

| September 2022 | Systematic Review Protocol

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Review title

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| Institutional affiliation | Department for Social Policy and Intervention, University of Oxford |
| Principal Investigator | Professor Jane Barlow |
| Protocol Author(s) | Professor Jane Barlow, DSPI, University of Oxford Dr Anita Schrader McMillan, DSPI, University of Oxford |
| Contact details | Department of Social Policy and Intervention University of Oxford, 32 Wellington Square, Oxford OX1 2ER Professor Jane Barlow: jane.barlow@dspi.ox.ac.uk Dr Anita Schrader McMillan: anita.schradermcmillan@dspi.ox.ac.uk |
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Summary

Domestic abuse (DA) was the most common factor identified at the end of assessment for children in need in England between 2017 and 2018, on 31st March 2018, presenting in 51.1% of assessments (DfE, 2018). What Works in Children's Social Care has commissioned a systematic review of interventions for children exposed to DA and who are in receipt of Children's Social Care (CSC) services because of child protection concerns.

The aim of this review is to identify (i) the state of the evidence for interventions delivered by Social Care alone or in conjunction with other agencies that aim to improve outcomes for children exposed to domestic abuse (DA) and in receipt of CSC services because of child protection concerns; (ii) facilitators and barriers to implementing and evaluating domestic abuse interventions in children's social care (iii) organisation level factors that mediate or moderate the effectiveness of domestic abuse interventions in children's social care.

These questions will be addressed using a rapid review, which will draw on published and grey literature. The rapid review is being conducted between April and October 2022.

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Part 1) Rationale and question formulation

Rationale

The need to prevent and end domestic abuse (DA)¹ is a matter of urgent concern for Children's Social Care, to a great extent because of steadily growing evidence on the impact of DA on children's emotional, social and cognitive development, and their physical health. (Chan, and Yeung, 2009, Dong, 2004; Herrenkohl, 2008; Levendosky, 2003; Stanley, 2011; Schrader McMillan, Barlow, Stover and Rayns, 2016). Domestic violence was the most common factor identified at end of assessment for children in need in England between 2017 and 2018, , presenting in 51.1% of assessments (DfE, 2018).

A range of domestic abuse interventions have been developed over the last two decades, **with many aiming to improve outcomes for both parents and children** (e.g. BCCEWH, 2013; Howarth 2015, 2016; Guy, Feinstein, and Griffiths, 2014; Carter, 2018; Austin, Shanahan, Barrios and Macy, 2019; Edbrooke-Childs, Costa da Silva and Eldridge, 2020; Schrader McMillan and Barlow, 2019; Schrader McMillan, 2022), and reviews of such interventions have identified a number of effective ways of working with families in which a child is exposed to DA. However, these

¹Domestic abuse (DA) is defined by the Home Office (2013) as "any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. DA can encompass, but is not limited to psychological, physical, sexual, financial, and emotional abuse."

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf.

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| | <p>review are limited for a number of reasons:, i) the most recent review of targeted interventions for children exposed to domestic abuse was published five years ago (Howarth et al., 2016) or longer (Rizo et al., 2011) and this needs to be updated to include several newer interventions that have been developed in the UK; ii) these reviews also do not examine the facilitators and barriers to implementation and evaluation of domestic abuse interventions that can be delivered in children’s social care (i.e. other than describing 'experiences' of such services' – Horwath et al. 2016), and there are no existing evidence summaries of the mediators and moderators of intervention effectiveness.</p> |
| <p>Research question(s)</p> | <p>This study seeks to address the above gaps in the existing literature by using a rapid review method to answer the following questions:</p> <ol style="list-style-type: none"> 1. What is the state of the evidence on the effectiveness of different types of domestic violence interventions delivered by CSC alone or CSC in conjunction with other agencies that report on outcomes for children? 2. What are the facilitators and barriers to implementing and evaluating domestic abuse interventions in children's social care? 3. What are the mediators and moderators of domestic abuse interventions in CSC? <p>Question 1: To address this question, we will a) conduct a review of recent reviews to identify studies on the domestic violence interventions that measure outcomes for children with an allocated social worker; b) conduct a search of the published and unpublished (i.e., grey) literature for all primary studies that evaluate relevant interventions that have been published since 2013].</p> <p>Questions 2 and 3: To address these questions, we will (a) examine studies included in reviews that address Q1 for discussion of facilitators, barriers, mediators or moderators; b) conduct a search for primary studies, including process evaluations that explicitly address these issues in DA interventions for children with a social worker c) conduct an extensive search of the grey literature for relevant evaluations.</p> <p>Facilitators and barriers include but are not limited to: referral process, screening and assessment, and pre-intervention contact; engagement; structure and delivery; funding; organisational factors.</p> <p>Mediators and moderators include individual level factors (e.g. child and family characteristics) and contextual factors (location of the service, duration of the service, form of delivery) that could influence desired outcomes.</p> |

Part 2) Identifying relevant work

Search Strategy

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| <p>Electronic databases</p> | <p>Electronic databases PsycINFO, MEDLINE, Cumulative Index to Nursing and Allied Health Literature, EMBASE, Science Citation Index, ASSIA, Social Services Abstracts, Social Care Online, Sociological Abstracts, Social Science Citation Index and clinicaltrials.gov. We will search for systematic reviews within the Cochrane Library, PROSPERO, and the Joanna Briggs Institute.</p> |
| <p>Other sources</p> | <p>A search will be conducted to identify grey literature (e.g., evaluations, dissertations, and theses) that meets the inclusion criteria. Sources will include the Early Intervention Foundation (EIF), Google and Google Scholar, ProQuest Dissertations and Theses, Social Care Online, Social Science Research Network and the WHO ICTRP Search Portal. We will draw on keywords, references and organisations identified in existing reviews.</p> <p>Drawing on the expertise of our Advisory Group and the Early Intervention Foundation (EIF), we will also contact experts working in the field and conduct a web-based grey literature search of key organisations that will be contacted directly.</p> |
| <p>Key search terms</p> | <p>Our search terms will focus primarily on the intervention and the population. For some aspects of question 1, we also use terms for study type (e.g., Systematic review), and for questions 2 and 3, we will use additional terms (e.g., barriers, moderators, mediators). To increase the sensitivity of the search, we will not include outcome terms. Most terms will be searched for in the title, abstract and subject/keyword fields.</p> <p>Question 1 social services or community services or family preservation or outreach programs or protective services or social programs or child welfare or human services or social casework</p> <p>exp Perpetrators/ or exp Domestic Violence/ or exp Intimate Partner Violence/ or exp Battered Females</p> <p>adolesc* or preadolesc* or pre-adolesc* or boy* or girl* or child* or prenatal* or perinatal or postnatal or post-natal or baby or infant* or preschool* or juvenil* or minors or student* or teen* or young or youth</p> <p>intervention or practice model or treatment or program*</p> <p>quality or effective* or evaluat* or efficacy or success* or improv* or enabl* or chang*</p> <p>Questions 2 and 3 moderat* or mediat* or barrier* or obstacle* or enable*</p> |

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| | <p>train* or fund* or supervis* or management* or staff or worker or professional or clinic* or practitioner or facilitator</p> <p>Terms for study type (e.g. review or metaanalysis or meta-analysis) will be added in the final iteration of the search.</p> |
| Draft search strategy | Example: OVID PsycINFO 1806 to present 02/05/2022 |

| | | |
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| 1 | (social services or community services or family preservation or outreach programs or protective services or social programs or child welfare or human services or social casework).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word] | 73687 |
| 2 | exp Perpetrators/ or exp Domestic Violence/ or exp Intimate Partner Violence/ or exp Battered Females/ | 50519 |
| 3 | (adolesc* or preadolesc* or pre-adolesc* or boy* or girl* or child* or prenatal* or perinatal or postnatal or post-natal or baby or infant* or preschool* or juvenil* or minors or student* or teen* or young or youth).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word] | 1911965 |
| 4 | (intervention or practi\$e model or treatment or program*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word] | 1260176 |
| 5 | (quality or effective* or evaluat* or efficacy or success* or improv* or enabl* or chang*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word] | 2214776 |
| 6 | limit 5 to yr="2012 -Current" | 987738 |
| 7 | (systematic review or review of reviews or metaanalysis or meta-analysis).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word] | 64703 |
| 8 | (moderat* or mediat* or barrier* or obstacle* or enable*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word] | 578232 |
| 9 | (train* or fund* or supervis* or management* or staff or worker or professional or clinic* or practitioner or facilitator).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word] | 1566931 |
| 10 | 1 and 2 and 3 and 4 and 5 and 6 | 153 |
| 11 | 7 and 10 | 7 |
| 12 | 8 and 10 | 36 |
| 13 | 9 and 10 | 62 |

Study selection criteria

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| <p style="text-align: center;">Inclusion criteria</p> | <p>Population: Children of any age (>=18 years) about whom there are child protection concerns and therefore have a social worker and these children's parents or caregivers. Practitioners, project managers and other key stakeholders within, or linked to, Children's Social Care.</p> <p>Intervention: Interventions whose primary goal is to improve outcomes for children exposed to DV either directly, by working with the child or indirectly, by working with the parents or caregivers AND that are delivered by Children's Social Care Services alone or in collaboration with other agencies. Studies that have evaluated intermediary factors (facilitators, barriers, mediators, and moderators) associated with the effectiveness and sustainability of the intervention.</p> <p>Comparator: Studies with and without a comparator will be included.</p> <p>Outcomes: Question 1: Impact of interventions Outcomes are likely to be specific to children by age and by Social Care safeguarding status of children. Indicators include (i) children's emotional, physical and social well-being, and cognitive and educational milestones. (ii) social care status pre and post-intervention; (iii) exposure of children to DA and compounded risk (e.g., parental substance abuse); (iv) behavioural change of perpetrators of DA ; (v) mental health and wellbeing of adults; (vi) parenting or co-parenting.</p> <p>Questions 2 and 3: <i>Facilitators and barriers</i> include but are not limited to: the referral process, screening and assessment, and pre-intervention contact; engagement; structure and delivery; organisational factors.</p> <p><i>Mediators and moderators</i> include individual level (e.g. child and family characteristics) and contextual factors (location of the service, duration of the service, form of delivery) that could influence the desired outcomes.</p> <p>Other outcomes reported specific to the study, such as findings on the cost-benefits of the intervention.</p> <p>Where reporting on data is incomplete the authors of the original study will be contacted,</p> |
| <p style="text-align: center;">Exclusion criteria</p> | <p>Population: Children and families in the general population, i.e. who are not on or above the threshold for statutory Children's Services. Practitioners and other stakeholders who deliver DA services that are independent of Children's Social Care.</p> <p>Intervention: Interventions for DA that do not report on child outcomes. interventions that were not delivered by, or not delivered in conjunction with, Social Care. Interventions that are</p> |

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| | <p>primarily designed to address other forms of DA² not perpetrated by parents or primary caregivers, such as teenage relationship violence or child/adolescent to parent violence and abuse.</p> <p>Study type: Commentaries, narrative reviews, case studies, book reviews, book chapters, conference proceedings, opinion pieces, best practice guidance. Interventions conducted outside the UK, the European Union, North America, Australia, and New Zealand.</p> <p>Language: Studies without an abstract in the English language.</p> |
| <p>Process of study selection</p> | <p>After removal of duplicates, titles and abstracts will be screened by ASM. Following removal of ineligible papers, full papers will be screened separately by two reviewers (ASM; JB) to identify the final sample. Any discrepancies will be discussed with one member of the Advisory Group.</p> |

Study records

| <p>Data collection</p> | <p>Data will be extracted using a pre-designed proforma. This will include the following data: country, features of study design, implementing agency, target populations, aims of the intervention, outcomes measured, design of service (including the structure of the service, staff training, supervision, management and coaching), data with regard to benefits and adverse effects, moderators and mediators, and where available, cost.</p> <p>Risks to the work and suggested mitigations</p> <table border="1"> <thead> <tr> <th data-bbox="507 1099 855 1162">Risk</th> <th data-bbox="855 1099 1027 1162">Likelihood</th> <th data-bbox="1027 1099 1382 1162">Mitigation</th> </tr> </thead> <tbody> <tr> <td data-bbox="507 1162 855 1458"> <p>Limited published or unpublished evidence regarding barriers; mediators and moderators of outcome.</p> </td> <td data-bbox="855 1162 1027 1458"> <p>Medium</p> </td> <td data-bbox="1027 1162 1382 1458"> <p>We will expand the search to include barriers to similar services in Children’s Social Care or DV services more widely to see if there is evidence that might be transferable.</p> </td> </tr> <tr> <td data-bbox="507 1458 855 1821"> <p>Limited evidence regarding barriers to evaluation.</p> </td> <td data-bbox="855 1458 1027 1821"> <p>High</p> </td> <td data-bbox="1027 1458 1382 1821"> <p>We have extensive experience in evaluating interventions in children’s social care (e.g., Barlow et al., 2018) and will draw on the expertise of the Advisory Group and contact authors of relevant studies for further information.</p> </td> </tr> </tbody> </table> | Risk | Likelihood | Mitigation | <p>Limited published or unpublished evidence regarding barriers; mediators and moderators of outcome.</p> | <p>Medium</p> | <p>We will expand the search to include barriers to similar services in Children’s Social Care or DV services more widely to see if there is evidence that might be transferable.</p> | <p>Limited evidence regarding barriers to evaluation.</p> | <p>High</p> | <p>We have extensive experience in evaluating interventions in children’s social care (e.g., Barlow et al., 2018) and will draw on the expertise of the Advisory Group and contact authors of relevant studies for further information.</p> |
|---|--|---|------------|------------|---|---------------|---|---|-------------|---|
| Risk | Likelihood | Mitigation | | | | | | | | |
| <p>Limited published or unpublished evidence regarding barriers; mediators and moderators of outcome.</p> | <p>Medium</p> | <p>We will expand the search to include barriers to similar services in Children’s Social Care or DV services more widely to see if there is evidence that might be transferable.</p> | | | | | | | | |
| <p>Limited evidence regarding barriers to evaluation.</p> | <p>High</p> | <p>We have extensive experience in evaluating interventions in children’s social care (e.g., Barlow et al., 2018) and will draw on the expertise of the Advisory Group and contact authors of relevant studies for further information.</p> | | | | | | | | |

² Teenage relationship violence and C/APVA are encompassed by the Home Office (2013) definition of DA, but the focus of this review is on violence between parents or primary caregivers.

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| Data management process | A shared folder and encrypted storage and file sharing system will be set up for this project. A record of all database searches carried out will be stored in this folder. Citation records from searches will be imported into Covidence (specialist software for collaborative reviews) for abstract screening. Full-text documents will be kept in pdf format and the decision on final screening for inclusion will be recorded in Covidence. |
| Data items | The following information will be obtained: study design, study outcomes, sample size, location, study timeframe, study population, population demographics, intervention details, comparators, and outcomes (reported results). Principal thematic categories will also be collected for qualitative studies that address Question 3. |
| Outcomes and prioritisation | Outcomes will be organised under the three priority areas for WWCS ³ : <ol style="list-style-type: none"> 1. Children’s and young people’s outcomes 2. Parent, carer, and family outcomes 3. Organisational factors that impact on outcomes and sustainability of the intervention. |

Part 3) Risk of bias assessment

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| Risk of bias assessment criteria | Study design will be used as a proxy measure of quality in the first instance. The evidence will be organised using the EIF Evidence categories (<u>EIF evidence standards EIF Guidebook</u>). |
| Purpose of risk of bias assessment | Risk of bias assessments will be used to assess the rigour of the included studies for question 1, and will inform the strength of any recommendations made. |

Part 4) Summarising the evidence

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| Data synthesis | <p>A narrative synthesis of the findings for each question will be provided.</p> <p>Question 1 and 3: We will provide a summary of the state of the evidence describing in detail the programme (i.e., who delivers; frequency; location etc.) and the evaluation (i.e., the study design, which will also be used as a proxy for quality; outcome measures used; evidence of impact); moderators and mediators that have been assessed.</p> <p>If statistical meta-analysis is possible, studies will be combined using a fixed-effects model to give relative risks with 95% CIs for binary outcomes and weighted or standardised mean differences</p> |
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³ <https://whatworks-csc.org.uk/research/outcomes-framework-for-research/>

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| | <p>with 95% CIs for continuous outcomes. Statistical heterogeneity would be examined using the chi-square and I-square statistics, with a chi-square p-value of >0.1 or a I-square value of >50% indicating statistical heterogeneity, in which case a random-effects model would be used to combine data.</p> <p>We will also provide a summary of the evidence on moderators and mediators of outcome.</p> <p>Question 2: We will also provide a detailed description of what is currently known about facilitators and barriers to the successful delivery of DV services within Children's Social Care, providing examples of successful models of working.</p> |
| Meta-bias(es) | If there are enough studies to conduct a meta-analysis, an assessment of publication bias will be undertaken. |
| Confidence in cumulative evidence | A GRADE assessment will be conducted if a meta-analysis is conducted. If a qualitative meta-synthesis is undertaken CerQUAL will be used |
| Reporting and interpreting findings | The findings will be written up in a report using a pre-specified review template. It will include an overview of the area, an account of methods and results, strengths and limitations of the review process and evidence base, as well as a discussion of the implications of findings for practice, policy, and research. |

Registration

The review has been registered with the OSF on 28/04/2022. Registration link: <https://osf.io/w6bvm/>

Personnel

Research team:

Professor Barlow and Dr Schrader-McMillan have extensive experience in conducting rapid reviews (on children exposed to DA see, for example, Schrader McMillan and Barlow, 2018; Axford et al., 2015; Axford et al., 2014). In addition, both have been involved in evaluating interventions for DA delivered by, or with the support of, CSC, including Parents under Pressure; Steps to Safety; Inner Strength and SafeCORE (see McConnell et al., 2020; Schrader McMillan and Barlow, 2019; Schrader McMillan and Rayns, 2021; Schrader McMillan, 2022). These evaluations include identification of aspects of the intervention, such as screening, assessment, organisation of the workforce, supervision and training that help or hinder or achieve change in participants and families.

Advisory Group:

An expert Advisory Group has been convened in conjunction with WWCS. This group will meet twice, to agree on the brief and when the preliminary results are available. Members of the Advisory Group have robust experience in either (i) designing, delivering, or evaluating interventions for adults who perpetrate or survivors of DA and children exposed to DA ; or (ii) implementing or evaluating complex interventions delivered within the context of Children's Social Care.

Timeline

| Dates | Activity | Staff responsible/ leading |
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| April | Finalisation of the protocol including, agreeing and inviting Advisory Group; development and piloting of data extraction files. | ASM, JB |
| April/May | First meeting of the AG Searching of electronic databases and grey literature; selection of studies | ASM, JB |
| May | Data extraction | ASM |
| June | Drafting of study tables; Second consultation with Advisory Group | ASM, JB |
| July | Report writing | ASM, JB |
| August | Submission of the draft report and peer review. | ASM |
| September | Revisions to report and final submission | ASM, JB |

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