuse can lead to significant, wide-ranging and long-lasting impacts on children, and that around one in five children in the UK experience domestic abuse.

Presents proposals for central government to invest strategically in tackling this problem, by: closing gaps in evidence of what works; addressing local system barriers to evaluating the impact of support services; investing over the long term to enhance support for affected children.

Argues that a long-term, cross-departmental fund should be established to improve knowledge of what works to support children and adult victims of domestic abuse.

Waddell, S. 2021. **Supporting young victims of domestic abuse.**

<https://www.themj.co.uk/supporting-victims-domestic-abuse>

Looks at the need to improve understanding of what works in supporting children affected by domestic abuse.

Outlines the new responsibilities placed on local authorities by the Domestic Abuse Act 2021, and considers the challenges faced by the local government and voluntary sectors in maintaining domestic abuse support services.

Argues that there is a lack of evidence about the most effective ways of supporting child victims of domestic abuse, and that central government should invest over the longer term to improve understanding of what works.

Identifies current policy opportunities to use better knowledge of what works to improve local service delivery to support children affected by domestic abuse: the Supporting Families programme; the independent review of children's social care; and the commitment to expand family hubs.

Varning Poulsen, D., Lygum, V. L., Djernis, H. G., et al. 2021. **Nature is just around us! Development of an educational program for implementation of nature-based activities at a crisis shelter for women and children exposed to domestic violence.** *Journal of Social Work Practice* 35(2) 159-175. <https://dx.doi.org/10.1080/02650533.2019.1703659>

Being in nature and doing nature-based activities has been shown to reduce stress-related illnesses such as trauma and post-traumatic stress disorders. In 2016, the crisis shelter Danner in Denmark decided to implement a programme based on the therapeutic use of nature as a recovery method for their residents: women and children exposed to domestic violence.

This was done in collaboration with the research group of University of Copenhagen. This paper describes the objectives of the project, the development of an educational programme and the implementation of nature-based therapy. The Danish model for qualifications in education developed by the Danish Ministry of Education was the overall structural framework for the programme. The education programme contained four overall elements: (1) a theoretical part on the nature-health relationship; (2) performance and development of practical nature activities in collaboration with staff; (3) case stories about the challenges of implementing nature-based therapy for the residents in the crisis shelter; and (4) the implementation phase of nature-based therapy at Danner.

Developing qualifications related to the use of nature-activities and the use of nature-environment might be useful for social workers and strengthen their competences in their work with battered women and children.

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van der Hoeven, M. L., Widdershoven, G. A. M., van Duin, E. M., et al. 2021. **"Time for Tony the Turtle": Experiences with the use of a hand puppet in a program for young children in domestic violence shelters.** *Arts in Psychotherapy* 75(no pagination). <https://dx.doi.org/10.1016/j.aip.2021.101840>

A support program 'Time for Tony the Turtle' has been developed for young children residing in Dutch domestic violence (DV) shelters. With hand puppet 'Tony the Turtle', the program aims to develop self-regulation skills for children, while increasing the sense of safety and addressing children in a personal and playful way.

As the use of the puppet is a distinct aspect of the program, this study aims to explore the experiences of children, mothers, and professionals with a hand puppet in three Dutch organizations providing shelter services.

We conducted in-depth interviews with 11 children, 15 mothers, and 18 professionals involved in the program. We used thematic analysis for interpretation. We derived three themes from the interviews with the interviewees: 'Tony is nice and funny', 'Tony is just like us', and 'Tony invites us to ask questions and give advice on sensitive topics'. Overall, the use of a hand puppet in DV shelters seems beneficial for children living in DV shelters. It offers a trusted figure who experienced similar things.

Children can use the puppet to project their own problems onto and to find solutions for their problems and concerns, by advising the puppet and asking it questions.

Szilassy, E., Roy, J., Williamson, E., et al. 2021. **Reaching everyone in general practice? Feasibility of an integrated domestic violence training and support intervention in Primary care.** *BMC Family Practice* 22(1) 19. <https://dx.doi.org/10.1186/s12875-020-01297-5>

**BACKGROUND:** Primary care needs to respond effectively to patients experiencing or perpetrating domestic violence and abuse (DVA) and their children, but there is uncertainty about the value of integrated programmes. The aim of the study was to develop and test the feasibility of an integrated primary care system-level training and support intervention, called IRIS+ (Enhanced Identification and Referral to Improve Safety), for all patients affected by DVA. IRIS+ was an adaptation of the original IRIS (Identification and Referral to Improve Safety) model designed to reach female survivors of DVA.

**METHODS:** Observation of training; pre/post intervention questionnaires with clinicians and patients; data extracted from medical records and DVA agency; semi-structured interviews with clinicians, service providers and referred adults and children. Data collection took place between May 2017 and April 2018. Mixed method analysis was undertaken to triangulate data from various sources to assess the feasibility and acceptability of the intervention.

**RESULTS:** Clinicians and service providers believed that the IRIS+ intervention had filled a service gap and was a valuable resource in identifying and referring women, men and children affected by DVA. Despite increased levels of preparedness reported by clinicians after training in managing the complexity of DVA in their practice, the intervention proved to be insufficient to catalyse identification and specialist referral of men and direct identification and referral (without their non-abusive parents) of children and young people. The study also revealed that reports provided to general practice by other agencies are important sources of information about adult and children patients affected by DVA. However, in the absence of guidance about how to use this information in patient care, there are uncertainties and variation in practice.

**CONCLUSIONS:** The study demonstrates that the IRIS+ intervention is not feasible in the form and timeframe we evaluated. Further adaptation is required to achieve identification and referral of men and children in primary care: an enhanced focus on engagement with men, direct engagement with children, and improved guidance and training on responding to reports of DVA received from other agencies.

Stylianou, A. M. & Ebright, E. 2021. **Providing Coordinated, Immediate, Trauma-Focused and Interdisciplinary Responses to Children Exposed to Severe Intimate Partner Violence: Assessing Feasibility of a Collaborative Model.** *Journal of Interpersonal Violence* 36(5-6) NP2773-NP2799. <https://dx.doi.org/10.1177/0886260518769359>



Despite the known consequences associated with children's exposure to intimate partner violence (IPV), numerous children exposed to IPV never access victim services and/or mental health treatment. Informed by the Child Development-Community Policing Program (CD-CP), the Child Trauma Response Team (CTRT) is designed to provide a coordinated, immediate, trauma-informed, and interdisciplinary response to children, adolescents, and their impacted family members who are exposed to severe IPV.

The aim of this study was to explore the feasibility of the CTRT from the perspective of the key stakeholders and to identify what facilitated and/or hindered the collaborative model. Interviews were conducted with all 12 CTRT stakeholders of whom three worked for law enforcement, four worked for the district attorney's office, four worked for the nonprofit victim service organization, and one worked for the city office funding the pilot.

Results indicated that the CTRT program evolved through a cyclical process including (a) implementing and enhancing program services, (b) defining and nurturing partner relationships, and (c) shifting practices among partnering agencies. The results provide concrete tools and practices that were successful in the CTRT pilot implementation. Despite the potential barriers to successful multidisciplinary collaborations, it is critical that we invest in developing and implementing collaborative intervention models in the IPV field.

The CTRT model is an innovative model that conducts multidisciplinary coordinated outreach to families experiencing severe IPV to enhance family engagement in services and, when appropriate, in the criminal justice process.

Stein, S. F., Grogan-Kaylor, A. C., Galano, M. M., et al. 2021. **Contributions to Depressed Affect in Latina Women: Examining the Effectiveness of the Moms' Empowerment Program.** *Journal of Interpersonal Violence* 36(5-6) NP2298-NP2323.  
<https://dx.doi.org/10.1177/0886260518760005>

Intimate partner violence (IPV) is a significant social and public health problem that includes physical violence, sexual violence, threats of physical or sexual violence, stalking, and psychological aggression by an intimate partner. Estimates suggest that 35% of Latinas living in the United States experience IPV in their lifetime, with known severe negative outcomes. One mental health consequence of concern is depression, which disproportionately affects IPV-exposed Latinas.

The present study tested the effectiveness of the Moms' Empowerment Program (MEP), a culturally adapted intervention to reduce depressive symptoms among IPV-exposed Spanish-speaking Latina mothers. Additional psychosocial predictors of levels of depressed affect over time are examined, including levels of post-traumatic stress, IPV exposure, positive parenting, parental acceptance of children's negative emotions, and maternal employment. Participants (N = 72) were assigned to a treatment or a wait-list comparison condition, and those in the treatment group completed a 10-week group intervention addressing the unique problems associated with IPV exposure, mental health, and parenting among Spanish-speaking Latinas.

Results of multilevel modeling revealed that participation in the MEP was associated with significant reductions in depressed affect. Lower levels of post-traumatic stress and higher levels of positive parenting, maternal acceptance of children's negative emotions, and maternal employment predicted lower levels of depressed affect. The amount of total IPV exposure was not significantly associated with the extent of depressed affect. The MEP represents a culturally tailored, evidence-based intervention to reduce

depressed affect among Spanish-speaking Latinas. The clinical implications of the additional predictors of levels of depressed affect are discussed.

Sesar, K. & Dodaj, A. 2021. **Therapeutic interventions employed when working with maltreated children.** *Hrvatska Revija Za Rehabilitacijska Istraživanja* 57(2) 103-122. <https://dx.doi.org/10.31299/hrri.57.2.7>

A number of effective treatments are available for children and young people who have developed various forms of psychological difficulties as a consequence of traumatic experiences.

The aim of this paper is to review the therapeutic approaches employed when working with children who have been exposed to various forms of abuse and neglect during their childhood.

This paper provides relevant information to psychotherapists and counsellors on new trends in therapy, as well as techniques and possibilities in interventions in this field, not only with respect to traumatised children, but also family members and other caregivers involved in the child's life. Furthermore, this paper reviews the therapeutic interventions used to treat emotionally, sexually, and physically abused children, neglected children, children who have witnessed domestic violence, and children who have been exposed to multiple forms of abuse.

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Selvik, S. & Thjømøe, C. 2021. **Children Fleeing Domestic Violence to Emergency Accommodations: Education Rights and Experiences.** *Journal of Family Violence* 36(8) 1003-1015. <https://dx.doi.org/10.1007/s10896-021-00287-0>

Domestic violence forces many families to flee to emergency accommodations. This article focuses on children's experiences of schooling and life at confidential addresses, and to what extent their legal right to education in the face of domestic violence is safeguarded in practice.

Data were collected from interviews with 20 children aged 6–16 with multiple relocations at Norwegian refuges for abused women. Interviews were coded using the constructive approach to grounded theory.

Data were analyzed using Antonovsky's theory and interpreted within the context of Norwegian and international law, examining the rights of children to education versus the legal rights of abusers.

The findings indicate that children's rights to education and a life without violence may be sacrificed in favor of due process for abusers. The article suggests concrete protective measures to help safeguard these rights, and calls on policymakers and support agencies worldwide to rethink their policies and practice.

Romano, E., Weegar, K., Gallitto, E., et al. 2021. **Meta-Analysis on Interventions for Children Exposed to Intimate Partner Violence**. *Trauma Violence & Abuse* 22(4) 728-738.  
<https://dx.doi.org/10.1177/1524838019881737>

Several reviews have been conducted on children's outcomes following exposure to intimate partner violence (IPV), but there remain inconsistent findings. We conducted a meta-analysis on child emotional and behavioral outcomes of IPV exposure interventions, based on published reviews that included a child component. We also explored relative effect sizes by examining moderators of the effect sizes across studies.

This meta-analysis included 21 evaluation studies across 12 published reviews, which were located using a multiple database systematic search of English publications between 2000 and 2019. Studies were required to evaluate IPV interventions that included children, to gather quantitative pre- and post-intervention data on child outcomes, to use standardized instruments, and to present data in a format that could be used in a meta-analysis.

Results indicated an overall pre- to post-intervention medium effect size ( $d = 0.49$ ), with effect sizes ranging from small to large depending on the specific outcome. Improvements at follow-up were maintained for internalizing behaviors but decreased for trauma-related symptoms and social, externalizing, and total behaviors. However, externalizing and total behavior outcomes still had significant effect sizes in the small-to-medium range ( $d = 0.36$  and  $0.44$ ).

There were greater intervention effects when treatment was not exclusively trauma-specific. It appears that IPV exposure interventions are generally effective for improving children's emotional and behavioral well-being, although interventions would benefit from greater tailoring to children's specific needs. Interventions may also benefit from incorporating various content areas (both trauma-specific and non-trauma-specific) and from greater focus on ensuring the maintenance of treatment gains.

Ringin, L., Robinson, M., Greville, H., et al. 2021. **Men Against Violence: Engaging men and boys in prevention of family violence**. *Health Promotion Journal of Australia* 32(2) 322-325.  
<https://dx.doi.org/10.1002/hpja.343>

**ISSUES ADDRESSED:** Discussion of family violence is important but many men and boys struggle to engage with the topic. Primary prevention approaches focus on communicating with and educating the population, including men and boys, in the areas of healthy relationships, gender and violence. There can be both barriers to and also gains from these interventions. This paper describes a project implemented in Geraldton, Western Australia, and discusses what has been effective and ineffective during the project.

**METHODS:** The 'Men Against Violence' project targeted men and boys through local sporting clubs in the City of Greater Geraldton, in the Midwest region of Western Australia, through the use of face to face education, community radio and television interviews and other appropriate engagement strategies. 'Men Against Violence' events were held to connect with local male community members and address the role men can have in family violence prevention.

**RESULTS:** We describe the three key engagement activities, working with the local Australian Rules football league, state-league basketball team and a local high school Aboriginal football academy. These strategies provided avenues for contact with and the education of men and boys aged 12 years and older.

**CONCLUSION:** Through successful partnerships with a number of local organisations, the 'Men Against Violence' project saw a high level of engagement with local men. The project also gained strong community support, with pockets of resistance encountered and managed.

**SO WHAT:** The 'Men Against Violence' project experienced highlights and barriers throughout the pilot project that can guide and inform future family violence prevention programs.

Riina, E. M. 2021. **Intimate Partner Violence and Child and Adolescent Adjustment: The Protective Roles of Neighborhood Social Processes.** *Journal of Family Psychology* 35(6) 756-766. <https://dx.doi.org/10.1037/fam0000893>

Parental intimate partner violence (PIPV) is a serious public health problem that can have deleterious effects on children. However, little is known about the implications of PIPV for long-term child development, or about the neighborhood social resources that may mitigate its negative effects.

Taking an ecological approach, this study addresses gaps in the literature by examining associations between physical PIPV and the development of internalizing and externalizing problems from childhood through adolescence (ages 6–18) and explores the protective roles of neighborhood social cohesion and social control. Data came from 1,673 primary caregivers with children (mean youth age at wave 1 = 8.94, SD = 2.47; 50% female) who participated in three waves of the Project on Human Development in Chicago Neighborhoods.

Multilevel growth curve models revealed positive associations between PIPV and levels of youth internalizing and externalizing problems. PIPV was not related to rates of growth in internalizing or externalizing problems, and there were no differences for boys versus girls. Neighborhood social cohesion reduced the strength of association between PIPV and internalizing and externalizing problems, and social control was protective for externalizing problems but only during adolescence. The discussion centers on the role of neighborhood context for youth who experience physical PIPV and sheds light on avenues for intervention for children and adolescents in violent households. © 2021 American Psychological Association

Ravi, K. E. 2021. **Exposure to IPV among Children in the Child Welfare System and an Emotional-Behavioral Disability: the Role of Maternal Depression and Social Support.** *Journal of Child & Adolescent Trauma* 14(4) 587-597. <https://dx.doi.org/10.1007/s40653-021-00367-9>

This study examines the relationship between children's exposure to IPV and EBD among children involved in the child welfare system for suspected maltreatment (both substantiated and unsubstantiated). It specifically examines how children's trauma symptoms, maternal depression, and maternal social support may impact the relationship between exposure to IPV and EBD.

This study uses structural equation modeling with data from the second National Survey of Child and Adolescent Wellbeing to examine the relationship between exposure to IPV and EBD among 989 children (ages 8-17) involved in the child welfare system. Moderated mediation was employed to examine whether children's trauma symptoms mediate the relationship between IPV exposure and EBD and whether differences in maternal depression and social support impact such mediation effect. Child trauma symptoms and maternal social support were significantly related to EBD.

The current study highlights the relationship between children's trauma symptoms and EBD among children in the child welfare system. The study also provides preliminary evidence for maternal social support as a protective factor for children developing EBD. Implications of this research include providing interventions as well as increasing maternal social support to potentially reduce the likelihood of children developing EBD.

Rancher, C., McDonald, R., Draxler, H., et al. 2021. **Working with families and children exposed to intimate partner violence. *Family-based intervention for child and adolescent mental health: A core competencies approach***. New York, NY: Cambridge University Press; US.

Every year, millions of children are exposed to parental intimate partner violence (IPV) and physical child maltreatment. Many children exposed to these forms of family violence develop significant mental health problems. Project Support is an efficacious treatment designed to improve parenting in families in which IPV or child maltreatment has occurred and to address behavioural problems among the children in the family.

Project Support is a theory-driven, empirically based parenting intervention that was originally designed to reduce behaviour problems among children three to nine years of age who have been exposed to parental IPV or physical child maltreatment. Although Project Support was initially designed for mothers who were leaving a violent relationship, it has been used successfully to address child behavior problems and parenting difficulties more generally with other important caregivers (e.g., grandparents, fathers).

The success of the intervention relies on clinicians demonstrating competencies in broad terms of both their soft skills and familiarity with behavior theory and their specific knowledge of the needs of families recovering from violence and the didactic instruction of the Project Support parenting skills.

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Nicky, S. 2021. **Roadmap evaluation: final report**. [https://www.womensaid.org.uk/wp-content/uploads/2021/10/Roadmap\\_Report\\_280921.pdf](https://www.womensaid.org.uk/wp-content/uploads/2021/10/Roadmap_Report_280921.pdf)

Findings of a four-year evaluation of the Roadmap Programme, exploring how domestic abuse support services in the UK can become more accessible to those that need them. Women's Aid Federation England (WAFE) and SafeLives (SL) collaborated over five years (2016-21) to develop and implement the Roadmap Programme which aimed to transform the lives of women and girls through systemic change to policy, practice and commissioning by promoting early intervention and reducing the prevalence, impact and tolerance of domestic violence and abuse (DVA).



The evaluation, which was carried out between 2017 and 2021, involved interviews and surveys about the experiences of 300 women and 70 children affected by domestic violence and abuse, spanning five sites across England.

Researchers found that survivors of domestic abuse valued services that were survivor-centred and enabled them to choose the pace and type of support they received, and that many needed help with parenting as well as support in their own right. When direct support was provided for children who had lived with domestic abuse, it could assist their mood, sleep, physical health and reduce their fear and anger. The study also found examples of children who received support from Roadmap services successfully navigating key transitions in their lives. The changes achieved by services for women and children generated considerable social value. This was enhanced by the use of volunteers - many of whom were survivors - including those who volunteered as Women's Aid Ask Me Ambassadors, who provide advice to women experiencing domestic abuse in their local communities.

Roadmap staff also provided training for frontline workers who encountered domestic abuse in their work. This training improved professionals' knowledge and confidence in responding to domestic abuse and staff employed in benefits offices, housing and children's social care benefited from this training. However, health services were less likely to take up the training and were less likely to work collaboratively with Roadmap services.

McCarry, M., Radford, L. & Baker, V. 2021. **What helps? Mothers' and children's experiences of community-based early intervention programmes for domestic violence.** *Child Abuse Review* 30(2) 114-129. <https://dx.doi.org/10.1002/car.2671>

Early help or early intervention is increasingly recommended for safeguarding children living with domestic violence, but little is known about what is effective. This article discusses findings from an evaluation of a pioneering early help service in North West England.

This new service aimed to improve the safety and wellbeing of families (mothers and children) who were assessed as below the level of 'high risk' domestic violence and below the threshold for a child protection order. Between January 2014 and March 2015, families (473 mothers and 541 children) were identified within multiagency safeguarding hubs and referred to the early help service. The service that emerged was somewhat different to the service expected.

This article discusses findings from qualitative data gathered from 39 participants (mothers, children and service providers) involved in the programme. Three main issues emerged as themes from the interviews: the benefits of having any service at all for children living with domestic violence who slip off the agendas of professionals working with child protection and high-risk domestic violence; the importance of flexibility of key worker-led service delivery; and the suitability of current group work and therapeutic models for meeting the varied needs of families affected by domestic violence.

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Impact Statement Children, mothers and service providers reported both a perceived need for early help and a positive impact from domestic violence early help services on child health and emotional wellbeing. The ability of services to flex their delivery model in response to the needs of families is important for supporting engagement of, and

fostering a sense of control for, families receiving support. Confidentiality, reliability, respect and trust are key factors in developing an effective key worker-family relationship.

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Malka, M. 2021. **Using Drawing Following a Story Technique for processing the child's exposure to intimate partner violence in a group intervention framework.** *Social Work with Groups* 44(1) 60-77. <https://dx.doi.org/10.1080/01609513.2020.1738976>

This article discusses research regarding the experiences of children exposed to Intimate Partner Violence (IPV) and presents the Drawing Following a Story Technique (DFST) as a tool for helping children explore and process experiences of exposure to IPV in group therapy. The article addresses the practical and theoretical rationale for the development of DFST; a description of its deployment in a therapeutic setting; and two examples of its use taken from group therapy sessions.

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Macdonald, M. 2021. **Domestic abuse: support for victims and survivors**, London, House of Commons Library.

(ABS) Sets out the support available for victims and survivors of domestic abuse in England, including children and young people.

**Covers:** specialist domestic abuse support services, including those for children; local authority safeguarding duties for adults and children; family contact and child maintenance; housing; financial and workplace support; health services and education. Includes some information on services and support available in Northern Ireland, Scotland and Wales.

Loft, P. 2021. **Support for domestic abuse victims: housing, health, education, social services and social security (House of Commons Library briefing paper no 9124).** <https://commonslibrary.parliament.uk/research-briefings/cbp-9124/>

Examines support for victims of domestic violence and abuse. Considers social services, housing, social security benefits, health services and preventative actions in education settings.

Focuses on support for those aged over 16 in England, but signposts support available in Wales, Scotland, and Northern Ireland. Discusses the definition of domestic abuse, the prevalence of domestic abuse among different groups and the impact of the coronavirus (COVID-19) pandemic. Notes that in the year to March 2020 2.3 million adults aged experienced domestic abuse (Crime Survey for England and Wales).

Estimates the cost of domestic abuse for victims <strong>-</strong> &pound;66 billion (Home Office's estimates for England and Wales in 2016/17). Outlines local authorities' safeguarding duties and the requirements proposed in the Domestic Abuse Bill 2019-21, including the duty on local authorities to provide support for victims in safe accommodation.

Examines provisions for safeguarding children and the roles of the Troubled Families Programme, the Changing Futures Programme and other community-based support services.

Advises on family contact and arranging child maintenance. Discusses sanctuary schemes to prevent homelessness, homelessness assistance and help with housing costs and universal credit.

Highlights DWP measures designed to support victims eg Jobcentre Plus, Jobseeker's Allowance and Employment and Support Allowance, the Work and Health Programme and migrant partner support.

Considers the role of healthcare services and initiatives to support survivors of domestic abuse. Discusses support for children and schools' safeguarding responsibilities.

Kiani, Z., Simbar, M., Fakari, F. R., et al. 2021. **A systematic review: Empowerment interventions to reduce domestic violence?** *Aggression and Violent Behavior* 58(no pagination). <https://dx.doi.org/10.1016/j.avb.2021.101585>

**Background:** The World Health Organization defines domestic violence against women as a major health problem. Domestic violence is a consequence of a lack of power, empowerment, and gender equality in societies. In recent years, researchers have proposed various interventional approaches involving empowerment to reduce domestic violence against women. This systematic review investigated the impact of interventional approaches on preventing domestic violence against women through empowerment.

**Method(s):** This review study involved searches of English databases, such as the Web of Science, Scopus, Embase, MEDLINE (via PubMed), and the Cochrane Library, and Iranian databases, such as Scientific Information Database, Magiran, and Irandoc, as well the use of Google Scholar to find relevant articles published from 2000 to 2020 (Retrieval date: July 1, 2020). We used the following keywords: family violence, violence, domestic violence, intimate partner violence, physical abuse, spouse abuse, elder abuse, child abuse, power, empowerment, personal power, professional power, and decision-making. The inclusion criteria were that the target group in the interventional studies was women and girls who experienced domestic violence; the interventional approaches used empowerment to prevent domestic violence; and the full text of the articles was accessible and available in English or Persian. Our electronic search revealed 121,925 relevant papers of which 11 studies were included in the review.

**Result(s):** We categorized the studies according to the risk factors for domestic violence against women and the interventions that were adopted. The interventions were applied at the individual, communication, and community levels. Most interventions were performed at several levels.

**Conclusion(s):** Our review showed that the studies mainly focused on interventions that reduced rather than prevented domestic violence. The reviewed studies used various strategies in different societies, which made it difficult to perform exact comparisons.

However, our review indicated that using economic interventions with communication-based and community-based interventions are effective in reducing the risk of domestic violence. We recommend further research be done with respect to the cultural context in each country.

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Katz, L. F. & Gurtovenko, K. 2021. **Emotion coaching in the context of intimate partner violence.** *Family-based intervention for child and adolescent mental health: A core competencies approach.* New York, NY: Cambridge University Press; US.

Emotion coaching (EC) is an emotion socialization construct that has been shown to be predictive of a range of positive developmental outcomes for preschoolers, elementary school-age children and adolescents. EC is broadly characterized by parents' capacity to be accepting of their own and their child's emotions, their skill at acknowledging and validating child emotion, and their ability to coach their children in effectively understanding, expressing, and regulating emotion.

This chapter reviews the historical background and empirical research on EC. It also discusses the relevance of an emotion-focused intervention for families exposed to intimate partner violence (IPV), provides an overview of a 12-session EC intervention developed for this at-risk population and provides a clinical case example to illustrate the EC treatment principles and process. Finally, the chapter identifies several core competencies that enhance delivery and outcomes of the EC intervention and consider potential directions for future work on EC.

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Howell, T. J., Hodgkin, S., Modderman, C., et al. 2021. **Integrating Facility Dogs into Legal Contexts for Survivors of Sexual and Family Violence: Opportunities and Challenges.** *Anthrozoos* 34(6) 863-876. <https://dx.doi.org/10.1080/08927936.2021.1938406>

Giving evidence in court can be stressful, especially for children. Since increased anxiety is associated with an increased likelihood of unreliable testimony among children, reducing anxiety in this context is important to improve the quality of evidence. Dogs have been used in legal settings, such as courtrooms, to provide comfort for vulnerable witnesses. Preliminary evidence supports their use, but further research is needed to better understand this phenomenon.

The aim of this study was to characterize the employment of dogs in legal settings for survivors of sexual and/or family violence (SFV), as reported by adult professionals working in those contexts. This qualitative, exploratory study included interviews with 11 professionals (9 women, 2 men) working with dogs in legal contexts.

Participants reported considerable benefits for survivors when dogs are integrated into these settings. Participants reported that survivors felt more comfortable opening up

about their experiences, remaining calm enough to give reliable evidence. Several participants reported that this willingness to give evidence in court led perpetrators of SFV to plead guilty to the charges. In addition to reported benefits for survivors, participants also indicated that staff morale improved.

Challenges identified included logistical (e.g., managing staff with dog allergies) and structural (e.g., lack of support from other members of the legal community) issues. Animal welfare was a priority for all participants, but some dogs experienced high workloads. Future research should empirically examine these benefits, to understand whether the use of dogs in legal settings should be encouraged.

Howarth, E., Powell, C., Woodman, J., et al. 2021. **Protocol for developing core outcome sets for evaluation of psychosocial interventions for children and families with experience or at risk of child maltreatment or domestic abuse.** *BMJ Open* 11(8) e044431. <https://dx.doi.org/10.1136/bmjopen-2020-044431>

**INTRODUCTION:** Recognition that child maltreatment (CM) and domestic violence and abuse (DVA) are common and have serious and long-term adverse health consequences has resulted in policies and programmes to ensure that services respond to and safeguard children and their families. However, high-quality evidence about how services can effectively intervene is scant. The value of the current evidence base is limited partly because of the variety of outcomes and measures used in evaluative studies. One way of addressing this limitation is to develop a core outcome set (COS) which is measured and reported as a minimum standard in the context of trials and other types of evaluative research. The study described in this protocol aims to develop two discrete COSs for use in future evaluation of psychosocial interventions aimed at improving outcomes for children and families at risk or with experience of (1) CM or (2) DVA.

**METHODS AND ANALYSIS:** A two-phase mixed methods design: (1) rapid reviews of evidence, stakeholder workshops and semi structured interviews with adult survivors of CM/DVA and parents of children who have experienced CM/DVA and (2) a three panel adapted E-Delphi Study and consensus meeting. This study protocol adheres to reporting guidance for COS protocols and has been registered on the Core Outcome Measures for Effectiveness Trials (COMET) database.

**ETHICS AND DISSEMINATION:** We will disseminate our findings through peer-reviewed and open access publications, the COMET website and presentations at international conferences. We will engage with research networks, journal editors and funding agencies to promote awareness of the CM-COS and DVA-COS. We will work with advisory and survivor and public involvement groups to coproduce a range of survivor, policy and practice facing outputs. Approval for this study has been granted by the Research Ethics Committee at University College London.

Hoigilt, A. M. & Boe, T. D. 2021. **Doubt, hope, pain, and new discoveries: Parents' experiences of the high-conflict program 'no kids in the middle'.** *Australian and New Zealand Journal of Family Therapy* 42(2) 188-200. <https://dx.doi.org/10.1002/anzf.1451>

Studies show that there are strong links between parental conflict and children's psychosocial problems. The program 'No Kids in the Middle' is a group-based, time-



limited, multi-family intervention for children aged between four and 16, living with parents in prolonged conflict after divorce.

The program is based on a dialogical framework and the purpose is to create a therapeutic and dialogical space where the parents are invited to see, empathise, and connect with their children and act with their child in mind.

This paper presents a qualitative study based on interviews with parents who participated in the program. The analysis of the material led to three main themes: ambivalence - doubt, shame and hope; painful new experiences; and progress and new discoveries.

We discuss the findings in relation to the therapists' role and the program's aim of creating a free space for interaction, which seems to be important to the parents' progress.

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Hasselle, A. J. 2021. **Children's self-perception: Investigating the impact of victimization and the effectiveness of a strengths-based camp intervention.** *Dissertation Abstracts International: Section B: The Sciences and Engineering* 82(11-B) No Pagination Specified

Victimization exposure can negatively impact children's self-perception, and interventions for children exposed to victimization can improve self-perception among children. However, little is known about how distinct types of victimization are related to unique facets of self-perception and whether camp-based interventions can enhance self-perception among children affected by family violence.

The current project consists of three studies that add to the existing literature by exploring associations between three metrics of victimization exposure and three facets of self-perception. These studies also contribute to the existing literature by evaluating whether a camp-based intervention designed specifically for children exposed to family violence enhances children's self-perception, using both a randomized control design and a qualitative case study. Caregivers seeking services from a family justice center and their children aged 7-12 participated in the current study and were evaluated at baseline, two-month follow-up, and five-month follow-up. Children reported on their own self-perception and victimization exposure, and caregivers reported on their exposure to intimate partner violence.

Regression analyses in Study 1 demonstrate that direct victimization exposure is negatively associated with children's self-perception. Piecewise latent growth curve models in Study 2 suggest that Camp HOPE has a temporary, negative impact on children's global self-worth. The familial case study in Study 3, however, suggests that Camp HOPE may enhance facets of self-perception among certain children.

Results highlight the importance of victimization prevention programs and improving accessibility to interventions for children exposed to victimization experiences. Additionally, this project emphasizes the need for ongoing evaluation of Camp HOPE, modifications to enhance the impact of Camp HOPE, and consideration of whether the intervention represents an appropriate allocation of resources.

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Great Britain. Ministry of Housing, C. & Local, G. 2021. **Delivery of support to victims of domestic abuse, including children, in domestic abuse safe accommodation services: statutory guidance for local authorities across England: draft for consultation**, London, Great Britain. Ministry of Housing, Communities and Local Government.

This guidance is published under Part 4 Section 60 of the Domestic Abuse Act 2021, which places a duty on the Secretary of State to issue guidance relating to the exercise by local authorities in England of functions under the Part 4 of the Domestic Abuse Act 2021. It applies to local authority functions relating to the provision of support for all victims of domestic abuse and their children, regardless of their relevant protected characteristics, within 'relevant' accommodation. It supports the new duty on relevant local authorities with the aim of ensuring all victims of domestic abuse have access to the right support within safe accommodation when they need it. It sets out operation of Part 4 of the Domestic Abuse Act to be delivered by local authorities, and what they should do to fulfil their statutory responsibilities and provides further clarity on how the new duty should be delivered on the ground. The consultation closes on 27 July 2021.

Great Britain. Department for Levelling Up, H. & Communities 2021. **Delivery of support to victims of domestic abuse in domestic abuse safe accommodation services.**

Statutory guidance underpinning the new duties on local authorities relating to the provision of accommodation-based support to domestic abuse victims and their children. It applies to local authority functions relating to the provision of support for all victims of domestic abuse including their children, regardless of their relevant protected characteristics, within 'relevant' accommodation (as defined by The Domestic Abuse Support (Relevant Accommodation and Housing Benefit and Universal Credit Sanctuary Schemes) (Amendment) Regulations 2021).

It supports the new duties (contained in Part 4 of the 2021 Act) on relevant local authorities with the aim of ensuring victims of domestic abuse have access to the right accommodation-based support when they need it. It sets out the operation of Part 4 of the Domestic Abuse Act to be delivered by local authorities, and what they should do to fulfil their statutory responsibilities and provides further clarity on how the new duties should be delivered on the ground.

Gezinski, L. B. & Gonzalez-Pons, K. M. 2021. **Unlocking the Door to Safety and Stability: Housing Barriers for Survivors of Intimate Partner Violence.** *Journal of Interpersonal Violence* 36(17-18) 8338-8357. <https://dx.doi.org/10.1177/0886260519851792>

Housing has been identified as critical for survivors of intimate partner violence (IPV) to achieve long-term stability, but both individual- and system-level barriers hinder its obtainment. The purpose of this research study was to assess the challenges to service access and service delivery for survivors in Utah.

In-depth, semistructured interviews and focus groups were conducted with 102 participants, including 43 survivors and 59 service providers. Data analysis consisted of line-by-line coding, identifying themes, coding categories, and developing matrices to uncover relationships between themes and categories. Overwhelmingly, participants communicated an immense need for emergency shelter upon exit from an abusive relationship, yet reported limited shelter space.

Service providers reported that scarce funding coupled with grantor-imposed expectations impede their ability to serve all survivors in need. When turned away from

shelter, survivors resorted to staying in a motel, car, homeless shelter, or even returning to the perpetrator. Barriers to obtaining permanent housing included unaffordability, landlord discrimination, and insufficient documentation. Indigenous and immigrant survivors encountered amplified barriers to housing stability. Despite the prominence of Housing First in Utah, survivors were unable to access much needed housing resources.

Housing First programs can and should be tailored to meet the unique housing needs of survivors of IPV. Therefore, Housing First eligibility requirements should be adjusted, and a specific number of placements should be reserved for survivors and their children. IPV-related trauma must be understood as multifaceted, and services for survivors should simultaneously target this trauma while meeting basic needs. Future research should examine interventions such as rapid rehousing and permanent supportive housing on survivors' safety and stability in the long-term.

Emma, S., Emma, B. & Susan, C. 2021. **Impact evaluation of the scale-up of Domestic Abuse, Recovering Together**, London, National Society for the Prevention of Cruelty to Children.

Domestic Abuse, Recovering Together (DART) is an NSPCC group work programme aimed at improving outcomes for mothers and their children following domestic abuse. This programme has a unique focus on strengthening the mother-child relationship in addition to supporting other aspects of recovery from domestic abuse.

DART was one of the first programmes to be successfully scaled up by the NSPCC from 2016 onwards to meet the charity's strategic aims of reaching more children with its evidence-based initiatives. The current evaluation revealed a number of statistically significant improvements in all key outcomes measured for mothers and children accessing the scaled-up DART services. Mothers had greater self-esteem, felt more supported and satisfied in their role as a parent and there were improvements on several aspects of the mother-child relationship.

Children also had reduced emotional and behavioural difficulties, according to their own and their mothers' ratings. These improvements were significantly greater than those of a comparison group, who received no intervention during the data collection period. However, despite improvements, around half of the children who had high levels of need before DART remained in a 'high need' category after the programme, based on scores from the Strengths and Difficulties Questionnaire (SDQ). This suggests that some of these families may need further support following DART.

These findings were very similar to the first evaluation of DART (Smith, 2016) when it was originally delivered by the NSPCC.

Early Intervention, F. 2021. **Developing a relationship support pathway for families: a support pathway model**, London, Early Intervention Foundation.

This tool is designed to help develop a relationship support pathway for families in a local area, with the goal of reducing the impact of harmful conflict between parents on children. The starting point for a support pathway is a map of existing services across the continuum of needs in the local area. These services are then set in the context of reducing parental conflict (RPC), referring to the needs assessment to determine whose needs are to be met and at what level of support. Ultimately, this is about commissioning services and interventions that fit together to create a pathway of support that will

comprehensively prevent and address parental conflict and the impact it has on children in your area.

Provision should be available at all levels of need: universal, targeted selected and targeted indicated, and should include both services and interventions, working face-to-face or online. Movement between levels of support is fluid. Some families will respond to a targeted intervention and may then only need universal services and light-touch support, such as a supportive conversation with a health visitor or a school teacher, or signposting to online self-help resources. Other families will go on to have a more persistent need for support, requiring specialist services. These families may also still need universal services, such as regular contact and monitoring from their GP.

The tool consists of three tables that set out an RPC support pathway for a local area, based on a typical structure. This model includes: local services across the continuum of needs in the local area; interventions for intact or separated couples that have been formally assessed by EIF and included in the EIF Guidebook; online RPC interventions which have demonstrated preliminary evidence of improving child or parent/interparental outcomes, and which recently underwent a light-touch assessment by EIF in our report on RPC support during the Covid pandemic.

Donagh, B. 2021. **Supporting the Safety and Welfare of Children Affected by Domestic Violence and Abuse: A Practice Case Study.** *Understanding Gender-Based Violence: An Essential Textbook for Nurses, Healthcare Professionals and Social Workers.* Springer International Publishing.

Children and young people experience gender-based violence worldwide on a daily basis, including sexual abuse, female genital mutilation (FGM) or domestic violence and abuse (DVA). It is estimated DVA is present in the lives of as many as 275 million children worldwide, impacting their physical, emotional and social development.

This impact is highlighted within this chapter through the case study of a family who accessed support after experiencing DVA. Their journey enables us to understand the abuse they experienced, how this affected each child differently and the support they received. It also raises wider issues about what constitutes best practices for health and social work practitioners.

This chapter highlights the ongoing issue of children and young people not being recognised by professionals as victims and how, once recognised, there may not be a specialist support service in their area. The introduction of Operation Encompass and the proposed Domestic Abuse Bill in the UK are welcome steps towards overcoming some of these issues; however, there is still a long way to go.

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Dawson, C. & Rideout, H. 2021. **Playwork in domestic and family violence refuges.** *Playwork practice at the margins: Research perspectives from diverse settings.* New York, NY: Routledge/Taylor & Francis Group; US.

Experiencing or witnessing domestic and family violence (DFV) is a traumatic experience for children. Additionally, the complexity of being placed in a DFV refuge (DFVR) has in itself negative impact possibilities to health and wellbeing. Children can

often be victims of domestic and family violence within their homes, and the consequences of this can be immediate, cumulative, or generational.

This chapter reports on the use of a literature review to help examine the service delivery in DFVR particularly to support children. It discusses the literature that emerged from a scoping project about the role and responsibilities of practitioners-that is, child-support workers in DFVRs.

The chapter describes the context in which the practitioners work, discusses the methodology of the literature review research project undertaken, and focuses on the findings about child support roles and responsibilities and links to playwork practice.

The findings from the literature review focusing on play and domestic violence did not explicitly link to playwork. The themes noted in the literature exposed the need for more research rather than provide explicit guidance for the organisation who had requested the review.

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Dan, M., Mia, M. & Sarah, W. 2021. **Child-focused practice in social work: beginning the naming journey when family and domestic violence is present**, Emerging Minds.

This paper is for social work practitioners and students who work, or will work, with parents affected by family and domestic violence (FDV). It examines early engagement with parents - both those who perpetrate violence, and those who are affected by violence. While we acknowledge that violence occurs in families in different ways, given most violence is perpetrated by men, with children and women the victims, this will be the focus of this paper.

**Key messages include:** when a parent is affected by FDV, they may describe this violence in different ways to a social worker - these descriptions can minimise the effects on children and mean that they don't receive the support that they need for their social and emotional wellbeing; fathers who use violence may initially minimise their actions by blaming female partners or children, underreporting the seriousness of their actions, or describing their violence as communication or relationship issues; mothers who experience violence may believe that they are complicit or to blame for their partners' actions, or the consequences for their children if they disclose; social workers who help parents name their experience of violence will be much more likely to provide early intervention and prevention support for children's social and emotional wellbeing and safety.

Conway, L. J., Cook, F., Cahir, P., et al. 2021. **Intimate partner violence, maternal depression, and pathways to children's language ability at 10 years**. *Journal of Family Psychology* 35(1) 112-122. <https://dx.doi.org/10.1037/fam0000804>

Intimate partner violence (IPV) between parents is associated with poorer child language development. This study aimed to examine pathways from IPV and maternal depressive symptoms in children's 1st year to language skills at 10 years.

Pathways were examined via IPV, maternal depressive symptoms, and maternal involvement in home learning activities (e.g., reading, storytelling) at age 4. A secondary aim was to examine whether these pathways differed by child gender. Data were drawn from 1,507 mothers and their firstborn children participating in a community-based



prospective longitudinal study. At child age 1 and 4 years, mothers reported IPV using the Composite Abuse Scale (CAS) and completed a depression scale. At child age 10 years, mothers completed the Children's Communication Checklist (2nd edition) Short Form and 4 pragmatic subscales, and children completed a receptive vocabulary test.

Results provided some evidence that maternal depressive symptoms at 4 years postpartum may be an important mechanism by which exposure to IPV and maternal depressive symptoms in the child's 1st year is associated with poorer language at age 10. These pathways remained evident after accounting for social disadvantage, number of siblings, and concurrent IPV exposure at 10 years. There was little evidence that the pathways were mediated by maternal involvement or differed by gender. Implications for speech pathology, health, and education professionals concern identifying and supporting the language needs of children in family contexts where IPV is present.

Intervention strategies for families affected by IPV such as supporting maternal mental health and the mother-child relationship could be extended to support child language development.

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Clark, H. M., Galano, M. M., Grogan-Kaylor, A. C., et al. 2021. **Treating attention problems in children exposed to intimate partner violence: Evaluating the Preschool Kids' Club.** *Children and Youth Services Review Vol 128 2021, ArtID 106138* 128.  
<https://dx.doi.org/10.1016/j.childyouth.2021.106138>

Childhood exposure to intimate partner violence (IPV) increases risk for symptoms of inattention and hyperactivity, and yet no known evaluations of interventions for IPV-exposed children have demonstrated effectiveness in treating their attention problems. This study examined the utility of the Preschool Kids' Club (PKC), a treatment program tailored to the needs of preschool-aged children whose mothers had experienced IPV, in reducing children's attention problems during this critical developmental period.

Participants (N = 120) were preschool-aged children who, with their mothers, participated in an eight-year randomized controlled trial (RCT) of the PKC. Longitudinal multi-level modeling was used to evaluate the main effect of intervention participation on children's attention problems, as well as moderating effects of IPV exposure and maternal depression. Although there was no main effect of intervention participation, children's outcomes were moderated by IPV exposure.

Specifically, among children exposed to high levels of IPV, symptoms of inattention and hyperactivity were significantly lower for intervention participants than children in the control group one year post-intervention. These improvements were not sustained in the eight-year follow-up.

Results provide support for the use of trauma-specific interventions for children exhibiting attention problems following exposure to high levels of IPV. However, more comprehensive and long-term treatment may be necessary to promote enduring change.

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Carter, G. J. 2021. **Developing the intervention evidence base for children and young people who have experienced domestic violence and abuse.** *Dissertation Abstracts International: Section B: The Sciences and Engineering* 82(4-B) No Pagination Specified

Domestic violence and abuse (DVA) is a global health problem and it is widely established that children and young people can be negatively affected by experiencing DVA (Potter & Feder, 2017). The current evidence base for interventions delivered in the United Kingdom (UK) targeted at children who have experienced DVA is underdeveloped and inconclusive; few qualitative studies have explored the experiences of those who have provided or received such interventions (Howarth et al., 2016).

This thesis explored two research questions: RQ1: How do intervention recipients and providers perceive interventions targeted at children and young people who have experienced DVA? RQ2: How can the evidence base be improved for interventions targeted at children and young people who have experienced DVA? Study 1 aimed to assess the effectiveness of three psychotherapeutic interventions by analysing evaluation data and pre- and post- intervention outcomes. The limited data available meant that the aim of Study 1 was not achieved. In response, Study 2 qualitatively examined the experiences of individuals who receive and deliver interventions targeted at children who have experienced DVA and aimed to identify the difficulties of demonstrating intervention effectiveness. Study 2 comprised 35 semi-structured in-depth interviews with the following intervention stakeholders: children (n=3), parents (n=6) and intervention providers (n=12). The interviews were analysed using Thematic Analysis (Braun & Clarke, 2006). Six themes were developed: Divergent perceptions about an intervention's purpose; The timing of an intervention; The appropriate length of an intervention; The significance of who delivers an intervention; Barriers to evaluating interventions; and The contribution of qualitative methods in examining intervention outcomes.

The results and lessons learned from Studies 1 and 2 are presented in three meta-themes: (1) The value of the voice of the child; (2) A lack of appreciation for divergent views; (3) The impact of organisational context. This thesis makes invaluable contributions for the future development of the evidence base for interventions targeted at children who have experienced DVA. This thesis advocates that the voices of children and young people must be fundamental to developing and evaluating interventions that are available to them.

As intervention stakeholders can view an intervention from different angles this can influence intervention engagement and outcomes. Therefore, understanding why perceptions about interventions differ is paramount to reconcile. Finally, the organisational context in which interventions are provided may hinder joint-working, and the delivery and robust evaluation of interventions, subsequently hampering the evidence base of interventions. The limitations are discussed and implications for theory, policy, practice and research are presented.

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Caitlin, H.-L., Colin, H. & Suzie, L.-S. 2021. **Examination of the links between parental conflict and substance misuse and the impacts on children's outcomes.**

This report is a literature review examining the links between parental conflict and substance misuse and the impacts on children's outcomes. Three sections investigate: the impact of parental conflict and substance misuse on children; interventions for addressing parental substance misuse and conflict and their relative effectiveness; what characteristics of effective practice can be identified across interventions. In addition, the

review identifies where gaps exist in the evidence base and where these may need to be supplemented for the UK context.

The review finds that there is consistent evidence of an association between substance misuse and parental conflict. There is consistent evidence that children affected by both parental substance misuse and conflict are more at risk of presenting externalising or internalising behaviours. A number of other stressors (including housing, financial instability, crime, schooling or parental mental health) can act cumulatively to increase a child's risk of negative outcomes.

The review identified few interventions explicitly aimed at tackling both substance misuse and parental conflict, which show various degrees of effectiveness, including behavioural couple's therapy and whole-family interventions. While successful interventions take many forms, and there are no definitive rules for 'what works', this review highlighted a number of considerations and common themes relating to design and delivery which influence the effectiveness of interventions. Principal themes drawn out in this review were: timing and sequencing, engagement and retention, socio-demographic characteristics of the target group, intensity and length of intervention, format of intervention, techniques employed and multi-agency working.

Brashear, B., Bickel, J., McLaren, V., et al. 2021. **The Mediation Intervention for Sensitizing Caregivers for Mothers and Children Exposed to Intimate Partner Violence. *Growing up Resilient: The Mediation Intervention for Sensitizing Caregivers (MISC)***. Taylor and Francis.

Intimate Partner Violence (IPV) is a highly prevalent form of trauma with devastating effects on individuals exposed to it. This chapter discusses the intersectional implications of IPV for Black women, the intergenerational patterns that put IPV-exposed children at risk for later IPV perpetration and victimization, and impacts that IPV exposure has on mothers, children, and the relationships between them.

Current approaches to addressing IPV include domestic violence agencies and evidence supported interventions. These programs have shown promising results; however, they do not focus on the parent-child relationship, which has been found to be greatly impacted by IPV exposure.

Interventions that do focus on the parent-child relationship in IPV-exposed families are limited by their cost, dependence on highly trained professionals, lack of cultural sensitivity, and inaccessibility. Therefore, the Mediation Intervention for Sensitizing Caregivers (MISC), which is community-based and utilizes pre-existing care systems, is an excellent fit for adaptation for the IPV context. Current work adapting this intervention to this context is discussed, and preliminary findings from caseworkers and mothers who have experienced IPV are presented.

Boniface, R. L. & Grassetti, S. N. 2021. **A 2Generation approach for traumatic stress: An optimized therapeutic service delivery model for adult and child victims of intimate partner violence. *the Behavior Therapist* 44(5) 208-216**

The current paper draws from existing evidence-based models to introduce a new model, the Two Generation Approach to Trauma (2G4T) treatment, that may optimize care for families in which multiple members are experiencing posttraumatic stress (PTS) symptoms following Intimate Partner Violence (IPV).

While not all victims of IPV develop a full PTSD diagnosis, the 2G4T treatment seeks to be inclusive of all PTS symptoms and to be as accessible as possible given the pervasiveness, complexity, and breadth of IPV. The current article will further refer to posttraumatic and other trauma-related symptoms as PTS. A 2Generation (2Gen) approach targets individual and family needs simultaneously by providing simultaneously offered therapeutic service for children and adults where the whole family can thrive together.

2Gen is based on a clear theory of change but has yet to be tested in clinical settings. Given the strong theoretical rationale for 2Gen, it is critical to explore the model's clinical potential as an optimizing means of increasing treatment access for families struggling with IPV and its many negative outcomes.

Bentovim, A., Chorpita, B. F., Daleiden, E. L., et al. 2021. **The value of a modular, multi-focal, therapeutic approach to addressing child maltreatment: Hope for Children and Families Intervention Resources - a discussion article.** *Child Abuse & Neglect* 119(Pt 1) 104703. <https://dx.doi.org/10.1016/j.chiabu.2020.104703>

This discussion article begins by highlighting two trends apparent in the field of child maltreatment. The first, an awareness that multiple forms of maltreatment - polyvictimization - is the rule in populations of abused and neglected children rather than the exception. The second is that current types of child maltreatment are being extended to include Adverse Childhood Experiences (ACEs). These include intra-familial violence, mental health, substance misuse, and inter-generational abuse. The paper introduces an innovative strategy to help the field better organise and prevent the extensive sequelae of polyvictimization and ACEs.

This strategy involves the development of a modular approach, which identifies common treatment elements and common factors across the field of effective interventions and organizes them, providing a co-ordinated framework for practitioners to use to address the diverse needs of children and families when vulnerability or maltreatment are identified. The development of this approach, the Hope for Children and Families (HfCF) Intervention Resources, is described using a case example to illustrate its logic and structure.

Findings from the HFCF pilot and subsequent training programs suggest that this new approach could be an important milestone in the protection of children from violence, abuse and neglect on the 30th Anniversary of the United Nation's Convention on the Rights of the Child (1989).

Atwool, N. 2021. **Intensive intervention with families experiencing multiple and complex challenges: An alternative to child removal in a bi- and multi-cultural context?** *Child & Family Social Work* 26(4) 550-558. <https://dx.doi.org/10.1111/cfs.12837>

When concerns about child safety and wellbeing are substantiated, decisions are made in the context of the options available-child(ren) remaining supported within family, short-term removal with a plan for return home when parental issues are addressed, or permanent care placement.

In New Zealand, families facing possible removal experience multiple challenges including poverty, family violence, parental mental health and substance abuse issues and historical and inter-generational trauma. Lack of resources to facilitate the intensive

intervention needed to address such complexity increases the risk that removal is seen as the only way to ensure safety.

Criticism of increasing removal rates for young children with significant over-representation of indigenous children has led to allocation of funding to establish Intensive Intervention services. New Zealand has a history of importing 'evidence-based' models from other countries. A review of what is currently known about intensive intervention with families where there is risk of a child removal was undertaken to explore the challenges that might arise in our bi- and multi-cultural environment.

Critical factors for effective intervention are discussed before concluding with consideration of implications for other countries with histories of colonization and culturally diverse populations.

Arai, L., Shaw, A., Feder, G., et al. 2021. **Hope, Agency, and the Lived Experience of Violence: A Qualitative Systematic Review of Children's Perspectives on Domestic Violence and Abuse.** *Trauma, Violence, and Abuse* 22(3) 427-438.  
<https://dx.doi.org/10.1177/1524838019849582>

There is a large body of research on the impact of domestic violence and abuse (DVA) on children, mostly reporting survey data and focusing largely on psychological outcomes. Qualitative research on the views of children has the potential to enable a child-centered understanding of their experience of DVA, so their needs can be better met by professionals.

This systematic review reports general findings from the ViOlnce: Impact on Children Evidence Synthesis (VOICES) project that synthesized published qualitative research on the experiences of DVA from the perspective of children and young people.

A thematic synthesis of 33 reports identified six themes: lived experience of DVA, children's agency and coping, turning points and transitions, managing relationships postseparation, impact of DVA on children, and children's expressions of hope for the future. We conclude that professionals working with children affected by DVA should be mindful of the diversity in children's experiences and listen carefully to children's own accounts.

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Andrews, N. C. Z., Motz, M. & Pepler, D. J. 2021. **A national implementation of a community-based intervention for mothers experiencing violence in relationships.** *Journal of Family Psychology* 35(1) 92-102. <https://dx.doi.org/10.1037/fam0000810>

Interpersonal violence is a significant concern for families; thus interventions to support vulnerable mothers and children experiencing violence are essential. The purpose of this study was to present preliminary evaluation results from the national dissemination of an interpersonal violence intervention for mothers delivered in community-based programs across Canada.

In 18 communities, 184 mothers participated in the intervention. Mothers reported on measures related to the self, relationships, parenting, and knowledge of community services, both before and after the intervention. Mothers comprised a high-risk, vulnerable population. Results indicated feasibility and acceptability, based on a high proportion of intervention completers and high levels of satisfaction.



Women reported improvements in self-esteem, self-efficacy, relationship capacity, parenting stress, knowledge of community services, and understanding of relevant concepts compared to before the intervention (with small to medium effects). Additional analyses supported some of these findings as particularly robust.

We discuss the importance of community-based projects in reaching diverse families, sustaining engagement with high levels of satisfaction, and supporting mothers in making changes relating to themselves, their relationships, and their parenting.

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Allen, L., Ashford, P. A., Beeson, E., et al. 2021. **DECRYPT trial: study protocol for a phase II randomised controlled trial of cognitive therapy for post-traumatic stress disorder (PTD) in youth exposed to multiple traumatic stressors.** *BMJ Open* 11(7) e047600. <https://dx.doi.org/10.1136/bmjopen-2020-047600>

**BACKGROUND:** Post-traumatic stress disorder (PTSD) is a distressing and disabling condition that affects significant numbers of children and adolescents. Youth exposed to multiple traumas (eg, abuse, domestic violence) are at particular risk of developing PTSD. Cognitive therapy for PTSD (CT-PTSD), derived from adult work, is a theoretically informed, disorder-specific form of trauma-focused cognitive-behavioural therapy. While efficacious for child and adolescent single-event trauma samples, its effectiveness in routine settings with more complex, multiple trauma-exposed youth has not been established. The Delivery of Cognitive Therapy for Young People after Trauma randomised controlled trial (RCT) examines the effectiveness of CT-PTSD for treating PTSD following multiple trauma exposure in children and young people in comparison with treatment as usual (TAU).

**METHODS/DESIGN:** This protocol describes a two-arm, patient-level, single blind, superiority RCT comparing CT-PTSD (n=60) with TAU (n=60) in children and young people aged 8-17 years with a diagnosis of PTSD following multiple trauma exposure. The primary outcome is PTSD severity assessed using the Children's Revised Impact of Event Scale (8-item version) at post-treatment (ie, approximately 5 months post-randomisation). Secondary outcomes include structured interview assessment for PTSD, complex PTSD symptoms, depression and anxiety, overall functioning and parent-rated mental health. Mid-treatment and 11-month and 29-month post-randomisation assessments will also be completed. Process-outcome evaluation will consider which mechanisms underpin or moderate recovery. Qualitative interviews with the young people, their families and their therapists will be undertaken. Cost-effectiveness of CT-PTSD relative to TAU will be also be assessed.

**ETHICS AND DISSEMINATION:** This trial protocol has been approved by a UK Health Research Authority Research Ethics Committee (East of England-Cambridge South, 16/EE/0233). Findings will be disseminated broadly via peer-reviewed empirical journal articles, conference presentations and clinical workshops.

**TRIAL REGISTRATION:** ISRCTN12077707. Registered 24 October 2016 (<http://www.isrctn.com/ISRCTN12077707>). Trial recruitment commenced on 1 February 2017. It is anticipated that recruitment will continue until June 2021, with 11-month assessments being concluded in May 2022.



Abdullatif, A. 2021. **The expect respect healthy relationships toolkit**, European, Women's Aid.

Presents advice to professionals working with children and young people affected by domestic abuse to enable learning about healthy relationships. Outlines the role of the healthy relationships toolkit, key issues in understanding domestic abuse, the effects of domestic abuse on children and young people and what social work professionals can do to support them.

Provides session plans for supporting children aged 4-11, including challenging gender expectations, resolving conflict and examining violence, excuses and responsibility. Provides session plans for supporting young people aged 11-18, including explaining domestic violence and abuse, online identity and behaviours, verbal/non-verbal consent and coercive control. Presents supporting resources, including suggested ground rules, sources of help and circle games.

Katz, L. F., Gurtovenko, K., Maliken, A. C., et al. 2020. **An emotion coaching parenting intervention for families exposed to intimate partner violence**. *Developmental psychology* 56(3) 638-651. <https://dx.doi.org/10.1037/dev0000800>

The current study describes a promising new emotion coaching (EC) parenting intervention for survivors of intimate partner violence (IPV) targeting emotion regulation (ER) and parent-child relationships. We discuss the development of an EC parenting intervention, outline its key elements, and use preliminary pilot data to illustrate how such a behavioral intervention can yield improvements in behavioral and physiological indices of ER (i.e., respiratory sinus arrhythmia [RSA]) and parent-child relationships and reductions in mental health difficulties in IPV-exposed mothers and their children.

A 12-week skills-based EC parenting program was developed and administered in groups. Fifty mothers were assigned to intervention or waitlist groups. Physiological, observational, and questionnaire data were obtained pre- and postintervention. Because of the small sample size, effect sizes were examined for illustrative purposes of potential effects of the EC intervention. Relative to mothers in waitlist group, mothers in the intervention group showed (a) improvements in emotion awareness and coaching, (b) increases in ER as assessed by baseline RSA, (c) increased use of validation and decreased use of sermonizing/lecturing/scolding during parent-child interaction, and (d) increased sense of parenting competence. Relative to children of mothers in the waitlist group, children of mothers in the intervention group showed (a) increases in ER as measured by parent-report and baseline RSA, (b) decreases in negativity during parent-child interaction, and (c) decreases in depressive symptoms.

Discussion highlights potential usefulness of an EC parenting intervention for populations at risk for ER and parenting difficulties.

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Pernebo, K., Fridell, M. & Almqvist, K. 2018. **Outcomes of psychotherapeutic and sychoeducative group interventions for children exposed to intimate partner violence**. *Child Abuse & Neglect* 79(NA) 213-223. <https://dx.doi.org/10.1016/j.chiabu.2018.02.014>

Witnessing violence toward a caregiver during childhood is associated with negative impact on children's health and development, and there is a need for effective

interventions for children exposed to intimate partner violence in clinical as well as in community settings.

The current effectiveness study investigated symptom reduction after participation in two established group interventions (one community-based psychoeducative intervention; one psychotherapeutic treatment intervention) for children exposed to intimate partner violence and for their non-offending parent. The study included 50 children-24 girls and 26 boys-aged 4-13 years and their mothers. Child and maternal mental health problems and trauma symptoms were assessed pre- and post-treatment.

The results indicate that although children showed benefits from both interventions, symptom reduction was larger in the psychotherapeutic intervention, and children with initially high levels of trauma symptoms benefited the most. Despite these improvements, a majority of the children's mothers still reported child trauma symptoms at clinical levels post-treatment.

Both interventions substantially reduced maternal post-traumatic stress. The results indicate a need for routine follow-up of children's symptoms after interventions.

Graham-Bermann, S. A., Howell, K. H., Miller-Graff, L. E., et al. 2018. **The moms' empowerment program addresses traumatic stress in mothers with preschool-age children experiencing intimate partner violence.** *Journal of Aggression, Maltreatment & Trauma* 28(10) 1151-1172. <https://dx.doi.org/10.1080/10926771.2018.1494652>

Objective: The Moms' Empowerment Program (MEP) provides affordable services to address the effects of women experiencing intimate partner violence (IPV) and to enhance their mental health. In past ...

Bergman, K. N., Downey, A. L., Cummings, J. S., et al. 2018. **Depressive Symptomatology and Program Efficacy: Examining a Program to Improve Communication in Community Families: DEPRESSIVE SYMPTOMATOLOGY AND PROGRAM EFFICACY.** *Family Court Review* 56(2) 269-280. <https://dx.doi.org/10.1111/fcre.12340>

Destructive conflict is linked with adjustment problems over time, putting families at risk even when conflict behaviors have not reached levels of clinical concern. The Family Communication Project (FCP) is a psychoeducational program designed to improve communication in families with adolescent children.

The present study examines the role of depression in program efficacy over time. Data were collected across four time points, assessing aspects of marital and family conflict, adolescent emotional security, and depressive symptoms in mothers, fathers, and adolescents. Results indicated improvements in conflict strategies for families who received the psychoeducational program (relative to controls), and point to a role of depressive symptomatology in adolescents in relation to treatment outcomes.

Anderson, K. & van Ee, E. 2018. **Mothers and Children Exposed to Intimate Partner Violence: A Review of Treatment Interventions.** *International Journal of Environmental Research and Public Health* 15(9) 1955-NA. <https://dx.doi.org/10.3390/ijerph15091955>

Although a growing field, much is still unknown about how different clinical and social care services might improve outcomes for female victims of intimate partner violence (IPV) and their children who are indirectly exposed to it.

This review sought to characterize the structure of programs that have been tested and documented in existing literature, and the mechanisms by which change, if any, may occur. Seventeen individual interventions and two follow-ups (n = 19) were included in the review.

Findings suggest that a multileveled program of mothers and children working both separately and jointly together across sessions might generate the most successful psychosocial recovery for mothers and children who have experienced violence in the home. The mechanism by which this happens is likely a collaborative one, focused on enhancing the dyadic interaction.

This article adds to the growing evidence base on IPV and confirms the positive impact on well-being that programs for IPV victims can have. The evidence-base overall could benefit from testing and replicating a combination of the results found in this review.

Mc Veigh, M. J. 2017. **Are We There Yet?** *Children Australia* 42(3) 159-175.  
<https://dx.doi.org/10.1017/cha.2017.27>

The issue of what is 'effective' in therapeutic interventions with children and young people who have experienced maltreatment has attracted increasing professional interest since the 1980s. Currently, these interventions are subject to evaluative processes that privilege data collected from the adult experts, who design and deliver them. Measurements of effectiveness are predominantly based on a positivist paradigm, as indicated by the number of studies that use standardised measures to capture therapeutic success. An important concern is the neglect of children and young people's voices in the discussion of therapeutic efficacy.

This article presents the findings of a review of the literature, which revealed the continued privileging of adult 'expert' voices and the under-representation of the contributions from children and young people. However, when children and young people were engaged as active participants in evaluation processes, they were shown to demonstrate a depth of insight, which requires a reappraisal of adults as the only source of expertise in the effectiveness debate.

The view that children and young people can be knowledge generators as well as active agents in their own healing is reflected by this article's proposals for future research partnerships with children and young people and changes to practice and policy development.

Fong, V. C., Hawes, D. J. & Allen, J. L. 2017. **A Systematic Review of Risk and Protective Factors for Externalizing Problems in Children Exposed to Intimate Partner Violence.** *Trauma, violence & abuse* 20(2) 149-167. <https://dx.doi.org/10.1177/1524838017692383>

Intimate partner violence (IPV) is a serious public health issue with innumerable costs to the victims, children, and families affected as well as society at large. The evidence is conclusive regarding a strong association between exposure to IPV and children's externalizing problems. Moving forward, the next step is to enhance our understanding of risk and protective factors associated with these outcomes in order to tailor treatments to meet the needs of both parents and children.

The databases Medline, PubMed, and PsycINFO were searched combining variations of the key words such as parent\*, child\*, mother, partner abuse, domestic abuse, spousal abuse, interpersonal violence, domestic violence, or intimate partner violence. This search were combined with child externalizing behaviors specifically conduct\*,

oppositional defiant disorder, externaliz\*, aggress\*, hyperactivity, and ADHD. A total of 31 studies from all three databases were reviewed following application of inclusion and exclusion criteria.

The main findings were that child age and gender, callous-unemotional traits, cognitive appraisals, maternal mental health, and quality of parenting emerged as key mediating and moderating factors of the relationship between IPV exposure and child externalizing problems.

These findings suggest that interventions provided to families exposed to IPV need to target both maternal and child risk factors in order to successfully reduce child externalizing problems.

Howarth, E., Moore, T. H., Welton, N. J., et al. 2016. **IMPRoving Outcomes for children exposed to domestic Violence (IMPROVE): an evidence synthesis**. *Public Health Research* 4(10) 1-342. <https://dx.doi.org/10.3310/phr04100>

**Background:** Exposure to domestic violence and abuse (DVA) during childhood and adolescence increases the risk of negative outcomes across the lifespan.

**Objectives:** To synthesise evidence on the clinical effectiveness, cost-effectiveness and acceptability of interventions for children exposed to DVA, with the aim of making recommendations for further research. Design (1) A systematic review of controlled trials of interventions; (2) a systematic review of qualitative studies of participant and professional experience of interventions; (3) a network meta-analysis (NMA) of controlled trials and cost-effectiveness analysis; (4) an overview of current UK provision of interventions; and (5) consultations with young people, parents, service providers and commissioners.

**Settings:** North America (11), the Netherlands (1) and Israel (1) for the systematic review of controlled trials of interventions; the USA (4) and the UK (1) for the systematic review of qualitative studies of participant and professional experience of interventions; and the UK for the overview of current UK provision of interventions and consultations with young people, parents, service providers and commissioners.

**Participants:** A total of 1345 children for the systematic review of controlled trials of interventions; 100 children, 202 parents and 39 professionals for the systematic review of qualitative studies of participant and professional experience of interventions; and 16 young people, six parents and 20 service providers and commissioners for the consultation with young people, parents, service providers and commissioners.

**Interventions:** Psychotherapeutic, advocacy, parenting skills and advocacy, psychoeducation, psychoeducation and advocacy, guided self-help. Main outcome measures Internalising symptoms and externalising behaviour, mood, depression symptoms and diagnosis, post-traumatic stress disorder symptoms and self-esteem for the systematic review of controlled trials of interventions and NMA; views about and experience of interventions for the systematic review of qualitative studies of participant and professional experience of interventions and consultations.

**Data sources:** MEDLINE, Cumulative Index to Nursing and Allied Health Literature, PsycINFO, EMBASE, Cochrane Central Register of Controlled Trials, Science Citation Index, Applied Social Sciences Index and Abstracts, International Bibliography of the Social Sciences, Social Services Abstracts, Social Care Online, Sociological Abstracts,

Social Science Citation Index, World Health Organization trials portal and clinicaltrials.gov.

**Review methods:** A narrative review; a NMA and incremental cost-effectiveness analysis; and a qualitative synthesis.

**Results:** The evidence base on targeted interventions was small, with limited settings and types of interventions; children were mostly < 14 years of age, and there was an absence of comparative studies. The interventions evaluated in trials were mostly psychotherapeutic and psychoeducational interventions delivered to the non-abusive parent and child, usually based on the child's exposure to DVA (not specific clinical or broader social needs). Qualitative studies largely focused on psychoeducational interventions, some of which included the abusive parent. The evidence for clinical effectiveness was as follows: 11 trials reported improvements in behavioural or mental health outcomes, with modest effect sizes but significant heterogeneity and high or unclear risk of bias. Psychoeducational group-based interventions delivered to the child were found to be more effective for improving mental health outcomes than other types of intervention. Interventions delivered to (non-abusive) parents and to children were most likely to be effective for improving behavioural outcomes. However, there is a large degree of uncertainty around comparisons, particularly with regard to mental health outcomes. In terms of evidence of cost-effectiveness, there were no economic studies of interventions. Cost-effectiveness was modelled on the basis of the NMA, estimating differences between types of interventions. The outcomes measured in trials were largely confined to children's mental health and behavioural symptoms and disorders, although stakeholders' concepts of success were broader, suggesting that a broader range of outcomes should be measured in trials. Group-based psychoeducational interventions delivered to children and non-abusive parents in parallel were largely acceptable to all stakeholders. There is limited evidence for the acceptability of other types of intervention. In terms of the UK evidence base and service delivery landscape, there were no UK-based trials, few qualitative studies and little widespread service evaluation. Most programmes are group-based psychoeducational interventions. However, the funding crisis in the DVA sector is significantly undermining programme delivery. **Conclusions** The evidence base regarding the acceptability, clinical effectiveness and cost-effectiveness of interventions to improve outcomes for children exposed to DVA is underdeveloped. There is an urgent need for more high-quality studies, particularly trials, that are designed to produce actionable, generalisable findings that can be implemented in real-world settings and that can inform decisions about which interventions to commission and scale. We suggest that there is a need to pause the development of new interventions and to focus on the systematic evaluation of existing programmes. With regard to the UK, we have identified three types of programme that could be justifiably prioritised for further study: psycho-education delivered to mothers and children, or children alone; parent skills training in combination with advocacy; and interventions involving the abusive parent/caregiver. We also suggest that there is need for key stakeholders to come together to explicitly identify and address the structural, practical and cultural barriers that may have hampered the development of the UK evidence base to date.

**Future work recommendations:** There is a need for well-designed, well-conducted and well-reported UK-based randomised controlled trials with cost-effectiveness analyses and nested qualitative studies. Development of consensus in the field about core outcome data sets is required. There is a need for further exploration of the acceptability and effectiveness of interventions for specific groups of children and young people (i.e. based on ethnicity, age, trauma exposure and clinical profile). There is also a need for



an investigation of the context in which interventions are delivered, including organisational setting and the broader community context, and the evaluation of qualities, qualifications and disciplines of personnel delivering interventions. We recommend prioritisation of psychoeducational interventions and parent skills training delivered in combination with advocacy in the next phase of trials, and exploratory trials of interventions that engage both the abusive and the non-abusive parent.

**Study registration:** This study is registered as PROSPERO CRD42013004348 and PROSPERO CRD420130043489. Funding The National Institute for Health Research Public Health Research programme.

Grogan-Kaylor, A., Galano, M. M., Howell, K. H., et al. 2016. **Reductions in Parental Use of Corporal Punishment on Pre-School Children Following Participation in the Moms' Empowerment Program.** *Journal of Interpersonal Violence* 34(8) 1563-1582. <https://dx.doi.org/10.1177/0886260516651627>

Corporal punishment is a widely used and widely endorsed form of parental discipline. Inter-partner violence places enormous stress upon women. The rate of corporal punishment is higher in homes where other types of domestic violence are also occurring.

This study compares two groups: those who participated in an intervention for women exposed to intimate partner violence (The Moms' Empowerment Program [MEP]) and those in a comparison group. Using standardized measures, women in both groups were assessed at baseline and at the end of the program, 5 weeks later. The 113 mothers who participated in the MEP program had significantly improved their parenting, such that they had less use of physical punishment post-intervention.

Findings suggest that a relatively brief community-based intervention program can reduce the use of parental physical punishment even in disadvantaged populations coping with stressful circumstances.

Etherington, N. & Baker, L. L. 2016. **From "Buzzword" to Best Practice: Applying Intersectionality to Children Exposed to Intimate Partner Violence.** *Trauma, violence & abuse* 19(1) 58-75. <https://dx.doi.org/10.1177/1524838016631128>

Empirical studies on the impact of intimate partner violence (IPV) on children have burgeoned over the last three decades. Notably absent from existing approaches to studying children exposed to IPV, however, is attention to how various positionalities intersect to impact the experiences of children and their families. In fact, while the importance of an intersectional framework for understanding IPV has been discussed for over two decades, little or no attention has been given to issues of children's exposure to IPV.

In this article, we examine the current state of the literature on children exposed to IPV through an exploratory meta-analysis, finding limited application of intersectionality and a focus on discrete categories of difference. We then demonstrate why and how an intersectional framework should be applied to children exposed to IPV, with specific strategies for research and policy.

We suggest a child-centered approach that recognizes diversity among children exposed to IPV, extending the challenge to traditional "one-size-fits-all" models to include an intersectionality-informed stance.



Visser, M., Telman, M. D., de Schipper, J. C., et al. 2015. **The effects of parental components in a trauma-focused cognitive behavioral based therapy for children exposed to interparental violence: study protocol for a randomized controlled trial.** *BMC Psychiatry* 15(1) 131-131. <https://dx.doi.org/10.1186/s12888-015-0533-7>

Interparental violence is both common and harmful and impacts children's lives directly and indirectly. Direct effects refer to affective, behavioral, and cognitive responses to interparental violence and psychosocial adjustment. Indirect effects refer to deteriorated parental availability and parent-child interaction. Standard Trauma Focused Cognitive Behavioral Therapy may be insufficient for children traumatized by exposure to interparental violence, given the pervasive impact of interparental violence on the family system.

HORIZON is a trauma focused cognitive behavioral therapy based group program with the added component of a preparatory parenting program aimed at improving parental availability; and the added component of parent-child sessions to improve parent-child interaction. This is a multicenter, multi-informant and multi-method randomized clinical trial study with a 2 by 2 factorial experimental design. Participants (N = 100) are children (4–12 years), and their parents, who have been exposed to interparental violence.

The main aim of the study is to test the effects of two parental components as an addition to a trauma focused cognitive behavioral based group therapy for reducing children's symptoms. Primary outcome measures are posttraumatic stress symptoms, and internalizing and externalizing problems in children. The secondary aim of the study is to test the effect of the two added components on adjustment problems in children and to test whether enhanced effects can be explained by changes in children's responses towards experienced violence, in parental availability, and in quality of parent-child interaction. To address this secondary aim, the main parameters are observational and questionnaire measures of parental availability, parent-child relationship variables, children's adjustment problems and children's responses to interparental violence. Data are collected three times: before and after the program and six months later. Both intention-to-treat and completer analyses will be done.

The current study will enhance our understanding of the efficacy interparental violence-related parental components added to trauma focused cognitive behavioral group program for children who have been exposed to IPV. It will illuminate mechanisms underlying change by considering multiple dimensions of child responses, parenting variables and identify selection criteria for participation in treatment.

Netherlands Trial Register NTR4015 . Registered 4th of June, 2013.

Overbeek, M. M., de Schipper, J. C., Willemen, A., et al. 2015. **Mediators and Treatment Factors in Intervention for Children Exposed to Interparental Violence.** *Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53* 46(3) 411-427. <https://dx.doi.org/10.1080/15374416.2015.1012720>

Changes in children's emotion differentiation, coping skills, parenting stress, parental psychopathology, and parent-child interaction were explored as mediators of treatment factors in two selective preventive group interventions for children exposed to interparental violence (IPV) and their parents. One hundred thirty-four IPV-exposed children (ages 6-12 years, 52% boys) and their parents were randomized to an IPV-

focused on common factors community-based group intervention and completed baseline, posttest, and follow-up assessments for posttraumatic stress (PTS).

A multilevel model tested mediators that included children's ability to differentiate emotions and coping skills, parenting stress, parental psychopathology, and parent-child interactions. In both conditions, exposure to nonspecific factors, specific factors unrelated to IPV and trauma-specific intervention factors was coded from videotaped child and parent sessions.

Improved parental mental health mediated the link between greater exposure to nonspecific treatment factors and decreases in PTS symptoms. In addition, an increase in emotion differentiation and a decrease in parenting stress were associated with a decrease in PTS symptoms. Greater exposure to trauma-specific factors in child sessions was associated with a small decrease in emotion differentiation, an increase in coping skills, and a decrease in PTS symptoms over time. Greater exposure to nonspecific treatment factors in child and parent sessions was associated with more positive parent-child interaction. Parental mental health appears to be an important mechanism of change that can be promoted through exposure to nonspecific factors in parent intervention. For children, the effect of greater exposure to trauma-specific factors in intervention is less clear and may not have clear benefits.

Hackett, S., McWhirter, P. T. & Leshner, S. 2015. **The Therapeutic Efficacy of Domestic Violence Victim Interventions.** *Trauma, violence & abuse* 17(2) 123-132.  
<https://dx.doi.org/10.1177/1524838014566720>

A meta-analysis on domestic violence interventions was conducted to determine overall effectiveness of mental health programs involving women and children in joint treatment.

These interventions were further analyzed to determine whether outcomes are differentially affected based on the outcome measure employed. To date, no meta-analyses have been published on domestic violence victim intervention efficacy. The 17 investigations that met study criteria yielded findings indicating that domestic violence interventions have a large effect size ( $d = .812$ ), which decreases to a medium effect size when compared to control groups ( $d = .518$ ).

Effect sizes were assessed to determine whether treatment differed according to the focus of the outcome measure employed: (a) external stress (behavioral problems, aggression, or alcohol use); (b) psychological adjustment (depression, anxiety, or happiness); (c) self-concept (self-esteem, perceived competence, or internal locus of control); (d) social adjustment (popularity, loneliness, or cooperativeness); (e) family relations (mother-child relations, affection, or quality of interaction); and (f) maltreatment events (reoccurrence of violence, return to partner).

Results reveal that domestic violence interventions across all outcome categories yield effects in the medium to large range for both internalized and externalized symptomatology. Implications for greater awareness and support for domestic violence treatment and programming are discussed.

Overbeek, M. M., de Schipper, J. C., Lamers-Winkelmann, F., et al. 2014. **Risk factors as moderators of recovery during and after interventions for children exposed to interparental violence.** *The American journal of orthopsychiatry* 84(3) 295-306.  
<https://dx.doi.org/10.1037/ort0000007>

High family risk was tested as an impediment to recovery in children exposed to interparental violence (IPV) participating in community-based intervention. Characteristics of IPV were also explored as moderators for the effect of an IPV-focused intervention over a common factors intervention. Baseline, posttest and follow-up measurements of 155 parents and children (aged 6 to 12 years; 55.5% boys) were fitted in a multilevel model.

Outcomes were clinical classifications of internalizing and externalizing problems, and posttraumatic stress symptoms. Tested moderators were child maltreatment, symptoms of disordered attachment, parental psychopathology, parenting stress, poverty, and IPV characteristics. Children without symptoms of disinhibited social engagement disorder, children of parents with high levels of psychopathology, and children of parents with high levels of parenting stress showed strongest recovery. Participation in an IPV-focused intervention was not more effective than in a common factors intervention, irrespective of the nature of the IPV.

Based on rate of recovery, participation in community-based group interventions does not need to be contraindicated for children facing high family risk after being exposed to IPV, except for children with symptoms of disinhibited social engagement disorder.

(PsycINFO Database Record (c) 2014 APA, all rights reserved). Language: en

van Rosmalen-Nooijens, K. A., Prins, J. B., Vergeer, M., et al. 2013. **"Young people, adult worries": RCT of an internet-based self-support method "Feel the ViBe" for children, adolescents and young adults exposed to family violence, a study protocol.** *BMC Public Health* 13 226. <https://dx.doi.org/10.1186/1471-2458-13-226>

**BACKGROUND:** Violence in families affects children. Exposure to violence is seen as child abuse. Figures show that about one third of children exposed to violence become victim or perpetrator in their adult life: known as intergenerational transmission. Violence also affects sexual and reproductive health. To prevent problems in adult life, children need help and support. However, while trying to protect their parents, children often do not seek help, or perceive the threshold as too high. Since almost all children of the current generation have access to the internet, an online intervention will make help better available for this target group. In 2011, an internet-based self-support method for children, adolescents and young adults exposed to family violence was developed in the Netherlands: "Feel the ViBe". The intervention was developed in close collaboration with the target group. This article describes the protocol of the RCT to study the effectiveness of this intervention.

**METHODS/DESIGN:** This study is a randomized controlled trial using the method of minimization to randomize the participants in two parallel groups with a 1:1 allocation ratio, being an intervention group, having access to "Feel the ViBe" and usual care (UC), and a control group, having access to minimally enhanced usual care (mEUC) followed by access to the intervention after twelve weeks. Outcomes are measured with questionnaires on PTSD symptoms, mental health and sexual and reproductive health. Routine Outcome Measurement (ROM) will be used to measure a direct effect of participating in the intervention. Data from a web evaluation questionnaire (WEQ), user statistics and qualitative analysis of online data will be used to support the findings. To compare results Cohen's d effect sizes will be used.

**DISCUSSION:** A RCT and process evaluation will test effectiveness and provide information of how the effects can be explained, how the intervention meets the expectation of participants and which possible barriers and facilitators for implementation exist. A qualitative analysis of the data will add information to interpret the quantitative data. This makes "Feel the ViBe" unique in its field.

**TRIAL REGISTRATION:** The Netherlands National Trial Register (NTR), trial ID NTR3692.

Howell, K. H., Miller, L. E., Lilly, M. M., et al. 2013. **Fostering Social Competence in Preschool Children Exposed to Intimate Partner Violence: Evaluating the Preschool Kids' Club Intervention.** *Journal of Aggression, Maltreatment & Trauma* 22(4) 425-445. <https://dx.doi.org/10.1080/10926771.2013.775986>

This study assessed whether participation in an intervention program enhanced social competence in 113 preschool-aged children who were exposed to intimate partner violence. Change in competence was evaluated from baseline to approximately five weeks postbaseline and compared preschool children who did and did not receive intervention services. Protective factors, such as exposure to less severe violence, were identified that predicted change in competence scores.

Results indicated that children with the highest social competence pre-intervention exhibited a significant increase in their postintervention scores, if they participated in the program. The extent of this change was predicted by a higher preintervention score and exposure to less severe violence. This study indicates that even short-term intervention could result in meaningful change in key aspects of child functioning.

Grip, K., Almqvist, K., Axberg, U., et al. 2013. **Children exposed to intimate partner violence and the reported effects of psychosocial interventions.** *Violence and victims* 28(4) 635-655. <https://dx.doi.org/10.1891/0886-6708.vv-d-12-00012>

Using a repeated measures design posttraumatic stress (PTS), psychological and behavioral problems significantly decreased following intervention in children exposed to intimate partner violence (IPV), with use of traditional group analyses.

Analyses using the reliable change index (RCI), however, revealed that few children were improved or recovered, implying that interventions in common use should be evaluated for their significant impact on the individual level in addition to group level statistics.

Positive changes in children's behavioral problems were related to the mother's improvement of their own mental health. Direct victimization by the perpetrator was not associated with treatment changes but with higher symptom levels at study entry. Amount of contact with the perpetrator was neither related to symptom load nor to changes following treatment.

Overbeek, M. M., de Schipper, J. C., Lamers-Winkelmann, F., et al. 2012. **The effectiveness of a trauma-focused psycho-educational secondary prevention program for children exposed to interparental violence: study protocol for a randomized controlled trial.** *Trials [Electronic Resource]* 13(1) 12-12. <https://dx.doi.org/10.1186/1745-6215-13-12>

**Background:** Children who witness interparental violence are at a heightened risk for developing psychosocial, behavioral and cognitive problems, as well as posttraumatic

stress symptoms. For these children the psychoeducational secondary prevention program 'En nu ik...!' ('It's my turn now!') has been developed. This program includes specific therapeutic factors focused on emotion awareness and expression, increasing feelings of emotional security, teaching specific coping strategies, developing a trauma narrative, improving parent-child interaction and psycho-education. The main study aim is to evaluate the effectiveness of the specific therapeutic factors in the program. A secondary objective is to study mediating and moderating factors.

**Methods/design:** This study is a prospective multicenter randomized controlled trial across cities in the Netherlands. Participants (N = 140) are referred to the secondary preventive intervention program by police, social work, women shelters and youth (mental health) care. Children, aged 6-12 years, and their parents, who experienced interparental violence are randomly assigned to either the intervention program or the control program. The control program is comparable on nonspecific factors by offering positive attention, positive expectations, recreation, distraction, warmth and empathy of the therapist, and social support among group participants, in ways that are similar to the intervention program. Primary outcome measures are posttraumatic stress symptoms and emotional and behavioral problems of the child. Mediators tested are the ability to differentiate and express emotions, emotional security, coping strategies, feelings of guilt and parent-child interaction. Mental health of the parent, parenting stress, disturbances in parent-child attachment, duration and severity of the domestic violence and demographics are examined for their moderating effect. Data are collected one week before the program starts (T1), and one week (T2) and six months (T3) after finishing the program. Both intention-to-treat and completer analyses will be done.

**Discussion:** Adverse outcomes after witnessing interparental violence are highly diverse and may be explained by multiple risk factors. An important question for prevention programs is therefore to what extent a specific focus on potential psychotrauma is useful. This trial may point to several directions for optimizing public health response to children's exposure to interparental violence.

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