**Effective community-based support for children and young people affected by domestic violence and abusive relationships: a rapid review of relevant evidence**

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# Introduction

This rapid review has been produced to inform the early development of the Leeds Women’s Aid Elevate project. It consists of three short summaries of key evidence from published research and evaluation relating to the following topics:

1. Support for children and families affected by domestic violence
2. Work with boys showing concerning behaviour
3. Healthy relationship groupwork

Each section includes an overview of issues and evidence, some pointers towards useful resource materials for supporting children and young people, a summary of the key features of effective work and a set of references. Wherever possible links have been included to enable practitioners to access source materials for themselves.

# 1. Support for children and families affected by domestic violence

There is a large body of evidence on the impacts of domestic violence and coercive control on children. A useful summary table of possible impacts by developmental stage, including warning signs and protective factors is that produced by CAADA (CAADA, 2009). However, it is important to remember that although exposure to domestic abuse can have lasting effects not all children and young people are affected in the same way. Some children are highly resilient, able to recover from the distress and trauma of domestic violence and go on to thrive. A whole host of risk and protective factors within the child, family and community can impact the ways in which children and young people process, understand and heal from abuse (Katz, 2016). Support therefore needs to be carefully tailored to the needs of individual children and take into account their strengths and resources as well as their difficulties.

The most comprehensive therapeutic interventions intended to support children affected by domestic violence involve mothers and children being supported both together and separately within the same programme. They frequently include separate group work followed by joint family therapy work. This approach is based on research over the last 30 years demonstrating the relative effectiveness of approaches that incorporate interventions for both children and parents (Kumpfer & Alvarado, 2003) and the effectiveness of family interventions (involving the child and mother together in therapy) over child-only therapy (Graham-Bermann et al., 2007). The effectiveness of structured group therapy has also been demonstrated in a range of studies involving women and their children at high risk for exposure to violence (McWhirter, 2006; Wolfe, 2006).

Such interventions have mostly been delivered and positively evaluated in the USA. For example, in a comparative evaluation of CBT and emotion focused groupwork with mothers and children, McWhirter (2011) found that children in both groups reported decreases in family and peer conflict and increases in emotional well-being and self-esteem. Women in both groups reported decreases in depression and increases in family bonding and self-efficacy, less family conflict and improved social support.

**Kids’ Club and Moms’ Group: A 10-week child and mother intervention**

**(Graham-Bermann, 1992; Graham-Bermann & Levendosky, 1994 )**

This well-evaluated American programme targeted children’s knowledge about family violence, their attitudes and beliefs about families and family violence, their emotional adjustment, and their social behavior in the small group. The program training manual was phase based such that early sessions were designed to enhance the child’s sense of safety, to develop the therapeutic alliance, and to create a common vocabulary of emotions for making sense of violence experiences. Later sessions addressed responsibility for violence, managing emotions, conflict and its resolution, and family relationship paradigms. No new children were added to the group after the second session. Groups were age graded (6–8 years, 9–12 years) and gender mixed. Each intervention group had 5–7 children and two therapists trained to provide support and to serve as models for managing emotions and interpersonal conflict that the child’s family may not have provided. The parenting program was designed to support mothers by empowering them to discuss the impact of the violence on their child’s development; to build parenting competence; to provide a safe place to discuss parenting fears and worries; and to build connections for the mother in the context of a supportive group.

The outcomes for women undertaking the Mom’s programme have been subject to an RCT evaluation (Graham-Bermann,S.A. and Miller-Graf. L, 2015) and have been followed up 8 years on (Galano et al, 2021) Treatment manuals for the children’s and the mothers’ programs are available from Sandra A. Graham-Bermann, University of Michigan upon request.

Evidence at this level is not available for UK programmes where interventions are less likely to be facilitated by therapists and more likely to take the form of individual key worker support or psycho-social education/peer support groups. UK outcome-focused evaluation research to test the impact of a particular intervention on the wellbeing of children who have experienced domestic violence is rare (Stanley, 2011).

One early help programme in North-West England that has been subject to evaluation is *Safer Together* (McCarry et al, 2021). The remit of this community-based programme was to ensure that mothers and their children received 12 weeks of support, including six weeks of one-to-one and six weeks of group work. The support was provided by eight services delivering a range of programmes with somewhat differing emphases and objectives (see below). Mothers, children and workers were extremely positive about the support provided – particularly reporting the impact on children:

*‘I can see a big difference in my nine-year-old. I mean my mum looks at her and says, she looks so sad behind the eyes, … But now she's like, she's smiling, her eyes are lit up a bit. And that's every time she's seen [support worker] we have noticed.’ (Mother)*

*‘The kids have loved it, they worship the girl that worked with them on a one-to-one basis. … she was wonderful, I knew the days that they'd seen her, when they came home from school, I knew they'd seen her, there was a difference in them.’ (Mother)*

Trust, confidentiality and flexibility of the provision were the most highly valued features of the service – only the brevity of a 12 week programme came in for criticism.

**Programmes delivered as part of Safer Together**

**Freedom Programme** for mothers. Explores attitudes/beliefs of perpetrators and the responses of victims; and addresses how children are affected by the abuse and how their lives can be improved when abuse is removed.

**Helping Hands** For children and young people. Addresses challenging issues of personal space, safety planning, and awareness of acceptable and unacceptable behaviours.

**Recovery Toolkit for Adults** For mothers not living with the perpetrator. Looks at ways to develop positive coping strategies

**Recovery Toolkit for Children (up to 18 years)** Designed to run alongside the adult programme, which is informed by trauma-focused cognitive behavioural therapy (CBT), and addresses areas such as self-esteem, who is my family, talking positive, handling difficult feelings, healthy relationships and trust.

**Talking to My Mum** Mothers and children (5–8 years) Picture workbook to help mothers and children affected by domestic violence and encourage communication.

**What About Me?** For mothers and children (4–16 years) Aims to reduce children's self-blame and feelings of isolation, enabling children to express difficult feelings in safe ways, develop skills to ensure that their own relationships are safe and healthy, and develop vital safety planning. The programme includes a mothers' group, helping them to talk to the children about the violence and to cope with the impact of the violence on their children.

**You and Me Mum** Helps mothers who have experienced domestic violence to explore their role as mothers, the impact of domestic violence upon their child(ren) and their relationship with their child(ren). Aims to promote an ethos of self-help and empowerment.

A relatively recent development has been that of ‘whole family’ approaches where work is undertaken with mothers, children and partners who are willing and considered safe to engage. The Innovations in Children’s Social Work *Growing Futures* project in Doncaster is an evaluated example (Stanley and Humphreys, 2017) employing 12 Domestic Abuse Navigators (DANs)to provide family support. The intervention aimed to harness a whole family approach in order to reduce the emotional harm that DVA inflicted on children and young people. While the recovery of victims and the reduction of repeat victimisation were also stated aims, the safety and wellbeing of children was the core objective.

The DANs willingness to work with families who wished to stay together encouraged engagement in some cases, but where victims were unwilling to have the same practitioner seeing both them and their partner/ former partner this was respected. The project also employed a male perpetrator worker who worked separately with some partners. In some families, the DAN’s role centered on assisting separated couples to develop plans for safe contact and shared care of children.

Children were sometimes seen alone or in sibling groups at home or at school and sometimes with their mothers. DANs reported using joint sessions to improve and repair mother-child communication on the issue of DVA. There was a considerable amount of therapeutic work undertaken with mothers and children, together and separately, that aimed at exploring feelings of guilt, anger and loss. Extensive use was made of the Signs of Safety tools in work with children (Turnell and Edwards, 1999).

PhD research conducted at the University of Liverpool describing and evaluating three different UK group programmes for children affected by domestic violence provides some useful detail about programme delivery and is available on-line (Carter, 2018).

## What are the key features of effective work?

The Family Justice Young People’s Board have produced a poster of Top Tips for working with children and young people affected by Domestic Abuse: <https://www.cafcass.gov.uk/download/10917/>

The most crucial messages from research with children affected by domestic abuse appear to be:

* Provide help for both mother and children – separately and together
* Support mothers’ parenting capacity, their understanding of the impact on their child(ren) and their confidence in talking openly with them
* Take time to establish honest, reliable relationships between children and a trusted key worker
* Encourage children to talk about their experience and feelings and listen carefully. Do not make assumptions about how they see things
* Be flexible and creative in how support is provided
* Access resources that have been developed and used effectively elsewhere
* Tailor support to the needs of individual children and their developmental stage
* Recognise that informal support (friends, family, community) is vitally important to women and children affected by domestic abuse.
* Provide opportunities for children and young people to have contact with peers who have had similar adverse experiences.

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# 2. Work with boys showing concerning behaviour

Research has found that exposure to domestic violence increases the risk of both emotional and behavioral problems in children. Children are frequently used and manipulated in the context of domestic violence. Abusive partners may try to involve children in hurting the adult victim, either emotionally or physically, or encourage children to act as an informant about the non-abusive parent (McLeod, 2018). Perpetrators often attempt to damage children’s respect for their mother and attempt to turn the children against her.

Children with such experiences are more likely to engage in bullying, to be the victims of bullying at school, to be cruel to animals and to respond to conflict by using aggression than children with no experience of domestic abuse. Experiencing such abuse, especially in early childhood, leaves a legacy that often appears during adolescent years, especially in boys. Research has found such experience is predictive of behavioural (externalizing) problems in boys and emotional (internalizing) problems in girls (Moylen et al, 2010).

Concerning behaviours by boys who have witnessed domestic abuse in their family are wide ranging and can include sexist language and attitudes, domineering/bullying of their mother or siblings, hyper-masculine risk-taking, unhealthy peer/dating relationships or sexually abusive behaviour. However, most research has been conducted with boys who have committed a sexual offence, or who have been referred to specialist services due to concerns about their (sexual) behaviour. These boys generally have other major difficulties in their lives; including experience of physical or sexual abuse or neglect, witnessing domestic violence, or having parents with mental health or substance abuse issues (Salter et al, 2003; Levenson et al, 2017; 2018; Malvaso et al, 2020; Faure-Walker and Hunt, 2022).

Adolescents displaying abusive or violent behaviour towards girls/women are inclined to have low self-esteem, poor social skills and difficulties with anger, depression and peer relationships (Chaffin et al, 2002; Ward and Siegert, 2002). However, it is increasingly recognised that some forms of sexual harassment and abusive behaviours between adolescents are so commonplace in schools and colleges that some young people may regard them as ‘normal’ (Ofsted, 2021). Such behaviour does not exclusively appear in boys with troubled backgrounds and nor does witnessing domestic abuse necessarily incline boys to be abusive to others.

Given the changing context in which children and young people use social media, it can be a challenge to determine what kinds of behaviour are now so common as to be considered ‘normal’ as opposed to ‘problematic’ online behaviours (Hackett, 2014). One UK survey found that 48% of 11–16-year-olds had viewed pornography – and among those who had done so, boys were more than twice as likely as girls to have actively searched for it (Martellozzo et al, 2020).

In a study of young people across Europe, Stanley et al (2016) found that boys who regularly watched online pornography were significantly more likely to hold negative gender attitudes; furthermore, regularly watching pornography and sending/receiving sexual images or messages were both associated with increased probability of being sexual coercive.

In order to ensure that support and intervention are at the right level, are appropriately focussed and proportionate to the concerning behaviour good assessment is crucial. Although there is little published research on this topic, there is general agreement that assessment should take boys’ social, emotional and cognitive development into account, along with their family’s whole circumstances – including any prior experience of abuse (Chaffin et al, 2002; Hackett, 2014). There is therefore general support for the use of holistic assessment tools. Such tools consider the specific risks of the child or young person’s behaviour and motivations, *and* their needs and strengths at individual, family and community levels (Hackett, 2014; Allardyce and Yates, 2018).

It is important to recognise that most evidence to date on the effectiveness of interventions comes from studies of boys and young men who have been convicted of offences. There is little evidence on interventions at the ‘inappropriate’ or ‘problematic’ end of the continuum of behaviours. Most evaluated interventions with young people who offend incorporate a cognitive behavioural therapy (CBT) element (Carpentier et al, 2006; St Amand et al, 2008). However, a recent Cochrane review identified only four randomised-control trials of CBT eligible for inclusion; it concluded that, on the basis of the available evidence, it is uncertain whether CBT reduces harmful sexual behaviour compared to other treatments (Sneddon et al, 2020).

CAADA research on specialist support for children provided by four domestic violence services in Devon and Blackpool found specialist services achieved good outcomes in reducing the aggressive or abusive behaviour displayed by children who had witnessed domestic abuse. All four services supported children exposed to, or previously exposed to, abuse in the home. They worked with children at all risk levels of abuse. Specialist workers provided interventions to improve the children’s safety and wellbeing, including creating safety plans, liaising with health, education and criminal justice agencies, and arranging access to financial and other practical support. They supported the children through one-to-one and group work sessions to address issues of self-esteem, manage emotions and feelings of blame and responsibility. The sessions also aimed to improve children’s understanding of abusive behaviour, healthy relationships and conflict resolution. Whilst at intake 25% of the children displayed abusive behaviour, by exit the proportion had dropped to 7% (CAADA, 2014).

## What are the key features of effective work?

The best approaches appear to be those that are structured and holistic, considering the child or young person’s whole situation (not just their problem behaviour), equipping them with interpersonal skills as well as knowledge, and underpinned by a therapeutic relationship built on trust (Chaffin et al, 2002; Hackett et al, 2006; Fonagy et al, 2017; Campbell et al, 2016; Faure-Walker and Hunt, 2022).

Research with children affected by domestic abuse shows that those with a parent who is responsive to and supportive of the child’s needs, have fewer behavioral problems than children who do not have the same support (Overlien, 2010). Involving non-abusive parents/carers in understanding and addressing problematic behaviours would therefore appear to be crucial (St Amand et al, 2008; Barry and Harris, 2019).

Most intervention approaches have tended to be ‘gender-blind’ and rarely address male privilege, gender inequality, ‘toxic’ forms of masculinity or the victim-blaming myths that underpin domestic and sexual abuse. It has been suggested that a more sociological and feminist-informed approach to intervention may be required, and that failing to address the role of patriarchal values and attitudes in the development of harmful behaviours may leave children and young people at risk of involvement in further gendered violence in adolescence and adulthood (Allardyce et al, 2021).

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# Healthy relationship groupwork

Healthy relationship education is mainly delivered in educational settings as part of the PHSE curriculum. There are useful resources developed by organisations such as Barnardo’s, Tender, NSPCC and Rape Crisis (see in particular Barnardo’s Girls’ Talk: <https://www.barnardos.org.uk/sites/default/files/2022-03/girl%20talk%20workbook-compressed.pdf> and Rape Crisis Scotland Resource pack: <https://www.rapecrisisscotland.org.uk/files/rcs-preventing-sexual-violence-sample-version1.pdf>)

For older children these include sessions on pornography and teenage relationships. For younger children there is usually more emphasis on friendships and bullying. Some programmes have a more explicit focus on gender and consider the role of gender stereotypes and inequalities in contributing to harmful and exploitative relationships.

The evidence for actual impact on young people’s behaviour is weak (Scott et al, 2019). Evaluations in this field generally rely on self-report measures to assess changes in knowledge and attitudes and there are a few such evaluations of relevant preventive education programmes in the UK. However, the following relevant initiative evaluated well:

**Relationships without Fear (RWF):**

Relationships without Fear (RWF) is a six week anti-violence education programme that is delivered in primary and secondary schools to young people aged 8 to 16 years by external facilitators. The REaDAPt evaluation of RWF found that the programme had an impact by changing young people’s attitudes to become less accepting of domestic violence. However, there were some significant differences in relation to gender. The programme improved the attitudes of both boys and girls, but girls were less accepting of retaliation aggression and domestic violence from the outset. Although their attitudes to domestic violence improved, boys’ acceptance of domestic violence rarely diminished to levels below where most girls started during the course of the programme (Hale et al, 2012). RWF was further evaluated in the study ‘From Boys to Young Men’, which examined why some boys become domestic violence perpetrators when others do not (Fox et al, 2013). The evaluation assessed young people’s attitudes towards domestic violence before and after they received RWF. The study showed lower acceptance of domestic violence in both boys and girls after the programme had ended and that these attitudes persisted three months on.

## What are the features of more successful healthy relationship education?

A study by Pound et al (2017) identified the following key features of ‘best practice’ in relationship education:

**Understanding needs and tailoring interventions to specific contexts and target groups helps to get preventative messages across.** This includes taking into account the age and developmental stage of participants. Some reviews suggest that prevention work has the greatest benefits for children between 7 and 12 years, while others show that older children learn about concepts, such as consent, more easily than younger children (Topping and Barron, 2009).

**Duration and regularity of the intervention:** Most studies suggest that several sessions delivered over a number of weeks, ideally with follow up support, is most likely to result in sustained impact (Topping and Barron, 2009; Hale et al, 2012; McNeish and Scott, 2015). Sessions should enable ongoing discussion around values and attitudes, build skills and give children opportunities to practice these skills.

**Content that includes addressing issues of gender inequalities and unhealthy peer relationships:** A number of researchers have highlighted the role of gender inequalities and attitudes about gender in understanding how violence and abuse occurs and is sustained (Coy et al, 2013; Sundaram, 2015). Programmes therefore need to address the pressures on young people to act in certain ways and to tackle the attitudes and behaviours that sustain abusive relationships (Bell and Stanley, 2006).

**Safe space:** Prevention education should take place in a safe space so that young people feel comfortable to talk about sex and relationships. Distancing techniques, such as using scenarios or ‘vignettes’, can make it easier to discuss sensitive topics without asking young people to disclose personal information. Confidentiality is important and young people may have more trust in this when programmes are delivered by external educators rather than teachers (Pound et al, 2017).

**Relevant content and flexible delivery:** In designing programmes it is important to make best use of what has already been developed and evaluated. It can also be important to strike a balance between delivering a tested programme and maintaining the flexibility to adjust sessions according to context and audience (Hale et al, 2011; Beckett et al, 2013). Research suggests that educational initiatives should take a strength-based approach that focuses on young people’s capabilities, encouraging them to make informed choices about their lives and relationships. Bearing in mind the age appropriateness, programmes should employ a ‘sex positive’ approach that is open, frank and positive about sex. Young people report that they want SRE to reflect that some of them are sexually active and to acknowledge their autonomy and maturity. The content of interventions should reflect young people’s realities, taking into account how young people socialise and communicate. They need to recognise the central role of social media in all aspects of young people’s lives and relationships.

**Learning styles:** A variety of active methods that allow for different learning styles, maximise young people’s engagement, bring life and energy to a topic, encourage empathy with the experience of others and enable self-expression should be incorporated. Research suggests that sessions need to go beyond a theoretical understanding of issues and include ‘real life’ scenarios. When talking about violence in theory, particularly when perpetrated by men towards women, a study found that young people clearly stated that this was wrong. However, when confronted with vignettes that described individual scenarios, the participants ‘produced stories around situations in order to explain, rationalise and sometimes justify the use of violence’ (Sundaram, 2013, p.898). The more effective programmes incorporate a range of creative methods, including modelling, group discussion, role-play, drama and video.

**Credibility, acceptability and delivery style:** Beckett et al (2013) recommend that prevention programmes should be delivered by ‘credible individuals’. Studies have found advantages to using specialist workers who are experienced in and comfortable with the subject matter. They should be enthusiastic about delivering the programme, confident, straightforward, unembarrassed, and experienced at talking about sex in everyday language. Some programmes have recruited and trained other young people as peer trainers, an approach which can add credibility, authenticity, and increase the acceptability of programmes (Firmin, 2016; Bovarnick with D’Arcy, 2018). Young people can reach peers by speaking the same language. A scoping review on domestic violence prevention programmes highlights this as key for achieving impact (Stanley et al, 2015).

It is important to recognize that education alone has extremely limited impact on the vulnerability factors in children’s lives. It is unlikely to override the needs and difficulties that make some young people vulnerable to involvement in unhealthy relationships. And most importantly of all, no amount of education of young people can protect them from a determined abuser. These limitations have led to some criticisms about preventive education programmes being ‘victim blaming’ because they suggest that the responsibility for staying safe from abuse lies with children and their behaviour (Eaton, 2018). Therefore, the message needs to be very clear: abuse is always the responsibility of the perpetrator and victims are never to blame. It is important to ensure that programmes always challenge the women and child-blaming myths that are still prevalent in relation to domestic and sexual violence.

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