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A Systematic Review of Interventions for Women Parenting in the Context of Intimate Partner Violence

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Abstract

Intimate partner violence (IPV) victimization is widespread among women with children and has negative consequences for both women's and children's well-being. Despite mixed evidence regarding the effect of IPV on women's parenting ability and behaviors, there is an increasing focus on mothering in the context of IPV, particularly among the child welfare and child protection systems. To help respond to this increasing focus, several interventions have been developed that specifically target parenting among IPV-affected women. Given the growing numbers of these interventions, a comprehensive review is needed to help elucidate the approaches that are most effective in meeting the needs of IPV-affected women and children. Therefore, we conducted an in-depth systematic review of the literature to examine the approaches and effects of interventions designed to address aspects of parenting among IPV-affected women. We identified 26 articles concerned with 19 distinct interventions for review. We found substantial heterogeneity in intervention delivery, format, length, and focus. We noted several limitations of the existing studies in terms of study sample, measures, design, and implementation. Given the heterogeneity of the existing interventions and the limitations of the current research base, it is not yet clear which interventions or intervention components are most effective in addressing the unique needs of women parenting in the context of IPV. Further research is needed to address these limitations, and professionals working with IPV-affected families should be aware that current services may not meet women's and children's needs.

Keywords

domestic violence, intervention/treatment, cultural contexts, children exposed to domestic violence, battered women

Parenting in the context of ongoing intimate partner violence (IPV) is a challenging and serious reality for many women in the United States. Therefore, the aim of this review is to provide a comprehensive overview and analysis of interventions for women parenting in the context of IPV with the intent of informing current IPV research and practice.

IPV victimization is widespread among women, including those who are the parents or primary caregivers of minor children. In the United States, the National Intimate Partner and Sexual Violence Survey found that more than one in three women (35.6%) have experienced rape, physical violence, or stalking by an intimate partner during their lifetime (Black et al., 2011). A 2011 national survey found 6.1% of children had been exposed to IPV in the past year, and 17.3% had been exposed to IPV at some point in their lifetimes (Finkelhor, Turner, Shattuck, & Hamby, 2013). Moreover, past year IPV has been shown to be more prevalent among couples with children compared to couples without (McDonald, Jouriles, & Skoop, 2006).

Effects of IPV on Women and Children

A considerable body of research demonstrates an association between exposure to IPV and negative and long-lasting social, emotional, and physical health outcomes for both women and children. A recent review of the literature revealed associations between IPV victimization and experiences of chronic pain, respiratory conditions, gastrointestinal problems, gynecological problems, sexually transmitted infections, depression, anxiety, and sleep disorders among women (Dillon, Hussain, Loxton, & Rahman, 2013). Among children, research regarding the effects of exposure to IPV has primarily focused on the development of internalizing (e.g., depressive symptoms) and

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externalizing (e.g., aggression) problems. Several meta-analyses support an association between exposure to IPV and increased internalizing and externalizing problems among children and adolescents (Evans, Davies, & Dilillo, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Additional research suggests that children exposed to IPV exhibit more social problems, posttraumatic stress symptoms, psychosomatic problems, and difficulties in school compared to their nonexposed counterparts (Holt, Buckley, & Whelan, 2008). Moreover, living in a household with IPV places children at elevated risk for experiencing child maltreatment (Hamby, Finkelhor, Turner, & Ormrod, 2010).

("parent-child relations*" OR "maternal behavior" OR "mother-child relations*" OR "child rearing" OR parenting OR childrearing OR mother-child OR parent-child OR "maternal bond")
AND
("domestic violence" OR "partner violence" OR "intimate partner violence" OR "spouse abuse" OR "spousal abuse" OR "battered women" OR "battered woman" OR IPV OR DV OR "marital violen*")
AND
(program* OR treatment OR service* OR intervention* OR consultation* OR outcome*)

Figure 1. Key words used in electronic database search.

Effect of IPV on Women's Parenting

Research has begun to explore the effect of IPV on the mother–child relationship and mothers' capacity to parent in the context of IPV victimization. Such studies are critically important because research indicates that a positive relationship with a caring and responsive adult, usually the mother, serves as a protective factor in buffering the negative consequences of child exposure to IPV (Holt et al., 2008). Nonetheless, the empirical evidence regarding the specific effect of IPV on women's parenting is mixed.

Some researchers have posited that the stress and fear associated with living in the context of IPV combined with the negative social, emotional, and physical health consequences of IPV victimization may severely compromise women's ability to parent and provide for their children's needs (Lapierre, 2008). For example, in an observational study of parenting behaviors, psychological and physical violence by an intimate partner was found to predict less warmth in mothers, even after controlling for maternal depression (Levendosky & Graham-Bermann, 2000). Among 365 mothers and their 6- to 12-year-old children, children's perceptions of maternal warmth and nurturance were negatively correlated with the presence of IPV in the home (McCloskey, Figueredo, & Koss, 1995). Likewise, research using maternal self-reports has found that IPV negatively affects how women rate their own parenting (Levendosky & Grahman-Bermann, 2001).

In contrast, IPV was found to have a positive direct effect on women's parenting effectiveness and attachment among 103 mothers of preschool-age children, such that women who experienced IPV reported more effective parenting and more secure attachments to their children (Levendosky, Huth-Bocks, Shaprio, & Semel, 2003). In a longitudinal study, mothers of young children exposed to IPV showed greater increases in positive discipline and less of a decrease in warm, nurturing, and consistent parenting behaviors over time compared to their non-IPV-exposed counterparts (Letourneau, Redick, & Willms, 2007). These changes were no longer significant after adjustment for maternal depression and education, social support, family dysfunction, and child sex (Letourneau et al., 2007).

Qualitative interviews with 95 women revealed that women recognized both negative and positive effects of IPV on their ability to parent effectively (Levendosky, Lynch, & Graham-Bermann, 2000). Negative effects included reduced emotional energy and time available for parenting and increased feelings of anger toward children (Levendosky et al., 2000). Positive effects included increased empathy, protectiveness, and caring toward children (Levendosky et al., 2000). Many of the women described efforts to mitigate the effect of the violence on their children and expressed concerns regarding their children's feelings and behaviors, suggesting that they did function as attentive and responsive mothers (Levendosky et al., 2000).

Mothering in the Context of IPV

Despite the fact that the effect of IPV on women's parenting remains underinvestigated and thus unclear, there is growing attention to mothering in the content of IPV, especially among the child welfare and child protection systems. Given the serious consequences of IPV for children, a growing number of U.S. state governments have created child welfare policies that include IPV exposure as a form of child maltreatment (Moles, 2008; U.S. Department of Health and Human Services, 2013). As a consequence of such policies, child protective service (CPS) workers are increasingly screening for and addressing IPV as part of their service plans for mothers and families. Oftentimes, CPS case plans direct women to attend and complete community services in order to end CPS involvement and maintain custody of their children.

In some communities, mothers struggling with IPV may be directed to receive safety or parenting services but not both. Such services may not be evidence-based and are likely not tailored to their unique needs as parenting IPV victims. Consequently, the women and their children may not receive the services needed despite CPS mandates. Moreover, some CPS-involved IPV-affected mothers may lose custody of their children if they do not complete required services or find a way to end the IPV.

Aims

Fortunately, there are several interventions that specifically target aspects of women's parenting behaviors or outcomes, such as the quality of mother–child interactions, child

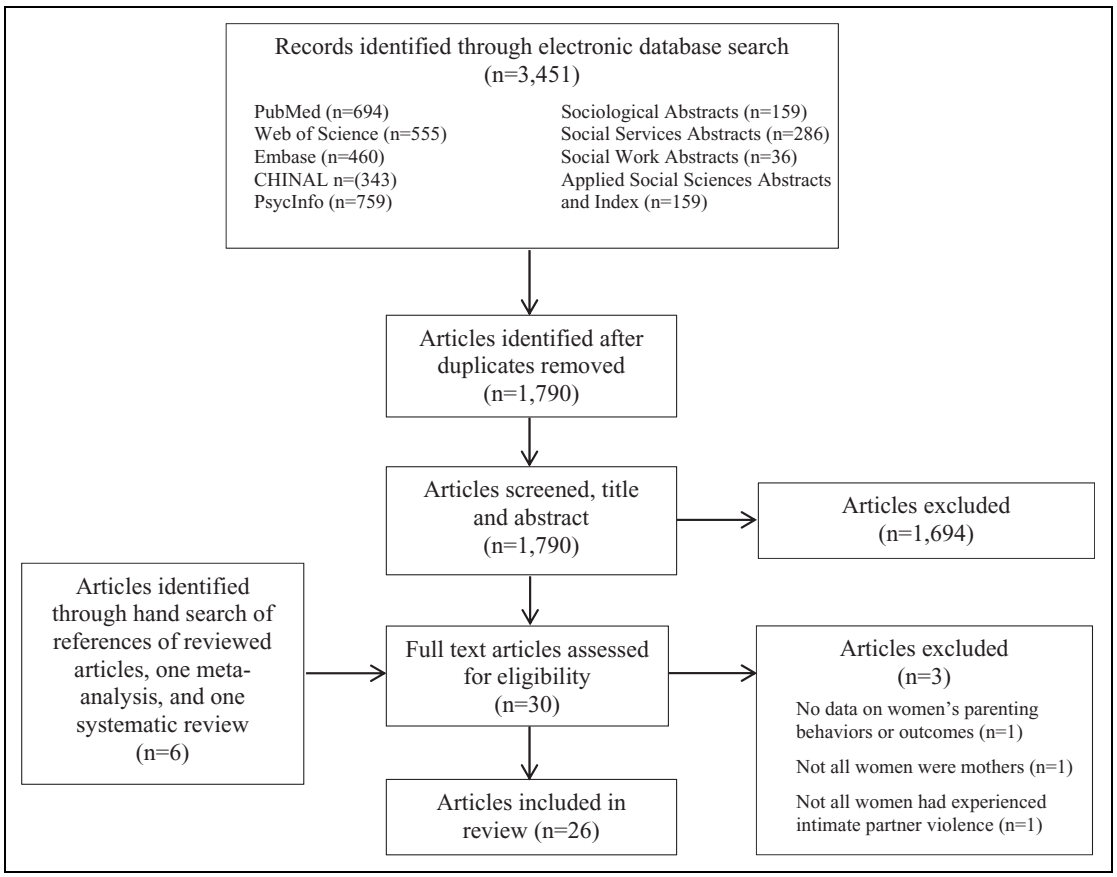

Figure 2. Results of article selection process.

management practices, and maternal stress and psychological symptoms, in the context of IPV. A rigorous review of these interventions will aid in our understanding of the best approaches to help mothers who are experiencing IPV. Thus, the aim of this study was to systematically review and summarize the existing literature regarding interventions for women parenting in the context of IPV. Specifically, we sought to examine intervention approaches and outcomes to achieve a comprehensive understanding of the state of the evidence, with the ultimate goal of informing both child welfare and IPV services.

Method

Search Strategy and Eligibility Criteria

We searched multiple electronic databases including PubMed, Web of Science, Embase, PsycInfo, Sociological Abstracts, CHINAL, Social Services Abstracts, Social Work Abstracts, and Applied Social Sciences Index and Abstracts for published peer-reviewed articles. Each database was searched from its start date to December 18, 2015. As illustrated in Figure 1, we conducted searches using a combination of key words relating to parenting, IPV, and programs or services. We identified key words based on prior knowledge, examination of key words used in prior systematic reviews of parenting and IPV, and consultation with library scientists. Eligibility criteria included (1) the article examined a program, service, intervention, or treatment for women parenting in the context of IPV, (2) the article provided quantitative or qualitative data on some aspect of women's parenting behaviors or outcomes, (3) all women included in the article study were mothers to children of any age, and (4) all women included in the article study had experienced IPV. We excluded articles if the study examined changes in IPV victimization among women following an intervention, an intervention for child witnesses to IPV, or an IPV intervention for parents (i.e., both mothers and fathers) but did not present data specific to women's parenting outcomes or behaviors. We excluded articles if it was not clear that all women included in the study were mothers *and* victims of IPV. We also excluded articles that described case illustrations or protocols for interventions but did not provide quantitative or qualitative data.

Selection Process

A total of 3,451 articles were identified through the electronic database search (Figure 2). We identified one additional article through a hand search of references of the reviewed articles and five additional articles through a hand search of references of a meta-analysis regarding the efficacy of IPV interventions for

women and children in joint treatment (Hackett, McWirter, & Lesher, 2016) and a systematic review of interventions for children exposed to IPV (Rizo, Macy, Ermentrout, & Johns, 2011). After duplicate articles were removed, 1,790 unique articles remained. We reviewed the titles and abstracts of these articles for eligibility and excluded ineligible articles. We further reviewed the full text of 30 articles for eligibility and identified 26 articles as meeting the full eligibility criteria for inclusion.

Data Abstraction

We conducted an in-depth examination of the 26 articles meeting full eligibility criteria. To examine each article, we developed an abstraction tool specific to the aims of the review. We used this tool to systematically review each article and abstract information regarding aims of the article, study design and sample characteristics, program or intervention description, measures of mothers' parenting outcomes or behaviors, results, conclusions, implications, strengths, and limitations. Two of the coauthors independently reviewed each article and completed the abstraction forms. Final data from the abstraction forms were merged together, with the reviewers meeting to discuss and resolve any discrepancies in their independent review findings.

Results

The 26 included articles evaluated the effectiveness of 19 distinct interventions for women parenting in the context of IPV. To present the results of our review, we organized the articles according to whether the intervention was primarily designed to target behaviors or outcomes in (1) the child ($n = 4$), (2) both the mother and the child ($n = 9$), or (3) the mother ($n = 13$), as stated in the study's aims. We further organized the articles by study design: (1) randomized, (2) quasi-experimental, (3) observational, and (4) qualitative.

Primary Target of the Intervention: Child

In the four articles in which the primary target of the intervention was children, the intervention's rationale was to diminish the adverse effects of IPV exposure on child well-being (Table 1).

Randomized studies. A randomized study design was used to examine the effectiveness of Child–Parent Psychotherapy in two articles (Lieberman, Ippen, & Van Horn, 2006; Lieberman, Van Horn, & Ippen, 2005). Mothers were recruited from referrals by local agencies, including IPV shelters, and the child had to have directly witnessed IPV in order for the mother and child to be eligible for inclusion in the study (Lieberman et al., 2005, 2006). Individual mother–child sessions focused on changing maladaptive behaviors, supporting developmentally appropriate interactions, and guiding the mother and child in creating a joint narrative about their IPV exposure (Lieberman et al., 2005, 2006). A significant decrease in maternal distress and avoidance symptoms was found for mothers who received the intervention, but not mothers in the case-management comparison group, from pre- to postintervention (Lieberman et al., 2005). In a follow-up of this randomized study, mothers who completed Parent–Child Psychotherapy displayed a significant decrease in maternal distress from preintervention to 6 months postintervention (Lieberman et al., 2006).

Observational studies. Two articles employed an observational design and recruited mothers and children from IPV shelters. One examined the involvement of mothers and children in various individual and group services offered by Safe Homes, an IPV shelter service, over 4 weeks (Gibson & Gutierrez, 1991). Mothers receiving shelter at Safe Homes had good participation in individual counseling and a women's support group over 4 weeks (Gibson & Gutierrez, 1991). The second article examined the effectiveness of filial therapy in which mothers participated in group training sessions and individual mother–child play sessions that included live demonstrations and trainer supervision (Smith & Landreth, 2003). The child had to have directly witnessed IPV in order for the mother and child to be eligible for inclusion in the study (Smith & Landreth, 2003). Mothers' empathy, communication of acceptance, and willingness to allow the child to self-direct significantly increased from pre- to postintervention (Smith & Landreth, 2003).

Primary Target of the Intervention: Mother and Child

In nine articles, the intervention was designed to target behaviors and outcomes in both the mother and the child (Table 2).

Randomized studies. A randomized design was used to assess two group interventions and a home-visiting intervention (Basu, Malone, Levendosky, & Dubay, 2009; McWhirter, 2011; Sullivan, Bybee, & Allen, 2002). In a group intervention that focused on maternal empathy, discipline, and communication and providing mothers with support around safety, child custody, and legal proceedings, there was no significant difference in anxiety and depressive symptoms between the intervention group and the wait-list comparison group at postintervention (Basu et al., 2009). McWhirter (2011) compared the effectiveness of a goal-oriented intervention focused on improving coping strategies and an emotion-focused intervention focused on creating healthy relationships among mothers living in a homeless shelter. A significant increase was observed from pre- to postintervention in family bonding, social support, depression, self-efficacy, readiness to change, and self-efficacy for discontinuing alcohol use for mothers in both interventions (McWhirter, 2011). Only mothers in the goal-oriented intervention significantly decreased alcohol use from pre- to postintervention (McWhirter, 2011). In the home-visiting intervention, trained paraprofessionals helped mothers living in IPV shelters access community resources and develop mothering-related skills and knowledge (Sullivan et al., 2002).

Table 1. Primary Target of Intervention: Children.

Study Design: Randomized

Citation	Sample	Intervention	Parenting Behaviors/Outcomes	Strengths and Limitations
Lieberman, Van Horn, and Ippen (2005)	Sample: Mothers referred for concerns about child's behavior or mother's parenting after child witnessed IPV Eligibility criteria: – Child exposed to IPV as reported by mother on Conflict Tactics Scale – Perpetrator not living in the home $N = 65$ mothers and 65 children (3–5 years)	Intervention: – Child–Parent Psychotherapy – Weekly 1-hr individual mother–child sessions for 50 weeks; separate sessions for mother as indicated – Sessions led by trained clinical psychologists Comparison group: – Case management	Measures: – Maternal distress (Symptoms Checklist-90 Revised) – PTSD symptoms (clinician administered PTSD Scale)	Strengths: – Randomized – Recruitment from the community rather than IPV shelters – Joint mother–child and individual sessions – Mother self-report and clinician administered measures – Intervention manualized – Attention to intervention fidelity Limitations: – Variable number of therapy sessions, difficult to evaluate effects of intervention – No parenting behavior or parent–child relationship outcomes
Lieberman, Ippen, and Van Horn (2006)	Sample: Mothers referred for concerns about child's behavior or mother's parenting after child witnessed IPV Eligibility criteria: – Child exposed to IPV as reported by mother on Conflict Tactics Scale – Perpetrator not living in the home $N = 50$ mothers and 50 children (3–5 years)	Intervention: – Child–Parent Psychotherapy – Weekly 1-hr individual mother–child sessions for 50 weeks; separate sessions for mother as indicated – Sessions led by trained clinical psychologists Comparison group: – Case management	Measures: – Maternal distress (Symptoms Checklist-90 Revised)	Strengths: – Randomized – Recruitment from the community rather than IPV shelters – Joint mother–child and individual sessions – Follow-up and high retention at 6 months postintervention – Intervention manualized – Attention to intervention fidelity Limitations: – Variable number of sessions, difficult to evaluate effects – At 6 months postintervention, groups differed on child sex – Mothers and children lost to follow-up had younger children – No parenting behavior or parent–child relationship outcomes – Self-report maternal outcomes only

(continued)

Table 1. (continued)

Study design: Observational				
Citation	Sample	Intervention	Parenting Behaviors/Outcomes	Strengths and Limitations
Gibson and Gutierrez (1991)	Sample: – Mothers recruited from Safe Homes Eligibility criteria: – Mothers reported history of IPV – Mothers and children relocated by Safe Homes to live with host family $N = 4$ mothers and their children ($\geq$5 years)	Intervention: – Weekly, open-end separate mother and child groups – Case management and referrals – Individual counseling Comparison group: – None	Measures: – Attendance in individual counseling, women's support group, parenting group, and conference regarding children	Strengths: – Intervention incorporated into existing services – Joint mother–child sessions and separate peer groups – High session attendance rate Limitations: – Recruitment from IPV shelter limiting generalizability – Short data collection period – No data on level of engagement or time in services – No outcome data
Smith and Landreth (2003)	Sample: – Mothers recruited from one IPV shelter and one homeless shelter Eligibility criteria: – Mothers experienced IPV – Child witnessed IPV $N = 11$ mothers and 11 children (4–10 years)	Intervention: – 12 1.5-hr parent training and mother–child play sessions over 2–3 weeks – Live demonstrations and supervision by therapist during each mother–child play session; personalized instruction – Sessions led by doctoral candidates Comparison group: – None for maternal outcomes	Measures: – Empathic behaviors (Measurement of Empathy in Adult–Child Interaction scored from observed mother–child play)	Strengths: – Intervention delivered by mothers, not therapists, reducing number of trained professionals needed and placing emphasis on mother–child relationship – Trained observer rating of mother–child interaction – Mother–child interactions blind coded Limitations: – Recruitment from IPV and homeless shelters limiting generalizability – Characteristics of IPV exposure not specified – No comparison group for maternal outcomes – Actual scores for maternal outcomes not given – Observation of mother–child interaction in study setting may not represent typical interactions – No attempts to ensure intervention fidelity

Note. IPV = intimate partner violence; PTSD = post-traumatic stress disorder.

Table 2. Primary Target of Intervention: Mothers and Children.

Study Design: Randomized

Citation	Sample	Intervention	Parenting Behaviors/Outcomes	Strengths and Limitations
Basu, Malone, Levendosky, and Dubay (2009)	Sample: – Mothers and children recruited by local agencies and IPV shelters Eligibility criteria: – Mother experienced IPV *N* = 36 mothers and 19 children (3–12 years)	Intervention: – Weekly 1.5-hr separate mother and child group sessions for 10 weeks – Sessions led by paraprofessionals or doctoral students (clinical psychology, social work, family, and child ecology) Comparison group: – Wait-list – Mothers ending intervention early	Measures: – Anxiety (Brief Symptom Inventory) – Depressive symptoms (Beck Depression Inventory)	Strengths: – Randomized – Intervention manualized – Follow-up at 3 and 6 months postintervention – Examine barriers to participation – Provided free transportation and childcare Limitations: – High attrition – Convenience sample – Analysis not intent-to-treat – No attempts to ensure intervention fidelity – Self-report maternal outcomes only – No parenting behavior or parent–child relationship outcomes
McWhirter (2011)	Sample: – Mothers with history of IPV and a child witness recruited from homeless shelters Eligibility criteria: – Mother scored 15 or higher on HITS (hurt-insult-threaten-scream tool) – Child present during at least one incident of IPV in the past year *N* = 46 mothers (18–47 years) and 48 children (6–12 years)	Intervention: – 2 interventions: goal-oriented intervention and emotion-focused intervention – Weekly group sessions for 5 weeks – Separate mother and child sessions and joint family sessions – Sessions led by licensed counselors Comparison group: – Other intervention	Measures: – Family bonding (Student Survey of Risk and Protective Factors) – Social support (Quality of Social Support Scale) – Depression (Center for Epidemiologic Studies Depression Scale) – Self-efficacy (Generalized Self-Efficacy Scale) – Readiness to change (Readiness to Change/ Confidence Ruler) – Self-efficacy for discontinuing alcohol use – Alcohol use	Strengths: – Randomized – Intervention manualized – Intervention focus and measures selected in collaboration with homeless shelter providers and residents – Individual mother and child session and joint family sessions – Attention to intervention fidelity Limitations: – Recruitment from a homeless shelter limiting generalizability – Comparison of two active treatments – Not intent-to-treat analysis – Self-report maternal outcomes only
Sullivan, Bybee, and Allen (2002)	Sample: – Mothers recruited from IPV shelter, community-based organization, and state social services department Eligibility criteria: – Mothers experienced physical violence from an intimate partner in previous 4 months *N* = 78 mothers (mean 31 years) and 78 children (7–11 years)	Intervention: – At least twice weekly visits (total of 6–8 hr per week) for 16 weeks – Visits conducted by trained paraprofessional Comparison group: – Not described	Measures: – Quality of life (9 items) – Social support (9 items) – Depression (Center for Epidemiologic Studies Depression Scale) – Self-esteem (Rosenberg Self-Esteem Inventory)	Strengths: – Randomized – Intervention flexible to mother and child – Follow-up at 4 months postintervention Limitations: – Mothers recruited from IPV shelters and service providers limiting generalizability – Intervention was flexible, more difficult to evaluate – Self-report maternal outcomes only

(continued)

Table 2. (continued)

Study design: Quasi-experimental

Citation	Sample	Intervention	Parenting Behaviors/Outcomes	Strengths and Limitations
Timmer, Ware, Urquiza, and Zebell (2010)	Sample: – Mothers referred by child welfare or court mandate for children's externalizing behavior problems Eligibility criteria: – Child exposed to IPV Total $N = 129$ mothers (mean 28 years) and 129 children (2–8 years)	Intervention: – Parent–Child Interaction Therapy – 14–20 weeks of didactic training and therapist-coached parent–child interactions Comparison group: – Mothers and children not exposed to IPV	Measures: – Maternal stress (Parenting Stress Inventory-Short Form) – Psychological symptoms (Symptom Checklist-90 Revised or Brief Symptom Inventory)	Strengths: – Non-IPV exposed comparison group – Mothers received real-time feedback from therapists during interactions with children – Examined effects of an established, manualized intervention – Controlled for potential confounders in analysis Limitations: – Low participation rate and high attrition – Mothers referred for treatment of children's externalizing behavior problems and all received services from child welfare agencies limiting generalizability – Scale measuring maternal psychological symptoms changed during intervention, but results were not presented separately – Missing preintervention measures for some participants – Self-report maternal outcomes, potential for reporting, or social desirability bias – No attempts to ensure intervention fidelity – No parenting behavior or parent–child relationship outcomes
Waldman-Levi and Weintraub (2015)	Sample: – Mothers recruited from eight IPV shelters in Israel Eligibility criteria: – Mother experienced IPV $N = 37$ mothers (18–45 years) and 37 children (1–6 years)	Intervention: – Family Intervention for Improving Occupational Performance – Eight individual mother–child 30-min sessions – Sessions led by occupational therapists Comparison group: – Playroom program (mothers and children played in structured environment)	Measures: – Mother–child interaction (Coding Interaction Behavior of videotaped sessions)	Strengths: – Comparison group – Intervention manualized – Mothers received real-time feedback from therapists during interactions with children – Trained observer rating of mother–child interaction – Outcome specific to the parent–child relationship – Attention to intervention fidelity Limitations: – Recruitment from IPV shelters limiting generalizability – Shelter selection for recruitment and intervention delivery depended shelter space, availability, and programming – High attrition – Observation of mother–child interaction in study setting may not represent typical interactions – No control for potential confounders in analysis

(continued)

Table 2. (continued)

Study design: Observational

Citation	Sample	Intervention	Parenting Behaviors/Outcomes	Strengths and Limitations
Ducharme, Atkinson, and Poulton (2000)	Sample: – Mothers and children referred by social service agencies Eligibility criteria: – Mother experienced IPV as reported on Conflict Tactics Scale – Child had severe behavior problems *N* = 9 mothers (28–37 years) and 15 children (3–10 years)	Intervention: – Errorless compliance training – 14–29 weeks of group training sessions – Individual parent-led sessions with children Comparison group: – None for maternal outcomes	Measures: – Maternal stress (Parenting Stress Index)	Strengths: – Recruitment from several local agencies – Follow-up at 1, 3, and 6 months postintervention Limitations: – Limited information on the intervention – Convenience sample – High attrition – No comparison group for maternal outcomes – No control for potential confounders – No parenting behavior or parent–child relationship outcomes – Self-report maternal outcomes only
Smith, Belton, Barnard, Fisher, and Taylor (2015)	Samples: – Mothers referred by nurses and social workers Eligibility criteria: – Mother experienced IPV *N* = 200 mothers and 200 children (7–11 years)	Intervention: – Domestic Abuse Recovering Together – Weekly 2-hr joint mother–child sessions for 10 weeks – Separate peer group sessions Comparison group: – None for maternal outcomes	Measures: – Self-esteem (Rosenberg Self-Esteem Scale) – Parental efficacy and control of child's behavior (Parental Locus of Control Scale) – Parental acceptance and rejection (Parental Acceptance and Rejection Questionnaire)	Strengths: – Intervention manualized – Joint mother–child sessions and separate peer group sessions – Qualitative interviews with practitioners postintervention – Outcomes specific to parenting behaviors – Follow-up at 6 months postintervention Limitations: – Convenience sample, few details on recruitment, or sample – High attrition – No comparison group for maternal outcomes – Self-report maternal outcomes only
Sullivan, Egan, and Gooch (2004)	Sample: – Mothers and children recruited from a clinical agency Eligibility criteria: – Mother experienced IPV *N* = 46 mothers and 79 children	Intervention: – 9 weeks of separate mother and child group sessions – Joint group session for mothers and children Comparison group: – None	Measures: – Maternal stress (Parenting Stress Index)	Strengths: – Joint therapy sessions and separate peer group sessions Limitations: – High attrition – No comparison group – Clinical sample from one agency limiting generalizability – Few details regarding recruitment or sample – No measure of parenting skills – Self-report maternal outcomes only

(continued)

Table 2. (continued)

Study design: Qualitative				
Citation	Sample	Intervention	Parenting Behaviors/Outcomes	Strengths and Limitations
Dodd (2009)	Sample: – Mothers and children recruited from social services in the United Kingdom Eligibility criteria: – Mother experienced IPV *N* = 10 mothers and their children	Intervention: – Weekly parenting group – "Theraplay" activities for mothers and children – Therapeutic play sessions for children – Sessions led by staff from family and children's center and women's refuge center Comparison group: – None	Measures: – Evaluation of intervention (semistructured individual interviews) – Parenting typical hassles (Parenting Typical Hassles Scale)	Strengths: – Incorporated an existing therapeutic intervention, "Theraplay" – Intervention flexible to mother and child needs Limitations: – Convenience sample, but few details on recruitment or sample – No comparison group – Data from qualitative interviews focused on intervention impacts on children rather than on mothers and parenting – No attempts to ensure quality or accuracy of qualitative data – Self-report maternal outcomes only

Note. IPV = intimate partner violence.

There was no significant change over the course of the intervention in quality of life or social support for mothers in the intervention or comparison groups, but mothers in the intervention group experienced significant decreases in depression and increases in self-esteem (Sullivan et al., 2002).

Quasi-experimental studies. A quasi-experimental design was used to examine two individual interventions, Parent–Child Interaction Therapy and the Family Intervention for Improving Occupational Performance (Timmer, Ware, Urquiza, & Zebell, 2010; Waldman-Levi & Weintraub, 2015). Parent–Child Interaction Therapy focused on mothers' use of behavior descriptions, reflections, and praises in interactions with their child and on improving child compliance among mothers and children who had experienced IPV compared to those who had not experienced IPV (Timmer et al., 2010). Overall, there were few significant changes over time and no significant differences between groups for maternal stress or psychological symptoms (Timmer et al., 2010). The Family Intervention for Improving Occupational Performance was examined among mothers recruited from Israeli IPV centers and focused on improving mother–child interactions through guided sessions with a trained therapist (Waldman-Levi & Weintraub, 2015). Compared to a playroom program, mothers in the intervention showed significantly greater improvement in limit setting from pre- to postintervention, but there were no significant differences in involvement, reciprocity, or negative states (Waldman-Levi & Weintraub, 2015).

Observational studies. An observational study design was used in three articles to examine group interventions (Ducharme, Atkinson, & Poulton, 2000; Smith, Belton, Barnard, Fisher, & Taylor, 2015; Sullivan, Egan, & Gooch, 2004). In one, errorless compliance training focused on reducing confrontational mother–child interactions in children with severe behavior problems and mothers who had experienced IPV (Ducharme et al., 2000). A significant decrease in maternal stress was observed from pre- to postintervention (Ducharme et al., 2000). For mothers who participated in Domestic Abuse Recovering Together, an intervention focused on improving the mother–child relationship, there was a significant increase in maternal self-esteem, efficacy and control of child's behavior, and warmth and acceptance from preintervention to postintervention and 6 months postintervention (Smith et al., 2015). There was also a significant decrease in maternal indifference, neglect, and rejection from pre- to postintervention (Smith et al., 2015). After a group intervention addressing safety planning, parenting skills, and mother–child communication, there was a significant decrease in maternal isolation, life stress, and total stress (Sullivan et al., 2004). There were no changes in maternal competence, attachment, role restriction, or depression (Sullivan et al., 2004).

Qualitative studies. Qualitative methods were used in one article to assess a group intervention designed to promote positive parenting and secure attachments in the United Kingdom (Dodd, 2009). Women who participated in a weekly parenting group and play activities for mothers and children appreciated the social support offered by the group sessions, and group leaders found mothers to be more positive toward their children and have better self-esteem postintervention (Dodd, 2009).

Primary Target of the Intervention: Mother

In 13 articles, the primary target of the intervention was the mother (Table 3). In nine articles, the child also received some type of service or was included in some part of the intervention (Graham-Bermann & Miller, 2013; Graham-Bermann & Miller-Graff, 2015; Grip, Almqvist, & Broberg, 2011; Howell et al., 2014; Jouriles et al., 2001, 2009; Keeshin, Oxman, Schindler, & Campbell, 2015; Kerney & Cushing, 2012; McDonald et al., 2006).

Randomized studies. A randomized study design was used in three articles to examine Project Support, a home-visiting intervention intended to reduce conduct problems among children of mothers who had experienced IPV and were transitioning from an IPV shelter to a new home (Jouriles et al., 2001, 2009; McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). Compared to a group of mothers who did not receive home visits, mothers assigned to Project Support had significantly higher levels of child management skills immediately postintervention, and significantly fewer mothers reported using aggressive child management strategies at 24 months postintervention (Jouriles et al., 2001; McDonald et al., 2006). There were no differences between groups with respect to mothers' psychological distress or the number of mothers who returned to their abusive partner (Jouriles et al., 2001; McDonald et al., 2006). In another study of Project Support, maternal inconsistency, physical and psychological aggression, negative affect, and harsh behavior significantly decreased in both mothers who received the intervention and comparison mothers, but decreases were more rapid in the intervention group (Jouriles et al., 2009). While psychiatric and trauma symptoms decreased in both groups during the intervention, symptoms continued to decrease for the intervention group only during follow-up (Jouriles et al., 2009).

Quasi-experimental studies. A quasi-experimental study design was used in four articles to assess group interventions (Graham-Bermann & Miller, 2013; Graham-Bermann & Miller-Graff, 2015; Howell et al., 2014; Peled, Davidson-Arad, & Perel, 2010). Three of these articles assessed the Moms' Empowerment Program, an intervention focused on strengthening mothers' social and instrumental support, developing skills for coping with the effects of IPV, and improving parenting knowledge and communication (Graham-Bermann & Miller, 2013; Graham-Bermann & Miller-Graff, 2015; Howell et al., 2014). Among women recruited from a variety of local stakeholders, including IPV shelters, there was a significant decrease in posttraumatic stress symptoms for mothers who received the intervention, mothers whose children participated in a child-only intervention, and mothers in a wait-list

Table 3. Primary Target of the Intervention: Mothers.

Study Design: Randomized

Citation	Sample	Intervention	Parenting Behaviors/Outcomes	Strengths and Limitations
Jouriles et al. (2001)	Sample: – Mothers recruited from three IPV shelters Eligibility criteria: – Mothers reported acts of physical IPV from male partner during previous 12 months on Conflict Tactics Scale – Child 4–9 years with clinical levels of conduct problems – Mothers transitioning from IPV shelter to home independent of abuser *N* = 36 mothers (mean 29 years) and 36 children (4–9 years)	Intervention: – Project Support – Weekly 1-hr in-home sessions for up to 8 months after IPV shelter departure – Sessions led by trained clinicians Comparison group: – Mothers contacted monthly by staff, received tangible goods, and referral information	Measures: – Child management skills (scored from 45 min videotaped sessions) – Psychological distress (Symptom Checklist-90 Revised)	Strengths: – Randomized – High participation rate – Intervention manualized, but flexible to participant needs – In-home sessions convenient for mothers – Observer rating of child management skills – Two follow-up sessions after intervention completion – Attention to intervention fidelity and quality of data Limitations: – Recruitment from IPV shelter limiting generalizability – Scoring method for child management skills not sensitive – Videotaped mother–child interactions may not reflect mothers' typical use of child management skills – Intervention not delivered at uniform time points making evaluation difficult
Jouriles et al. (2009)	Sample: – Mothers recruited from six IPV shelters Eligibility criteria: – Mothers reported acts of physical IPV from male partner during previous 12 months on Conflict Tactics Scale – Child 4–9 years with clinical levels of conduct problems – Mothers transitioning from IPV shelter to home independent of abuser *N* = 66 mothers (mean 29 years) and 66 children (4–9 years)	Intervention: – Project Support – Weekly 1-hr in-home sessions for up to 8 months after IPV shelter departure – Sessions led by trained clinicians Comparison group: – Mothers contacted monthly by staff, received tangible goods, and referral information	Measures: – Mothers' parenting (Parenting Dimensions Inventory and Conflict Tactics Scale) – Psychiatric and trauma symptoms (Symptom Checklist-90 Revised and Impact of Events Scale)	Strengths: – Randomized – Intervention manualized – High completion rate of intervention and follow-up sessions – In-home sessions convenient for mothers – Follow-up postintervention – Attention to intervention fidelity and quality of data – Replication of Jouriles et al. (2001) Limitations: – Participations recruited from IPV shelter limiting generalizability – Intervention not delivered at uniform time points making evaluation difficult – Self-report maternal outcomes, potential for reporting or social desirability bias
McDonald, Jouriles, and Skoop (2006)	Sample: – Mothers recruited from three IPV shelters Eligibility criteria: – Mothers reported acts of physical IPV from male partner during previous 12 months on Conflict Tactics Scale – Child 4–9 years with clinical levels of conduct problems – Mothers transitioning from IPV shelter to home independent of abuser *N* = 36 mothers (mean 29 years) and 36 children (4–9 years)	Intervention: – Project support – Weekly 1-hr in-home sessions for up to 8 months after IPV shelter departure – Sessions led by trained clinicians Comparison group: – Mothers contacted monthly by staff, received tangible goods, and referral information	Measures: – Maternal aggression toward child (Revised Conflict Tactics Scale) – Mothers' return to abusive partner	Strengths: – Intervention manualized – Follow-up at 24 months postintervention – High participation rate at 24 months postintervention Limitations: – Maternal aggression only measured at 24 months postintervention, no pre- or postintervention measure – Did not measure maternal outcomes that were assessed in original study (Jouriles et al., 2001) – Self-report maternal outcomes, potential for reporting or social desirability bias

(continued)

Table 3. (continued)

Study design: Quasi-experimental

Citation	Sample	Intervention	Parenting Behaviors/Outcomes	Strengths and Limitations
Graham-Bermann and Miller (2013)	Sample: – Mothers recruited through ads and IPV shelters Eligibility criteria: – Mother experienced physical IPV in past year as reported on Conflict Tactics Scale and Severity of Violence Against Women Scale *N* = 181 mothers (mean 31 years) and 181 children (6–12 years)	Intervention: – Moms' Empowerment Program – Weekly group sessions for 10 weeks – Sessions led by community service providers or graduate students (clinical psychology, social work) Comparison group: – Mothers who did not receive the intervention, but whose children participated in the children's program (child-only group) – Wait-list	Measures: – Posttraumatic stress (Posttraumatic Stress Scale for Domestic Violence)	Strengths: – Strong theoretical basis and conceptual framework – Intervention manualized – Two comparison groups – Child-only comparison group allowed for assessment of effects of child improvement on mother's functioning – Attention to intervention fidelity – Follow-up at 8 months postintervention Limitations: – Many referred by IPV shelters limiting generalizability – Moderate attrition – Self-report maternal outcomes only – No control for potential confounders in analysis
Graham-Bermann and Miller-Graff (2015)	Sample: – Mothers recruited through ads and IPV shelters Eligibility criteria – Mother experienced physical IPV in past year as reported on Conflict Tactics Scale and Severity of Violence Against Women Scale *N* = 181 mothers (mean 33 years) and 181 children (6–12 years)	Intervention: – Moms' Empowerment Program – Weekly group sessions for 10 weeks – Sessions led by community service providers or graduate students (clinical psychology, social work) Comparison group: – Mothers who did not receive the intervention, but whose children participated in the children's program (child-only group) – Wait-list	Measures: – Depression (Beck Depression Inventory) – Positive parenting (Anxiety and Parental Child Rearing Styles Scale)	Strengths: – Strong theoretical basis and conceptual framework – Intervention manualized – Two comparison groups – Child-only comparison group allowed for assessment of effects of child improvement on mother's functioning – Attention to intervention fidelity – Follow-up at 8 months postintervention Limitations: – Many referred by IPV shelters limiting generalizability – Moderate attrition – Self-report maternal outcomes only – No control for potential confounders in analysis
Howell et al. (2014)	Sample: – Mothers recruited from IPV shelters and other agencies in Michigan and Ontario Canada Eligibility criteria – Mother experienced IPV within last 2 years as reported on Conflict Tactics Scale *N* = 120 mothers (21–54 years) and their children (4–6 years)	Intervention: – Moms' Empowerment Program – Sessions led by community service providers or graduate students (clinical psychology, social work) – Twice weekly 1-hr group sessions for 5 weeks Comparison group: – Wait-list	Measures: – Positive parenting practices (Alabama Parenting Questionnaire) – Negative parenting practices (Alabama Parenting Questionnaire)	Strengths: – Intervention manualized – Comparison group – Outcome measures specific to parenting – Control for potential confounders – Attention to intervention fidelity – Clear research and clinical implications Limitations: – Convenience sample – Self-report maternal outcomes only

(continued)

Table 3. (continued)

Study design: Quasi-experimental

Citation	Sample	Intervention	Parenting Behaviors/Outcomes	Strengths and Limitations
Peled, Davidson-Arad, and Perel (2010)	Sample: – Mothers recruited from Israeli IPV centers Eligibility criteria: – Mothers had already participated in an IPV intervention *N* = 36 mothers (mean 40 years in intervention group; mean 31 years in comparison group)	Intervention: – 16 semistructured 2-hr group sessions Comparison group: – Mothers who completed intake interviews for IPV interventions but did not participate – Mothers with partners who completed an intervention for violent fathers	Measures: – Parental self-efficacy (Parental Self-Efficacy Scale) – Mothering-related stress (Experience of Motherhood Questionnaire) – Emotional well-being (Affect Balance Scale) – Cognitive well-being (Satisfaction with Life Scale) General well-being (Self-Anchoring Scale)	Strengths: – Intervention manualized, but flexible to participant needs – Comparison group – Outcomes measured the experience of mothering Limitations: – Mothers recruited from those already receiving IPV services limiting generalizability – Single comparison group included both mothers who did not receive an intervention and mothers whose abusive partner's received an intervention – No control for potential confounders in analysis – No attempts to ensure intervention fidelity

Study design: Observational

Citation	Sample	Intervention	Parenting Behaviors/Outcomes	Strengths and Limitations
Grip, Almqvist, and Broberg (2011)	Sample: – Mothers recruited from a community treatment unit in Sweden Eligibility criteria: – Mother experienced IPV – Mother no longer living with perpetrator *N* = 42 mothers (29–53 years) and their children (4–19 years)	Intervention: – 15 weeks of separate group sessions for mothers and children – Sessions led by female social workers Comparison group: – None	Measures: – Trauma symptoms (Impact of Events Scale) – Psychological symptoms (Brief Symptom Inventory) – Sense of coherence (The Sense of Coherence) – Parental locus of control	Strengths: – Follow-up at 1 year postintervention – Clear research and treatment implications Limitations: – Mother recruited from those seeking services for IPV limiting generalizability – High attrition – No comparison group – Self-report maternal outcomes only
Kearney and Cushing (2012)	Sample: – Mothers recruited from child psychiatric clinic; children (5–17 years) were exposed to IPV and receiving trauma-focused cognitive behavioral treatment Eligibility criteria: – Mother experienced IPV – Targeted mothers with difficulty adhering to child's therapy schedule *N* = 5 mothers	Intervention: – Weekly 2-hr group or individual sessions for 6 weeks – Weekly phone contact with a social worker – Sessions led by a team clinician Comparison group: – None	Measures: – Psychological impact of trauma (Trauma Symptom Inventory) – General psychiatric symptoms (Symptoms Checklist-90 Revised) – Parental stress (Parenting Stress Index–Short Form)	Strengths: – Strong theoretical foundation – Use of quantitative and qualitative data – Included mothers of older children Limitations: – Purposeful sampling method, potential for sampling bias – No comparison group – No data presented as part of results – Self-report maternal outcomes only

(continued)

Table 3. (continued)

Study design: Observational

Citation	Sample	Intervention	Parenting Behaviors/Outcomes	Strengths and Limitations
Keeshin, Oxman, Schindler, and Campbell (2015)	Sample: – Mothers recruited from IPV shelter Eligibility criteria: – Mothers experienced IPV *N* = 8 mothers and 8 children (2–5 years)	Intervention: – Parent–Child Interaction Therapy – Weekly 30-min individual sessions for mother–child pairs – Weekly 90-min group session based on the child-directed interaction module of Parent–Child Interaction Therapy – Sessions led by a licensed social work and a child psychologist Comparison group: – None	Measures: – Change in use of positive and negative comments to child	Strengths: – Examined an established, manualized intervention – Individual and group sessions – Mothers received real-time feedback from therapists during interactions with children – Trained observer rating of mother–child interactions – Attention to intervention fidelity Limitations: – Positive and negative comments only coded during first 5 min of mother–child interactions – Mothers' use of positive and negative comments coded from session notes, but coding details not given – Participation fulfilled a shelter requirement – Some mothers entered late and were not offered the total number of intervention sessions making evaluation difficult
Lavi, Gard, Hagan, Van Horn, and Lieberman (2015)	Sample: – Pregnant women recruited from those reporting feeling unsafe in their relationship with their partner during prenatal appointments Eligibility criteria: – Women experiencing current IPV as reported on Life Stressor checklist *N* = 64 pregnant women (18–40 years)	Intervention: – Child–Parent Psychotherapy — perinatal adaptation – Weekly 1-hr individual sessions beginning in third trimester and ending 6 months postpartum – Sessions led by trained clinicians Comparison group: – None	Measures: – Depression (Center for Epidemiologic Studies Depression Scale) – Posttraumatic stress (Davidson Trauma Scale) – Child-rearing attitudes (Adult-Adolescent Parenting Inventory-2)	Strengths: – Strong theoretical basis – Few interventions for pregnant women experiencing IPV – Attention to intervention fidelity Limitations: – High attrition – Mothers recruited from those receiving prenatal care at one clinic and who disclosed feeling unsafe in their relationship limiting generalizability – No comparison group – Self-report maternal outcomes only – No standard number of sessions making evaluation difficult

(continued)

Table 3. (continued)

Study design: Observational

Citation	Sample	Intervention	Parenting Behaviors/Outcomes	Strengths and Limitations
Prosman, Wong, and Lagro-Janssen (2014)	Intervention: Mothers referred by family doctors in Rotterdam, the Netherlands Eligibility criteria: – Mother identified by family doctor as having been abused by partner *N* = 43 mothers and 87 children	Intervention: – Mentor Mothers for Support and Advice – Weekly home visits for 16 weeks by trained mentor mothers (e.g., social workers and doctor's assistants) Comparison group: – None	Measures: – Depression (Symptom Checklist-90, Revised) – Social support (Utrecht Coping List) – Participation in society – Acceptance of mental health care for self and support for child	Strengths: – Mothers recruited from general practice setting – Home visiting convenient for mothers – Visits provided in family practices if home setting was unsafe – Intervention was short and required minimal organization change for family practices – Use of mentor mothers, may have been more approachable – Intervention manualized – Attention to intervention fidelity – Mothers who left intervention early did so due to the severity of their trauma, but received more intensive care Limitations: – Moderate attrition – Recruited from those receiving care at participating family practices limiting generalizability – No comparison group – Self-report maternal outcomes only – No information on methods used by to identify IPV or refer to intervention

Study design: Qualitative

Citation	Sample	Intervention	Parenting Behaviors/Outcomes	Strengths and Limitations
Vergara, Comas, Gautman, and Koirala (2015)	Sample: – Mothers in a remote hill district in Nepal Eligibility criteria: – Mother experienced IPV – Mother interested in improving parenting *N* = 20 mothers (mean 27 years) and their children (8–16 years)	Intervention: – 36 weeks of 12 2-hr group sessions every 3 weeks – Sessions led by community workers who were conflict exposed mothers living in the area Comparison group: – None	Measures: – Child-rearing challenges – Mother–child interaction (facilitator rating) – Mother–child interaction (child rating)	Strengths: – Intervention manualized – Data collected from mother, child, and facilitator perspective – Use of established, familiar community workers as intervention facilitators – 100% attendance rate Limitations: – No details regarding recruitment – No comparison group – Unclear if same questions and qualitative measures were used at all time points – Not all measures were collected pre- and postintervention – Little information on how and in what context observational data of mother–child interactions was collected

Note. IPV = intimate partner violence.

comparison group from pre- to postintervention, but significant decreases from postintervention to 8 months postintervention were only found for mothers whose children participated in the child-only intervention (Graham-Bermann & Miller, 2013). In the same sample, there was a significant decrease in depressive symptoms for all groups from pre- to postintervention and a significant increase in positive parenting for mothers who received the intervention and mothers whose children participated in the child-only intervention (Graham-Bermann & Miller-Graff, 2015). In a second sample, assignment to the Moms' Empowerment Program was a significant predictor of increases in positive parenting and decreases in negative parenting from pre- to postintervention (Howell et al., 2014). Another article evaluated a group intervention focused on the mothering experience, empowering mothers, and improving mothering-related knowledge and skills among mothers recruited from Israeli IPV centers (Peled et al., 2010). Mothers who received the intervention were compared to a group of mothers who did not receive an intervention or whose violent partner received an intervention for parental self-efficacy. There were significant differences over time and between intervention and comparison group mothers for parental self-efficacy, stress, and general well-being but no significant differences between groups for emotional or cognitive well-being (Peled et al., 2010).

Observational studies. An observational study design was used in five articles (Grip et al., 2011; Kearney & Cushing, 2012; Keeshin et al., 2015; Lavi, Gard, Hagan, Van Horn, & Lieberman, 2015; Prosman, Wong, & Largo-Janssen, 2014). Mothers were recruited from a community treatment unit in Sweden to participate in a group intervention that targeted the effects of violence on family life, roles, and communication (Grip et al., 2011). Mothers who participated in the intervention displayed a significant decrease in trauma and psychological symptoms and a significant increase in sense of coherence from pre- to postintervention and postintervention to 1 year postintervention (Grip et al., 2011). No significant changes in parental locus of control were found (Grip et al., 2011). An intervention that used individual sessions to address mothers' poor problem-solving, preoccupation with trauma, and limited attributional style was examined among mothers recruited from child psychiatric clinics (Kearney & Cushing, 2012). The psychological impact of trauma and mother's psychiatric symptoms decreased from pre- to postintervention (Kearney & Cushing, 2012). There were no changes in parental stress, but therapists noted several improvements in mothers at postintervention including more balanced emotions and enhanced problem-solving (Kearney & Cushing, 2012). In an examination of Parent–Child Interaction Therapy in which mothers living in an IPV shelter received live feedback from therapists during mother–child interactions, mothers' median number of positive comments toward their child significantly increased while their median number of negative comments significantly decreased (Keeshin et al., 2015). A perinatal adaptation of Child–Parent Psychotherapy focused on maternal self-care and behaviors and feelings toward her child among pregnant mothers (Lavi et al., 2015). Mothers who received the intervention during pregnancy and postpartum showed a significant decrease in depression and posttraumatic stress and more positive child-rearing attitudes from pre- to postintervention (Lavi et al., 2015). In the Mentor Mothers for Support and Advice, a trained mentor mother visited mothers' homes and worked with mothers on coping skills, social support, and accepting professional mental health and parenting assistance (Prosman et al., 2014). Among women recruited by family doctors in the Netherlands, there was a significant decrease in depression and significant increase in social support from pre- to postintervention (Prosman et al., 2014). There was also an increase in the number of mothers with a job or participating in an education program, who had received mental health care and whose children had received professional support (Prosman et al., 2014).

Qualitative studies. Qualitative methods were used in one study (Vergara, Comas, Gautam, & Koirala, 2015). In this study, mothers who received a group intervention that focused on parental competence, resilience, and positive interactions with children reported positive changes at postintervention including improved communication and being more caring and affectionate toward children (Vergara et al., 2015).

Discussion

To inform the development of programs and services for women and their children, we undertook a rigorous review of the relevant intervention research to provide a summary of approaches that aim to help mothers who are struggling with IPV. Given the extensive prevalence of IPV among women with children and the deleterious consequences of IPV exposure on children's well-being, there is understandably growing attention to mothering in the context of IPV, even though the effects of IPV for women's parenting remain unclear. As a result, there is an increasing number of interventions that target aspects of parenting behaviors or outcomes among IPV exposed women. Across the 26 included articles, there was considerable variation in the characteristics of the interventions examined. We also noted several limitations across the included articles with respect to study sample, measures, design, and implementation.

Characteristics and Limitations of Reviewed Articles

Study sample. Community stakeholders recruited the majority of study samples from women and children seeking services at IPV shelters or through referrals. Such samples have implications for the generalizability of the study results. IPV victims known to local services or seeking assistance at an IPV shelter may differ in important ways, for example, with respect to mental health functioning or severity of IPV, compared to those not in contact with such services. Although many of the included articles reported positive intervention results, these

findings may not generalize to the broader population of women and children living in the context of IPV. In addition, the study samples were limited in size with samples ranging from 4 to 200 mothers and a median sample size of 43 mothers. Such sample sizes are not unreasonable or unexpected for intervention research conducted in community-based settings. Nonetheless, advanced and robust statistical analyzes, such as multilevel modeling and structural equation modeling, oftentimes require large samples (i.e., $\geq$100). Several studies also experienced low participation rates and high levels of participant attrition, further reducing the sample size available for outcome analyses and limiting the generalizability of results. It is therefore difficult to determine the feasibility and potential effectiveness of the interventions if scaled to provide for a larger sample of mothers. However, it is important to be mindful that the need to protect mother and child safety may create challenges in recruiting larger samples sizes, particularly in community-based settings.

Intervention approaches. The interventions examined in the included articles varied in terms of the format, delivery, and specific focus of the intervention sessions. Notably, some studies examined the value of already established interventions with a strong evidence base for IPV (e.g., Lavi et al., 2015; Lieberman et al., 2005; Timmer et al., 2010). Adaptation of relevant evidence-based interventions is a laudable approach to addressing the needs of women who are parenting in the context of IPV. Moreover, the findings from these studies suggest promise. In most of the studies reviewed, the research team developed, sometimes in collaboration with practitioners, their own novel approaches to addressing the needs of women parenting in the context of IPV. In these studies, common intervention approaches and themes included providing social support for mothers, improving the mother–child relationship and mother–child interactions, enhancing parenting knowledge and skills, and developing problem-solving skills. In addition, programs targeted a number of other, less common areas, such as maternal acceptance, communication, empathy, and stress, as well as women's coping, mental health, self-esteem, self-efficacy, and substance abuse.

Intervention delivery. The interventions were delivered in a myriad of ways. Interventions varied with respect to the primary target of the intervention. In four interventions, the child's well-being was the primary target; in nine interventions, the mother's behavior or outcomes was the primary target; and in 13 interventions, outcomes for both the mother and the child were the primary intervention targets. Within these broad categories, interventions were delivered via dyad/joint sessions between mothers and children, individual counseling sessions, individualized home-visiting support groups, psychoeducation and therapeutic groups, or a combination of these delivery approaches.

Intervention fidelity. More than half of the intervention studies did not explicitly report efforts to monitor, evaluate, or ensure fidelity to the intervention protocol. In addition, several of the interventions did not appear to be manualized, limiting the ability of the studies to assess intervention fidelity. As such, it is difficult to conclude whether these interventions were accurately and appropriately implemented and to determine to what extent certain intervention components contributed to any positive results found.

Study design. Study design and analysis methods also varied across the included articles. The design of the intervention studies ranged from randomized trials to qualitative investigations. Of the included articles, 10 studies did not use a comparison group for the maternal parenting behaviors or outcomes assessed. Although the majority of these studies compared measures pre- and postintervention, overall intervention effectiveness was not compared to standard services or a wait-list control group, for example. In addition, five of the quasi-experimental studies that did have a comparison group did not control for potential confounders, such as sociodemographic factors, that could influence results. Accordingly, these studies need follow-up with more rigorous research and analytic methods, such as multivariable modeling controlling for important potential confounders, to draw reliable conclusions regarding intervention effects.

Parenting behavior and outcome measures. As noted above, themes such as social support, positive mother–child relationships and interactions, parenting knowledge and skills, and problem-solving skills were often cited as a central focus of many interventions. However, few of the intervention studies included measures specific to women's parenting behaviors and outcomes or the mother–child relationship. The most common measures relating to aspects of women's parenting included measures of maternal stress, general psychological symptoms, anxiety, depression, self-esteem, self-efficacy, and social support. While psychological and social functioning have important implications for parenting behaviors and outcomes, they do not provide a direct indication of how women are functioning in their role as parents and in the context of IPV victimization.

Implications for Future Research

We recognize the authors of the reviewed studies for their efforts to conduct intervention research that aims to enhance women's parenting and ensure child well-being in the context of IPV. Nonetheless, we also note that the reviewed studies form an incomplete picture of how best to intervene to help mothers ensure both their own and their children's well-being. In light of the limitations discussed above, additional research is urgently needed to assess the effects of existing interventions and to evaluate new interventions as they are developed. Foremost, future research would benefit from larger sample sizes of women and children exposed to IPV, use of appropriate comparison groups such as women and children receiving the standard of care, rigorous analysis methods including multivariable

modeling, and careful attention to and documentation of intervention fidelity.

The study findings show tremendous diversity in terms of intervention content and delivery. Such heterogeneity likely reflects the complexities of the lives of families affected by IPV and the various settings in which these services may be delivered (e.g., child protection, community mental health, IPV shelters, home visiting, and parenting programs). Such variety is understandable, but also makes discerning key intervention targets and approaches challenging.

Although we would not recommend that practitioners and researchers limit efforts to find diverse solutions to help women and children affected by IPV, we propose that researchers clearly explicate their intervention's theory of change when disseminating study findings, so that the field is better able to determine what core intervention approaches (Barth & Liggett-Creel, 2014; Fraser & Galinsky, 2010) may be most valuable for women and their children. Likewise, in future research using already established evidence-based practices, we encourage researchers to detail how such interventions have been adapted to and enhanced for the problems of IPV.

Similar to the diversity in intervention targets, we note tremendous heterogeneity in intervention delivery. Thus, we also call on researchers to clearly explicate their interventions' program structure and processes when disseminating study findings, so that as a field, we are better able to determine what core interventions approaches (i.e., intervention delivery setting, intervention delivery method such as individual or group, number of sessions, etc.) may be most valuable for women and their children (Fraser & Galinsky, 2010).

For both adapted and novel intervention approaches, we encourage researchers to investigate how the interventions can be implemented within the community-based services where IPV-affected families are most likely to appear, including community-based IPV and parenting programs. Given that these community-based services are often underfunded and provided by staff without extensive credentials, education, and training, it will be important to ensure that these programs can be implemented effectively and sustained in such settings.

We also encourage researchers of future studies to note the frameworks used to inform development of the intervention. For example, some interventions that were reviewed in this study appeared to be founded on a deficits-based framework with the assumption that the experience of IPV has interfered with or negatively affected the quality of the mother's parenting. Other intervention approaches seemed to be developed using resilience and strengths-based frameworks, which focus on enhancing existing supports and coping mechanisms among mothers experiencing IPV. The frequency with which different conceptual frameworks are used to inform intervention development as well as the relationship between the framework used and the intervention effects is an important question for future research.

For interventions designed with goals relating to improving the mother–child relationship and the mother's parenting skills, direct measures of parenting behaviors and outcomes are necessary. Furthermore, multiple measurements from multiple perspectives including the mother, the child, and trained observers are needed to provide a comprehensive assessment of intervention effects, particularly with respect to assessments of the mother–child relationship and the mother's parenting skills.

Previous research has noted that women parenting in the context of IPV often face a complex array of additional adversities including poor mental health, financial concerns, lack of social support, and limited access to needed resources (Hughes & Huth-Brooks, 2007; Levendosky, et al., 2000). Some of these factors may moderate the effect of intervention services. Thus, future research should examine how these factors interact with the experience of IPV to create individual differences in women's response to interventions. Such adversities may also act as barriers to participation in interventions. Further exploration may provide insight into how such adversities contributed to the high attrition that occurred in the examined studies as well as guide improved strategies for women's and children's retention.

Practice Recommendations

Due to the heterogeneity among the existing intervention approaches and the limitations of the reviewed intervention studies, the current research base does not yet clearly indicate what interventions or intervention components are most effective for meeting the needs of women parenting in the context of IPV. Thus, we urge professionals who work with IPV-affected families to be aware of the limitations of the evidence when selecting services to provide to women and children experiencing IPV. We especially encourage professionals who work in the many service systems that interact with IPV-affected families, such as child welfare, the court system, and IPV programs, to be mindful of the limited intervention evidence when requiring women to attend such programs via court and child protection mandates.

Given the adverse consequences IPV holds for children's well-being, child protection workers and family court judges will likely continue to be strongly motivated to require women to attend services intended to strengthen their parenting and address the effects of IPV. However, this study finds that the evidence regarding what is effective in helping parenting women in the context of IPV is far from complete. Accordingly, even when women do fully participate in such services, the services may be ineffective. For these reasons, we urge professionals who make decisions about child custody and parental rights to be aware that mothers may be doing the best they can in the context of community-based programs and services that may not be responsive to their needs as mothers and IPV victims and to the needs of their children.

Limitations of the Review

We encourage readers to be mindful of the review's limitations. Although we conducted a systematic search of peer-reviewed

literature, our review may not present a complete picture. We did not search for studies outside of the peer-reviewed literature and were limited to reviewing studies published in English. It is also possible that we missed information, misunderstood study details, or excluded a study that would have informed our review. We also acknowledge that the three main categories used to organize articles in the review (according to whether the primary target of the intervention was [1] the child, [2] both the mother and the child, or [3] the child) are not necessarily mutually exclusive and that there may be overlap in these categories. Some interventions may have had a primary focus on improving the child's behavior, for example, but often the mother was also included as a participant in these interventions and outcomes relevant to the mother and her parenting were also measured. Lastly, our review was broad in scope and focused on the peer-reviewed literature and evidence base regarding interventions for women parenting in the context of IPV. As such, we did not review specific details of individual components of intervention programs. Future reviews with a narrower focus are needed to provide a more in-depth examination of individual components of specific interventions. It is important to note that the field might not yet be robust enough for this type of in-depth review. Given the heterogeneity among the studies reviewed here, we recommend additional research that pairs rigorous designs and analysis methods with a clear and detailed explication of intervention components, so that such reviews can be conducted in the future.

Our team put forth every effort to conduct and organize a meaningful review by using systematic methods to locate relevant studies, evaluate studies against standardized inclusion criteria, scrutinize each study, and record findings using a standardized form and multiple, independent coders. Despite the limitations noted, this review represents an important effort to synthesize studies regarding interventions for women parenting in the context of IPV.

Conclusion

We underscore our earlier call to researchers to develop future studies with the limitations of the current knowledge base in mind. In particular, further investigations of services tailored to the unique needs of women, both as IPV victims and as mothers, are especially needed. We also call on funders and policy makers to support such research with appropriate levels of resources due to the clear need for rigor and larger studies in this area. In the meantime, we hope that this study can provide guidance to professionals and researchers who are regularly working to help IPV-affected families.

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