Preventing domestic abuse for children and young people (PEACH): a mixed knowledge scoping review

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Scientific summary

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Scientific summary

Background

A range of interventions aiming to prevent domestic abuse has been developed for children and young people in the general population. While these have been widely implemented in the UK, the USA and Australia, few have been rigorously evaluated and so little is known about their effectiveness. Moreover, most of the evidence is from North America and its transferability to the UK context is questionable. Four systematic reviews have been published in this general area to date. Two were confined to consideration of randomised or quasi-randomised trials and there is no current systematic review of non-randomised evaluations that includes data from studies undertaken over the last 12 years. This mixed knowledge review informed by realist principles extends to include other data that address the question of what works for whom and in what circumstances.

Aims

1. To identify and synthesise the evidence on effectiveness, cost-effectiveness and acceptability of preventative interventions addressing domestic abuse for children and young people under 18 years of age in the general population.
2. To produce advice on what form future research might take in the context of England and Wales.

Objectives

1. To locate and describe the existing body of evidence relating to preventative interventions addressing domestic abuse for children and young people under 18 years of age in the general population.
2. To identify the range of short-, medium- and long-term outcomes achieved by preventative interventions for children and young people under 18 years of age to date.
3. To distinguish between different preventative interventions including educational programmes, media and community campaigns and other initiatives in terms of effectiveness, cost and cost-effectiveness.

These aims and objectives were used to generate a series of specific research questions.

Research questions

1. What is the nature of preventative interventions in domestic abuse for unselected children and young people under 18 years of age, and what theories underpin the chosen intervention strategies?
2. What outcomes are assessed in studies of preventative interventions in domestic abuse for unselected children and young people?
3. Which elements of the described programmes or interventions have proved to be effective, for which groups of children and young people, in which contexts?
4. What is the cost of preventative interventions in domestic abuse for unselected children and young people under 18 years of age, and which elements of programmes or interventions have been the principal cost-drivers?
5. What are the experiences and views of children and young people about interventions aimed at preventing domestic abuse and are these influenced by gender?
6. Which of the successful intervention programmes are most likely to be acceptable to stakeholders, and cost-effective in the context of services and developments to date in the UK?

Methods

This mixed knowledge review was informed by realist principles and comprised four phases conducted simultaneously:

1. *Mapping survey*: this was distributed online using a snowballing approach to relevant professionals and schools in 18 local authorities in the UK selected to represent varying levels of social deprivation and incidence of domestic abuse. Data were analysed using Statistical Product and Service Solutions (SPSS; IBM Corporation, Armonk, NY USA).
2. *Systematic literature review*: searches for the reviews included studies published between 1990 and February 2014. 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). The systematic literature searches yielded 82 papers for full-text screening; 28 quantitative papers were included in the review covering 20 separate programmes together with six qualitative studies reporting children's views. The characteristics of each study were logged along with their quality scores. The explicit or implicit programme theories underpinning each separate programme or intervention were identified. Quantitative findings were summarised narratively under four headings: measures of knowledge; attitudes; behaviours (such as help-seeking); and incidences of victimisation or abuse related to relationships. Separate analyses were done by gender, grade, age and history of perpetration/victimisation at baseline. Qualitative data were analysed thematically using a modification of the meta-ethnographic approach.
3. *Review of the UK grey literature*: relevant websites were searched – 46 documents published between 1990 and March 2014 were identified and 18 independently conducted evaluations of programmes were reviewed.
4. *Consultation*: nine consultation groups were held with young people, experts and practitioners from education and from organisations involved in developing media campaigns on domestic abuse. In addition, 16 telephone interviews were completed with national and international experts identified with the assistance of study partners and the consultation groups. Data were analysed thematically with the assistance of NVivo (QSR International, Warrington, UK).

The systematic review yielded only one study including information on costs and benefits; we therefore mined all four sources to feed evidence into an analysis of costs and benefits.

Results

Context

Although a wide range of programmes was delivered in the 18 local authorities surveyed, provision appeared patchy: nearly half of those responding to the mapping survey reported no relevant local interventions in their area. The survey data also suggested that interventions lacked sustainability, with over half of the programmes reported running for < 2 years. Most programme funding was short term and unpredictable. There was very limited funding from health services. The expert consultation undertaken attributed this fragmentary picture to a lack of central guidance: framing the delivery of preventative interventions in domestic abuse as a statutory requirement made for wider and more consistent implementation as well as providing a strong message from governments that contributed to shifting social norms.

Most preventative interventions are delivered in secondary schools, although, increasingly, programmes are being developed and delivered for children in primary schools, where the focus is on keeping safe and on issues such as friendship, bullying and respect rather than explicitly addressing interpersonal abuse.

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The systematic review identified concerns about the transferability of school programmes, which appear to have a considerable degree of cultural specificity. Media campaigns emerged as increasingly important in shaping the climate within which a specific intervention is received and they also function as a source for materials used in the delivery of preventative programmes.

The readiness of a school for implementing a preventative intervention was identified as important by the experts interviewed. The consultation groups emphasised the need for interventions to be supported across all aspects of a school's work and curriculum, and by parents, the local community and relevant local agencies. There were advantages in involving young people themselves in the design and delivery of programmes, and such approaches assisted in investing programmes with authenticity, a quality that emerged as key to programme impact.

Evidence from both the qualitative literature reviewed and the young people's consultation group argued the case for interventions to be linked to appropriate services for those who disclosed experiences of abuse in their own or their parents' relationships.

Mechanisms and processes

The length and structure of school-based interventions varied considerably from one-off sessions to manualised programmes of 10 or more sessions. Methods included didactic approaches, group discussion, role-play, quizzes and visual stimulus such as DVDs, with fewer using drama/theatre. Both the young people and the experts consulted argued for the value of drama/theatre and narrative, as these approaches had the capacity to deliver an emotional charge which contributed to authenticity as well as having benefits for children with lower levels of literacy.

Authenticity was also achieved through the use of messages and material that were recognisable and meaningful to young people and which made 'it real'. Authenticity was enhanced when interventions were delivered by those with relevant expertise or experience, and these genuine messages were contrasted with those that lacked conviction or plausibility.

The data raised questions about who should deliver these interventions. While external staff from specialist services offer knowledge and expertise on domestic abuse, they are less likely to have an impact on school culture or to provide continuity. Although teachers possess expertise in working with children and have ongoing relationships with them, the grey literature reviewed and the consultation groups described some school staff resisting involvement in teaching about domestic abuse because they lacked the necessary confidence and competence for this.

Audiences

The systematic review found evidence of skewed data in some studies suggesting that small groups of students who were at higher risk at baseline might have exerted strong influence on the outcomes of interventions. The grey literature indicated that students with personal experience of domestic abuse were less likely to engage or continue with taught programmes. This suggests that programmes aimed at children and young people may be more or less effective for certain subgroups.

Boys were increasingly identified as a target for change and all forms of consultation emphasised that messages for boys should be positively framed avoiding a blaming approach that could provoke resistance. Although Wolfe *et al.*'s evaluation of the 'Fourth R' programme was the only controlled study included in the systematic review that found gender to have a direct relationship on outcomes, this evaluation does lend support to this argument (Wolfe DA, Crooks C, Jaffe P, Chiodo D, Hughes R, Ellis W, *et al.* A school-based program to prevent adolescent dating violence: a cluster randomized trial. *Arch Pediatr Adolesc Med* 2009;**163**:692–9).

Otherwise, interventions paid little attention to addressing the complexities of domestic abuse for children and young people marginalised through race/ethnicity, class, sexuality or disability. The lack of materials designed for lesbian, gay, bisexual and transgender (LGBT) young people was repeatedly emphasised.

Outcomes

The systematic review found that where statistically significant findings were reported, the effect sizes were generally low or moderate. Larger effect sizes were seen in measures of knowledge and attitudes, although the differences in these tended to decrease over time. The only relatively large and statistically significant finding in a well-designed study in relation to behaviour was found in perpetration of physical dating violence in the previous year in Wolfe *et al.*'s evaluation of the 'Fourth R' programme, where the effect was only in boys. An increase in help-seeking was evident in some studies.

The reviews of the qualitative and grey literature showed that children and young people who received these interventions generally enjoyed them and found them valuable. Their criticisms were focused on a need for programmes delivered in school to be longer.

Theory

Feminist and social norms theories emerged strongly as causal theories from expert interviews and the literature reviews. Papers in the literature reviews that included explicit theories of change suggested increased knowledge, emotional engagement with the experience of the other and organisational modification as key mechanisms of change.

The potential to use the power of the peer group, with young people taking safe action to influence their peers to collectively challenge domestic abuse and bring about social change, was flagged up by those involved in the consultation groups and interviews. Likewise, the whole-school approach, which is emerging in the UK, utilises an ecological approach to violence prevention, but the evidence base for this model is currently limited.

State of knowledge

Although there is a body of good-quality short-term evaluations reporting participants' and stakeholders' views of programmes, most of the evaluations undertaken in the UK lack control groups and only include pre- and post-programme measures of change. There are few evaluations that examine longer-term outcomes, and very little information about the relationship between costs and benefits was found.

There are shifts towards delivering interventions to younger children and using media campaigns to deliver preventative messages on domestic abuse, but the review found little evidence of effectiveness available on either of these trends, both internationally and in the UK.

The research identified debates concerning appropriate programme goals and outcome measures. New techniques are emerging for costing complex interventions and the use of a societal perspective of costs and benefits has been advocated. Such approaches appear relevant for evaluating these interventions.

Conclusions

- Many of the long-term costs of domestic abuse are borne by the health service; there is, therefore, a strong argument for health services contributing more funding to prevention initiatives for children and young people.
- Evidence about the lack of transferability of programmes suggests that strategic planning and development should focus on developing and testing interventions that are already being widely delivered in the UK.
- Improving the readiness of schools to deliver programmes should include training and information reporting on current evidence for the school's leadership, governors and parents.

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- The values and attitudes of the peer group emerged as a crucial mechanism for change and it is therefore appropriate to continue to deliver interventions to whole populations of children and young people. While schools provide a natural choice of setting for programme delivery, young people outside mainstream schools should not be omitted, as this group is likely to include young people at high risk who may require additional services.
- Programme take-up and effectiveness appear to be influenced by those children and young people who are at high risk of experiencing domestic abuse in their own or their parents' relationships. Identifying this group of children so that they can receive further support could happen in the course of delivering interventions to a whole class or school.
- School-based programmes should build close links with relevant support services that can respond to children's and young people's disclosures of domestic abuse and offer additional interventions to those at high risk.
- Interventions need to acknowledge diversity among children and young people, and programmes need to be developed for LGBT and disabled young people as well as for those from minority ethnic groups.
- Teachers require training and support from those with specialist knowledge and skills in domestic abuse. This training could be provided at the level of teachers' qualifying education as well as at post-qualification level.
- A statutory basis for delivering these interventions would enable schools, programme designers and staff to take a longer-term view which could include building ongoing evaluation, including analysis of costs, into programme delivery.

Research recommendations

1. Rigorous testing of home-grown school-based domestic abuse prevention programmes in the setting of the UK is recommended.
2. School-based interventions for younger children delivered in the UK context require independent and longer-term evaluation.
3. Media campaigns that aim to prevent domestic abuse need to be more rigorously and independently evaluated.
4. Careful consideration needs to be given to which outcome measures are appropriate when evaluating these preventative interventions.
5. Future evaluation of the cost-effectiveness of preventative initiatives in domestic abuse should include a rigorous costing methodology.
6. The mixed-methods approach used for this study has proved fruitful, and integrating qualitative research in an evaluation is likely to be more informative than confining programme testing to randomised controlled trials.
7. Public health initiatives are complex and wide reaching. Evaluation should acknowledge this by adopting a broad perspective, taking account of costs and benefits to all sectors of society.

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