Interventions and techniques to reduce the negative effects on children of domestic violence. A literature review

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Bachelor Thesis Pedagogical Sciences
5th of June 2025

Words: 7941

Abstract

Huiselijk geweld is een significant en aanhoudend probleem in Nederland. Wanneer geweld plaatsvindt in de leefomgeving van het kind, kunnen zij indirect en direct slachtoffer worden van dit geweld. Ze kunnen het geweld horen (indirect), maar ze kunnen ook slachtoffer worden van mishandeling (direct). Dit kan verschillende negatieve effecten hebben voor de mentale gezondheid van het kind: internaliserende en externaliserende gedragsproblemen, lage kwaliteit ouder-kind relatie, problemen in sociale interacties, lagere kwaliteit van leven, en lagere schoolprestaties. Deze negatieve effecten vragen om interventies en technieken om deze effecten voor kinderen (0-18 jaar) die slachtoffer zijn van huiselijk geweld te verminderen. Om deze interventies in kaart te brengen is een systematisch literatuuronderzoek uitgevoerd. Na het doornemen van de literatuur zijn 23 studies over achttien interventies gevonden. Veel van deze interventies hadden overlappende kenmerken wat betreft de gebruikte technieken, het doel van de interventie, de lengte van de interventie, en het type interventie. Een duidelijke relatie werd gevonden tussen leeftijd en type interventie. Toekomstig onderzoek moet zich richten op het verder onderzoeken van deze interventies, om te beoordelen of de gevonden effecten het gevolg zijn van de interventie, of van andere factoren zoals leeftijd, gender en achtergrondkenmerken. Ook moet onderzocht worden of deze effecten ook gevonden worden in de Nederlandse context.

Introduction

Domestic violence is a significant and pervasive issue in the Netherlands. In 2020, 1.2 million people in the Netherlands above the age of 16 reported to have been a victim of domestic violence. Of these 1.2 million people, 70% have reported this to be structural (CBS, 2022), meaning that victims reported that the violence was experienced daily, weekly or monthly. In another study, it was reported that 25% of children between 16 and 18 years old were the victims of domestic violence (Akkermans et al., 2022). Another study done in 2019 showed that 12% of children between 12 and 17 years old reported to have been a victim of domestic violence, including witnessing violence between their parents (Ten Boom & Wittebrood, 2019).

The age at which children first experience domestic violence differs from child to child. According to Howell and Graham-Bermann (2011), 64% of children that experience domestic violence, will experience domestic violence for the first time as an infant, while 12% encounter it for the first time during their school years.

The term domestic violence is used in many different contexts and will need to be specified. The term domestic violence – also known as family violence – as it is used in this thesis includes intimate partner violence and violence from parent to child. Violence from parent to child includes children being at the receiving end of the violence, but also viewing or hearing the violence (An et al., 2017; Hasselle et al., 2024; Lyk-Jensen et al., 2024; Malchiodi, 2008). Intimate partner violence (IPV) includes physical, sexual, psychological, and emotional violence or abuse between current or former partners or spouses (MacMillan & Wathen, 2014; Menon et al., 2018). IPV can also be witnessed by a child, which is a form of child maltreatment (MacMillan & Wathen, 2014). Forms of domestic violence that are not included in this definition of domestic violence are dating violence and violence from child to parent.

When violence takes place in a child's home, they can become both direct and indirect victims of this violence (An et al., 2017; Hasselle et al., 2024; Lyk-Jensen et al., 2024; Malchiodi, 2008). Indirect abuse can include witnessing violence (Hasselle et al., 2024), or hearing violence elsewhere in the home (Malchiodi, 2008). They might also see the victimised parent cry, feel their increased stress or see bruises on the victimised parent (Lyk-Jensen et al., 2024). Direct abuse can include accidentally getting hurt during violence between their parents, or being used as a shield by a parent in an attempt to shield themselves from the attacker (Malchiodi, 2008). Child abuse often occurs simultaneously with domestic violence (An et al., 2017; Malchiodi, 2008). It is estimated that between 30% and 60% of children that have been exposed to domestic violence, have not only witnessed, but also received maltreatment (Malchiodi, 2008).

Domestic violence can lead to a large number of negative effects on the mental health of a child, including internalising and externalising behavioural issues, a lower quality parent-child relationship, issues in their social life, lower quality of life, and decreased academic performance (DeBoard-Lucas & Grynch, 2011; Günaydin & Zincir, 2024; Hasselle et al., 2024; Orr et al., 2023; Peterson et al., 2019). The severity of these effects depends on the intensity of the violence they were exposed to, the history of the child, and the type of violence they experienced. Children that were exposed early on in their life, also experience more severe and longer lasting negative effects (Howell & Graham-Bermann, 2011).

These previously mentioned negative effects call for interventions and techniques to reduce these negative effects among children (0-18 years old) that are the victim of domestic violence, which also includes witnessing this violence.

Theoretical framework

There are numerous different types of interventions in regard to reducing the negative effects of domestic violence. Some interventions are based on activities, such as art, play or

with animals (MacDonald et al., 2016). Other interventions are based on relationships, such as the interactions between the parent and their child(ren) (MacDonald et al., 2016).

Besides these, there are interventions that are based on strengths, focussing on the aspects of the child that make them more resilient (Campbell et al., 2022). However, there are also interventions that focus on the experienced trauma instead (MacDonald et al., 2016).

Interventions can also be group-based or community-based. In a group-based intervention, the group is at the centre of the intervention (MacDonald et al., 2016). There are four types of community-based interventions; the community can be the setting, the target, an agent or a resource (McLeroy et al., 2003). Other interventions might take place in a camp setting (Campbell et al., 2022).

Some interventions also incorporate psychoeducation, which means that they are intended to educate the participants on how their problems came to be and how to deal with these problems (MacDonald et al., 2016).

Present study

This review will focus on interventions and techniques with the goal of reducing the negative effects of domestic violence on children. Due to the large amount of literature, a systematic literature review will be used to create an overview (Grant & Booth, 2009). An overview will make it easier for professionals to find suitable interventions and techniques to reduce the negative effects of domestic violence. In a preliminary search, no such overviews were found. In order to provide an overview, the following research question will be answered: Which interventions or techniques are used in the protection of children (0-18) who are the victims of domestic violence?

Method

To find the interventions and techniques that are used to reduce the negative effects of domestic violence, a systematic literature review was used (Grant & Booth, 2009).

Inclusion criteria

To find the appropriate literature, several inclusion criteria were used. These criteria were based on the age group, the research subject and the intended outcome of included interventions. The included interventions had to be focused on children of 0-18 years old. Interventions that simultaneously focus on the parents were also included. Interventions focused on prevention of domestic violence (and thus not its effects) were not included. Interventions that focused on dating violence or violence from child to parent were also not included.

The decision was made that the included articles cannot be older than 20 years old. This decision was based on the premise that older articles may present findings that are no longer applicable due to modifications in the intervention or other contextual changes.

Search strategy

To find the articles, PsycINFO was used. This database focuses on psychological topics, including the effects of domestic violence, which is why this database was chosen for this systematic literature review. The search string that was used is: (child OR children OR childhood OR kid OR kids) AND ("domestic violence" OR "domestic abuse" OR "parental violence" OR "intimate partner violence") AND (intervention OR interventions OR strategy OR strategies). This resulted in 1451 articles.
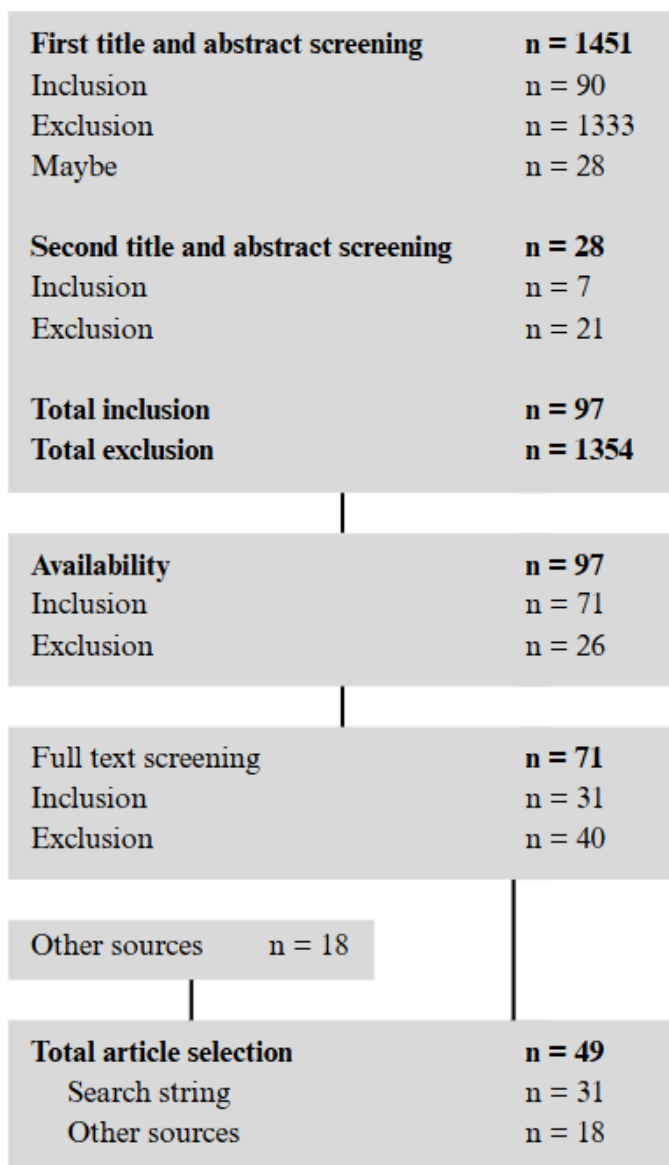
Selection procedure

Articles were first selected based on both title and abstract, by importing the data in Rayyan (Ouzzani et al., 2016). When it was clear an article did not meet the inclusion criteria based on the title, it was immediately excluded. If it was not clear based on the title, the abstract was read. Based on both the title and the abstract, 97 articles were selected.

When attempting to download these articles, 26 articles were excluded due to their unavailability, which meant 71 articles were left for full article selection. After reading the full

articles, 31 articles were left. Eventually 22 of these were used for the results, and eleven were included in the introduction. Lastly, eighteen articles were acquired from other sources, of which one article was used for the results.

Figure 1

Flowchart

First title and abstract screening	**n = 1451**
Inclusion	n = 90
Exclusion	n = 1333
Maybe	n = 28
Second title and abstract screening	**n = 28**
Inclusion	n = 7
Exclusion	n = 21
Total inclusion	**n = 97**
Total exclusion	**n = 1354**
Availability	**n = 97**
Inclusion	n = 71
Exclusion	n = 26
Full text screening	**n = 71**
Inclusion	n = 31
Exclusion	n = 40
Other sources n = 18	
Total article selection	**n = 49**
Search string	n = 31
Other sources	n = 18

Data extraction

In order to extract relevant data from the articles, the following five elements were chosen: participant features, intervention features, effects, long term effects and limitations. "Participant features" includes age and background of the participants, both of the child and

the parent. "Intervention features" includes what issues the intervention is focussing on, the length of the intervention, and the type of intervention (as described in the theoretical framework). "Effects" includes both positive and negative effects of the intervention, while "long term effects" focuses on whether there are any long term effects and how strong these effects are. "Limitations" focuses on the limitations of the research design.

Analytic plan

Analysis of the included articles was largely based on the aforementioned five elements for data extraction. Using qualitative content analysis (Hsieh & Shannon, 2005), the different interventions will be summarised. This was done by marking each element in a different colour. Interventions were clustered based on the type of intervention, and themes regarding aims and used techniques were identified. Age in relation to the goals of an intervention was analysed, as was the relation between age and length, and age and type. A summary was made including the name of each intervention, its participants (including the children's age and the adults involved when applicable), a description of each intervention including the content and aims of the intervention, the short-term and long-term effects, and the limitations of the available research.

Results

The aim of this thesis was to create an overview of interventions and techniques that focus on reducing the negative effects of domestic violence on children. After reviewing the literature, 23 articles were included, resulting in eighteen interventions. An overview of all included articles can be found in Appendix A, Table 2, including the authors, the publication year, the title, the intervention that the article focused on, and the country of research.

This section is divided into four parts. In the first section, the interventions and their elements will be discussed, including their effects, both short-term and long-term. In the second section, overlapping aspects of these interventions will be discussed, including what

an intervention focuses on, the number of studies available for each intervention, and overlapping techniques. In the third section the different interventions will be categorised under the different types of interventions as discussed previously in the theoretical framework. In the fourth and last section, relations between children's age, length of the intervention, types of interventions and aim of the intervention will be analysed.

Interventions and their effects

Table 1 includes an overview of the interventions, its participants (children's age and involved adults) and a short description of each intervention.

Camp HOPE

Camp HOPE is a one-week overnight program. It was created to provide a safe setting in which children can further develop their strengths and skills. It aims to promote resilience, a sense of self-perception and hope, and provides a way to develop social-emotional and behavioural skills (Campbell et al., 2022; Hasselle et al., 2024b; Hellman & Gwinn, 2017). Another version of this program, Camp HOPE Tennessee, also promotes school engagement (Hasselle et al., 2024a).

Children are provided with opportunities in which they can show their strengths and learn to recognise the positive characteristics that are unique to them. Due to the large adult-to-child ratio in the camp, there are many opportunities for the children to receive praise for their characteristics and strengths. This ratio also gives the children more chances to connect with these adults and feel safe (Campbell et al., 2022).

Camp HOPE runs on three fundamental rules: you need to show kindness and respect; you cannot be alone, which means you always need to be with at least two or more people; and you have to attend to the instructions you are given (Hasselle, 2024a).

Table 1

Overview of interventions, participants and description of the included interventions

Intervention	Children	Adults	Description
Camp HOPE	7-12 years	Caregivers	Camp HOPE is a one-week overnight program. It was created to provide a safe setting in which children can further develop their strengths and skills. It aims to promote resilience, a sense of self-perception and hope, and provides a way to develop social-emotional and behavioural skills (Campbell et al., 2022; Hasselle et al., 2024b; Hellman & Gwinn, 2017). Another version of this program, Camp HOPE Tennessee, also promotes school engagement (Hasselle et al., 2024a).
Child FIRST	0-5 years		Child FIRST addresses mental health and developmental needs, and consists of eight modules. It focuses on reducing symptoms related to trauma – including social-emotional symptoms – reducing parenting stress, and connecting the family to community-based resources (Crusto et al., 2008).
CWDV program	2-17 years	Mothers	The CWDV program is a twelve-week program, consisting of twelve sessions. It focuses on parent and child well-being, and on improving their relationships. This program also involves an educational component, educating the participants on the impact of their trauma (Schubert, 2022).
CSC Online Intervention Program	11-17 years		The CSC Online Intervention Program is a six-week program. This program focuses on improving self-esteem (Louis & Reyes, 2023).
DFST	8-11 years		DFST is a technique that gives children the opportunity to express their feelings in a safe and non-threatening way (Malka, 2021).
EC parenting intervention	6-12 years	Mothers	The EC parenting intervention is a twelve-week parenting program, consisting of twelve sessions. It targets emotion regulation in both parents and children, develops more positive parenting skills and parent-child relationships (Katz et al., 2020).
EAP	4-16 years		EAP uses the horse as a therapeutic tool and was designed to improve self-esteem and trust, teach children how to set boundaries, and improve group-cohesion (Schultz et al., 2007).
FI-OP	13-71 months	Mothers	FI-OP consists of eight 30-minute sessions, with four days to one week between each session. This program addresses difficulties in interactions between mother and child, and deficits in children's play functioning (Waldman-Levi & Weintraub, 2015).
Haupoa Family Component	3-17 years	Parents	Haupoa Family Component is a twelve-week program, consisting of ten 90-minute sessions. It provides a safe setting for children in which they can become more knowledgeable about domestic violence, learn how to cope with it, and explore their opinions (Becker et al., 2008).

Kids' Club with MEP	6-12 years	Mothers	Kids' Club with MEP is a ten-week program. This program is built on the premise that improving the mothers' parenting skills and boosting their social-emotional adjustment, will reduce their children's behavioural and emotional difficulties (Graham-Bermann et al., 2007).
Mantra	11-19 years		Mantra is a ten-week support program, consisting of ten 90-minute sessions. Mantra was created with the intention of increasing a child's awareness of domestic violence and make the child more knowledgeable about its effects on their emotions and behaviours (An et al., 2017).
MPOWER	11-18 years		The MPOWER program is a ten-week program. It was created to further develop the skills and strengths young people developed after experiencing domestic violence and abuse. The intervention did not focus on the violence itself, but on the effects the violence had on these young people in their everyday life (Callaghan et al., 2019).
PKC with MEP	4-6 years	Mothers	PKC with MEP is a five-week program based on Kids' Club, adapted for children of preschool age, consisting of ten sessions (Clark et al., 2021; Graham-Bermann et al., 2015; Howell et al., 2013). PKC focuses on reducing preschool age children's attention problems (Clark et al., 2021), increasing their social competence (Howell et al., 2013), and normalising their feelings towards domestic violence (Graham-Bermann et al., 2015).
Play support program based on CPRT	3-10 years	Mothers	The Play support program based on CPRT is a ten-week program. This program intended to improve the mothers' parenting skills and increase their social-emotional adjustment. The program was built on the premise that the mothers' improvement would reduce the child's behavioural and emotional difficulties (Günaydin & Zincir, 2024).
Project Support	4-9 years	Mothers	Project Support intends to reduce children's conduct problems. This intervention is based on the premise that the child's conduct problems reduce when the mother learns better management skills and when mothers receive instrumental and emotional support (Jouriles et al., 2009).
Superheroes program	6-11 years		Superheroes is a ten-week program, consisting of ten 90-minute sessions. This program has five goals: alleviating guilt or self-blame, improving self-esteem, establishing trust and teamwork skills, improving personal safety and assertiveness skills, and preventing further abuse. It also has an educational component concerning domestic violence, emotional expression, communication, conflict resolution, and safety planning (Lee et al., 2012).
Supportive MI in addition to sandplay	7-10 years		Supportive MI in addition to sandplay is a six-week program, consisting of six individual sessions. This program is focused on improving emotional and behavioural adaptability, and to increase self-expression (Kang, 2017).
Trauma-informed art and play therapy	5-14 years	Mothers	Trauma-informed art and play therapy is a twelve-week program, consisting of twelve sessions of one to two hours for children, while mothers had three sessions. It combines verbal and non-verbal methods; it combines trauma focused cognitive behaviour therapy (TF-CBT) with art and play therapy (Woollet et al., 2020).

Hellman and Gwinn (2017) found that hope and psychological strength had increased after the intervention. Their research shows that hope can be a coping resource. However, no follow-up measurements were taken, and this study did not include a control group.

Campbell et al. (2022) found that Camp HOPE caused a small to medium increase in behavioural competence, social competence and self-worth for its three participants. It provided children with the opportunity to develop their social skills by participating in different activities that promoted team-building and cooperation. After the intervention, self-worth of two participants was found to be lower than before the intervention. However, at follow-up, self-worth of all participants was found to be higher than before. The positive effects on both behavioural and social competence were still present.

Hasselle et al. (2024a) found improvements for psychological well-being, autonomy and parent relations, and school engagement. The effects for psychological well-being and autonomy and parent relations were present at the two month follow-up, but were no longer present at the five-month follow-up. The effects for school engagement were the other way around: no effect was found at the two-month follow-up, but there was a significant effect at the five-month follow-up. No significant improvements were found for physical well-being, social support and peers, and school environment. Unfortunately, no measurements were taken directly after the intervention, so it is unsure whether the intervention had any short-term effects.

Hasselle et al. (2024b) found no significant effects for the perception of children on their own behaviour or social skills. Regarding self-worth, there was a decrease at short-term measurements, but their self-worth did improve at the five-month follow-up; their scores were at about the same level as the self-worth of the control group.

In short, Camp HOPE leads to many different outcomes. This intervention improves the child's self-worth, hope, autonomy, psychological well-being, social and behavioural

competence, parent relations, and school engagement. While not all effects were found long-term, this intervention does lead to improvements in these aspects.

Child Family Interagency Resource, Support, and Training Program (Child FIRST)

Child FIRST addresses mental health and developmental needs, and consists of eight modules. It focuses on reducing symptoms related to trauma – including social-emotional symptoms – reducing parenting stress, and connecting the family to community-based resources (Crusto et al., 2008).

Crusto et al. (2008) found that parent and child encountered less problems in their interactions, and children showed less intrusive and avoidant behaviours. Other non-significant effects were a decrease in depressive and dissociative symptoms, anger, hyperarousal, and a decrease in other post-traumatic stress (PTS) symptoms. However, no follow-up was done, and there was no control group.

Child Witness to Domestic Violence (CWDV) program

The CWDV program is a twelve-week program, consisting of twelve sessions. It focuses on parent and child well-being, and on improving their relationships. This program also involves an educational component: educating the participants on the impact of their trauma (Schubert, 2022).

Each session of the intervention starts with a dinner to provide families with an opportunity to have some quality time together, after which parents and children will split into separate groups. Both groups will follow the same theme each week, but the activities are adapted to the ages of each group. Each session builds upon the content of all previous sessions. Around the sixth session, a joint session is planned for parents and children, including an art activity, mindfulness activities and a group activity that focuses on family values. The intervention ends with a special graduation ceremony, after which families can choose to participate in three extra booster sessions (Schubert, 2022).

Schubert (2022) found that child functioning increased after the intervention. Children showed less hyperactivity, less negative emotional difficulties, and less behavioural difficulties than children in the control group. Mothers also showed more hope – the belief that they are able to achieve their goals – than mothers in the control group. However, data of the intervention group and control group were not collected during the same time period, which means that there might have been different socio-political and environmental influences during these periods, meaning that differences between these groups might not be due to the CWDV program.

Cognitive Self Compassion (CSC) Online Intervention Program

The CSC Online Intervention Program is a six-week program. This program focuses on improving self-esteem (Louis & Reyes, 2023).

The program consists of eight modules. The program starts with an introductory session; the first module. The second module consists of two sessions about the participant's self-journey. The next two sessions combined form the third module in which participants reframe their negative thoughts and learn to cope with social pressure and their body image. The fourth module focuses on reducing self-criticism and teaching participants to not let the effects of this criticism affect them too much in daily life, and the fifth module teaches participants how to deal with their negative emotions. The sixth module is focused on more positive emotions. The participants learn how to be more assertive and express their opinions, feelings and needs. The seventh module is centred around communication, based on the premise that compassionate communication improves self-esteem. The eighth and last module consists of two sessions; learning to be yourself and nurturing your inner child. Children are essentially re-parenting themselves; they become the parent they needed when they were younger. This is an effective way to heal the emotional wounds that originated in their childhood (Louis & Reyes, 2023).

Louis and Reyes (2023) found that children's self-esteem significantly increased after the intervention on all its domains: general, social (peers), family, and educational self-esteem. Participants were also positive about the intervention as a whole. They found that the intervention made them rethink their beliefs more positively. A problem with this intervention is the fact it was carried out online. This meant there was no real face-to-face interaction, while these interactions are needed to allow for establishing trust and relationships.

Drawing Following a Story Technique (DFST)

DFST is a technique that gives children the opportunity to express their feelings in a safe and non-threatening way (Malka, 2021).

DFST consists of five components. First, a story is presented that represents the traumatic situations these children have been in. In the next phase, children process the situation through drawing, after which they choose a title for their drawing in the following phase. In the fourth phase, children present their drawing to the other children in the group. In the fifth and last phase, group workers help the children to process their drawings by helping them name and express their emotions and feelings.

Malka (2021) found that DSFT can potentially create a safe space in which children can process their feelings and emotions through their drawings. A possible problem is that the use of a creative technique may create resistance from some members of the group or lead to untimely sharing of personal content with other group members.

Emotion coaching (EC) parenting intervention

The EC parenting intervention is a twelve-week parenting program, consisting of twelve sessions. It targets emotion regulation in both parents and children, develops more positive parenting skills and supports positive parent-child relationships (Katz et al., 2020).

This intervention consists of twelve sessions which are mostly attended by the mother on her own, based on the premise that the child's emotion regulation will improve due to the

mother developing new skills. The first session is introductory. The following four sessions are centred around the mother's awareness of emotion and emotion regulation abilities. Sessions six through nine are centred around emotion coaching with both mother and child. The next two sessions are focused on responding to anger and talking about the violence. The twelfth and final session focused on reviewing the program and assessing progress. Future plans are discussed for maintaining progress and expanding support of their child after the intervention (Katz et al., 2020).

Katz et al. (2020) found that mothers and children showed better emotion regulation and had more positive interactions due to the children being less negative towards their mothers and mothers showing less negative parenting behaviours. Children showed fewer depressive symptoms than children in the control group, and showed no difference in PTSD symptoms while children in the control group showed an increase in PTSD symptoms. However, this intervention had a very high attrition rate of 33% and children and mothers were not randomly assigned to the treatment or control group.

Equine-assisted psychotherapy (EAP)

EAP uses the horse as a therapeutic tool and was designed to improve self-esteem and trust, teach children how to set boundaries, and improve group-cohesion (Schultz et al., 2007).

This intervention is based on the fact that horses are large and powerful animals that command respect and elicit fear, which creates obstacles that the participants need to overcome. By overcoming these obstacles, participants develop new skills regarding confidence, relationships (understanding emotions, empathy, sense of responsibility) and problem-solving (Schultz et al., 2007).

Schultz et al. (2007) found that children showed increases in their GAF scores: psychological, social and school functioning. Regarding children's age, the youngest group of children (<8 years old) showed the greatest improvements. Regarding gender, girls showed

more improvement than boys. Children with a history of physical abuse showed more improvement than those who did not have this history. While children with a history of sexual abuse also showed more improvement than those without this history, this improvement was not significant. Lastly, improvements were also higher in children of parents with a history of substance abuse, than children of parents without this history. Unfortunately, this sample is biased due to being self-selected.

Family Intervention for Improving Occupational Performance (FI-OP)

FI-OP consists of eight 30-minute sessions, with four days to one week between each session. This program addresses difficulties in interactions between mother and child, and deficits in children's play functioning (Waldman-Levi & Weintraub, 2015).

This intervention is based on the premise that the quality of the mother-child interaction influences the child's overall development and play functioning. Each session includes a five-minute opening, twenty minutes of joint play and five minutes of closure and separation. During each session, different themes were addressed: mother-child interaction, reciprocity, playfulness, and play skills (Waldman-Levi & Weintraub, 2015).

Waldman-Levi and Weintraub (2015) found that mother-child interaction significantly improved after the intervention. Mothers' sensitivity improved and there were increasingly able to set limits. Children's play skills improved, but their playfulness did not. A possible explanation for this might be that the limited setting of the intervention might limit a child's creativity. Unfortunately, no follow-up occurred, and children were not randomly assigned.

Haupoa Family Component

Haupoa Family Component is a twelve-week program, consisting of ten 90-minute sessions. It provides a safe setting for children in which they can become more knowledgeable about domestic violence, learn how to cope with it, and explore their opinions (Becker et al., 2008).

Sessions of this intervention were centred around many different topics, including safety skills, trust, feelings, self-awareness, self-esteem, self-blame, naming violence, empathy, conflict resolution, and gender stereotypes. Parents were also taught what their children were learning and addressed related topics (Becker et al., 2008).

Becker et al. (2008) found that parents' parenting skills improved. Children showed improvements in their internalising and externalising difficulties and fewer children met clinical levels for these difficulties. However, there was no control group and there was a high attrition rate (22%). There was also a concern that children that respond well to the intervention have a higher chance of staying, which means that the effects might seem stronger than they actually are.

Kids' Club with Mom's Empowerment Program (MEP)

Kids' Club with MEP is a ten-week program. This program is built on the premise that improving the mothers' parenting skills and boosting their social-emotional adjustment, will reduce their children's behavioural and emotional difficulties (Graham-Bermann et al., 2007).

The children's intervention focuses on the children's knowledge of domestic violence and their attitudes towards it. It also focuses on their emotions and their social behaviour in a small group. The early sessions were focused on establishing a sense of safety and developing a therapeutic alliance, in which common vocabulary was created (Graham-Bermann et al., 2007).

The parenting program focuses on empowering mothers to talk about the impact domestic violence has on their child. It also focuses on building competence, providing a safe space and building connections with other mothers in the group (Graham-Bermann et al., 2007).

Graham-Bermann et al. (2007) found that the intervention had a positive impact on the children's externalising problems. This effect was maintained over time. The children's

attitude towards domestic violence also changed. The intervention did not have any clear effects for internalising problems.

Mantra

Mantra is a ten-week support program, consisting of ten 90-minute sessions. Mantra was created with the intention of increasing a child's awareness of domestic violence and make the child more knowledgeable about its effects on their emotions and behaviours (An et al., 2017).

An et al. (2017) found that Mantra increased children's knowledge of domestic violence. There was a visible decrease in behavioural difficulties, but these effects were not significant. There was a significant decrease in emotional and depressive symptoms. However, there was no control group or follow-up.

MPOWER

The MPOWER program is a ten-week program. It was created to further develop the skills and strengths young people developed after experiencing domestic violence and abuse. The intervention did not focus on the violence itself, but on the effects the violence had on these young people in their everyday life (Callaghan et al., 2019).

The sessions were centred around creativity, emotion, coping, relationships and embodiment. The first two sessions were specifically focused on trust, while the last two sessions were focused on thinking about the future and finishing the intervention as a group (Callaghan et al., 2019).

Callaghan et al. (2019) found that the participants appreciated getting the opportunity to normalise and share their experiences, recognise their strengths, and find support in the group. It also helped participants consider family relationships. An increase in well-being was observed, which was confirmed by participants. However, there was no control group or follow-up.

Preschool Kids' Club (PKC) with Mom's Empowerment Program (MEP)

PKC with MEP is a five-week program based on Kids' Club, adapted for children of preschool age, consisting of ten sessions (Clark et al., 2021; Graham-Bermann et al., 2015; Howell et al., 2013). PKC focuses on reducing preschool age children's attention problems (Clark et al., 2021), increasing their social competence (Howell et al., 2013), and normalising their feelings towards domestic violence (Graham-Bermann et al., 2015).

Howell et al. (2013) found that children's social competence significantly increased. However, these effects were not found for children exposed to higher levels of violence.

Graham-Bermann et al. (2015) found that children's internalising problems significantly decreased. These effects continued long term. However, more long-term measurements are needed to determine whether these effects are persistent.

Clark et al. (2021) found that children showed less attention problems and hyperactivity, one year after the intervention. However, these effects were not found at the eight-year follow-up. This shows that more long-term care is needed for the effects to be persistent. Unfortunately, there was a high level of attrition, meaning that these results may not be accurate.

In short, PKC with MEP leads to an increase in social competence, and a decrease in internalising problems, attention problems, and hyperactivity.

Play support program based on CPRT

The Play support program based on child-parent relationship therapy (CPRT) is a ten-week program. This program intended to improve the mothers' parenting skills and increase their social-emotional adjustment. The program was built on the premise that the mothers' improvement would reduce the child's behavioural and emotional difficulties (Günaydin & Zincir, 2024).

Before the intervention started, mothers were taught about the negative effects of domestic violence on children, and how to cope with them (Günaydin & Zincir, 2024).

Günaydin and Zincir (2024) found that parenting stress decreased significantly and that parents were more accepting of their children after the intervention. Children's emotional and behavioural problems decreased as a result of their mothers' improvements.

Project Support

Project Support intends to reduce children's conduct problems. This intervention is based on the premise that the child's conduct problems reduce when the mother learns better management skills and when mothers receive instrumental and emotional support (Jouriles et al., 2009).

Jouriles et al. (2009) found that children's conduct problems decreased faster in the intervention group than the control group. This effect continued for the intervention group at follow-up, but not for the control group. Oppositional behaviour decreased faster than other behaviours. They also found that inconsistent and harsh parenting decreased faster in the intervention group than the control group, but there was no difference at follow-up. Lastly, maternal psychiatric symptoms decreased for both groups, and no difference was found. At follow-up the decrease for the intervention group continued, but it did not continue for the control group.

Superheroes program

Superheroes is a ten-week program, consisting of ten 90-minute sessions. This program has five goals: alleviating guilt or self-blame, improving self-esteem, establishing trust and teamwork skills, improving personal safety and assertiveness skills, and preventing further abuse. It also has an educational component concerning domestic violence, emotional expression, communication, conflict resolution, and safety planning (Lee et al., 2012).

Lee et al. (2012) found that positive behavioural changes were observed for fear, anger, expressing feelings, nightmares, withdrawn behaviour, separation from the mother, sibling interactions, conflict resolution, speech, and assertiveness. As for internalising behaviour, changes were found for depressive symptoms and psychological impairment. However, participants were not randomised and there was no follow-up.

Supportive music and imagery (MI) in addition to sandplay

Supportive MI in addition to sandplay is a six-week program. This program is focused on improving emotional and behavioural adaptability, and to increase self-expression. Music and imagery can help participants explore their resources, while sandplay can be helpful for children with difficulties in expressing themselves verbally (Kang, 2017).

The intervention consists of individual sessions. Each session started with a hello song, after which children could play with a sandtray and musical instruments. Each session ends with a goodbye song. During the session, the children explained what they made with their sandtrays and gave them titles. Children were also allowed to draw if they wanted to (Kang, 2017).

Kang (2017) found that the intervention had a positive effect on children's self-expression of children's feelings, desires, thoughts, conflicts, and images. The intervention also had a positive effect on the children's behaviour. All children showed a decrease in depression, anxiety, PTSD, aggression, and oppositional behavioural problems. This intervention also highlighted the children's need for an outlet for aggression. However, there was no control group or follow-up. Kang (2017) also stressed that a long-term intervention should last longer than only six sessions.

Trauma-informed art and play therapy

Trauma-informed art and play therapy is a twelve-week program, consisting of twelve sessions of one to two hours for children, while mothers had three sessions. It combines

verbal and non-verbal methods; it combines trauma focused cognitive behaviour therapy (TF-CBT) with art and play therapy (Woollet et al., 2020).

TF-CBT is seen as an effective treatment for children with PTSD and complex trauma. Art therapy allows children to explore their emotions through their artwork; it fosters self-awareness, reduces anxiety, and increases the child's self-esteem. Play therapy honours the child's emotional world (Woollet et al., 2020).

Woollet et al. (2020) found that children's depressive symptoms decreased significantly. PTSD symptoms also improved, although this trend was not significant. The art helped children express their emotions and experiences to their mothers, and their relationships improved as well. Due to the children's mental health improving, mothers experienced less parental stress. Children also learned how to soothe their bodies in stressful situations and practiced these new skills outside of the group. Surprisingly, children were also excited to share their artwork with their mothers, even though their artworks were based on their difficult experiences, and they openly talked about the artwork together. Results showed no differences between the two contexts in which the intervention was carried out (United States and South Africa), which shows that children will thrive when emotional and physical safety is established. Unfortunately, there was no control group or follow-up.

Similarities and differences

There were many similarities between these interventions, regarding the basis of an intervention, the techniques used, the focus of an intervention, the length of an intervention, the type of intervention, and children's age.

Many interventions were based on the premise that children's functioning will increase when the mother's functioning increases. Interventions based on this premise are EC parenting intervention, FI-OP, (Preschool) Kids' Club with MEP, Play support program based on CPRT, and Project Support.

DFST and Supportive MI in addition to sandplay are similar in the technique used. They both rely on children giving their artwork a title. They differ in the medium children used to create their artworks. DFST relies on drawings, while Supportive MI in addition to sandplay relies on art made with a sandtray. Supportive MI in addition to sandplay also gives children the opportunity to draw if they want to. Trauma-informed art and play therapy also enables children to be creative, but giving their artwork a title was not part of the description of the intervention. The CWDV program also includes a joint art activity during the sixth session, but it is unknown whether children are asked to give their artwork a title.

Multiple interventions were focused on both trust and self-esteem, including EAP, Haupoa Family Component, and Superheroes. Two interventions were only focused on self-esteem – CSC Online Intervention Program, and Trauma-informed art and play therapy – and MPOWER was only focused on trust.

Despite educational difficulties – school engagement, educational self-esteem, school functioning – being a substantial problem for children exposed to domestic violence, few interventions focused on reducing these difficulties. The only interventions focused on educational difficulties are Camp HOPE, CSC Online Intervention Program and EAP.

Intervention length differed greatly from one week to twelve weeks. Half of the interventions lasted more than ten weeks, while four interventions lasted from just one week to six weeks. For some interventions, the length of the intervention is unknown. The length of the FI-OP intervention differs for each participant. It consists of eight sessions, with four days to one week between each session, meaning it can take 32 days (four and a half weeks) to 56 days (eight weeks).

Children of all ages can become victims of domestic violence. The included interventions represent this wide range of ages. Interventions were available for all children between 0-18 years old.

Types of interventions

       All previously described interventions can be divided into different categories based on type, as seen in Table 2. It is important to note that one intervention can be divided into multiple categories. For example, the Drawing Following a Story Technique, is both activity-based and group-based.

Table 2

Types of interventions

Type	Intervention
Activity-based	Drawing Following a Story Technique (DFST) Equine-assisted psychotherapy (EAP) Family Intervention for Improving Occupational Performance Supportive MI in addition to sandplay Trauma-informed art and play therapy
Camp-based	Camp HOPE
Community-based	Haupoa Family Component Kids' Club with Mom's Empowerment Program (MEP) Preschool Kids' Club (PKC) with Mom's Empowerment Program (MEP) Project Support
Group-based	Child Witness to Domestic Violence (CWDV) program Cognitive Self Compassion (CSC) Online Intervention Program Drawing Following a Story Technique (DFST) Mantra MPOWER program Superheroes program
Psychoeducation	Child Witness to Domestic Violence (CWDV) program Cognitive Self Compassion (CSC) Online Intervention Program Haupoa Family Component Mantra Play support program based on CPRT Superheroes program Trauma-informed art and play therapy
Relationship-based	Child Family Interagency Resource, Support, and Training Program (FIRST) Family Intervention for Improving Occupational Performance (FI-OP) Play support program based on CPRT
Strengths-based	Camp HOPE EC parenting intervention MPOWER programme
Trauma-based	Trauma-informed art and play therapy

Six interventions have been categorised into the group-based category. While other interventions were also given in a group, they were not included under this category. When the intervention is not based on group dynamics or group support, or if it was not mentioned to be group-based in the article, it was not classified as being group-based.

An interesting finding is that many interventions incorporate an educational aspect. Children are taught what domestic violence entails, and why they feel a certain way about the violence. Parents are also taught about how they can help their children in this context.

Only one intervention was found to be camp-based, and only one intervention was found to be trauma-based.

Relations

Relations between children's age, length of the intervention, types of interventions and aim of the intervention were analysed.

Age and length of the intervention

After analysing the relation between the children's age and the length of the intervention, no obvious relation was found. However, one aspect that stood out was that the version of Kids' Club adapted for children of preschool age – Preschool Kids' Club – was shorter (5 weeks) than the original version for school-age children (10 weeks).

Age and type of intervention

Multiple relations were found after analysing the relation between children's age and the type of intervention.

There was a clear relation between relationship-based interventions and children's age. These interventions were carried out with the youngest group of children, ranging from infants to school-age children (0-10 years old).

Another relation was found between strengths-based interventions and children's age. These interventions were carried out with school-age children (6-12 years old) and adolescents (13-17 years old).

The relation between art-based interventions and children's age was less clear. Activity-based interventions can be based on different types of activities, including art activities, play activities and activities with animals. Art and play activities were carried out with younger children ranging from infants to school-age children (1-11 years old). When combined with a trauma-based approach, the age increases to 14 years old. Lastly, when the activity-based intervention is carried out with animals, the age increases to 16 years old.

Interventions often incorporate an educational aspect (psychoeducation). This is included with all ages. Interventions that are group-based or community-based are also carried out with children of all ages.

No relation was found between children's age and camp-based or trauma-based interventions. For each of these types, only one intervention was included in this overview. It was not possible to draw a conclusion based on only one intervention.

Age and aim of the intervention

No relations were found after analysing the relation between age and the aim of the intervention. The analysed aims were self-esteem, trust and educational difficulties.

Discussion

In this thesis, an attempt was made to answer the following question: Which interventions or techniques are used in the protection of children (0-18) who are the victims of domestic violence? To find these interventions, a systematic literature review was carried out, using PsycINFO as a database. The following five elements were used for data extraction: participant features, intervention features, effects, long term effects and limitations. The interventions were then clustered based on the type of intervention, and themes regarding

aims and techniques were identified. A summary was made including the name of each intervention, its participants, a description of each intervention, and the effects of each intervention.

After reviewing the literature, 23 studies concerning eighteen interventions and techniques were found. Many of these interventions had similar features regarding techniques used, the focus of the intervention, the length of an intervention, and the type of intervention. Three relations were analysed between age and length of the intervention, the type of intervention, and the aim of the intervention. A clear relation was found between age and type of intervention, while no clear relations were found for length and aim.

First of all, relationship-based interventions were found to be most common among the youngest age groups (0-10 years old). The relationship between a parent and their child is crucial for the child's early development, as described by the ecological systems theory by Bronfenbrenner (Frosch et al., 2019; Luo & Qui, 2024) and the attachment theory (Frosch et al., 2019). The relationship between a young child and their parent(s) has a direct impact on the child's social-emotional, cognitive, neurobiological, and health outcomes. Luo and Qiu (2024) identified four relationship types: harmonious (high closeness, low conflict), conflictual (low closeness, high conflict), ambivalent (high closeness, high conflict), and detached (low closeness, low conflict); and found that a harmonious relationship, with high closeness and low conflict, has the best social outcomes. Additionally, a negative parent-child relationship is a predictor for mental health difficulties later on in life (Morgan et al., 2012).

Second of all, it was expected that there would be a clear relation between activity-based interventions and children's age. This expectation was based on the premise that pretend play is common among the youngest children (Lillard, 2017). This type of play starts when children are about 12 to 18 months old, and usually disappears around age 11. Due to pretend play occurring with the youngest group of children, it was expected that this was also

the age group at which activity-based interventions were most common. However, only a partial relation was found. There was only a clear relation for art and play activities when it was not combined with a trauma-based approach. Moreover, art can be used to help children express their emotions, even if they are not completely aware of these emotions (Shukla et al., 2022; Woollet et al., 2020). It can help children to express trauma they would not otherwise share with words (Talwar, 2007). However, activity-based interventions do not only include art and play; they also include interventions and techniques with animals (MacDonald et al., 2016). As seen with the EAP intervention, animal therapy can help improve children's psychological, social and school functioning. The intervention showed the most improvement in the youngest group of children, indicating that animal therapy is most effective for this age group. This was, however, the only included animal intervention, so no clear conclusions can be drawn on whether there is a relation between children's age and animal therapy.

Thirdly, it was expected that there would be a relation between children's age and the length of the interventions. This expectation came from the premise that young children's attention spans are shorter than those of older children, which was confirmed by Simon et al. (2023). They found that attention span is shorter in young children than in young adults. However, no such relation was found for the included interventions and techniques. It is important to take into account the attention span of a child, because it might impact the effect of the intervention. Exposing children to interventions that take too long might have a negative effect on the mental health of these children.

Lastly, all included research was carried out outside the Netherlands, which means that the observed effects may not be found when this research is carried out in the Dutch context. Culture plays a crucial role in treatment (Huang & Zane, 2016). Different cultures may have different stances towards domestic violence (Zark & Satyen, 2022), meaning that they will view the need for treatment of victims of domestic violence differently. Some cultures do not

view domestic violence as a crime and might have a tendency to blame the victim. This view of domestic violence is dependent on multiple aspects, including the culture's worldview, its societal structure, and roles associated with men and women (Fernández, 2006).

Implications for practice, policy and research

A harmonious parent-child relationship has the best social outcomes, while a negative parent-child relationship is a predictor for problematic mental health outcomes. This calls for interventions to be focused on supporting a harmonious relationship between parent and child, and they explain why the relationship-based interventions are mostly focused on the youngest group of children. More research needs to be carried out on how interventions and techniques can support a harmonious parent-child relationship. This may lead to changes in training of professionals concerning the support of a harmonious parent-child-relationship.

Art and play interventions were found to be more prevalent among the younger groups of children. Additional research is needed to see how art and play can be incorporated into an intervention for all age groups. Besides this, more research needs to be carried out for the relation between children's age and animal therapy in order to draw a clear conclusion. It is of great necessity to research the relation between age and the different types of activity-based interventions, because domestic violence occurs at all ages (Howell & Graham-Bermann, 2011) and an intervention needs to be applicable for the age group it is carried out with. When an intervention is carried out with the wrong age group, it might do more harm than good.

Additional research is needed to find out what the impact of a child's attention span is on the effect of an intervention or technique. This might be done by carrying out an intervention with different age groups and different intervention lengths. This calls for an extremely large group of participants and will take time. The outcomes of this research may have consequences for the way professionals work with children. Changes may need to be made in intervention length or in the amount of sessions.

Future research should be directed at researching these interventions and techniques in the Dutch context, in order to account for cultural influences. This should include a follow-up and a control group to ensure that the effects can be assigned to the intervention and not to other factors like age, gender and other characteristics.

Strengths and limitations

A strength of this thesis is that it provides an overview of the available literature on interventions and techniques, and provides professionals with a guideline in choosing a fitting intervention or technique. It also provides relations between age and multiple aspects of the interventions.

There are, however, some limitations to this thesis. Firstly, many articles used different definitions and terminology regarding domestic violence. Some articles used the term X, while other used terms like domestic violence or family violence. This meant that a new definition needed to be formulated in order to decide which interventions are included and which interventions are not.

Secondly, during the search for relevant literature, many irrelevant articles were found. Many articles were about the consequences of COVID-19 on the prevalence of domestic violence, and about the effects of HIV. There were also many articles about dating violence and child-to-parent violence. This could have been avoided by making the search string more narrow. It might be possible that more relevant research was missed due to the search string not being relevant enough, which means that there might be more interventions available to reduce the negative effects of domestic violence, than the interventions that are included in this thesis.

Thirdly, all the included research was carried out outside of the Netherlands, which means that the observed effects may not be found when this research is carried out in the Dutch context. Almost 70% of the included research was carried out solely in the United

States, and only one study looked at the differences between cultures regarding the effects of the intervention. This study took place in the United States and South Africa.

Fourthly, many studies did not perform a follow-up, meaning that it is unsure whether the effects will be found long-term. Many studies also did not use a control or comparison group. This means that it is unsure whether the effects found were caused by the intervention, or if these effects were assigned to other factors, such as age, gender or background.

Lastly, many interventions had only one available (pilot) study. These interventions need to be researched more in order to conclude whether these interventions are effective.

Conclusion

In this thesis, an attempt was made to answer the following question: Which interventions or techniques are used in the protection of children (0-18) who are the victims of domestic violence? After reviewing the literature, eighteen interventions and techniques were found, with many overlapping aspects. While this might not be an exhaustive list, it does provide professionals with a guideline in choosing a fitting intervention. In analysing these eighteen interventions and techniques, a clear relation was found between children's age and type of intervention. Additional research is needed to confirm the effects of these interventions and techniques in the Dutch context.

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Table 2

Overview of included articles

Authors	Year	Title	Intervention	Country
An et al.	2017	The effectiveness of intervention for adolescents exposed to domestic violence	Mantra	United States
Becker et al.	2008	Community-based treatment outcomes for parents and children exposed to domestic violence	Haupoa Family Component	United States
Callaghan et al.	2019	Promoting resilience and agency in children and young people who have experienced domestic violence and abuse: The MPOWER intervention	MPOWER	United Kingdom
Campbell et al.	2022	A familial case study exploring the effects of a strengths-based camp intervention on children's self-perception	Camp HOPE	United States
Clark et al.	2021	Treating attention problems in children exposed to intimate partner violence: Evaluating the Preschool Kids' Club	PKC with MEP	United States
Crusto et al.	2008	Evaluation of a wraparound process for children exposed to family violence	Child FIRST	United States
Graham-Bermann et al.	2007	Community-based intervention for children exposed to intimate partner violence: An efficacy trial	Kids' Club with MEP	United States
Graham-Bermann et al.	2015	An efficacy trial of an intervention program for children exposed to intimate partner violence	PKC with MEP	United States
Günaydin & Zincir	2024	The effect of child-parent relationship therapy-based play support on parental stress and acceptance, and child behaviours in children who witness domestic violence: Randomized controlled study	Play support program based on CPRT	Turkey
Hasselle et al.	2024a	A randomized controlled trial examining the effect of Camp HOPE Tennessee on youth functioning: Results from a pilot study	Camp HOPE	United States
Hasselle et al.	2024b	Self-perception among children exposed to family violence: A pilot randomized controlled trial investigating the effectiveness of a strengths-based camp intervention	Camp HOPE	United States

Hellman & Gwinn	2017	Camp HOPE as an intervention for children exposed to domestic violence: A program evaluation of hope, and strength of character	Camp HOPE	United States
Howell et al.	2013	Fostering social competence in preschool children exposed to intimate partner violence: Evaluating the Preschool Kids' Club intervention	PKC with MEP	United States
Jouriles et al.	2009	Reducing conduct problems among children exposed to intimate partner violence: A randomized clinical trial examining effects of Project Support	Project Support	United States
Kang	2017	Supportive music and imagery with sandplay for child witnesses of domestic violence: A pilot study report	Supportive MI in addition to sandplay	Korea
Katz et al.	2020	An emotion coaching parenting intervention for families exposed to intimate partner violence	EC parenting intervention	United States
Lee et al.	2012	Evaluating the effectiveness of an intervention for children exposed to domestic violence: a preliminary program evaluation	Superheroes	United States
Louis & Reyes	2023	Cognitive self-compassion (CSC) online intervention program: A pilot study to enhance self-esteem of adolescents exposed to parental intimate partner violence	CSC Online Intervention Program	India
Malka	2021	Using Drawing Following a Story Technique for processing the child's exposure to intimate partner violence in a group intervention framework	DFST	Israel
Schubert	2022	Supporting children who experience domestic violence: Evaluating the Child Witness to Domestic Violence program	CWDV program	United States
Schultz et al.	2007	Equine-assisted psychotherapy: A mental health promotion/intervention modality for children who have experienced intra-family violence	EAP	United States
Waldman-Levi & Weintraub	2015	Efficacy of a crisis intervention on improving mother-child interaction and child's play functioning	FI-OP	Israel
Woollet et al.	2020	Trauma-informed art and play therapy: Pilot study outcomes for children and mothers in domestic violence shelters in the United States and South Africa	Trauma-informed art and play therapy	United States & South Africa