



# Preventing domestic abuse for children and young people: A review of school-based interventions



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## ABSTRACT

Schools provide the setting in which interventions aimed at preventing intimate partner violence and abuse (IPVA) are delivered to young people in the general population and a range of programmes have been designed and evaluated. To date, most rigorous studies have been undertaken in North America and the extent to which programmes are transferable to other settings and cultures is uncertain. This paper reports on a mixed methods review, aimed at informing UK practise and policy, which included a systematic review of the international literature, a review of the UK grey literature and consultation with young people as well as experts to address the question of what works for whom in what circumstances.

The context in which an intervention was delivered was found to be crucial. Context included: the wider policy setting; the national or regional level, where the local culture shaped understandings of IPVA, and the readiness of an individual school. The programmes included in the systematic review provided stronger evidence for changing knowledge and attitudes than for behavioural change and those young people who were at higher risk at baseline may have exerted a strong influence on study outcomes. Shifting social norms in the peer group emerged as a key mechanism of change and the young people consulted emphasised the importance of authenticity which could be achieved through the use of drama and which required those delivering programmes to have relevant expertise. While the consultation identified increasing interest in targeting interventions on boys, there was an identified lack of materials designed for minority groups of young people, especially Lesbian, Gay, Bisexual and Transgender young people. Increased responsivity to the local context can be achieved by involving those who will deliver and receive these preventive programmes in their development. Schools need to be better prepared and supported in the task of delivering these interventions and this is particularly relevant for the management of disclosures of IPVA. Outcomes measured by evaluations should include those relevant to education.

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## 1. Introduction

The widespread nature of domestic abuse requires a multi-level response in which preventive interventions that target whole populations form a wide and substantial base to a pyramid of service responses. Schools provide a context in which such initiatives can be delivered on a large scale to a relatively captive audience who have yet to experience or are just embarking on their own intimate relationships. Since intimate partner violence and abuse (IPVA) in young people's relationship impacts on their immediate health and wellbeing (Barter, McCarry, Berridge, & Evans, 2009) as well as acting as a precursor for IPVA in adult relationships (Black et al., 2011) the gains may be short-term as

well as long-term. Moreover, since much of children's social learning takes place in school, educational settings appear to offer an appropriate environment for delivering learning about domestic abuse (Sudermann, Jaffe, & Hastings, 1995). Such thinking has resulted in the development of a range of preventive domestic abuse programmes designed to be delivered in schools; in North America, these are usually described as dating violence programmes while in the UK, where 'dating' is not a term commonly used by young people, they go under the label of healthy relationship programmes or domestic abuse or awareness raising programmes.

Domestic abuse, as it is usually termed in the UK (in this paper, we use the terms domestic abuse and IPVA interchangeably), has been described as a 'wicked problem' (Devaney & Spratt, 2009) meaning that its complexity requires a multifaceted response which may be partial in its success. Gender inequality is usually identified as a structural factor underpinning domestic abuse but Harvey, Garcia-Moreno, and Butchart's

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(2007) WHO paper on primary prevention identifies eight risk factors for IPVA and sexual violence which include poverty, gender inequality, a lack of support from criminal justice services, weak community sanctions, dysfunctional relationships, substance misuse, childhood experience of violence and social norms that support traditional gender roles and IPVA. While programmes delivered in schools are only one approach to prevention in this field, they are arguably the most widely tested approach and they have been 'scaled up' with widespread implementation of some programmes in the USA, Canada and Australia (Lundgren & Armin, 2015).

However, to date, the evidence for the effectiveness of such programmes has been judged to be limited (Fellmeth, Heffernan, Nurse, Habibula, & Sethi, 2013) and as much of the evidence base has been generated in North America, there are questions about its transferability (Flood, 2015; World Health Organisation (WHO)/London School of Hygiene and Tropical Medicine, 2010). The mixed methods review reported here sought to move beyond simple measures of effectiveness to consider what works for whom in what circumstances and to explain the process of change (Pawson, Greenhalgh, Harvey, & Walshe, 2005).

## 2. Background to the study

This review focused on the UK context where these preventive programmes have been delivered for a period of about 25 years (Ellis, Stanley, & Bell, 2006). Despite this established history of provision, the availability of such interventions is known to be variable and ad-hoc, with much of the development and implementation of programmes undertaken by the independent sector where funding is often limited and short-term (Stanley, Ellis, & Bell, 2010). The delivery of programmes in schools is often determined by the enthusiasm of one individual and it is rare for children to receive regular exposure to domestic abuse prevention initiatives across their school careers. The UK policy picture is similarly variable. Although the definition of domestic abuse has been extended in England and Wales to include IPVA experienced by young people aged 16–17 years of age (Home Office, 2013), preventive education on IPVA is not a mandatory part of the curriculum in England. In contrast, in Northern Ireland and Scotland, preventive education on IPVA is delivered on a mandatory basis while the Welsh Government has announced plans for this to happen.

The UK research landscape reflects the patchy picture of policy and practise in that there are no UK based trials and much of the research to date has taken the form of local before and after studies, often with integrated process evaluations. Some of these studies are only available as grey literature, that is, publications which are not produced through normal commercial publication channels (Auger, 1994). This review therefore aimed to include a wider range of evidence than previous systematic reviews of school based programmes in this field, two of which are restricted to consideration of randomised or quasi-randomised trials (De Koker, Mathews, Zuch, Bastien, & Mason-Jones, 2014; Fellmeth et al., 2013). Fellmeth et al.'s (2013) meta-analysis included interventions for young adults as well as children and the authors found no significant effects for all outcomes with the exception of knowledge change. They concluded that the lack of evidence for effect indicated the need for further and more rigorous studies. De Koker et al. (2014) reviewed eight papers and one trial report which together reported on six RCTs of preventive IPVA interventions for young people aged 11–26. They found more evidence of effectiveness for those four programmes that incorporated a community based component and reached the cautious conclusion that multi-component interventions are more effective. These reviews mainly focus on outcomes in respect of behavioural change, specifically perpetration of intimate partner violence and victimisation. Whitaker et al.'s (2006) review included a wider scope of material, addressed a broader range of outcomes and was more optimistic in its conclusions, finding that nine of the studies reviewed reported at least one positive outcome relating to either knowledge or attitudes. However, it only included material published up to

2003 so there is no current systematic review of non-randomised evaluations available that includes data from studies undertaken over the last 12 years.

## 3. Review methods

This mixed methods review (Gough, Oliver, & Thomas, 2012) aimed to capture the complexity of these preventive interventions by drawing on a variety of sources and engaging a wide range of stakeholders in the study. Informed by Realist review principles that emphasise the relevance of stakeholder priorities, the significance of theories that inform interventions and the processes that might explain programme effects (Pawson et al., 2005), it comprised four elements: a systematic review of the international published literature together with a review of the UK grey literature; consultation with stakeholders including young people, experts from education and from research policy and practise in domestic abuse as well as a mapping survey and analysis of data on programme costs and benefits. Findings from the mapping survey and cost benefit analysis are reported elsewhere (Stanley et al., 2015); here we concentrate on the findings from the literature review and the consultation undertaken as part of the study that addressed interventions delivered in schools.

The systematic literature review included studies reporting preventive interventions in domestic abuse for children and young people under 18 in all languages published between 1990 and 2014. The search strategy was deliberately wide and we chose not to restrict the review to RCTs in order to be able to include studies using a range of methods. The inclusion and exclusion criteria used are shown in Appendix 1. The databases searched comprised Allied and Complementary Medicine Database (AMED); Applied Social Sciences Index and Abstracts (ASSIA); Cumulative Index to Nursing and Allied Health Literature (CINAHL); EMBASE; Education Resources Information Centre; MEDLINE®; PsycARTICLES®; PsycINFO®; Social Policy and Practice; Social Work Abstracts; Sociological Abstracts; Studies on Women and Gender Abstracts; Australian Education Index; British Education Index and the Centre for Reviews and Dissemination NHS Economic Evaluation Database (NHS EED). These were searched electronically using search terms structured in accordance with the PICO (population, intervention, context, outcome) Framework. A summary version of the search terms used is provided in Appendix 2. Searches were undertaken first in 2013 and then updated in February 2014. In total, 82 papers were identified for full text screening and these yielded 28 quantitative papers covering 20 separate programmes and six qualitative studies reporting young people's views of programmes for the review. Three of the qualitative studies were included in the quantitative papers reviewed; one reported on the implementation of a programme also included in the quantitative review while two addressed different programmes so 22 programmes were included in the systematic review. Tables 1 and 2 identify these studies and summarise their key characteristics. A framework for data extraction was developed using the following headings: context, programme theory; mechanism including delivery and content, audience and outcomes. The characteristics of each study were also logged along with their quality scores. Quantitative findings were summarised narratively under four headings: measures of knowledge; attitudes and/or behaviours (such as help-seeking) as well as incidences of victimisation or abuse related to relationships. Separate analyses were done by gender; grade; age; and history of perpetration or victimisation at baseline. Qualitative data were analysed thematically using a modification of the meta-ethnographic approach (Noblit & Hare, 1988).

The review of the UK grey literature utilised the same time-frame as the systematic review and was planned to include local independent evaluations, national reports, technical reports and theses; in-house evaluations were excluded. These publications were identified from the systematic review, from a search of relevant websites, by backchaining and through requests to experts involved in the consultation process

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