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INTERVENTIONS FOR WOMEN PARENTING IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE

EMMIE Summary





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Austin, A.E.; Shanahan, M.E.; Barrios, Y.V. and Macy, R.J. (2017), A Systematic Review of Interventions for Women Parenting in the Context of Intimate Partner Violence, *Trauma, Violence & Abuse* 20(4) 498-519.

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Interventions for Women Parenting in the Context of Intimate Partner Violence

What is the intervention?

A range of interventions targeted at women who are parenting in the context of intimate partner violence. This systematic review completed by Austin and colleagues in 2017 considered a total of 26 studies based on 19 different interventions:

- Child-Parent Psychotherapy¹
- Community Based Treatment Programme²
- Conjoint Interventions for adult victims and children of domestic violence³
- Domestic Abuse Recovering Together⁴
- Emotion-focused and Goal-focused interventions⁵
- Errorless compliance training⁶
- Family Intervention for Improving Occupational Performance⁷
- Group Intervention focused on mothering experience⁸
- Home Visiting Intervention⁹
- Individual intervention¹⁰
- Intensive Filial Therapy¹¹
- Mentor Mothers for Support and Advice¹²

¹ Lieberman, Ippen and Van Horn, 2006; Lieberman, Van Horn and Ippen, 2005; Lavi et al, 2015

² Grip, Almqvist and Broberg, 2011

³ Sullivan, Egan and Gooch, 2004

⁴ Smith, Belton, Barnard, Fisher and Taylor, 2015

⁵ McWhirter, 2011

⁶ Ducharme, Atkinson and Poulton, 2000

⁷ Timmer, Ware, Urquiza and Zebell, 2010

⁸ Peled, Davidson-Arad and Perel, 2010

⁹ Sullivan, Bybee and Allen, 2002

¹⁰ Kearney and Cushing, 2012

¹¹ Smith and Landreth, 2003

¹² Proisman et al., 2014



- Moms' Empowerment Program¹³
- Parent-Child Interaction Therapy¹⁴
- Pilot parenting programme¹⁵
- Project Support¹⁶
- Psycho-educational group intervention¹⁷
- Safe Home Children Service¹⁸
- Therapeutic groupwork¹⁹

The authors present findings according to whether the intervention was designed to target the behaviours and/or outcomes for the child, the mother or both mother and child. Interventions that focused on child outcomes examined reductions in the adverse effects of intimate partner violence on the child's wellbeing. Those aimed at the mother focused on their mental health and parenting behaviours. Finally, interventions that targeted both mothers and children examined behaviour and outcomes for both groups, including mental health, improved coping strategies, and reductions in conflict between the mother and child. The 19 interventions varied in content, duration and setting.

This EMMIE Summary is focused on two interventions, Child-Parent Psychotherapy and Project Support as both interventions were reported on by three of the 26 studies. Child-Parent Psychotherapy²⁰ comprised 164 participants. This intervention is an established intervention for intimate parent violence which includes individual sessions with the mother and joint sessions with the mother and child. Child-Parent Psychotherapy includes free-play sessions designed to explore the child's traumatic experiences, support maladaptive behaviour change and foster mother-child interaction.

Project Support²¹ comprised 102 mothers and 102 children. While two of the three studies reported on the same sample, this was at two different timepoints. One study (Jouriles et al, 2001) assessed mother behaviours and outcomes during the intervention and one study (McDonald et al, 2006) conducted a follow-up study with the same families 24 months after the intervention. Project Support is a home-based intervention that targets both mothers

¹³ Graham-Bermann and Miller, 2013; Graham-Bermann and Miller-Graff, 2015; Howell et al, 2014

¹⁴ Timmer, Ware, Urquiza and Zebell, 2010; Waldman-Levi and Weintraub, 2015; Keeshin et al, 2015

¹⁵ Vergara, Comas, Gautman and Koiraiia, 2015

¹⁶ Jouriles et al., 2001, 2009; McDonald, Jouriles, Ramisetty-Mikler, Caetano and Green, 2006

¹⁷ Basu et al., 2009

¹⁸ Gibson and Gutierrez, 1991

¹⁹ Dodd, 2009

²⁰ Lieberman, Ippen, and Van Horn, 2006; Lieberman, Van Horn and Ippen, 2005; Lavi et al., 2015

²¹ Jouriles et al., 2001, 2009; McDonald, Jouriles, Ramisetty-Mikler, Caetano and Green, 2006



and children and is aimed at providing emotional support and the development of child management skills. In addition to presenting detailed results for Child-Parent Psychotherapy and Project Support, a brief summary is provided of key findings from the remaining seventeen interventions.

To aid brevity, this summary supplements Austin et al.'s systematic review with Anderson and van Ee's (2018) systematic review which assessed the structure of interventions designed for mothers and children who have been exposed to intimate partner violence and the mechanisms by which change occurs. In doing so, Anderson and van Ee assessed 12 of the 19 interventions considered by Austin and colleagues in order to distinguish how different interventions meet the needs of mothers and children. Specifically, Anderson and van Ee assessed differences between separate interventions where mother and child sessions take place simultaneously but independently from each other, joint interventions which focused on mother-child interactions such as Project Support and combined interventions that include both separate and joint sessions, such as Child-Parent Psychotherapy. Findings from Anderson and van Ee's review are summarised primarily in the Mechanisms section of this summary.

Which outcomes were studied?

- Changes to maternal distress
- Changes to parenting skills

How strong is the evidence?

The evidence base for Child-Parent Psychotherapy and Project Support is relatively strong with five of the six studies randomised controlled trials.

Two of the three papers for Child-Parent Psychotherapy reported results from a randomised controlled trial (Lieberman et al., 2005, Lieberman et al., 2006) and one study reported results from an observational study. The authors note that findings from the two randomised controlled trials were strengthened by the recruitment of a community sample which offers greater generalisability than recruiting women from intimate personal violence shelters. Child-Parent Psychotherapy is a manualised intervention and as such both studies considered intervention fidelity. Both randomised controlled studies reported findings from the same sample, however this was across two different timepoints, during the intervention (Lieberman et al., 2005) and 24 months after the intervention (Lieberman et al., 2006).



Analysis of attrition rates revealed that mothers with younger children were most likely to drop out of the study but no reasons for this are presented. Both studies are limited by the omission of parenting behaviour measures and mother-child relationship outcomes data. Finally, findings from the observational study (Lavi et al., 2015) adds to the limited evidence base for pregnant women affected by intimate partner violence. However, this study is limited by recruitment of women from only one clinical setting and the use of self-report measures. Caution must be noted in generalising these findings to women from other settings. Further, findings were limited by high attrition rates. All three studies for Child-Parent Psychotherapy were limited by variations in the number of sessions completed.

All three papers for Project Support employed a randomised study design (Jouriles et al., 2001, 2009; McDonald et al., 2006). The strength of evidence included high completion rates of the manualised intervention at intervention and follow-up. In addition, findings presented in Jouriles et al. (2005) were replicated in a second study (Jouriles et al., 2006). In regards limitations, all the three studies recruited samples from intimate partner violence shelters and as such they may not be representative of community samples of women experiencing intimate partner violence. The authors note that the use of standardised self-report measures may introduce social desirability bias. Finally, it should be noted that all three studies were undertaken by the intervention developer and as such findings have not been independently validated.

Of the remaining 20 studies in the systematic review, a range of methods were employed including three studies were randomised control trials, six quasi-experimental studies, nine observational studies and two qualitative studies.

Effectiveness: how effective is the intervention examined?

Outcome 1: Maternal Distress

Effect rating	+/-	
Strength of Evidence rating	2	



Outcome 2: Parenting Skills

Effect rating	+/-	
Strength of Evidence rating	2	

The effectiveness of both interventions combined was mixed. However, when the interventions were considered separately, Child-Parent Psychotherapy was found to have a positive impact on reducing maternal distress while Project Support tended to have a positive impact upon parenting skills.

For Child-Parent Psychotherapy, the findings revealed a significant decrease in maternal distress for the intervention group but not for mothers in the case-management control group (Lieberman et al., 2005). At six-month follow-up (Lieberman et al., 2006), mothers who received Child-Parent Psychotherapy retained a significant reduction in their maternal distress. Regarding attitude to parenting, Lavi et al. (2015) assessed 64 women from their third trimester of pregnancy to six months after giving birth. Findings showed that mothers' attitudes to child-rearing had improved following the intervention. However, this was based on mothers' self-report measures only.

For Project Support, there were no significant differences between the intervention and control groups in the reduction of maternal distress (Jouriles et al, 2001, McDonald et al., 2006). In Jouriles et al. (2009), while psychiatric and trauma symptoms reduced in both the intervention and control groups, these reductions continued to decrease during follow-up for the intervention group only. Regarding parenting skills, mothers who received Project Support home visits had significantly higher child management skills than the control group of mothers who did not receive home visits (Jouriles et al., 2001; McDonald et al., 2006). Fewer mothers reported using aggressive child management approaches at 24 months after the intervention (Jouriles et al., 2001; McDonald et al., 2006). In Jouriles et al. (2009), parenting skills were defined as inconsistent or harsh parenting. While the reduction in inconsistent or harsh parenting was more rapid for the group who received Project Support, there was no significant difference between the two groups.



Other interventions

Regarding maternal distress, findings from three randomised controlled studies suggest that three interventions were associated with some positive effects (Emotion-focused, Goal-focused and Home Visiting interventions). Hence, McWhirter (2011) found significant increases for self-efficacy, readiness to change and self-efficacy regarding stopping alcohol use for both a goal-focused and emotion-focused intervention (McWhirter, 2011). Only mothers in the goal-oriented intervention significantly decreased their level of alcohol consumption. Home Visiting was associated with significant decreases for depression and increases in self-esteem; however, no significant differences were found for quality of life (Sullivan et al., 2002).

Regarding parenting skills, McWhirter (2011) found an increase in family bonding following the both goal-focused and emotion-focused interventions. There was evidence that paraprofessionals in the home visiting intervention supported mothers to develop their parenting skills and knowledge (Sullivan et al., 2002).

Mechanisms: how does it work?

According to Austin et al. the main features of interventions included the provision of social support, improving the mother-child relationship, developing problem solving skills and enhancing parenting knowledge. The authors note that interventions differed as to whether they adopted a deficits-based framework, where it is assumed that intimate partner violence negatively affects a mothers parenting skill, or a strengths-based framework, which build on existing skills to enhance resilience and improve coping mechanisms. Austin et al. call for future research to look at the relationship between the framework adopted, the intervention and outcomes. Further, they note the need for future research to clearly identify the theory of change for each intervention so that the core features of interventions can be identified. In part, these gaps in understanding are addressed by Anderson and van Ee's (2018) systematic review.

Anderson and van Ee (2018) assessed 12 of the 19 interventions included in Austin and colleagues in their systematic review of 19 studies based on 17 different interventions. Based on their findings, Anderson and van Ee present a theory of change that identifies two mechanisms by which change occurs. First, an 'individualistic' mechanism related to the interventions they describe as 'separate' interventions. In these interventions mother and child sessions take place simultaneously but independently from each other, enabling them



to explore personal experiences of exposure to intimate partner violence. Individualistic interventions often include psychoeducational approaches to address psychosocial problems such as child maladaptive behaviours and adverse coping skills. For children such approaches can include teaching the child to understand their experiences in an age-appropriate manner. However, Anderson and van Ee state that such individualistic approaches fail to acknowledge the child's agency and ability to work jointly to promote recovery and strengthen the mother-child relationship. Hence, the second mechanism is collaborative, related to the interventions they describe as combined. In combined interventions, separate sessions for mothers and children are supplemented with joint sessions which they attend together. This mechanism builds upon developments made in individual sessions such as processing traumatic experiences and the development of communication and problem-solving skills. Thus, in joint sessions mothers and children share their experiences, articulate their feelings and work together to shape future sessions. According to Anderson and van Ee, collaborative mechanisms create opportunities to garner the child's agency which is a key factor in enhancing mother-child outcomes. Moreover, positive mother-child interactions are beneficial to both mothers and children as they serve as a protective factor which facilitates their relationships and the child's adjustment.

Moderators: When, where and who does it work for?

Within Austin et al.'s review, the six studies for both interventions were conducted in the United States and as such these interventions may have a different impact in the United Kingdom. Similarly, the review by Anderson and van Ee is primarily composed of studies from outside of the United Kingdom.

The authors suggest that interventions for women parenting in the context of intimate partner violence often focus on community-based social support. There are indications that these interventions work better over a longer period of time (Lieberman et al., 2006), although in some cases, the suggestion has been made that results may be affected by sample selection, with potentially the most vulnerable families not receiving the interventions (McDonald et al., 2006).

No mother ages were reported for Child-Parent Psychotherapy, but the children in the sample were aged from three to five years. Mothers in the Project Support studies had a mean age of 28 and the children were aged between four and nine. All six studies reported diversity in the ethnicity of their participants. The review does not report whether age or ethnicity impacted on results.



Interventions were delivered by academics (researchers and postgraduate research students), therapists and mentors. Initial sampling and screening tended to be undertaken by research staff, with practitioners delivering the intervention.

The authors highlight a range of barriers that could reduce the effectiveness of these interventions, including individual differences (for example maternal mental health, or financial difficulties), and socio-economic barriers (such as a lack of support or resources within the community). Additionally, Lieberman et al. (2006) comment on the impact of precarious employment and limited affordable housing on participant availability and attrition rates. This is particularly pertinent for Child-Parent Psychotherapy as it requires commitment of one year.

Implementation: How do you do it?

Child-Parent Psychotherapy consists of weekly sessions between parent and child led by a trained therapist with individual sessions between the parent and the therapist conducted as required (Lieberman et al., 2005; 2006). The intervention is aimed at fostering positive interactions between the mother and child and creating the opportunity for a narrative to develop between them regarding the trauma experienced.

Project Support is based on two distinct areas of provision: the teaching of child management skills, and the provision of practical and emotional support to mothers. Teaching and support are provided by therapists and mentors (McDonald et al., 2006).

Economics: What are the costs and benefits?

No economic analysis was included in either study.

What are the strengths and limitations of the review?

Both systematic reviews are rigorous reviews of a wide range of interventions for the parenting of mothers in the context of intimate partner violence. In doing so, they provide a useful starting point for understanding the potential effectiveness of interventions and increase the focus on intimate partner violence within child welfare policies. Austin et al.



noted that if such interventions are to be rolled out more widely, greater understanding of their effectiveness is required, an issue addressed in part by the theories of change outlined in Anderson and van Ee's subsequent review.

The heterogeneity of the interventions and their associated studies across both systematic reviews makes it difficult to give clear recommendations as to which interventions or what intervention components are most effective. Moreover, Austin et al. highlight the omission of measures that specifically relate to parenting skills, opting instead to measure maternal stress, self-efficacy and social support. Such outcomes do not demonstrate how women parent in the context of intimate partner violence.

Summary of key points

- The heterogeneity of research in this area makes it difficult to draw definitive conclusions. More research is needed into the effectiveness for different interventions aimed at women parenting in the context of intimate partner violence.
- Child-Parent Psychotherapy was associated with a significant decrease in maternal distress which was retained six months after the intervention. There were limited findings that women's attitudes to parenting improved after completing the intervention during the third trimester of pregnancy or up to the baby was six months old.
- No significant differences were found for maternal distress for women receiving Project Support immediately after the intervention. However, psychiatric and trauma symptoms continued to decrease for women 24 months after the intervention.
- Project Support was associated with significantly higher child management skills immediately after the intervention and at 24 months follow up.
- There were promising findings for Emotion-focused, Goal-focused and Home Visiting interventions on maternal distress and parenting skills.
- Findings suggest that multi-levelled interventions that include individual and combined sessions for mothers and children focused on enhancing the mother-child relationship may offer promising approaches for future research.
- The heterogeneity of the interventions render it difficult to give clear recommendations as to which interventions or what intervention components are most effective.
- Further research is needed that focuses upon the theoretical underpinnings of interventions and which examine specific parenting behaviours and outcomes.



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