

Limited evidence on the effectiveness of psychosocial interventions to promote well-being among children exposed to intimate partner violence



It is largely unclear the extent to which psychosocial interventions promote well-being among children exposed to IPV, and under what circumstances.

What is the aim of this review?

This Campbell systematic review examines the effects of psychosocial interventions to promote well-being among children exposed to intimate partner violence. The review summarizes evidence from eight methodologically rigorous randomized controlled trials.

Children's exposure to intimate partner violence (IPV) is a significant public health and social justice concern with potentially severe and long-lasting effects. The extent to which psychosocial interventions promote well-being among children exposed to IPV, and under what circumstances, such as the modality and setting, is unclear.

What is this review about?

Exposure to IPV in childhood can have both short- and long-term negative impacts to health and well-being that persist across generations. There is therefore an increased interest in the development of intervention strategies to promote well-being following exposure. Over the last two decades, theory-driven psychosocial programmes serving children exposed to violence have been developed and established in a range of venues (e.g., school-based mental health clinics, outpatient psychotherapy settings). This review provides a synthesis of the state of this literature and implications for research and practice.

Specifically, the effectiveness of psychosocial interventions in improving total problems, externalising distress, internalising distress, interpersonal/social problems, and cognitive functioning are assessed. Variation in effects by intervention modality (e.g., individual, family-based) and setting of the intervention (e.g., home, outpatient clinic) are also examined.

What studies are included?

This review includes eight randomised controlled trials (RCTs), with a total of 924 participants.

The majority of studies were conducted in the USA, with one study each carried out in the Netherlands and India. The age range of target children varied, although all fell within the age range of 0 to 18 years.

Three of the studies recruited general populations of parents and/or children who had been exposed to IPV, without stated inclusion criteria around parent or child symptomatology or functioning.



How up-to-date is this review?

The review authors searched for studies up to April 2018.

What is the Campbell Collaboration?

Campbell is an international, voluntary, non-profit research network that publishes systematic reviews. We summarise and evaluate the quality of evidence about programmes in the social and behavioural sciences. Our aim is to help people make better choices and better policy decisions.

About this summary

This summary is based on the Campbell systematic review 'The promotion of well-being among children exposed to intimate partner violence: a systematic review of interventions' by Natasha E. Latzman, Cecilia Casanueva, Julia Brinton and Valerie L. Forman-Hoffman. Jacobs Foundation provided funding for this review.

Financial support from the American Institutes for Research for the production of this summary is gratefully acknowledged.



Four studies had more explicit inclusion requirements such as children with IPV-related post-traumatic stress disorder (PTSD) symptoms and fathers with alcohol dependence. Studies varied widely regarding the nature of IPV experienced by parents and witnessed or heard by children.

What are the main findings of this review?

Studies examined following outcomes: total problems, externalising distress, internalising distress, interpersonal/social problems, and cognitive functioning. However, differences in the specific measures used, interventions employed, and comparison groups limit the ability to synthesize findings.

Evidence from two studies suggests there is preliminary evidence that in-home intensive services (parent training and provision of emotional support to the parent) decreases child externalising behaviour among children who have been exposed to IPV and have clinical levels of behaviour problems. However, support for this evidence was only found immediately post-treatment and at an eight-month follow-up, but not at a four-month follow-up.

Intervention targeting the non-offending parent (mother) had the largest effect, followed by those that targeted the family together and, finally, the single study that targeted parent and child, separately.

Interventions conducted in the home had a larger effect compared to those conducted in an outpatient setting. However, these findings should be interpreted with great caution due to the heterogeneity in study characteristics such as the nature of the comparators.

Overall, it is largely unclear the extent to which psychosocial interventions promote well-being among children exposed to IPV, and under what circumstances.

What do the findings of the review mean?

The findings from this systematic review indicate that it is largely unclear the extent to which psychosocial interventions promote well-being among children exposed to IPV, and under what circumstances.

More rigorous evaluation of psychosocial interventions needs to be conducted using common outcomes across studies in order to draw conclusions. We suggest that in addition to increased rigour in evaluation design (such as efforts to minimise selection bias), researchers assess the nature of child exposure and multiple subtypes of IPV; this will help elucidate whether interventions are more or less effective depending on the IPV exposure context.