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SELECTING AND VALIDATING OUTCOME MEASURES FOR THE DOMESTIC VIOLENCE AND ABUSE CORE OUTCOME SET (DVA-COS)

Work Package 1: Identifying outcome measures

Foundations
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About Foundations, the national What Works Centre for Children & Families

Foundations, the national What Works Centre for Children & Families, believes all children should have the foundational relationships they need to thrive in life. By researching and evaluating the effectiveness of family support services and interventions, we're generating the actionable evidence needed to improve them, so more vulnerable children can live safely and happily at home with the foundations they need to reach their full potential.

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ABBREVIATIONS & ACRONYMS

Abbreviation/acronym/term	Description
CADA	Children Affected by Domestic Abuse
CAFADA	Children and Families Affected by Domestic Abuse
COS	Core Outcome Set
COSMIN	COnsensus-based Standards for the selection of health Measurement INstruments
DAC	Domestic Abuse Commissioner
DVA	Domestic Violence and Abuse
DVA-COS	Domestic Violence and Abuse Core Outcome Set
OMI	Outcome Measurement Instrument
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews
SWEMWBS	Short Warwick–Edinburgh Mental Wellbeing Scale
WEMWBS	Warwick–Edinburgh Mental Wellbeing Scale

CONTENTS

EXECUTIVE SUMMARY

Background

The domestic violence and abuse core outcome set (DVA-COS) is an agreed set of five outcomes intended for use in evaluating interventions for children and their families with experience of domestic abuse. The purpose of a core outcome set is to harmonise outcome measurement, helping to reduce variation in outcome selection and measurement across studies, with the aim of preventing research waste. This minimum, but not exclusive, set of outcomes also aims to ensure interventions capture impact meaningful to all stakeholders, whether through routine data collection within domestic abuse services or as outcomes in trials and research evaluations. Since the development of the DVA-COS, work has been undertaken to consolidate and validate outcome measurement instruments (OMIs) to use within the core outcome set. The work reported here builds on and extends these efforts (Powell, Clark, et al., 2022; Powell, Feder, et al., 2022).

Aims

Foundations, the national What Works Centre for Children & Families, commissioned a programme of work, comprised of two work packages, to develop and validate OMIs for use in the DVA-COS. This report focuses on work package 1, which sought to identify and appraise measurement tools, using the COnsensus-based Standards for the selection of health Measurement INstruments (COSMIN) Process, to assess three of the five core outcomes of the DVA-COS: *family relationships*, *feelings of safety,* and *freedom to go about daily life*. Work package 2 sought to validate the Short Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS) for use with child and young people populations with experience of domestic abuse and is reported separately.

Methods

To meet the aim of work package 1, this project adopted a four-stage process. Within stage A, OMIs were identified through rapid reviews of the domestic abuse literature (peer-reviewed and grey) and through targeted searches of the non-domestic abuse literature; these searches were informed by concept workshops with 15 key stakeholders to highlight priority concepts within the outcomes. In stage B, candidate OMIs and their associated studies were quality appraised, using the COSMIN protocol, and the highest-scoring tools were shortlisted for assessment of their acceptability and feasibility. Feedback workshops and stakeholder votes, held within stage C, determined which tools should proceed to the consensus workshop. Concluding this process (stage D), a consensus workshop was held with 29 domestic abuse practitioners, commissioners, researchers, and survivors to allow stakeholders to discuss and reach agreement on recommending OMIs for the three outcomes.

Key findings

In total 144 OMIs were identified across all evidence sources and from previous work. A systematic process of conceptual mapping, quality appraisal, and examination of acceptability and feasibility issues resulted in a shortlist of 18 OMIs (seven OMIs mapping to *family relationships*, six mapping to *feelings of safety*, and five capturing *freedom to go about daily life*) for discussion by three stakeholder groups. Of these, eight OMIs (three OMIs for *family relationships*, three for *feelings of safety*, and two for *freedom to go about daily life*) progressed to the final consensus workshop.

Votes held during the consensus workshop identified the Children and Families Against Domestic Abuse (CAFADA) Wellbeing and Safety as the preferred OMI to assess two outcomes: *family relationships* (81.5%) and *feelings of safety* (74.1%). A provisional recommendation for use of this tool was agreed, given that it was recently developed and so it lacks psychometric validation. Therefore it is recommended that before widespread use, this OMI is subject to further adaptation and evaluation in cooperation with the tool developers. In particular, thought is needed about the tool's suitability for a wider range of interventions, including those supporting perinatal families or services including the person that harms.

No agreement, and therefore no recommendation, was reached for an OMI capturing *freedom to go about daily life*.

Feedback from the consensus workshop highlighted a range of positive attributes that explained the CAFADA Wellbeing and Safety's high acceptability for use within domestic abuse contexts, such as visually appealing design, trauma-informed and strengths-based language, and the complementary adult and child versions. The consensus workshop also highlighted key areas of development such as removing gendered language, being inclusive of non-traditional family structures, and being accessible to children of different ages or cognitive maturity.

Conclusion

This work makes important strides towards the realisation of a DVA-COS. It establishes a consensus with respect to the provisional recommendation for use of the CAFADA Wellbeing and Safety scale, in research and practice contexts, to assess *feelings of safety* and *family relationships*. This provisional recommendation is dependent on further work being carried out to refine the tool and to evaluate its implementation in real-world contexts and in relation to different types of child- and family-focused interventions. The not insignificant challenges of implementing a core outcome set are discussed, including the importance of creating trauma-informed guidance to ensure the DVA-COS adopts a care-first approach and to mitigate any unintended consequences.

BACKGROUND

Domestic abuse is common and can have long-term health and wellbeing consequences for children and their families (Evans et al., 2008; Vu et al., 2016; Walker-Descartes et al., 2021). In 2023, over 800,000 children and over 450,000 adults in England and Wales experienced domestic abuse (Foundations, 2023).

Children can be deeply affected by domestic abuse even without experiencing direct physical harm or witnessing abuse firsthand. Simply knowing that a trusted caregiver is experiencing domestic abuse can cause significant stress. Exposure to domestic abuse is increasingly recognised as a form of maltreatment, either as a form of emotional abuse or as a separate category of maltreatment (Callaghan et al., 2018; Holden, 2003; Katz et al., 2020; Lawson, 2019; Macmillan et al., 2009).

Children exposed to domestic abuse are two to four times more likely to experience significant mental health issues, including anxiety, depression, aggression, and trauma symptoms (Kitzmann et al., 2003). Even where difficulties do not meet diagnostic criteria, they can cause substantial distress and impairment. Early adjustment difficulties, particularly behaviour problems, partly mediate the link between childhood domestic abuse exposure and negative adult outcomes (Dargis and Koenigs, 2017; Springer et al., 2003).

In 2021, the UK introduced a landmark Domestic Abuse Act (Domestic Abuse Act, 2021) that recognised children as primary victims of domestic abuse who may require support (Carlisle et al., 2024), thus increasing the policy imperative to offer acceptable and effective interventions. However, the evidence for effective interventions that aim to address the impact on children and their families is limited (Allen et al., 2022; Howarth et al., 2016; Latzman et al., 2019). The usefulness of existing evidence is in part restricted by the variety of outcomes measured and the range of outcome measurement instruments (OMIs) used in the context of evaluative research, which makes it difficult to compare interventions or to synthesise findings across studies (Howarth et al., 2016). Systematic reviews repeatedly highlight these challenges and recommend greater consistency in outcome measurement and reporting (Hameed et al., 2020; Livings et al., 2023; Weeks et al., 2024).

Outcome priorities and core outcome sets

Decisions about *which* outcomes to measure in the first place tend to be driven by researchers, based on their own research interests and what is currently measurable, while overlooking outcomes of importance to children and families (Bunce et al., 2023; Howarth et al., 2015; Johnson and Stylianou, 2022; Keeley et al., 2016).

The authors' previous work demonstrates there are notable differences in the outcomes prioritised by different stakeholder groups, with researchers emphasising health-related outcomes and parents and practitioners prioritising a broader set of functional and relationship-orientated outcomes (Howarth et al., 2015; Powell et al., 2023). Randomised controlled trials most frequently evaluate changes in children's mental health symptoms and disorders (Howarth et al., 2016;

Lorenc et al., 2020), and therefore do not adequately capture these broader concepts of success. This means that those outcomes selected to quantify an intervention's success may not be relevant to service users, providers, and commissioners, potentially reducing the uptake of evidence, and ultimately resulting in research wastage (Chalmers and Glasziou, 2009). This mismatch has also been noted in other fields of research such as child mental health and neurodisability (Cohn et al., 2000; Hoagwood et al., 2012; Morris et al., 2014).

One way to address the challenge of outcome priority and diversity is to develop a core outcome set (COS) – a small number of outcomes that service users/survivors, practitioners/service providers, commissioners, policy makers, and researchers agree are the most important to be measured in academic research and programme evaluation (Williamson et al., 2012, 2017). Widespread use of a COS can improve the quality of evidence by increasing consistent measurement of outcomes and reducing reporting bias (Kirkham et al., 2013). That said, there are legitimate concerns that use of a COS may lead to negative impacts such as a potential reduction in methodological plurality, given that standardisation may inadvertently limit diverse approaches to outcome measurement, as well as a stifling of intervention innovation (Power et al., 2024). To date there has been little evaluation of unintended consequences associated with COS implementation. This warrants further exploration, although is outside the scope of the current project.

Funded by the National Institute for Health and Care Research via the Children and Families Policy Research Unit, in 2019 the authors of this report adapted core outcome methodology to develop a COS for use in evaluating targeted psychosocial interventions aimed at improving outcomes for children exposed to domestic abuse. In the UK, domestic abuse intervention research, whether carried out externally by university researchers or internally by practitioners, is undertaken in partnership with operational services supporting families and children. Thus, we were clear from the outset the COS had to apply to both research and practice contexts and, for the reasons outlined above, could not solely draw on what is measured in trials. With this in mind we carried out an adapted COS methodology process including reviews of the grey and qualitative literature, qualitative interviews, and an e-Delphi survey[1] approach that centred the views of survivors (Howarth et al., 2024; Powell et al., 2025; Powell, Feder, et al., 2022).

Following a two-year consensus process involving over 300 survivors of domestic abuse, practitioners, and researchers we identified five outcomes to be included in the COS: 1) *child emotional health and wellbeing*; 2) *feelings of safety*; 3) *caregiver emotional health and wellbeing*; 4) *family relationships*; 5) *freedom to go about daily life* (Howarth et al., 2021; Powell et al., 2023, 2025; Powell, Feder, et al., 2022). The outcome set represents a minimum measurement standard for quantitative evaluation of child-focused domestic abuse interventions (Krause et al., 2021). The expectation is that these outcomes would be reported in trials and practice-based evaluations, and where certain outcomes are not considered relevant to a particular intervention, the rationale for not measuring these would be reported.

It is worth reflecting on some salient lines of argument that developed through the study, which provide context to why some outcomes were selected, often over other more commonly used and

[1] An e-Delphi survey is a method used to reach a consensus among experts (Msibi et al., 2018)

easily measurable outcomes. We observed, and participants clearly stated, a preference across stakeholder groups for strengths-based outcomes such as wellbeing, rather than deficit-focused outcomes such as mental health diagnoses. This finding aligns with those of other research groups exploring measurement preferences and consensus with respect to vulnerable groups (Jacobs et al., 2024). Discussions also highlighted that while standard risk assessments and checklists (which characterise the type and severity of abuse and attempt to quantify the likelihood of reoccurrence) are central to domestic abuse service provision (Bunce et al., 2023; Gómez-Fernández et al., 2019), survivor *feelings of safety* was considered a more appropriate intervention outcome. This outcome privileges adults' and children's perspectives and is more likely to be sensitive to change, especially as risk tools often include static factors that do not change over the course of an intervention. This is echoed by a recent review of the effectiveness of domestic and sexual abuse interventions in the UK, which highlighted perceptions of safety as an important, although missing, outcome for the way in which the impact of specialist domestic abuse and sexual violence interventions is assessed (Carlisle et al., 2024). Similarly, there was a preference for *family relationships* rather than an exclusive focus on mother–child relationships, as this was seen as more inclusive of diverse family structures and allowed capture of a broader range of relationships.

Overall, we found that outcomes commonly assessed in trials (e.g. internalising symptoms and externalising behaviours) were rejected throughout the process, and often by all stakeholder groups. In fact, the final outcome set was primarily composed of outcomes identified during stakeholder discussions or through reviews of qualitative and grey literature (Powell et al., 2023). This lent weight to the argument that the value or success of services and interventions that aim to improve the lives of the public should be defined around outcomes that matter to the people using these services.

Principles for measuring outcomes within the DVA-COS

Despite the promise of COSs for improving evidence quality, much of their potential impact has not yet been realised; studies show use in trials and systematic reviews to be low (Hughes et al., 2022; Williamson et al., 2022). One of the key barriers to COS uptake is a lack of guidance on *how* to measure outcomes. Therefore, for the DVA-COS, or any other COS, to make a material impact on the quality of evidence on effectiveness, it is critical to identify OMIs that can be used to assess outcomes in the context of research and evaluation. Published guidance sets out a standardised process by which OMIs for outcomes included in a COS should be selected (Prinsen et al., 2016).

Nevertheless, a number of reviews have highlighted a lack of well-validated tools designed or validated for use in the domestic abuse field (O'Doherty et al., 2014), with the greatest number of tools tending to focus on the measurement of domestic abuse itself (e.g. types of abusive behaviour, severity, cessation), rather than on broader outcomes such as wellbeing (Carlisle et al., 2024, 2025). The same can also be said of adjacent literatures such as child maltreatment (Fallon et al., 2010; Georgieva et al., 2023; Saini et al., 2019). The extensive criticisms of these tools centre on limited evidence determining their psychometric properties, acceptability, and feasibility. Where outcomes such as safety are measured, this tends to be operationalised in terms of safety

behaviours (e.g. making a safety plan) rather than survivor perceptions of safety (Yakubovich et al., 2022). Studies that have attempted to measure perceptions of safety have developed bespoke measurement tools, such as Roadmap (Allen et al., 2021), which naturally have not been widely validated before use.

It is of course common practice for researchers and evaluators to use OMIs that have been developed and used in adjacent fields of research. However, it is essential that consideration is given to the acceptability of these tools for use with any new population, with some arguing that greater weight should be given to acceptability relative to a tool's psychometric credentials (Krause et al., 2021; McCrae and Brown, 2018). Several studies find that children and young people, adults, and practitioners prefer strengths-based tools to measure outcomes such as mental wellbeing and mental health (Jacobs et al., 2024; Powell, Clark, et al., 2022; Power et al., 2024), although most tools used are still deficit/diagnosis focused. Respondents from vulnerable groups report it can feel reductive and frustrating if measurement tools do not capture information that is deemed to offer important context to scores on measures or in relation to complex outcomes, such as family relationships and mental health (Barter et al., forthcoming; Jacobs et al., 2024; Powell, Clark, et al., 2022; Power et al., 2024). The authors' earlier work found that both practitioners and survivors preferred strengths-based tools with the possibility of adding free text so that nuance was captured, and numerical scores understood in context (Powell, Clark, et al., 2022).

Jacobs et al. (2024) reviewed mental health measures for care-experienced young people, emphasising the need for questions about family life and relationships to reflect their diverse experiences. Many may have faced multiple placements, family conflict, or an unclear sense of 'family'. Research by Frederick, Spratt, and Devaney (2023) highlights that significant relationships may extend beyond family to teachers, coaches, or friends. To be more inclusive, assessments should allow young people to identify the key people they trust in their lives. There are also important practical considerations, including the length and cost of tools. In this vein, a study to establish international consensus on a standard set of outcome measures for child and youth anxiety, depression, obsessive-compulsive disorder, and post-traumatic stress disorder prioritised brief and freely available instruments which were less widely validated, so hoped the set would encourage validation and new psychometric data. This approach has been used by others seeking to identify OMIs for use as part of a shared measurement system (Deighton et al., 2014; Krause et al., 2021).

Bridging the gap: the current study

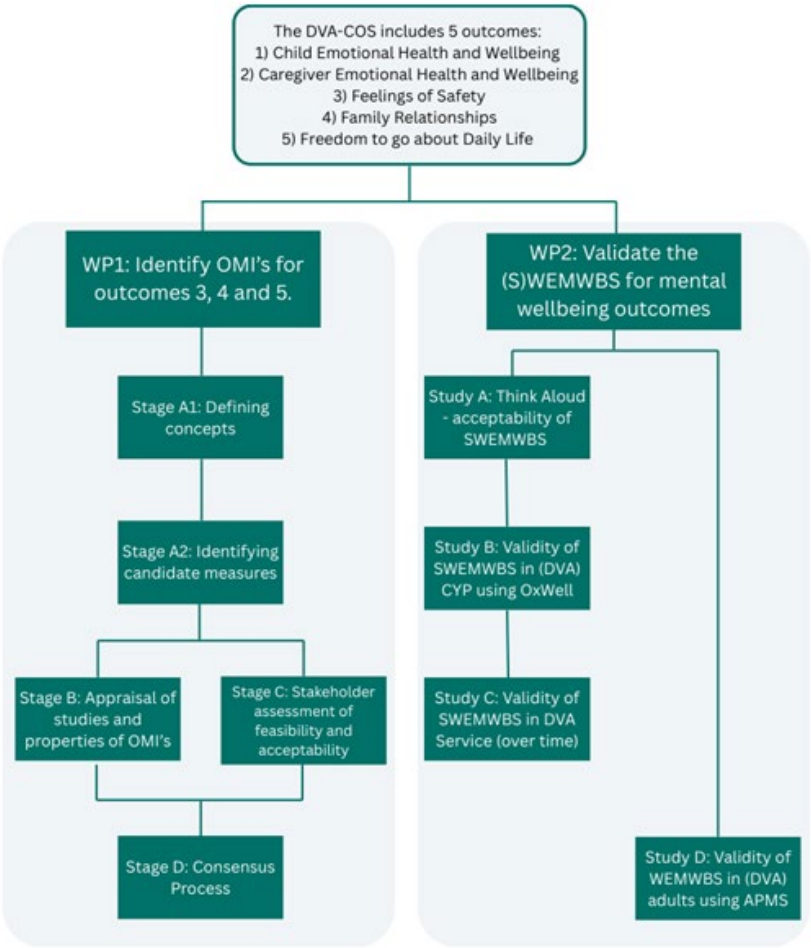
While the development of a COS for evaluating domestic abuse interventions represents a significant step forward, its impact is contingent on the availability of appropriate OMIs. Without standardised and validated tools to assess these outcomes, research findings remain difficult to compare, limiting their usefulness for policy and practice. Despite growing recognition of this issue, there remains a lack of well-validated measures specifically designed for the domestic abuse field, with existing tools often focusing on deficit-based assessments or being drawn from adjacent disciplines without adequate consideration of their relevance to this population.

This study, funded by Foundations, the national What Works Centre for Children & Families, sought to consolidate and build on the authors' previous work, outlined above, to identify and

validate OMIs with which to measure the DVA-COS (Barter et al., forthcoming; Powell, Clark, et al., 2022; Powell, Feder, et al., 2022; Prinsen et al., 2014). The original DVA-COS outcomes were identified through a two-year consensus process involving a review of systematic reviews of trials, reviews of the qualitative and grey literature, and stakeholder workshops, followed by a three-round e-Delphi survey involving survivors, practitioners, and researchers (Powell, Feder, et al., 2022). A follow-up study identified the Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS) as acceptable to survivors, practitioners, and researchers for the two wellbeing outcomes (Powell, Clark, et al., 2022).

Building on this foundation, the current study was comprised of two work packages, as shown in figure 1.

Figure 1. Flowchart for work packages 1 and 2 (go to accessibility text)



Work package 1 aimed to identify OMIs to measure the remaining three outcomes comprising the COS: *feelings of safety*, *family relationships,* and *freedom to go about daily life*. Specific objectives were to: 1) develop the definitions of the remaining three outcomes; 2) complete an updated review to identify candidate OMIs; 3) assess OMI quality and accessibility following

COSMIN processes; 4) carry out a consensus process to provide recommendations on OMIs for the remaining three outcomes in the DVA-COS; 5) offer initial consultation on how the DVA-COS should be measured.

Work package 2 aimed to validate the Short Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS) for use with children and young people who have experienced any and recent domestic abuse. The results of work package 2 will be reported separately.

METHODS

Work package 1 was undertaken in four stages: A) defining concepts and identifying candidate measures; B) quality appraisal of studies and properties of OMIs; C) stakeholder assessment of feasibility and acceptability; D) consensus process (see figure 2 below). The study followed features of Tricco et al.'s (2017) rapid methodology, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA) (Tricco et al., 2018), and the COS consensus process (Gagnier et al., 2021). The full protocol is available on the Foundations website.[2]

Figure 2. Study stages for work package 1 (go to accessibility text)

Stage A. Defining concepts and identifying candidate measures

The purpose of this stage was to identify candidate measurement tools that mapped against the outcomes of interest – *feelings of safety*, *family relationships*, and *freedom to go about daily life*. This stage also aimed to refine the definition of each outcome based on stakeholder feedback about the most important facets that should be captured by measurement tools. Conceptualising outcomes, through agreed definitions, is important when developing a COS to ensure that OMIs

[2] See: https://foundations.org.uk/our-work/current-projects/developing-outcome-measures-domestic-abuse-core-outcome-set

capture subdomains of importance to all stakeholders (Mokkink et al., 2016; Prinsen et al., 2016). Involving survivors in the conceptualisation process maximises their understanding of the outcomes and the OMIs discussed and strengthens their ability to contribute to the consensus decision (Dodd et al., 2023).

A1. Evidence reviews

For the present study we conducted a series of rapid systematic reviews of the academic and grey literature to identify measurement tools that may map onto these three core outcomes. These reviews served to update systematic rapid reviews conducted in previous iterations of this work (Clark et al., 2023; Powell, Clark, et al., 2022; Powell, Feder, et al., 2022).

In this previous work we reviewed systematic reviews of experimental and quasi-experimental family- or child-focused domestic abuse intervention studies, primary qualitative studies of experiences of interventions or desired outcomes by families with experience of domestic abuse, and UK-based grey literature reporting service evaluations and consultations around outcomes in the domestic abuse field. We extracted details of all outcomes and OMIs reported (Howarth et al., 2021; Powell, Feder, et al., 2022). We also carried out additional searches for measurement tools used in domestic abuse practice in the UK by screening domestic abuse organisation websites, searching grey literature databases, carrying out a call for evidence survey, and following up on expert recommendations (Powell, Clark, et al., 2022).

Details of these OMIs compiled during the development of the COS were shared with the Children Affected by Domestic Abuse (CADA) research team, who were seeking to undertake a rapid process to identify OMIs for the purpose of a Home Office-commissioned evaluation of domestic abuse services (Barter et al., forthcoming). The team identified additional tools through consultations with the project's delivery services. Owing to the limited number of measures nominated, a series of rapid reviews of literature were undertaken by the CADA team. These searched databases from January 2019 to March 2023 and were conducted for each of the three outcomes. Searches were conducted in Cochrane,[3] Trip,[4] and Google Scholar.[5] Further hand searches were completed on the World Health Organization's (WHO's) repository of tools and toolkits[6] as well as the Youth Endowment Fund's database[7] (Barter et al., forthcoming). Any newly identified OMIs were added to the longlist, which was shared with the current project team.

For the current project we consolidated and updated these searches by reviewing systematic reviews of experimental and quasi-experimental family- and child-focused domestic abuse intervention studies published since 2019 (updating the searches undertaken for the COS development study) and by searching UK-based grey literature since the Home Office practice-

[3] See: www.cochrane.org
[4] See: www.tripdatabase.com
[5] See: scholar.google.co.uk
[6] See: www.who.int/tools
[7] See: youthendowmentfund.org.uk/outcomes

based review. This was to ensure we had not missed any OMIs developed or used since these earlier reviews.

A1.1. Rapid review of reviews

We carried out a review of systematic reviews for domestic abuse, updating our previous reviews. We searched Cochrane Library[8], Embase[9], Medline[10], PsycInfo[11], and Web of Science[12] databases from May 2019 to July 2024. We used search terms for domestic abuse and systematic reviews to identify systematic reviews of intervention trials. From these we extracted all OMIs used (see Appendix 1 for eligibility criteria, Appendix 2 for search strategy, and Appendix 3 for the review flow chart).

At the title and abstract screening stage, 5% of exclusions were double screened as a consistency check. At full text screening stage, 17% of exclusions were double screened. At both stages, any discrepancies were discussed and resolved by the research team. Study details and outcome measures were extracted by two researchers. Outcome measures were cross-checked against a longlist of candidate tools identified in earlier work (Barter et al., forthcoming; Powell, Clark, et al., 2022) and added if not already included. The team assessed each tool's relevance to the three core outcomes by deciding whether one or more items captured any aspect of *feelings of safety*, *family relationships,* or *freedom to go about daily life*.

A1.2. Rapid review of grey literature

We reviewed websites of relevant domestic abuse organisations to extract grey literature (see Appendix 4 for eligibility criteria). As this was an update to a previous search, we screened reports published since 2021. We used search terms for measurement and outcomes to identify evaluations and we hand-searched publication pages of websites. In August 2024 two researchers searched 72 websites based on recommendations from stakeholders, our advisory groups, and previous work (see Appendix 5 for list of websites and Appendix 6 for search terms used). As with the review of reviews, the team assessed each tool's relevance to the three core outcomes.

A1.3. Call for evidence

We developed and distributed a 'call for evidence' survey to garner recommendations of measurement tools from experts in the field; this survey was published from 19 August until 16 September 2024. We shared the survey through University of Sussex's social media platforms and the team's research and practice networks. Any recommended tools were assessed for relevance to the three core outcomes.

[8] See: https://www.cochranelibrary.com
[9] See: https://www.embase.com
[10] See: https://www.nlm.nih.gov/medline
[11] See: https://psycnet.apa.org/home
[12] See: https://www.webofscience.com/wos

A2. Consultation with key stakeholders – concept workshops

We held online workshops with domestic abuse practitioners (*n*=5), researchers (*n*=4), and members from a young persons lived-experience group at SafeLives[13] called Changemakers (*n*=5) to refine definitions of the three core outcomes constructs. Where possible Changemaker workshops were held first so we could feed back their perspectives to practitioners and researchers. Participants were asked to discuss the definition of each outcome and what should be measured to capture the most salient facets of the concept. Their feedback was captured on Mural,[14] an online whiteboard and mind-mapping tool. The research team collated the comments and thematically synthesised them to identify key features that should be captured in the measurement of each outcome. Due to the general election called in July 2024 we were unable to hold the workshops before the evidence reviews as originally planned; therefore, we carried them out afterwards and conducted additional searches to reflect the findings.

A3. Additional searches

To ensure that we identified as many relevant measurement tools as possible, we undertook supplementary searches of evidence that may have been excluded from searches of the domestic abuse literature. These additional searches were guided by feedback received in the concept workshops.

A3.1. Targeted searches of non-DVA literature

The research team developed a search strategy for supplementary searches based on the thematic synthesis of feedback from the concept workshops (see Appendix 7 for approach). Each theme was searched in PubMed and Google Scholar and the first 50 papers per search were screened for measurement tools. As with the previous searches, measurement tools were cross-checked against the longlist of candidate tools and assessed for whether they mapped onto the core outcomes. The team discussed the findings throughout to resolve any inconsistencies.

A3.2. Cochrane trials

When conducting the search for systematic reviews using the Cochrane Library database, the search string resulted in the identification of an additional 548 trials. The screening of these supplementary trials served to bolster the number of new studies, and therefore measurement tools, considered relevant for the remaining three outcomes. This ensured a breadth of tools were reviewed and mapped against the core outcome definitions which were conceptualised in stage A2. One researcher carried out both title/abstract and full text screening, following the same process as the review of systematic reviews described above. Any tools identified in the searches were included for data extraction if they were relevant for measuring one or more of the core outcomes.

[13] See: https://safelives.org.uk/survivor-voices/ypav-and-changemakers

[14] See: https://www.mural.co

Stage B. Quality appraisal of studies and properties of OMIs

The purpose of this stage was to assess the measurement tools for their psychometric properties and their acceptability to score and shortlist tools for stakeholder discussion in the following stage.

The research team assessed the quality of the identified measurement tools against the following checklists:

1. COSMIN Risk of Bias Checklist: developed based on an amended version of the COSMIN Risk of Bias Checklist for Patient Reported Outcomes (Mokkink et al., 2018). Assessment is divided into three steps: 1) assessment of the scientific rigour of the studies; 2) psychometric quality of the tools (i.e. content validity, internal structure and measurement properties of the OMI); 3) summary of the above two criteria. Possible total scores for this checklist, which equally weighted both content validity and internal structure, ranged from zero to one.
2. COSMIN Interpretability and Feasibility Checklist: developed based on an amended version of the COSMIN feasibility guidelines (Mokkink et al., 2016). This checklist explores the tool's suitability for populations with limited mental or physical capacity, including any clinical interpretations in the scoring system, and any accessibility issues relating to a regulatory body. The total possible score ranged from zero to one.
3. Research checklist: developed in previous work with an expert advisory group of domestic abuse research practitioners (Powell, Clark, et al., 2022). This focused on how and with whom the tool had been used (e.g. whether the tool has been used in evaluative studies or with a diverse population) and properties of the tool not captured by checklist 2 (e.g. time, cost, ease of use, and the type of data collected). The total possible score ranged from zero to one.
4. Practitioner checklist: developed in previous work with an expert advisory group of practitioners (Powell, Clark, et al., 2022) and included factors such as whether the tool captures any qualitative findings, whether the tool accounts for structural inequalities, the tool's previous use with child populations, and information on tool implementation. The total possible score ranged from zero to one.
5. Survivor checklist: developed as part of the CADA project (Barter et al., forthcoming) and informed by interviews with survivors (lived-experience advisory group). This checklist was reviewed and approved for use by the Changemakers in this study. The total possible score ranged from zero to one.

Each measurement tool received two scores: 1) a psychometric total score, ranging from zero to three – the sum of checklists 1, 2, and 3; and 2) an acceptability total score, which ranged from zero to two – the sum of checklists 4 and 5. To give equal weighting to the psychometric and acceptability scores, we converted each to a percentage and calculated the average of these two percentages to provide a final overall score; all three percentage scores (the psychometric weighted percentage, the acceptability weighted percentage, and the overall percentage score) were used to determine the first shortlist of measurement tools. The six top-scoring tools for each outcome were taken forward to the next stage.

We decided to equally weight the psychometric and acceptability scores following feedback from the expert advisory group and the survivor group. We found that tools with the most comprehensive psychometrics tended to score poorly on acceptability, and vice versa. Therefore, we wanted to ensure that we were not left solely with tools considered retraumatising by survivors. This was highlighted in earlier work the authors conducted (Clark et al., 2023) and by researchers in our advisory group who had had feedback from their own studies.

Stage C. Stakeholder assessment of feasibility and acceptability

The purpose of this stage was for stakeholders to discuss the shortlisted 18 tools (six tools per outcome) and vote on whether to include them in the next stage.

C1. Changemakers briefing workshop

We held an initial briefing workshop with Changemakers (n=4) to familiarise them with the measurement tools and for them to make the final decision on close-scoring tools to include in the final shortlist.

C2. Stakeholder workshops

We held one two-hour virtual workshop per stakeholder group: practitioners (n=5), researchers (n=7), and Changemakers (n=4). The research team asked stakeholders how acceptable and feasible the shortlisted tools were for use in a domestic abuse setting. After discussion, participants were asked to vote on whether to include or exclude each tool in turn, with an option to abstain.

Each measurement tool received a percentage score based on the number of votes for inclusion in each stakeholder workshop. These three percentages were averaged to produce an overall score for each tool and to equally weight the three stakeholder groups. The three highest-scoring tools for each outcome were selected as the final tools to be discussed at the consensus stage.

Stage D. Consensus process

The purpose of this stage was for stakeholders to reach consensus on the OMIs to be recommended for the DVA-COS.

D1. Survivor feedback sessions

We held feedback sessions with two survivor stakeholder groups to gather comments on the final shortlist of measurement tools. This was to ensure that survivor views were fully represented in the consensus meeting, including those of young people who were unable to attend the workshop during education and working hours.

D2. Multi-stakeholder workshop

The final stage was an online multi-stakeholder workshop with 29 participants, including adult survivors (*n*=10), young people survivors (*n*=1), practitioners and commissioners (*n*=10), and researchers (*n*=8). This was facilitated by an external consultant experienced in running consensus processes who had been involved in earlier stages of the COS development. We did not record the workshops, to maintain confidentiality, but facilitators made notes of the discussions. A qualified counsellor was available throughout the workshop and for two weeks afterwards for anyone needing additional support.

We drew on recommendations for online consensus development meetings from the James Lind Alliance (Jongsma et al., 2020) and our previous learning from the core outcome set development study (Powell et al., 2025). In advance of the workshop, we sent out information on the purpose and the shortlisted measurement tools (see Appendix 8 for an extract from the pre-workshop pack). Participants discussed their preferred measurement tool for each outcome in two rounds of small group discussions and then voted on which to include. They also had the option to vote against including any of the shortlisted measurement tools. The top-scoring tools were recommended for use or further exploration (depending on the strength of evidence and participant feedback) only if at least half of workshop participants voted to include them. We held a final plenary discussion on the selected outcome measurement tools and how they could be adapted for marginalised groups.

Participants

For the stakeholder workshops and the final multi-stakeholder consensus workshop we recruited the following groups of participants:

- Survivors:
    - 1) young people, aged 16 to 21 years, who had experienced domestic abuse and were part of SafeLives' young person's authentic voices group – Changemakers; we prioritised survivor safety and therefore worked in partnership with the young person's coordinator, who aimed to recruit a diverse sample of young people from this national group.
    - 2) adults aged 18+ with experience of domestic abuse in childhood or as the parent of a child aged under 18 years. We recruited adults through SafeLives' adult authentic voices group – Pioneers, Refuge's Survivor Panel, the Domestic Abuse Commissioner's (DAC) Survivor Platform, VOICES at the DAC, and VOICES Charity. As with the young people, we recruited through national groups to enable wider representation but also to ensure that participants had a source of support during the process if needed.
- Practitioners: UK-based professionals based in domestic abuse service delivery, specialist 'by and for' delivery, second-tier (i.e. supporting service providers) domestic abuse organisations, local authority commissioning or policy settings. We recruited through the research team's networks and by approaching key organisations delivering services. We

took a key informant approach to recruitment, targeting organisations that were either national in scope or focused on a minoritised group of survivors.
- Researchers: UK-based academic researchers working in domestic abuse or child protection, either measurement focused or on service evaluations. We recruited through the team's networks and directly approached researchers via email. We aimed for a maximum diversity sample representing researchers from a range of disciplines and approaches.

For a summary of participant demographics across all stages see Appendices 9 and 10.

Patient and public involvement

A lived-experience advisory group was involved in the project from its inception to oversee the study design and delivery. Members (n=7) were recruited from VOICES – a survivor-led domestic abuse charity – which has been involved in earlier stages of work to develop a DVA-COS. The overarching role of the group was to provide input to ensure the study, and its outputs, embodied trauma-informed principles of care and research (Voith et al., 2020). They also provided feedback and challenge on the balance between the scientific rigour of specific OMIs and the feasibility and acceptability of their use in practice settings. The group met virtually twice over the course of the project. The study was also overseen by an expert advisory group comprised of researchers and practitioners (n=9) from the field, which met twice. Details about the role of both advisory groups and a summary of feedback are set out in Appendices 11 and 12.

Ethics

Ethical approval was sought from University of Sussex's Sciences and Technology Cross-Schools Research Ethics Committee. Ethical approval was sought for each research task (ER/EHH24/2, ER/EHH24/4, ER/EHH24/5, ER/EHH24/8, ER/EHH24/10) to support a continuous consent model, where agreement to participate is reissued at each step of the process. Informed consent was obtained from Changemakers at each stage, and from other participating stakeholders when demographics were requested. Demographics were stored anonymously and separately from consent forms. No recordings were made; however, detailed notes were collected, anonymised, and stored separately from completed consent forms and demographics. A trauma-informed approach was taken to all components of this research through consultation with VOICES and the Changemakers coordinator.

RESULTS

Protocol deviations

The study was completed according to the protocol, although with some deviations from the procedure documented.[15] First, the concept workshops (stage A2) were held after completing the literature searches (stage A1). This first deviation occurred due to the mandatory period of inactivity prior to the 2024 UK general election.[16] Next, the research team screened an additional 548 trials identified through the Cochrane Library search to bolster the number of primary studies, and thus relevant measurement tools considered. Additionally, due to scheduling conflicts, the research team were unable to ask the VOICES advisory group to approve the survivor checklist used to appraise the quality of measurement tools (stage B). To compensate for this, the research team sought feedback from the Changemakers, who approved and requested no changes to the checklist. This also served to incorporate the perspective of young people within the survivor checklist, which was a population not consulted during the survivor checklist development (CADA). The final deviation from the protocol was the inclusion of an adult survivor group, who participated in the consensus stage of this process. Recruited from SafeLives Pioneers, VOICES at the DAC, and Refuge's Survivor Panel, this supplementary group served to input a parental perspective in assessing the appropriateness of included measurement tools; this was based on a recommendation by the VOICES advisory group.

A. Defining concepts and identifying candidate measures

The concept workshops resulted in refined definitions of the remaining three core outcomes (see Appendix 13 for the core outcome definitions and Appendix 14 for the top-voted concept workshop comments). These definitions informed the additional literature searches identifying relevant measurement tools within non-domestic abuse literature (see Appendix 15 for the thematic synthesis).

Collectively, the evidence reviews and additional searches identified 134 measurement tools, in addition to 10 tools from the pre-existing longlist compiled during previous work (see Appendix 16 for flowchart of measurement tools). Of the total 144 measures identified, 111 tools were excluded because they were duplicates, did not map to the core outcomes, or the team were unable to assess the tool because access to the OMIs required payment (see Open Science Framework[17] for full list).

[15] See: https://foundations.org.uk/wp-content/uploads/2025/01/developing-outcome-measures-domestic-abuse-core-outcome-set-protocol.pdf

[16] See: https://commonslibrary.parliament.uk/research-briefings/sn05262

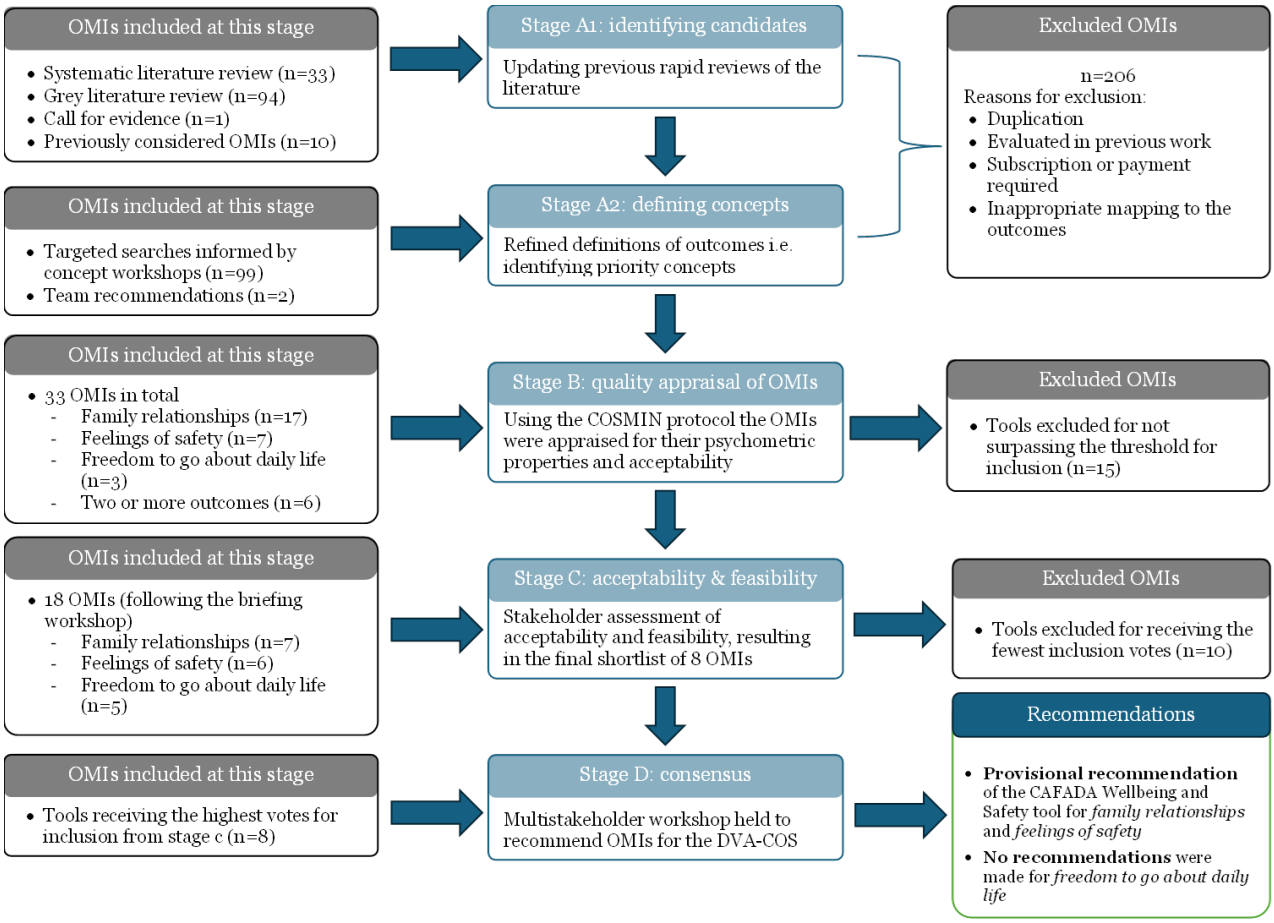
[17] See: PENDING LINK

For these reasons, all 94 OMIs identified through the grey literature and website searches were excluded (see figure 3 below).

Examples of reasons for excluding tools for not mapping to the core outcomes, as judged by the research team, included:

- Tools related to *family relationships* where the focus was solely parent–child relationships rather than broader relationships
- Tools related to *feelings of safety* when they focused on practical safety (e.g. locks on doors) or explored safety behaviours
- Tools related to *freedom to go about daily life* if they only measured self-efficacy or self-esteem, because these constructs had been rejected earlier in the consensus process and did not fit with the wider definition of freedom endorsed by stakeholders.

Figure 3. Flowchart of OMIs in work package 1 (go to accessibility text)



B. Quality appraisal of studies and properties of OMIs

Thirty-three of the identified tools mapped to one or more of the three core outcomes and were assessed for feasibility and acceptability using the checklists described above (see Appendix 17 for a full report of the scoring across all tools). In total 18 tools, six per outcome, were shortlisted for review at the acceptability workshops.

For *family relationships* and *feelings of safety*, shortlisted measurement tools needed to: 1) have been used within a DVA context; and 2) score at least 50% in both psychometric and acceptability scores. If six tools did not meet these criteria, the tools with the highest overall scores were selected until six tools were shortlisted. Because fewer tools were identified for *freedom to go about daily life*, and most were not from the domestic abuse literature, the only criterion for shortlisting was the highest overall score (see Appendix 18 for the list of shortlisted measurement tools, Appendix 19 for excluded tools and a brief justification their exclusion, and Appendix 20 for descriptions of the 18 shortlisted tools). Unsurprisingly, fewer tools were identified for this core outcome because it was an outcome identified by survivors in the original consensus process and is not currently well measured in primary studies.

C. Stakeholder assessment of feasibility and acceptability

C1. Changemakers briefing workshop

The Changemakers briefing workshop resulted in the inclusion of a seventh measurement tool for *family relationships* – CAFADA Wellbeing and Safety, 'your relationships' subscale. This tool was presented to Changemakers because it scored extremely highly on acceptability but, because it was newly developed, it had limited psychometric data. Both advisory groups highlighted the importance of acceptable tools, so that they will be used in practice; therefore, this OMI was reviewed to determine whether the high acceptability of the measure warranted its inclusion within the subsequent acceptability workshops.

In addition, Changemakers recommended the exclusion of the Urban Adolescent Hope Scale as a tool for *freedom to go about daily life*. They strongly expressed their dislike of the tool and preferred the remaining adult-focused tools. As a commitment to centring survivor perspectives, we decided to exclude the tool at this stage.

C2. Acceptability and feasibility workshops

Following on from the briefing workshop, 18 measurement tools (seven tools for *family relationships*, six tools for *feelings of safety*, and five tools for *freedom to go about daily life*) were discussed during the acceptability and feasibility workshops. Votes from these workshops resulted in eight tools being taken forward, three each for *feelings of safety* and *family relationships*, and two for *freedom to go about daily life* (see Appendices 21–24 for feedback related to each tool, along with vote counts).

Although we intended to progress three measurement tools for each outcome, this decision was reviewed due to the strong opinions of all the stakeholders and the voting results. Stakeholders felt that measurement tools mapping to *freedom to go about daily life* only captured smaller facets of this concept; this contrasted with the tools mapping to *family relationships* and *feelings of safety*, where the majority of each concept was captured within the tools. This disparity was reflected within the votes, three of the five tools mapping to freedom received less than 30% of 'include' votes. Thus, it was decided only the two highest-scoring tools mapping to *freedom to go about daily life* should progress to the consensus workshop.

D. Consensus process workshop

We collected feedback on all eight tools from survivors in our additional survivor feedback workshops (see Appendix 25 for these details).

In the final consensus workshop eight measurement tools were subject to discussion and voting. Consensus was defined as a majority vote, with at least 50% of participants endorsing the tool's selection. We were unable to track votes by stakeholder group in real time in the workshop, due to software limitations. JLA online workshop guidelines recommend that stakeholders review the voting results in real time and discuss the final decisions.

The final votes resulted in the CAFADA Wellbeing and Safety 'your relationships' subscale as the preferred measurement tool for *family relationships,* and the CAFADA Wellbeing and Safety 'feeling supported' subscale as the preferred measurement tool for *feelings of safety*. No tool reached the minimum threshold of 50% for *freedom to go about daily life*. See Table 1 for total votes for each measurement tool. However, because the CAFADA Wellbeing and Safety measurement tool is newly developed, it lacks evidence related to psychometrics; therefore, we are only able to provisionally recommend it for the two core outcomes. Nevertheless, participants across stakeholder groups felt its strengths lay in the survivor-led nature of its design and that validation studies could be carried out to strengthen it.

Stakeholder discussion highlighted a range of adaptations necessary for the CAFADA Wellbeing and Safety measurement tool to be used widely in research and practice contexts. These ranged from minor changes in wording to reflect non-traditional family structures to developing adapted versions for different aged children and respondents with neurodiverse needs (see Appendix 26 for a summary of participant comments).

Table 1. Consensus workshops total votes for each core outcome

Core outcome	Tool 1	% vote for Tool 1	Tool 2	% vote for Tool 2	Tool 3	% vote for Tool 3	% vote for no tools
Family Relationships	CAFADA Wellbeing and Safety – relationships subscale	81.5	Medical Outcomes Study – Social Support Survey	7.4	Space for Action – Communities and Friends and Family Subscale	0	11.1
Feelings of Safety	CAFADA Wellbeing and Safety – feeling supported subscale	74.1	Roadmap (UCLAN) – Your Safety Subscale	14.8	WHOQOL-100 – Safety Subscale	0	11.1
Freedom to go about Daily Life	Space for Action – Subscale Help seeking, Competence and Finances Subscales	48.2	State Optimism Measure	14.8	N/A		37

Finally, several considerations around implementation were raised during the consensus discussion. There was concern about the selected tool's applicability for use to evaluate interventions aimed at families with infants or unborn babies, and those interventions including or exclusively targeting the parent using harmful behaviour. The need for robust guidance to accompany the DVA-COS was also highlighted, to ensure that services are fully equipped to use measures in appropriate, trauma-informed ways. Participants suggested the guidance should be extensive and include ways that measurement tools can be integrated into existing data collection systems (see Appendix 27 for the full list of considerations).

DISCUSSION

The first work package of this study set out to identify and reach consensus on OMIs to measure three of five outcomes included in the DVA-COS: *feelings of safety*, *family relationships,* and *freedom to go about daily life*. The culmination of this work is the provisional recommendation of the CAFADA Wellbeing and Safety measurement tool to measure *feelings of safety* and *family relationships*. We were not able to make any recommendation for a tool to measure *freedom to go about daily life*. This is unsurprising given it is a novel, survivor-defined construct that is yet to be measured in primary studies.

A provisional recommendation means that the CAFADA Wellbeing and Safety measurement tool has been identified as a promising OMI due to its alignment with the outcome definitions and its qualified acceptability and feasibility to stakeholder groups. However, it lacks crucial evidence on its psychometric properties and its responsivity for the purposes of evaluation. Therefore, this tool is more appropriately considered as a priority measure for further exploration and research, rather than for immediate and widespread use. Further exploration of the measure for use in the DVA-COS is dependent on the cooperation of its developers and their amenability to make and test the suggested adaptations.

It is worth noting that we identified few measures aligned with the core outcomes that had been specifically developed and/or validated for use with adults or children who have experienced domestic abuse. Measures that were frequently used in practice settings were often highly acceptable but lacked any theoretical grounding and any evaluation of psychometric properties. Conversely, measures that had been well evaluated had rarely been developed with this population in mind, nor had they been assessed to determine their validity, relevance, and feasibility for children and adults who had experienced domestic abuse (Lewis et al., 2018). As a result, many were considered unacceptable for use. Others have also noted the scarcity of validated measurement instruments for key outcomes such as safety (O'Doherty et al., 2014), highlighting the need for more work to co-develop and evaluate robust OMIs that can be used for evaluation purposes in a range of contexts.

The CAFADA Wellbeing and Safety tool

The CAFADA Wellbeing and Safety tool was developed to evaluate survivors' feelings of wellbeing and safety following domestic abuse. It includes child (age 7+) and adult self-report versions and contains three subscales exploring relationships, support, and wellbeing.[18] These were identified as priority outcomes as part of a wider project exploring therapeutic interventions for children and families recovering from domestic abuse (Morrison, 2024). The measure was developed because no pre-existing and validated measurement tools could be identified as suitable for use to evaluate intervention outcomes. The tool was co-developed with two lived-experience groups and is

[18] See: https://cafada.stir.ac.uk/outputs-and-knowledge-exchange/codeveloping-measures

intended for use in research and practice contexts. The developers acknowledge the tool is in its infancy and requires further development and validation. However, as in other studies, participants in our study, along with academic and practice members of our advisory groups, felt strongly that appropriateness of the tool for use with adults, children, and young people who have experienced domestic abuse must be prioritised over the psychometric credentials of a tool, which can be explored through further research (Krause et al., 2021).

Further developing the CAFADA Wellbeing and Safety tool

Based on stakeholder feedback, there are three areas for consideration to further develop the CAFADA Wellbeing and Safety measurement tool before it can be fully recommended for use.

1. Cultural and accessibility adaptations

Workshop participants made a range of general and specific suggestions for adaptation of the OMIs. Those that cut across both subscales included changing the gendered language and heteronormative focus, creating versions suitable for young children and those with accessibility needs, and thinking about more inclusive cultural references. In terms of *family relationships,* participants highlighted the need for the subscales to enable respondents to reflect differing family compositions, including different contact arrangements. For *feelings of safety*, participants wanted the inclusion of online safety.

We recommend a systematic consultation and development process including adults, young people, and children from a range of diverse backgrounds and with varying needs (in addition to lived experience of domestic abuse), to co-produce the next iteration of these tools. Specific thought is required as to whether one tool can cater to all groups or whether it will be necessary to create different versions to ensure relevance and accessibility for minoritised groups.

2. Considerations for specific interventions and wider use

There were several questions around the tools' applicability to specific types of interventions, such as those that involve the parent who harms and those focused on the perinatal or early years period. It is possible that there are other specialist interventions that might find that the tools are not fully suitable for use. This tension between outcome standardisation and intervention heterogeneity has been a constant theme across all stages of this work and is also noted by others who have developed COSs for use in contexts such as care homes, where variation in approach is common and indeed necessary to the delivery of effective care (Shepherd et al., 2022). In these instances, developers recommend inclusion of intervention-specific outcomes where necessary, rather than as an integral part of the COS, to reduce measurement burden.

As part of any future work to develop the OMIs identified in this study, we recommend a systematic scoping of different types of interventions and consultations with providers to understand the range of measurement needs and challenges, to inform measure development. This should include further consensus work to agree additional OMIs or adaptations to the COS for particular types of interventions. As with all COSs, ongoing review and updates will be required as interventions and settings change over time (Maxwell et al., 2021). To ensure iterative development of the DVA-COS over time, a group or organisation needs to assume ownership of and

responsibility for this process. At this time, it is not clear which group or organisation could naturally assume this role to ensure relevance for research and practice.

3. Psychometric evaluation of adapted measures

It is imperative that the CAFADA Wellbeing and Safety Tool undergoes psychometric validation to ensure that it reliably measures specific core outcomes as intended. Once adaptations are complete, a consultation process, including think-aloud exercises, should be conducted to confirm the feasibility and acceptability of the tool within the intended populations. Involving relevant stakeholders will ensure that the tool is understood as intended and deemed acceptable for use. Additionally, participants should be engaged in discussions regarding implementation, including the timing and frequency of measurement.

A comprehensive psychometric evaluation is needed to validate this tool. This includes testing scale reliability, such as internal consistency (e.g. Cronbach's alpha) and test-retest reliability (in which individual responses should correlate across repeated completions), to ensure that the tool produces consistent and stable results across different situations and respondents. Furthermore, validation should include content validity (ensuring all relevant aspects of the construct are measured), construct validity (through factor analysis and testing convergent and discriminant validity), and criterion validity (how well the tool predicts relevant outcomes). Additionally, responsiveness should be assessed to ensure the tool can detect meaningful changes over time, especially after interventions. Finally, measurement invariance should be examined to ensure the tool works equivalently across different populations, including various subgroups such as age groups, genders, and cultural backgrounds.

This will require significant resources and coordination across both specialist and general organisations working with children and families affected by domestic abuse, to generate a sufficiently large sample to assess validity and reliability across all relevant subgroups. Given the scale of this undertaking, there may also be an opportunity to embed the evaluation within a larger study that could provide additional valuable insights for this field of work. It is important to reiterate the point made by both our advisory groups that any OMIs need to be acceptable to be used and it is vital for OMIs to be used in services for researchers to be able to capture real-world data.

Freedom to go about daily life

The first consensus process to develop the DVA-COS underscored the importance of *freedom to go about daily life* to individuals with experience of domestic abuse. However, no measures were identified at that time that accurately mapped to this concept. This was still the case when we undertook searches as part of the current study (Woodlock et al., 2025). Nevertheless, stage A of this work package expanded our understanding and the definition of *freedom to go about daily life*. Stakeholders explored how this outcome relates to others, such as *feelings of safety*, and suggested that freedom might be a long-term outcome associated with safety. Therefore, we recommend that further work is needed to consolidate understanding of *freedom to go about daily life* and to develop an operational definition. Additionally, research is required to develop and validate a measure for this outcome, drawing extensively from the involvement of people with lived

experience of domestic abuse. This work is due to begin in 2025 as part of an Economic and Social Research Council-funded PhD.

Implementation of the DVA-COS

One of the key aims of COS development is reduction in research wastage; however, a COS study itself is a waste if nobody uses the output (Howarth et al., 2024). Although few uptake studies have been undertaken (relative to the number of COSs), synthesis of available evidence shows use in trials and systematic reviews is low (Williamson et al., 2022).

By identifying measures that align with core outcomes, this study addresses one of the key barriers to implementation. However, further action is required to facilitate use of the DVA-COS across research and practice contexts. Participants in this study emphasised the importance of developing accompanying trauma-informed guidelines to support the use of the tools in different settings. The expert advisory group felt that guidelines would be needed for practitioners to support use of the tools in a 'care-first' approach, rather than as a means for screening and triaging/rationing care; while for commissioners, guidance would be required on how to interpret the data collected. Guidelines are needed for tools even when they have already been approved as acceptable and trauma-informed. That said, we observed that many of the standard psychometrically valid OMIs used in research were judged as unacceptable because of their traumatising language. And we wish to be clear that these limitations cannot be overcome by a protocol for sensitive use, without significant adaptation to the content of the measure itself.

How data would be used, by whom, and for what purposes was a key theme across the study. The ability to use data for local service evaluation and improvement was thought to be essential in justifying its collection. There was also discussion of whether and how core outcome data could be used to inform support planning for individuals and families. Survivors highlighted a key privacy concern about the collection of data when court proceedings are ongoing, and practitioners are cautious about any written records being formally requested by court order (subpoena).

Many measures are not designed for monitoring change for individuals, although there is some evidence that the SWEMWBS, recommended for use to measure adult and child wellbeing (Harewell et al., forthcoming; Powell, Clark, et al., 2022), can be usefully used in this way (Maheswaran et al., 2012; Shah et al., 2018). There is precedent for the use of a range of mental health and family functioning measures to monitor individual change across the course of psychological support delivered by child and adolescent mental health services (Blodgett et al., 2022; Rose et al., 2017). However, clear direction on the different ways data can be used must be agreed and included in any guidance.

In general, there are challenges to gathering data (whether for a trial or service monitoring), in operational health and care settings (Bunce et al., 2024), especially when supporting adults and children in distress, or who are not safe. In these instances, the collection of robust and reliable data rightly moves down the priority list. However, in under-funded and under-resourced domestic abuse services (Domestic Abuse Commissioner, 2024), this challenge is magnified by a myriad of practical barriers such as a lack of computers and tablets on which to collect data, limited Wi-Fi connectivity (especially when working in remote/out-of-office settings), clunky case management

systems, and the administrative burden of attempting to gather data for multiple funders in the context of piecemeal funding arrangements. It is disingenuous to argue that implementation of a COS can overcome these systemic challenges. Instead, we flag them as factors that must be addressed to support the ambition and maximise the value of widespread use of the DVA-COS across practice and research settings.

Moreover, these are not simply challenges for practice settings but also for any researchers interested in pragmatic trials or other forms of real-world evidence, given these endeavours are so often underpinned by collaboration with services and practitioners (Stanley et al., 2021). To support its use, and to reduce the burden on practitioners and service users, thought is needed as to how the COS can be integrated into existing systems and processes.

Unintended consequences of the DVA-COS

While there is some evidence that highlights barriers to implementing COSs (Howarth et al., 2024), there is limited, if any, consideration of harms or unintended consequences associated with use of the COS itself. In their analysis of unintended consequences associated with public health policies, Oliver et al (2019) note that unintended consequences are often related to outcome selection, particularly where political priorities, rather than programme aims, are privileged. To some extent, development of a COS is an attempt to buffer outcome selection from such external influences; however, in the real world, decision making about what to fund and what to decommission *is* often political. Therefore, a risk of implementing a COS is that as priorities shift, evidence that is produced may lack relevance to decision makers who are interested in other outcomes.

Standardisation in measurement may mean that the unique needs and hoped-for outcomes of specific groups or communities are not well reflected in the evidence that is produced, leading to the commissioning of interventions that are a poor fit for the needs of specific groups, and disadvantaging smaller 'by and for' organisations which offer specialist support to minoritised groups (Powell et al., 2025). A particular concern for participants in our study was the potential to stymie innovation in service development, given that new approaches may yield outcomes that are not captured by the DVA-COS. This may be particularly relevant for the domestic abuse sector in the UK given that services are often required to 'compete' for limited funding, meaning there may be an incentive to prioritise activity that bolsters performance against outcomes, at the expense of service user needs (Carlisle et al., 2025). 'Gaming the system' is well documented in health services using shared measurement systems to monitor performance (Wallenburg and Bal, 2019) and can undermine the coordination between services, which is critical to providing a holistic and effective community-level response to domestic abuse.

We have attempted to address some of these concerns throughout this work and earlier studies by, for example, developing a relatively small COS to allow for measurement of other outcomes without overburdening professionals and service users, and by explicitly trying to ensure that minoritised groups were adequately represented in all stages of the process. However, the potential for unintended consequences is real, and needs to be actively monitored through further implementation work and beyond.

CONCLUSION

This study represents an important step in advancing the evaluation of domestic abuse interventions, by identifying and provisionally recommending the CAFADA Wellbeing and Safety tool for measuring *feelings of safety* and *family relationships*. However, the absence of a suitable measure for *freedom to go about daily life* underscores the need for further research to develop tools capable of capturing this survivor-defined outcome.

Our findings highlight the broader challenges in identifying OMIs that are both psychometrically robust and acceptable to those with lived experience of domestic abuse. While the CAFADA tool aligns with key outcomes and is perceived as relevant and acceptable, its psychometric properties and responsiveness require further evaluation before widespread implementation. Adaptation to ensure cultural inclusivity, accessibility, and relevance across different intervention types is essential.

Implementation of the DVA-COS will require more than the identification of appropriate measures. It must be accompanied by trauma-informed guidelines, clear strategies for integration into existing service and research settings, and careful consideration of potential unintended consequences. This includes ensuring that the standardisation of outcomes does not inadvertently restrict service innovation, disadvantage minoritised communities, or lead to measurement-driven decision making that overlooks the complexity of survivors' needs.

To truly embed meaningful and equitable outcome measurement in domestic abuse research and practice, an ongoing, collaborative approach is required. This includes further co-development and validation of measurement tools, sustained investment in real-world evaluation, and a commitment to ensuring that OMIs remain responsive to the evolving needs of survivors and services. Without these efforts, the potential benefits of the DVA-COS may not be fully realised, and the ambition of improving evidence-based interventions for those affected by domestic abuse will remain unfulfilled.

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Appendices

Appendix 1. Eligibility criteria for rapid review of reviews

The following PICOS[19] criteria were implemented to identify relevant measurement tools from the academic literature.

PICOS criteria	Inclusion criteria	Exclusion criteria
Population	Children or families with children with/at risk of DVA exposure. This includes unborn children, children (0–18 years) designated as a victim or witness. Any adult family members who have a parenting role, whether designated as perpetrator, victim, witness, or household member. Adults or children could either be the primary study population of interest or form a subgroup in a wider study population	Any population that has no experience of domestic violence and abuse between parents; this includes elder abuse, sibling abuse, child-to-parent abuse, dating violence, or child maltreatment. Adult-only populations, or groups where a parental perspective is not explored, were also excluded as part of our criteria
Intervention/ exposure	Any intervention or service where experience of or increased risk of experiencing DVA is a criterion for being offered the service OR DVA is measured as an exposure or outcome of interest AND at least one child- or family-level outcome is measured (affects the family/household unit). Studies must include evaluation of a defined activity/programme and evaluation of hypothesised effect. Interventions may be delivered to any family members individually or in groups. Any duration of interventions will be included	Universal interventions that do not specifically target children/families at risk of DVA; target interventions that do not measure any child- or family-level outcomes or focus on elder abuse, sibling abuse, child perpetration of DVA where participants have not been identified as exposed to DVA
Comparator	Any control comparison group/period with participants receiving no care, treatment as usual, or any other treatment	No exclusions were placed on this criterion
Outcome	Any outcome reflecting the child, caregiving environment, or material deprivation. Outcomes can be reported by professionals, the child, parent, or other	No exclusions were placed on this criterion

[19] The PICO criteria reference an evidence-based framework use to formulate research questions and consists of the population, intervention or exposure, comparison, outcomes; additions to this criteria includes defining the study design of eligible literature (Hosseini et al., 2024).

	family members and they can be retrospective or prospective. Outcomes can be end points, surrogate markers for endpoints, or intermediate outcomes. No maximum follow-up is required	
Study design	Peer-reviewed systematic reviews of controlled or quasi-experimental comparator intervention studies with or without randomisation. This needs to search an electronic database and have a structured search strategy published since May 2019. Papers must be in English, but no restrictions on country. Individual studies must include DVA in one of the following ways: a. entry to the intervention is determined by experience, perpetration, or identified by researcher/practitioner/participant as at risk of DVA b. subgroup analysis is carried out by participants with experiences/at risk of DVA c. DVA is measured as an exposure (retrospective/prospectively)	Non-peer-reviewed studies, qualitative studies, general literature reviews, protocols, case reports, cross-sectional studies, general discussion papers, letters, commentaries, book chapters, conference papers, theses and dissertations

Appendix 2. Search strategy for rapid review of reviews

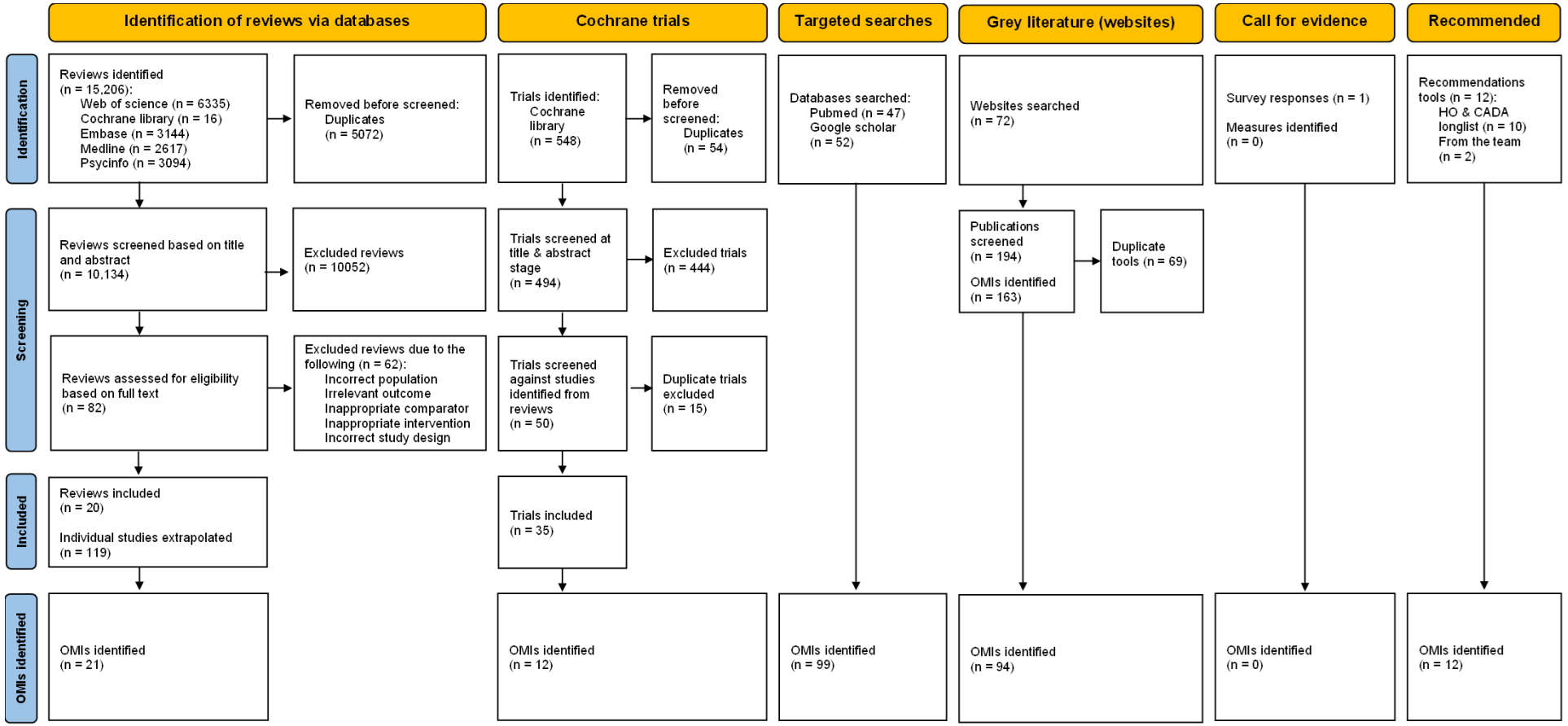
The below table documents the search strategy used, and the number of systematic reviews identified, for each database searched.

Database	Search string	Total
Web of Science	1. TS= ((abus* or violen* or coerci* or batter* or non-accidental injur* or aggress* or anger or victimi?ation) AND (Partner or spouse or famil* or wife or wives or wom*n or maternal or parent* or batter* or interpar* or domestic or intimate partner or household or marital or couple* or marital or m*n or husband* or victim or perpetrator or witness* or experienc* or expos* or risk or "living with" or vulnerable or child or infant or unborn or f?etus or young person or teenage* or adol*)) 2. TS= ((systematic NEAR/2 review) OR (systematic NEAR/2 overview) or "review of reviews") 3. 1 and 2 AND LANGUAGE: (English) Indexes=SCI-EXPANDED, SSCI, A&HCI, ESCI; Timespan=Last 5 years	5,440
Cochrane Library	((MeSH descriptor [domestic violence] explore all trees) OR (MeSH descriptor [Intimate partner violence] explore all trees) OR (MeSH descriptor [Gender-Based violence] explore all trees) OR (MeSH descriptor [Battered Women] explore all trees) OR ((MeSH descriptor [Exposure to violence] explore all trees) AND (MeSH descriptor [Child] explore all trees)) OR MeSH descriptor [Exposure to violence] explore all trees) AND (MeSH descriptor [Women] explore all trees)) OR ((abus* or violen* or coerci* or batter* or non-accidental injur* or aggress* or anger or victimi?ation) NEAR (Partner or spouse or famil* or wife or wives or wom*n or maternal or parent* or batter* or interpar* or domestic or intimate partner or household or marital or couple* or marital or m*n or husband* or victim or perpetrator or witness* or experienc* or expos* or risk or "living with" or vulnerable or child or infant or unborn or f?etus or young person or teenage* or adol*)) AND date limitation from May 2019 until current	10
Embase	((Exp domestic violence/) OR (Exp gender-based violence/) OR ((Exposure to violence/) AND (Exp Child/)) OR ((Exposure to violence/) AND (Exp female/)) OR ((abus* or violen* or coerci* or batter* or non-accidental injur* or aggress* or anger or victimi?ation) adj2 (Partner or spouse or famil* or wife or wives or wom*n or maternal or parent* or batter* or interpar* or domestic or intimate partner or household or marital or couple* or marital or m?n or husband* or victim or perpetrator or witness* or experienc* or expos* or risk or living with or vulnerable or child or infant or unborn or f?etus or young person or teenage* or adol*)).mp.) AND ((((Exp review/) OR ((literature adj3 review$).ti,ab.) OR (Exp meta analysis/) OR (Exp "systematic review"/)) AND ((medline or medlars or embase or pubmed or cinahl or amed or psychlit or psyclit or psychinfo or psycinfo or scisearch or cochrane).ti,ab.) OR (RETRACTED ARTICLE/))) OR ((systematic$ adj2 (review$	1,251

	or overview)).ti,ab.) OR ((meta?anal$ or meta anal$ or meta-anal$ or metaanal$ or metanal$).ti,ab.)) AND ((english language and yr="2019 -Current")	
Medline	((Exp domestic violence/) OR (Exp Intimate partner violence/) OR (Exp gender-based violence/) OR (Exp battered violence/) OR ((Exposure to violence/) AND (Exp child/)) OR ((Exposure to violence/) AND (Exp women/)) OR (((abus* or violen* or coerci* or batter* or non-accidental injur* or aggress* or anger or victimi?ation) adj2 (Partner or spouse or famil* or wife or wives or wom*n or maternal or parent* or batter* or interpar* or domestic or intimate partner or household or marital or couple* or marital or m*n or husband* or victim or perpetrator or witness* or experienc* or expos* or risk or living with or vulnerable or child or infant or unborn or f?etus or young person or teenage* or adol*)).mp.) AND (Exp "systematic review"/) OR ((Review.pt.) AND (((medline or medlars or embase or pubmed or cochrane).tw,sh.) OR ((scisearch or psychinfo or psycinfo).tw,sh.) OR ((psychlit or psyclit).tw,sh.) OR (cinahl.tw,sh.) OR (((hand adj2 search$) or (manual$ adj2 search$)).tw,sh.) OR ((electronic database$ or bibliographic database$ or computeri?ed database$ or online database$).tw,sh.) OR ((pooling or pooled or mantel haenszel).tw,sh.) OR ((peto or dersimonian or der simonian or fixed effect).tw,sh.) OR ((retraction of publication or retracted publication).pt.)) OR ((meta-analysis.pt.) OR (meta-analysis.sh.) OR ((meta-analys$ or meta analys$ or metaanalys$).tw,sh.) OR ((systematic$ adj5 review$).tw,sh.) OR ((systematic$ adj5 overview$).tw,sh.) OR ((quantitativ$ adj5 review$).tw,sh.) OR ((quantitativ$ adj5 overview$).tw,sh.) OR ((quantitativ$ adj5 synthesis$).tw,sh.) OR ((methodologic$ adj5 review$).tw,sh) OR ((methodologic$ adj5 overview$).tw,sh.) OR ((integrative research review$ or research integration).tw.))) AND (english language AND yr="2019 -Current")	1,538
PsycInfo	((((Domestic violence/) OR (Exp intimate partner violence/) OR (Exp battered females/) OR ((Exposure to violence/) AND (Child.mp)) OR ((Exposure to violence/) AND (Exp human females/))) OR (((abus* or violen* or coerci* or batter* or non-accidental injur* or aggress* or anger or victimi?ation) adj2 (Partner or spouse or famil* or wife or wives or wom?n or maternal or parent* or batter* or interpar* or domestic or intimate partner or household or marital or couple* or marital or m?n or husband* or victim or perpetrator or witness* or experienc* or expos* or risk or living with or vulnerable or child or infant or unborn or f?etus or young person or teenage* or adol*)).mp.)) AND (((Exp literature review/) OR ((Review$.mp) AND (((medline or medlars or embase or pubmed or cochrane).mp) OR ((scisearch or psychinfo or psycinfo).mp) OR ((psychlit or psyclit).mp) OR (cinahl.mp) OR (((hand adj2 search$) or (manual$ adj2 search$)).mp) OR ((electronic database$ or bibliographic database$ or computeri?ed database$ or online database$).mp) OR ((pooling or pooled or mantel haenszel).mp) OR ((peto or dersimonian or der simonian or fixed effect).mp) OR ((retraction of publication or retracted publication).mp))) OR ((Exp meta analysis/) OR ((meta-analys$ or meta analys$ or metaanalys$).mp) OR ((systematic$ adj5 overview$).mp) OR ((quantitativ$ adj5 overview$).mp) OR ((quantitativ$ adj5 synthesis$).mp) OR ((methodologic$ adj5 overview$).mp) OR ((research integration).mp)))) AND (english language and yr="2019 -Current")	1,895

Appendix 3. Flowchart of papers and OMIs identified from all sources

The below flow diagram documents the identification of relevant literature and subsequently the number of relevant tools from all evidence sources.



Appendix 4. Eligibility criteria for grey literature searches

The following PICOS criteria were implemented to identify relevant measurement tools from the grey literature.

PICOS criteria	Inclusion criteria	Exclusion criteria
Population	Children or families with children with/at risk of DVA exposure. This includes unborn children, children (0–18 years) designated as a victim or witness. Any adult family members who have a parenting role, whether designated as perpetrator, victim, witness, or household member. Adults or children could either be the primary study population of interest or form a subgroup in a wider study population	Any population that has no experience of domestic violence and abuse between parents; this includes elder abuse, sibling abuse, child-to-parent abuse, dating violence, or child maltreatment. Adult-only populations, or groups where a parental perspective is not explored, were also excluded as part of our criteria
Intervention/ exposure	No criteria were set	No criteria were set
Comparator	No criteria were set	No criteria were set
Outcome	Any outcome reflecting the child, caregiving environment, or material deprivation. Outcomes can be reported by professionals, the child, parent, or other family members and they can be retrospective or prospective. Outcomes can be end points, surrogate markers for endpoints, or intermediate outcomes. No maximum follow-up is required	Measurement tools that do not measure any child- or family-level outcomes or focus on elder abuse, sibling abuse, dating violence, or child perpetration of DVA where participants have not been identified as exposed to DVA
Study design	Published since May 2021. Publications must be in English, but no restrictions on country	Publications that were published prior to 2021 and were not written in English were excluded

Appendix 5. List of websites explored in grey literature searches

The below table documents the 72 websites searched and the dates these searches were conducted as part of the grey literature searches. Both NICE evidence repository and Open Grey closed prior to the commencement of this literature search.

Organisation	Website	Date searched
SafeLives	https://safelives.org.uk	08/08/2024
Respect	https://www.respect.org.uk	08/08/2024
Nice Evidence Search	https://www.nice.org.uk/about/what-we-do/evidence-services	08/08/2024
Open Grey	https://www.greynet.org/opengreyrepository.html	08/08/2024
Refuge	https://refuge.org.uk	09/08/2024
Foundations	https://foundations.org.uk	09/08/2024
Advance	https://www.advancecharity.org.uk	13/08/2024
Imkaan	https://www.imkaan.org.uk	14/08/2024
IRISi	https://irisi.org/#	14/08/2024
VOICES Charity	https://www.voicescharity.org	15/08/2024
NSPCC	https://www.nspcc.org.uk	19/08/2024
Barnardo's	https://www.barnardos.org.uk	20/08/2024
Victim Support	https://www.victimsupport.org.uk	22/08/2024
Standing Together	https://www.standingtogether.org.uk	22/08/2024
Woman's Trust	https://womanstrust.org.uk	22/08/2024
DVIP (Domestic Violence Intervention Programme)	https://dvip.org	22/08/2024
Nia	https://niaendingviolence.org.uk	22/08/2024
The Havens	https://thehavens.org.uk	22/08/2024
ManKind Initiative	https://mankind.org.uk	23/08/2024

Everyman Project	https://justiceinnovation.org/project/everyman-project	23/08/2024
NCDV	https://www.ncdv.org.uk	23/08/2024
Galop	https://galop.org.uk	23/08/2024
LAWA	https://lawadv.org.uk	23/08/2024
IDAS	https://idas.org.uk	23/08/2024
Your Sanctuary	https://www.yoursanctuary.org.uk	27/08/2024
Advocacy After Fatal Domestic Abuse (AAFDA)	https://aafda.org.uk	27/08/2024
Aurora New Dawn	https://www.aurorand.org.uk	27/08/2024
My Sister's Place	https://mysistersplace.org.uk	27/08/2024
Early Intervention Foundation	https://www.eif.org.uk	27/08/2024
NatCen	https://natcen.ac.uk	27/08/2024
RCGP	https://www.rcgp.org.uk	27/08/2024
RCN	https://www.rcn.org.uk	27/08/2024
RCM	https://www.rcm.org.uk	27/08/2024
NICE	https://www.nice.org.uk	27/08/2024
BPS	https://www.bps.org.uk	27/08/2024
IHV	https://ihv.org.uk	27/08/2024
Working Together	https://www.workingtogetheronline.co.uk	27/08/2024
What Works For Children's Social Care	https://whatworks-csc.org.uk	27/08/2024
Joseph Rowntree Foundation	https://www.jrf.org.uk	27/08/2024
The National Lottery Community Fund, previously known as Big Lottery	https://www.tnlcommunityfund.org.uk	27/08/2024
AVA	https://avaproject.org	27/08/2024
The Childhood Trust	https://www.childhoodtrust.org.uk	28/08/2024

What Works Network	https://www.gov.uk/guidance/what-works-network	28/08/2024
Gov.UK	https://www.gov.uk/crime-justice-and-law/domestic-violence	28/08/2024
Comic Relief	https://www.comicrelief.com	28/08/2024
WHO	https://www.who.int	28/08/2024
UNICEF	https://www.unicef.org	28/08/2024
Women's Aid	https://www.womensaid.org.uk	28/08/2024
Public Health England	https://www.gov.uk/government/organisations/public-health-england	28/08/2024
Public Health Scotland	https://publichealthscotland.scot	28/08/2024
Public Health Wales	https://phw.nhs.wales	28/08/2024
Northern Ireland PHA	https://www.publichealth.hscni.net	28/08/2024
Children's Commissioner England	https://www.childrenscommissioner.gov.uk	29/08/2024
Children's and Young People's Commissioner Scotland	https://www.cypcs.org.uk	29/08/2024
Children's Commissioner for Wales	https://www.childcomwales.org.uk	29/08/2024
Northern Ireland Children's Commission	https://www.niccy.org	29/08/2024
UK College of Policing	https://www.college.police.uk	29/08/2024
Research In Practice	https://www.researchinpractice.org.uk	29/08/2024
For Baby's Sake previously known as The Stefanou Foundation	http://www.stefanoufoundation.org/https://forbabyssake.org.uk	29/08/2024
Work with Perpetrators of Domestic Violence (Europe)	https://www.work-with-perpetrators.eu	09/09/2024

Hestia	https://www.hestia.org	10/09/2024
Domestic Violence Evidence Project	https://www.dvevidenceproject.org	10/09/2024
Asian Women's Resource Centre	https://www.asianwomencentre.org.uk	10/09/2024
Global Network of Women's Shelters	https://gnws.org	13/09/2024
VAMHN	https://www.vamhn.co.uk	13/09/2024
Domestic Abuse Commissioner	https://domesticabusecommissioner.uk	13/09/2024
VAWNET	https://vawnet.org	13/09/2024
End Violence Against Women	https://www.endviolenceagainstwomen.org.uk	15/09/2024
DAPHNE	https://eucpn.org/document/daphne	15/09/2024
WAVE	https://www.wave-network.org	15/09/2024
Youth Endowment Fund	https://youthendowmentfund.org.uk	16/09/2024
Agenda	https://www.agendaalliance.org	20/09/2024

Appendix 6. Search terms used for grey literature searches

Websites were searched using the below key phrases to identify literature relevant to the inclusion criteria. Literature from websites was then screened for the below terms to determine whether the literature included details on measurement tools that met the inclusion criteria.

Website tool bar search phrases	Website tab pages searched	Key words searched in publications
"measurement tool"	Look for "Reports/publications/resources" page	"measure"
"measure"	Look for "Programmes/interventions/ projects/services" page	"framework"
"domestic violence"		"measurement"
"domestic abuse"		"survey"
		"tool"
		"scale"
		"instrument"
		"outcome"
		"evaluation"

Appendix 7. Approach used to conduct targeted literature searches

The following search string and terms were used to identify additional relevant measurement tools that mapped to the remaining three core outcomes. Each search was conducted on PubMed and Google Scholar to capture both academic and grey literature publications, with the top 50 papers screened for relevant tools.

Themes identified from concept workshops	Boolean operator used	Measurement tool key words
Aspirations	AND	Measure
Community safety		Tool
Family functioning		Index
Feelings of trauma		Survey
Future		Questionnaire
Hope		Outcome
Hypervigilance		Scale
Self-actualisation		
Stalking		
Stress		

Appendix 8. Extract from the measurement information sheet of the multi-stakeholder workshop pre-workshop pack

The below tables collated all the information identified at all prior stages (all workshops and data extraction stages) to ensure participants were as informed as possible prior to voting in the consensus workshop. The pack also contained the core outcome definitions, which were informed by the concept workshops (see Appendix 13). The pre-workshop pack was created and distributed by the research team 10 days in advance of the consensus workshop.

1A: CAFADA Safety and Wellbeing Scale					
Description	**Strengths**	**Weaknesses**	**Weighted scores (%)**		
			Psychometric	**Acceptability**	**Overall**
Outcomes: • Family relationships • Feelings of safety	From published research: ✓ This questionnaire can be used to explore more than one core outcome – this reduces the number of questionnaires to be completed (responder burden) ✓ This tool was co-developed with DA survivors ✓ This questionnaire has a free text box for additional/clarifying information	From published research × This measurement tool is very new and therefore there is no published research telling us about its scientific strengths × As this is so new, this measure has not been tested and approved for use on a diverse population	28.75	74.11	51.43
Responder: • Adults – lilac questionnaire • Children – green questionnaire	Comments from workshops: ✓ This questionnaire was generally well liked by the Changemakers: ○ There is the correct level of detail in the questions	Comments from workshops: × All felt the child's measure needs to be improved to avoid vagueness – e.g. what do "difficult times" or "important things" mean?			

	○ The measure is easy to understand ○ Really liked the free text box	× The Changemakers preferred the adult measure and felt other older children/young adults will find the child measure inappropriate × Changemakers felt questions should be reworded to reflect different family structures – e.g. families without a 'mum'			

1B: Medical Outcomes Study - Social Support Survey					
Description	**Strengths**	**Weaknesses**	**Weighted scores (%)**		
			Psychometric	**Acceptability**	**Overall**
Outcomes: • Family relationships	From published research: ✓ This tool comes with a manual/ guidance on the best way to administer the questionnaire ✓ The questionnaire is culturally sensitive as it has been used with people from different cultural backgrounds	From published research: × This questionnaire was developed to collect health data and has not been used with interventions or in a therapy setting × This tool was not developed, nor has it been tested or adapted, for use with children/ young people × We cannot say this tool is entirely inclusive as it's unclear if this measure can be used with people with different accessibility needs	61.31	50.6	55.95
Responder: • Adults	Comments from workshops: ✓ The wording of these questions was well liked as this provided sufficient detail, not too vague	Comments from workshops: × All felt question 1 needs rewording or should be removed as it could be distressing and does not provide a lot of useful information			

	✓ The Changemakers liked the questions referenced 'someone' so responders could explore different relationships ✓ The changemakers liked the frequency scale used	× The Changemakers felt the answer scale needed rewording as it's difficult to understand the difference between "a little of the time" and "some of the time" o This could be changed to 'occasionally' and 'regularly' × All disliked questionnaire format as it felt cramped			

1C: Space for Action Scale					
Description	**Strengths**	**Weaknesses**	**Weighted scores (%)**		
			Psychometric	Acceptability	Overall
Outcomes: • Family relationships • Freedom to go about daily life	From published research: ✓ This tool maps onto multiple outcomes ✓ The questionnaire was developed, alongside survivors, specifically for domestic abuse contexts ✓ The tool has been delivered to people who have experienced poor mental health	From published research: × More scientific testing is needed to tell us about the quality of this measure (validity) × One example is approving this measure for use with different populations (e.g. with children, or adults from different ethnic, cultural, and religious backgrounds or those with different accessibility needs)	68.77	48.21	58.49
Responder: • Adults	Comments from workshops: ✓ Many liked that the questionnaire included the different topics not covered in other tools: o E.g. wider community as part of family relationships as they are	Comments from workshops: × Everyone wanted this tool to include a timeframe to frame the statements (e.g. in the past three months) as an alternative to rewording statements to the present tense			

	integral and can be used to identify people who are isolated ✓ The Changemakers preferred the questions using 'I' and 'me' as this feels more personal	× Many wanted more statements to be included in the friends and family subscale and felt the statements did not provide a lot of useful information for a service/researcher to understand family relationships × All, but specifically Changemakers, felt some statements were too vague – e.g. the terms "enough" or "comfortable" were subjective and difficult to answer × Changemakers felt the communities questions may be difficult for young people as this group tend to be a part of many communities			

2A: CAFADA Safety and Wellbeing Scale					
Description	**Strengths**	**Weaknesses**	**Weighted scores (%)**		
			Psychometric	Acceptability	Overall
Outcomes: • Family relationships • Feelings of safety	From published research: ✓ This questionnaire can be used to explore more than one core outcome – this reduces the number of questionnaires to be completed (responder burden) ✓ This tool was co-developed with DA survivors ✓ This questionnaire has a free text box for additional/clarifying information	From published research × This measurement tool is very new and therefore there is no published research telling us about its scientific strengths × As this is so new, this measure has not been tested and approved for use on a diverse population	28.75	74.11	51.43
Responder:	Comments from workshops:	Comments from workshops:			

• Adults – lilac questionnaire • Children – green questionnaire	✓ This questionnaire was generally well liked by the Changemakers: ○ They felt the number of questions created a clear picture ○ There is the correct level of detail in the questions ○ The measure is easy to understand ○ Really liked the free text box	× All felt the child's measure needs to be improved to avoid vagueness: ○ Some statements should be separated to be easier for children to answer ○ Some topics children may not know about – e.g. my mum and brothers and sisters have the support they need from services and professionals × Many disliked the gendered language used and felt more inclusive terms should be used × For feelings of safety, the adult questionnaire could be revised to show that safety as relative			

2B: Roadmap (UCLAN) – Your Safety Subscale					
Description	**Strengths**	**Weaknesses**	**Weighted scores (%)**		
			Psychometric	Acceptability	Overall
Outcomes: • Feelings of safety	From published research: ✓ This questionnaire has been used within five DA services in England known as Beacon sites ✓ Survivors were involved in the development of this tool	From published research: × More scientific testing is needed as the tool itself has not been tested but it has been adapted from a scientifically strong questionnaire – e.g. is this tool approved for use in minority groups or those with accessibility needs?	32.34	64.29	48.31
Responder:	Comments from workshops:	Comments from workshops:			

• Adults	✓ Many liked that the questions reflect different areas of safety ✓ The Changemakers liked that the questionnaire was short and formatted neatly	× Everyone wants the timeframe used in this questionnaire to be changed if used in the DVA-COS × The Changemakers wanted a free text box to expand on the following topics: ○ Exploring what safety looks like to the responder to use as a benchmark ○ To explore broader topics in more detail such as which sites you feel safe/unsafe on (e.g. TikTok vs Google) × Changemakers wanted questions to be reworded to remove gendered language × A question like 'it is safe to express my views and opinions' was recommended by the Changemakers to improve the questionnaire			

2C: World Health Organization Quality of Life 100 (WHOQOL-100) – Safety Subscale					
Description	**Strengths**	**Weaknesses**	**Weighted scores (%)**		
			Psychometric	Acceptability	Overall
Outcomes: • Feelings of safety	From published research: ✓ Culturally this tool is very inclusive as it has been developed and used in multiple countries and translated into over 30 languages ✓ Some scientific testing has been done on this tool ✓ This tool comes with a manual/guidance to tell us the best way to administer the questionnaire	From published research: × The scientific testing on this tool is low because the whole questionnaire is too long, and adapted versions of this questionnaire preferred to be used in research × The questions are not very strengths-based (not worded positively) which is preferred for tools used in DA contexts × The subscale is very short as there are only four questions in the tool that ask about safety	68.45	48.81	58.63

Responder: • Adults	Comments from workshops: ✓ The Changemakers felt the wording of questions meant it is easy to determine if someone feels safe or not ✓ Some of the Changemakers liked that it uses different Likert scales as this made the questionnaire feel less repetitive	Comments from workshops: × Everyone felt the measure was visually unappealing × Some of the questions need to be reworded or separated: ○ Question 2: someone may not be aware their environment is objectively unsafe ○ Question 3: someone can be secure but feel unsafe so this question should be separated and it could be considered minimising × The changemakers felt, with only four questions, this tool could feel too generic and not very informative × Many disliked the different Likert scales used and felt it was unclear			

3A: Space for Action Scale					
Description	**Strengths**	**Weaknesses**	**Weighted scores (%)**		
			Psychometric	Acceptability	Overall
Outcomes: • Family relationships • Freedom to go about daily life	From published research: ✓ This tool maps onto multiple outcomes ✓ The questionnaire was developed, alongside survivors, specifically for domestic abuse contexts	From published research: × More scientific testing is needed to tell us about the quality of this measure (validity) × One example is approving this measure for use with different populations (e.g. with children, or adults from different ethnic, cultural, and religious backgrounds or those with different accessibility needs)	68.77	48.21	58.49

	✓ The tool has been delivered to people who have experienced poor mental health				
Responder: • Adults	Comments from workshops: ✓ Many liked that the questionnaire includes the different topics not covered in other tools: o E.g. finances and help-seeking as a part of 'freedom' as it covers different types of abuse ✓ The Changemakers preferred the questions using 'I' and 'me' as this feels more personal ✓ Many liked the number of questions in this subscale	Comments from workshops: × Everyone wanted this tool to include a timeframe to frame the statements (e.g. in the past three months) as an alternative to rewording statements to the present tense × Some statements, such as 'competence', needed rewording to specifically outline when someone is limited by the DA experience and not because they could not do the task × The Changemakers felt some topics were inappropriate for children to answer – e.g. community or finance/budgeting statements			

3B: State Optimism Measure					
Description	**Strengths**	**Weaknesses**	**Weighted scores (%)**		
			Psychometric	Acceptability	Overall
Outcomes: • Freedom to go about daily life	From published research: ✓ Moderate scientific testing has conducted on this tool ✓ This measure is very short and therefore quick to complete	From published research: × Some scientific testing is still needed on this tool, such as being approved for use with children, adults from ethnic, cultural, or religious backgrounds and those with accessibility needs × This measure has not been used in a DA context	53.47	39.29	46.38

	✓ The questions focus on strengths, which is preferred for tools used with DA services				
Responder: • Adults	Comments from workshops: ✓ The Changemakers felt the questionnaire is worded positively and is easy to complete	Comments from workshops: × Many felt the questionnaire design means responses are likely to change on a day-to-day basis and this is something to consider when voting on its usefulness in the DVA-COS × Everyone expressed that the questions are too similar and feel repetitive × The Changemakers felt there is little insight gained as the questions are too similar and not direct in understanding who/where your optimism comes from – e.g. from family or situations that made you feel optimistic × Many felt the questionnaire needed to be reworded to be trauma-informed – e.g. 'expecting': you may not be in the frame of mind to expect much after your experience/ expect things to go negatively			

Appendix 9. Participant characteristics from all workshops

The below table documents the number of participants, and their respective organisations/ affiliations, who participated in each workshop across this project.

	Survivors	Practitioners	Researchers
Stage A: Concept workshops held online from 10 September to 2 October 2024	Five young people attended from SafeLives' Changemakers	Five practitioners attended from: • Women's Aid • SafeLives • Solace Women's Aid • Southall Black Sisters • Refuge • Acorn Project	Four researchers attended from: • Public Health Wales (EU Definition Network) • University Of Central Lancashire • University Of Edinburgh • City, University of London
Stage C: Briefing and acceptability workshops held online from 11 November to 16 December 2024	Four young people attended from SafeLives' Changemakers	Five practitioners attended from: • Women's Aid • SafeLives • Solace Women's Aid • Refuge • Acorn Project	Seven researchers attended from: • Public Health Wales (EU Definition Network) • University Of Central Lancashire • University Of Edinburgh • City, University of London • Independent Consultant • Barnardo's
Stage D: Survivor feedback and consensus workshops held online from 16 to 28 January 2025	Five survivors attended the survivor feedback sessions from: • SafeLives' Changemakers • SafeLives' Pioneers Eleven survivors attended the consensus workshops from:	Ten practitioners and commissioners attended from: • Women's Aid • SafeLives • Refuge • Solace • Southall Black Sisters	Eight researchers attended from: • City, University of London • Public Health Wales (EU definition network) • Independent Consultant

	• VOICES Charity • VOICES at the DAC • Refuge Survivor Panel	• Acorn • For Baby's Sake • Imkaan • DRIVE • Northumberland	• University of Edinburgh • University of Central Lancashire • Barnardo's • Cordis Bright • University of Warwick

Appendix 10. Aggregated stakeholder demographic data

The below tables reflect the aggregated demographic information of stakeholders involved in the acceptability and consensus workshops. The aggregation of this data served to preserve the anonymity of participants. One participant did not provide their demographic data.

Stage C. Acceptability workshop demographic data

Demographics		n	(%)
Age	16–24	3	20.0
	25–34	2	13.3
	35–44	5	33.3
	45–64	5	33.3
Gender	Female	15	100
Ethnicity	Asian or Asian British (Indian, Pakistani, Bangladeshi, Chinese, any other Asian background)	3	20.0
	Black, African, Caribbean, Black British, or any other Black background)	0	0
	Mixed/multiple ethnic groups or other ethnic groups	2	13.3
	White (English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy or Irish Traveller, Roma, or any other White background)	10	66.7

Stage D. Survivor feedback and consensus workshops demographic data

Demographics		n	(%)
Age	16–24	4	12.1
	25–34	5	15.2
	35–44	9	27.2
	45–54	10	30.3
	55–64	5	15.2
Gender	Female	33	100
Ethnicity	Asian or Asian British (Indian, Pakistani, Bangladeshi, Chinese, any other Asian background)	14	42.4
	Black, African, Caribbean, Black British, or any other Black background)	3	9.1
	Mixed/Multiple ethnic groups or other ethnic groups	2	6.1
	White (English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy or Irish Traveller, Roma, or any other White background)	14	42.4

Appendix 11. VOICES Charity feedback and actions taken by the research team

VOICES served as a survivor advisory group at multiple stages. They were first consulted about the recruitment and management of survivor stakeholders and informed on the facilitation of workshops to ensure they were trauma-informed. Second, they provided feedback on the final shortlist of eight tools prior to the consensus workshops; their comments were distributed within the pre-workshop pack (see Appendix 9). Some members of the advisory group also participated within the consensus workshop.

Consultation 1. Recruitment and preparation for workshops

Feedback from VOICES	Actions taken by the research team
Discussion around making the workshops more accessible to young people: • Ensure workshops are as accessible and flexible as possible for the young people so the workshops are not overwhelming • Be mindful that the young person may still be in contact with the person that harms and this can impact how comfortable they will feel in group workshops	The research team adopted the comments by organising all young people interactions through a young people's coordinator to ensure workshops were accessible and flexible for this stakeholder group
Discussion around the importance of a parent stakeholder group: • Parent–child dyad is fundamental for the delivery of interventions and for inducing change over time • This group could provide a dual perspective (their DA experience and witnessing how children navigate their experience) • Parent stakeholder group can act as a proxy for younger children, providing their perspective as they cannot participate in this project	The research team recruited from SafeLives Pioneers, Refuge Survivor Panel, and VOICES at the DAC to create a parent stakeholder group who provided feedback and voted for the recommended measurement tools at the consensus workshop
Discussion around integrating stakeholder groups such as during the consensus workshop: • Setting clear expectations and house-keeping rules to ensure everyone feels safe • Professionals should sign trauma-informed principles • The research team should ensure there are pre- and post- workshop check-ins for lived-experience stakeholders	• Prior to attending the consensus workshop, all participants signed a series of trauma-informed principles that should be followed during the workshop discussions • Briefing workshops were held with all survivors prior to the consensus workshop and post-workshop check-ins were offered to survivors through

• Ensure that there is no mixing of parent and child groups (if recruiting from the same organisation)	the workshop counsellor. This was in line with the University of Sussex's safeguarding policy
The young person's advertisement and terms of reference were reviewed and the following changes were recommended: • Use of plain language • Condensing the text	The research team implemented all comments made by the advisory group by reviewing the language and formatting to improve readibility

Consultation 2. Feedback on the final shortlist of tools prior to the consensus workshop

Measurement tool	VOICES feedback
1A: CAFADA Wellbeing and Safety – Relationships Subscale	• Many items need revision to remove ambiguity or separating into individual constructs • The child measure doesn't distinguish between positive/negative relationships • Use of gendered language is problematic
1B: Medical Outcomes Study – Social Support Survey	• The items were not triggering/problematic • The language is inaccessible for children to comprehend • The team recommended a subscale adopted within domestic abuse literature; VOICES preferred the whole tool
1C: Space for Action Scale – Family & Friends; Communities Subscales	• Liked the reference to the wider community and specifically organisations/external agencies • Disliked the timeframe for questioning and its impact on the item wording
2A: CAFADA Wellbeing and Safety – Feeling Support Subscale	• Some items were ambiguous or needed separating • The child version contained items that were inaccessible to children – e.g. would a child know about the support their mother or siblings have access to or need? • Different contexts were not considered – e.g. court systems • Failed to capture how feeling safe is relative – e.g. feeling safer
2B: Roadmap (UCLAN) – Your Safety Subscale	• Different types of safety explored – e.g. online safety • While the timeframe was suitable for services, it was recommended that this should be revised if implemented in the DVA-COS
2C: WHOQOL-100 – Safety Subscale	• Language was minimising– e.g. "worry" has been used in an unsympathetic way by professionals • Visually really unappealing and unclear • Disliked the different word prompts for each Likert scale

3A: Space for Action – Help-seeking; Competence; Finance Subscales	• Disliked the term "competence" as incompetence is used in instances of coercive control • Lack of clarity around the timeframe
3B: State Optimism Measure	• Felt repetitive and circumstantial • Optimism may be inappropriate in certain contexts – e.g. at early stages of recovery, you may not have expectations about things going well • Items need better framing to allow for meaningful exploration in a domestic abuse context

Appendix 12. Expert advisory group feedback and actions taken by the research team

Stage	Feedback from expert advisory group	Actions taken by the research team
Stage 1. Overview of the project and considerations going forward (Tuesday 1 October 2024)	• The idea of freedom as a feeling and feelings of safety as only being defined by the person's experiencing this resonates within DVA service provisoin training • The research team needs to disentangle the overlap between feelings of safety and freedom to go about daily life • Recommendation to include community safety within the search for the 'feelings of safety' literature • Oxford Positive Self-Scale was recommended for consideration for the outcome freedom to go about daily life • Consideration is needed for tools capturing the person who harms or babies/unborn children • Issues with the definition of family relaitonships – care-experienced children or kinship • Comments on defensive reporting (especially early within an intervention	• The research team worked to disentangle the two outcomes. The team presented their initial rationale for overcoming this issue: - Two subscales could be identified and used in tandem - Freedom could be viewed as a long-term outcome • Community safety was screened for with tools that could map to feelings of safety • Oxford positive self-scale was considered and viewed as inappropriate during previous iterations; this tool was revisited • All tools, including those capturing the person that harms and babies/unborn babies, have been considered (limitations focus on the lack of tools/limited evidence base) • For unborn babies/babies the research team considered proxy measures

Stage 2. Overview of the project and feedback on the tools (Thursday 6 February 2025)	• CAFADA wellbeing and safety is not appropriate for use with perinatal families • Free text box is popular; however, what is the feasibility and acceptibilty of processing this? • Concern regarding what gets measured gets done • Recommendations to ensure the measure is used by services and not just within trials/research data - Strong guidance is needed to ensure tool is not used just for screening – needs to keep alignment with trauma-informed principles • Possible unintended consequences need to be identified and considered within the trauma informed guidance • UK Trauma Council (UKTC) – interested in formulating guidance • Considerations focused on ensuring monitoring data and COS align	The research team used these comments to provide context and considerations to the research findings within the report and wider uses of the DVA-COS

Appendix 13. Core outcome definitions

The definitions of the remaining core outcomes are listed below. These definitions were informed through a series of concept workshops with domestic abuse researchers, practitioners, and the Changemakers (a young people's lived-experience group affiliated with SafeLives). Comments from these workshops were thematically synthesised by the research team.

FAMILY RELATIONSHIPS: The definition of *family relationships* includes the emotional and practical aspects of a relationship. The emotional aspects can include the quality of the relationship – e.g. the emotional climate of the relationship, feelings of closeness or a 'sense of belonging'. Practical aspects include relationship functioning, such as the family script or conflict resolution. It is important to consider the relationship type within the definition of family relationships, because whoever the responder is holding in mind will influence how measurement tools are answered.

FEELINGS OF SAFETY: The definition of *feelings of safety* is context-dependent. Everyday safety can include feeling safe in different settings such as at home, in the community, or online and at different points in time. Feelings of safety also includes emotional/psychological safety, with the 'fear of retaliation' possibly limiting your self-expression or impacting the coping strategies you use. Relationships with family, friends, the wider community, and external agencies also affect your feelings of safety; a key consideration in this includes incorporating, where appropriate, the person/parent that harms.

FREEDOM TO GO ABOUT DAILY LIFE: The definition of *freedom to go about daily life* includes practical freedom such as financial freedom and the freedom around moving/staying in locations. This definition also includes self-freedom and its interaction with other relationships, such as having the freedom of choice and speech without fear of consequences. Freedom to go about daily life also includes feelings around freedom such as hope for the future or not feeling limited by your experience. Importantly, a key consideration for this core outcome is its focus on long-term outcomes.

Appendix 14. Top votes comments from concept workshops

During the concept workshops, stakeholders were invited to document their initial thoughts using the Mural whiteboard[20]. After an initial discussion, which adopted the nominal group technique (Hall et al., 2021), each stakeholder voted on their top three comments that best captured their definition of the core outcomes. This table details the top qualitative comments voted for by stakeholders; these informed the core outcomes definitions.

Core outcome	Changemakers	Researchers	Practitioners

Family relationships	• Feeling like they're "walking on eggshells" around parents/siblings/ family
	• Impact of disclosing/discussing domestic abuse:
	  - "Your family will see you differently"
	  - "If [you] say something they will lose the 'love' from their family"
	• Sense of belonging – feeling part of a family
	• if in a conflict, can the parent/s handle the situation calmly?
		• Family conflict resolution – the importance of communication and sharing
		• Feelings of closeness (as a family/ towards children)
		• Grandparents as surrogate parents
		• Who does the child see as family? Family measures ask the child who they were thinking of when completing the measure
		• Does the child have at least one person that they feel comfortable speaking to?
		• How often do children talk with their family members about their feelings and concerns?
			• Cultural components that construct a family – values, morals, roles, expectations, etc
			• Importance of a child having "at least one" positive relationship with an adult
			• The family script
			• Identity – who am I in this space and within my family?
			• Blame around breaking up family
			• Knowing more about healthy relationships and what they look like

[20] See: https://www.mural.co

	• Feel they are treated fairly/equally to siblings • The survivor feeling resentful or numb towards the perpetrator/s • Parent–child relationship after divorce/separation • Feelings of closeness (to children or as a family)	• Time and attention – e.g. Growing Up in Scotland (GUS; national longitudinal survey) question: My family members have time for me and listen to what I have to say? • What is happening within the household – e.g. household routines and regulations, such as over screen time, sleep routines, mealtime routines	
Feelings of safety	• Being reassured your perpetrator is unable to access your 'safe space' • Feeling safe within yourself, not causing harm towards yourself or possible suicide risk • Feeling safe need to be considered in context e.g. in the family, neighbourhood, and community (in general terms) or around specific individuals (e.g. around a parent/ the individual that harm) • Feeling safe forever, not just right now, tomorrow, or next week • Knowing what to do when they feel unsafe or in danger – knowing how to protect themselves in physical abuse	• Feelings of safety around the parent that harms • Global feelings of safety (psychological and physical) • At home, school/work, and online • From child removal by social services/ court proceedings • Framed as "lack of feeling unsafe"? (many survey questions might be framed this way) • Did you feel safe to express your opinion/say what you think? • Feelings of hypervigilance and its relation to ability to concentrate (checking safety) • Is there anywhere that you feel safe? (e.g. your room or another location) • Physical safety of their own/other's property (pets and "my things")	• "I'm able to be my [full] self - at home/at school etc" • Psychological safety: feeling settled in your own head and thoughts. What are the things that make you feel unsettled? Somatic examples etc. Promotion of words to enable the articulation of thoughts and feelings that may not previously have been articulated • Comfort in expressing feelings around safety • Psychological safety for a child: are you able to focus on your homework, are you able to relax (e.g. watch TV) at home? • Feelings of safety in cultural settings or in the community

Freedom to go about daily life	• Not feeling as though you must constantly be aware and on edge • Not feeling economically restricted or disadvantaged when with the perpetrator/s • Freedom to have your own hobbies/ be able to go out with your own friends • Financial freedom • Believing that every opportunity is available and not feeling disadvantaged • Not feeling as though friends, teachers, peers, other family members, etc. have been "turned against" you • If sharing something about their current DV experience, not pushing them to tell someone or to reach for help if they do not want it but rather giving them the space to talk to you about it and not worry that you might tell someone • Not feeling like you have to change the way you interact with people or have to keep secrets	• Psychological freedom to do life as you want • The luxury of not worrying – this may be more subconscious (think wellbeing): e.g. making unrestricted plans • Ability to get home safely from school/work/friends/family etc. • Freedom in relation to contact (when having to arrange custody/visitation or the freedom to move locations) • What does freedom look/feel like? • How often do children get to choose what they do after school? Do they feel they can invite friends over to their home? • Coming home and knowing things will be okay • Not having your life limited by a parent that harms, how this changes when things get better • Young children's freedom as expressed through ability to explore through play (e.g. sense of curiosity and fear)	• "I can be myself at home/school/out and about" • Opportunity to make own choices and mistakes • Consequences feel reasonable when I do something wrong? • Autonomy to make own decisions • Feeling confident to get help if you need/know where to get help • Reflect personal choices (on school/uni/work)/identity (i.e. gender/sexuality) • Free to identify your own identity and self-construct

Appendix 15. Thematic synthesis of concept workshop comments

This table details, for each outcome, key themes and a brief description of comments raised by stakeholders. The table further summarises the constructs and any key considerations raised during workshops. Themes were used to inform the core outcome definitions.

Core outcome	Key themes	Summary of constructs	Key considerations
Family relationships	• Family script/dynamics – emotional climate, one family member dictating the tone, what is happening in the household: e.g. routines (as proxy for functioning) • Sense of belonging in family – who am I within this space and my feeling, having a place and feeling wanted, happy with the relationship and structure • Feelings about family – walking on eggshells, feelings about family members, feelings towards perpetrators, anxiety/fear when with family, blame around breaking up family, anxiety will lose family love, non-abusive parent feelings • Specific to non-abusing parent – feelings of responsibility about non-abusive parent's feelings or safety and how to mitigate the impact of domestic abuse on that parent, degree of sheltering by the non-abusive parent through conflict, parent characteristics and traumas	• Feelings of belonging and closeness in family • Family emotional climate (inclusive of anxiety, fear, blame and individual feelings about different family members) • Quality of family contact • Family conflict resolution	• Tool needs to be flexible about who it includes: extended family, siblings, grandparents, adoptive/foster/birth, chosen • Impact of different cultural understandings of family • Impact of wider context on family relationships e.g. housing, additional needs • Consider impact of parenting and boundaries on family relationships, and risks of child to parent violence • Consider impact of contact with abusive parent both voluntary and court-mandated • Changemakers want agency over how and when the person who harms is discussed, may have

	• Quality of contact with family members/extended family – being kept in mind, time and attention, parental involvement, feeling safe around family members, feelings of closeness, talking about feelings/areas of concern • Family conflict resolution – role of communication, discipline, sharing, stress – feelings of tension, making mistakes, parent handling situation calmly		mixed feelings and contact can have a negative influence
Feelings of safety	• Temporal, contextual, spatial safety – online, at home, at school, times of day, over time periods, where someone's safe space is • Emotional/psychological safety – worry, scared for self and others, fear of retaliation, safe within self, conflicting emotions, changing feelings and managing these, articulating feelings, feeling anxiety/ depression, somatisation • Practical safety – how well you're coping, useful coping strategies, knowing what to do, what could be put in place, identifying when you feel unsafe and what to do (e.g. coping) • Everyday safety – feeling safe in your daily routine, able to make mistakes at home, can you focus at home on homework, relax etc., feelings of hypervigilance, and ability to concentrate • Safety of items – physical safety of property, pets, things; safety of personal information – from services or the person that harms	• Emotional/psychological safety (including self-expression) • Day-to-day safety (includes practical, everyday safety of items, safe place) • Feeling safe in relationships (including impact of how safe others are) • Temporal, contextual, and spatial safety • Feeling safe in relation to external agencies (access to, treatment by, institutional safety, interference by person that harms)	• Contact with the person that harms – consider how this affects feelings of safety • Impact of community safety – consider how this affects feelings of safety • Consider how immigration/wider treatment by state affects feelings of safety • Developmental understanding of safety and how this changes (e.g. children and young people relearning what safety feels like) • How does someone's identity and context affect their feelings of safety? • Need to capture feelings of safety across multiple contexts and with different people

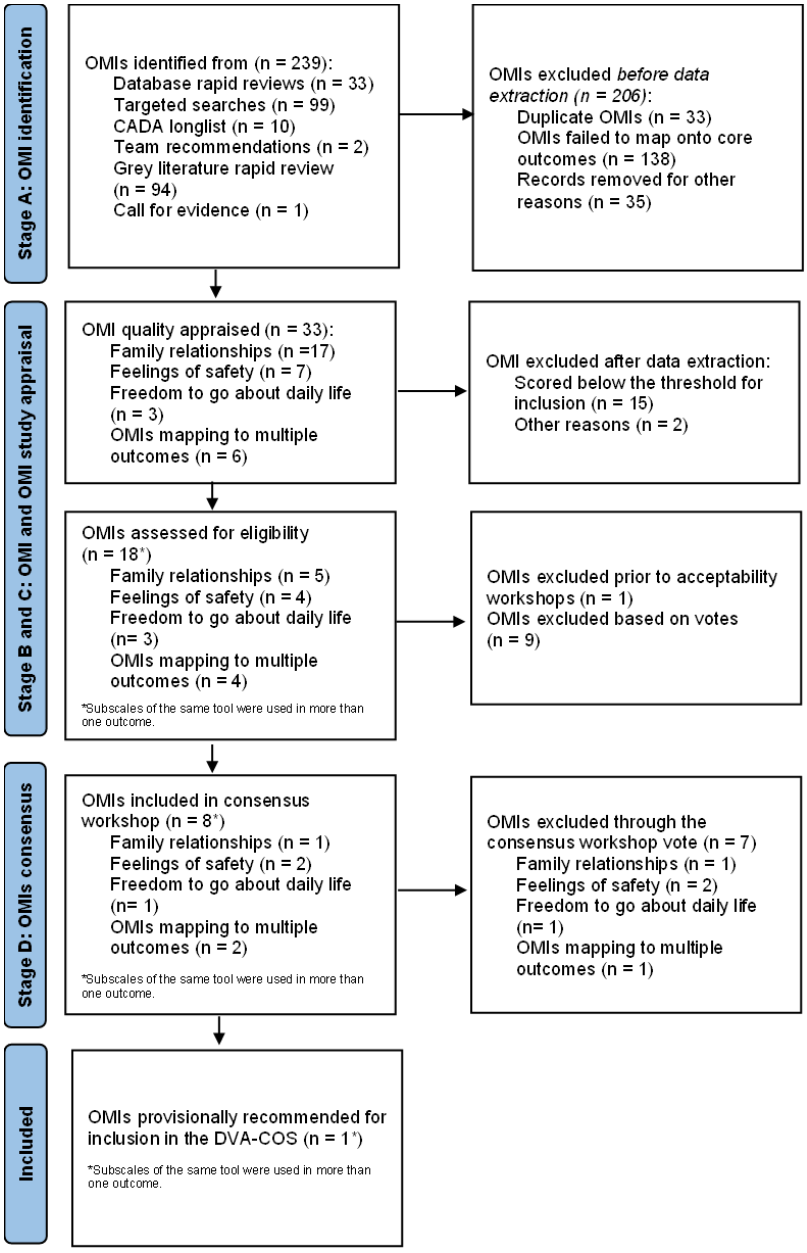
	• Safety and the person that harms – knowing info etc. can't be used against, can't access safe space • Self-expression and feelings of safety – able to be self at home, expressing feelings/opinions • Safe relationships – can you identify what a safe relationship looks like, do you have a safe relationship, family members, trusted adults/friends (overlap with family relationships) • Community safety – feelings of safety in the community, societal attitudes, feeling safe in family, neighbourhood, community • External agencies – awareness of support, safety in relation to external agencies, feeling supported, related to mother: e.g. immigration status, safety re: legal proceedings		
Freedom to go about daily life	• Money/finance related – financial freedom, not feeling pressured to work or provide finances, not feeling restricted when with the abusive parent, access to own money and freedom to buy essentials • Freedom and movement – community surveillance, moving areas, in relation to contact, choice about moving away or not, leaving the house, able to go about daily life and between settings without being accosted • Freedom in contexts – home/school/community, feel able to go to other places, retraumatising	• Hope for the future • Self-freedom (in relation to self, freedom of speech, freedom to play for children) • Financial freedom • Freedom in relationships (in non-abusive relationships, feelings in relationships, parenting)	• Child age – can it be measured for children under a certain age? Until what age can non-abusive parent freedom outcome be a proxy for a child? • Changemaker priorities: finance and hope for future • Line between safety and freedom. Is freedom a more long-term outcome? • Where school/other contexts are not safe, consider extent to which

	• Online freedom – using technology without fear, free to post/share/like, use social media, not feeling monitored online • Freedom in relation to the home – coming home and knowing things will be ok, coming home doesn't make me feel bad • Practical freedom – housing stability, immigration status, accessing services, confidence to get help, human rights, safe from abusive partner using service/benefits/state, choice within this, no recourse to public funds (NRPF) • Children's freedom to play – have your own hobbies, able to go out with friends, children choosing activities after school, feeling they can invite friends home, ability to explore through play • Freedom in relationships: (umbrella theme with subthemes) - Freedom and non-abusive relationships: able to spend time with peers, not feeling wider relationships have been turned against you, able to connect with friends/family/others, freedom to form relationships with people outside the immediate family - Negative feelings: not feeling you have to change the way you react or keep secrets, not feeling as though you're walking on eggshells, not feeling constantly on edge around people,	• Freedom in different contexts (including online and at home) • Freedom of movement • Practical freedom	this is part of freedom and amenable to change by intervention • Consider cultural differences in understanding of freedom

	- Parenting behaviours: consequences feel reasonable when I do something wrong, do I have to ask permission to do what I want to do? - Hope for the future – not worrying, excitement about the future, believe have opportunities available, not having career affected by perpetrator, education/achievements not affected by perpetrator - Freedom of speech – freedom of expression, not afraid of speaking out, only speaking when comfortable, worry that someone might get into to trouble if you say something wrong - Freedom in relation to the self – freedom to do life as you want, freedom of own beliefs, be self, identify own identity, autonomy, make own choices, dress as want		

Appendix 16. Flowchart of OMIs identified, included, and excluded across all stages

The below PRISMA diagram depicts the flow of measurement tools across all stages. This includes the number of tools identified from the literature, the appraisal of each tool and their respective study, reflecting their accessibility within the DVA-COS until the consensus stage. After the quality appraisal of OMIs (stage B), we considered individual subscales of candidate OMIs where these captured constructs of interest. The distinction between whole measurement tools and subscales is noted below.



Appendix 17. List of measurement tools included at Stage B

The below table documents all 33 tools included within the quality appraisal stage (stage B), which core outcome the measure maps to, and the tool's total, acceptability, and psychometric weighted scores (%), and whether the tool was shortlisted. The table does not denote individual subscales of interest.

Tool	Outcome	Weighted overall score (%)	Weighted acceptability score (%)	Weighted psychometric score (%)	Shortlisted for review
Systemic Clinical Outcome and Routine Evaluation (SCORE) Index – 15	Family relationships	60.04	39.29	80.80	No
McMaster Family Assessment Device (FAD)	Family relationships	55.05	40.48	69.62	No
Inventory of Psychosocial Functioning (IPF)	Family relationships	51.93	39.88	63.99	No
Family Adaptability and Cohesion Evaluation Scale (FACES-IV)	Family relationships	51.98	42.26	61.69	No
Beach Center Family Quality of Life Scale (With Disability)	Family relationships	70.21	54.76	85.65	Yes

Network of Relationships Inventory – Social Provision Scale	Family relationships	55.19	53.87	56.51	Yes
Adolescent Health Review (AHR)	Family relationships	48.46	53.57	43.35	No
Multiple Indicator Cluster Survey – Family Care Indicators (MICS-FCI)	Family relationships	48.21	49.40	47.02	No
New South Wales Child Health Survey – Social Support Scale	Family relationships	48.31	46.73	49.90	No
Duke Social Support and Stress Scale (DUSOCS)	Family relationships	52.70	50.00	55.39	Yes
Brief Family Relationships Scale	Family relationships	42.34	36.90	47.77	No
Family of Origin	Family relationships	51.33	42.26	60.40	No
Child Routines Inventory	Family relationships	33.57	39.29	27.86	No
Family Routines Inventory	Family relationships	46.05	36.61	55.49	No
Social Support Rating Scale	Family relationships	0.00	0.00	0.00	No

Multi-dimensional Perceived Social Support	Family relationships	72.47	65.48	79.46	Yes
Medical Outcomes Study Social Support Survey (MOS-SSS)	Family relationships	55.95	50.60	61.31	Yes
Outcomes Star – My Star	Family relationships; feelings of safety	55.37	54.46	56.27	No
CAFADA – Wellbeing and Safety	Family relationships; feelings of safety	51.43	74.11	28.75	Yes
Space for Action	Family relationships; feelings of safety; freedom to go about daily life	58.49	48.21	68.77	Yes
Integrative Hope Scale	Family relationships; freedom to go about daily life	48.61	37.50	59.72	Yes
Locus of Hope Scale	Family relationships; freedom to go about daily life	43.99	37.50	50.48	Yes
Comprehensive Hope Scale	Family relationships;	21.03	1.79	40.28	No

	freedom to go about daily life				
Measure of Victim Empowerment Related to Safety (MOVERS) scale	Feelings of safety	60.36	55.95	64.77	Yes
WHO Quality of Life scale (WHOQOL-100)	Feelings of safety	58.63	48.81	68.45	Yes
Roadmap – UCLAN	Feelings of safety	48.31	64.29	32.34	Yes
Decisional Conflict Scale	Feelings of safety	72.63	60.71	84.55	Yes
Attention Bias Questionnaire	Feelings of safety	42.19	38.39	45.98	No
Brief Hypervigilance Scale	Feelings of safety	44.82	39.29	50.35	No
LGBTQ-Hypervigilance Scale	Feelings of safety	47.99	39.88	56.10	No
Urban Adolescent Hope Scale (UAHS)	Freedom to go about daily life	47.98	48.81	47.15	Yes
State Optimism Measure	Freedom to go about daily life	46.38	39.29	53.47	Yes
Cognitive Processing of Trauma Scale	Freedom to go about daily life	33.13	16.07	50.20	Yes

Appendix 18. List of shortlisted measurement tools for Stage C

The below table documents the first shortlist of measurement tools to be discussed at the acceptability workshops, alongside each tool's total, acceptability, and psychometric weighted score (%). The table includes the OMIs that were recommended for inclusion as a result of the briefing workshops held with the Changemakers. The table does not denote individual subscales of interest.

	Tool	Core outcome	Weighted total score (%)	Acceptability score (%)	Psychometric score (%)
1	Beach Center Family Quality of Life Scale (With Disability)	Family relationships	70.21	54.76	85.65
2	Network of Relationships Inventory – Social Provisions Version	Family relationships	55.19	53.87	56.51
3	Medical Outcomes Study Social Support Survey (MOS-SSS)	Family relationships	55.95	50.60	61.31
4	CAFADA – Wellbeing and Safety[21]*	Family relationships and feelings of safety	51.43	74.11	28.75

[21] The CAFADA Wellbeing and Safety tool was originally excluded from the first shortlist of 18 tools because it did not surpass the threshold for inclusion. However, when reviewed by the research team, it was noted that the measure received the highest acceptability score and received a low psychometric score; this could be attributed to the tool's extremely recent development. Despite such a low psychometric score, this tool scored 1.27% less than the shortlisted measures. To prevent the exclusion of a relevant measure, due to the recent development, this measure was presented to the Changemakers during the briefing workshop and their feedback recommended the inclusion of this tool. The measure was included as a seventh tool from this stage forward.

5	Duke Social Support and Stress Scale (DUSOCS)	Family relationships	52.70	50.00	55.39
6	Space for Action**	Family relationships	58.49	48.21	68.77
7	Multi-dimensional Perceived Social Support	Family relationships	72.47	65.48	79.46
8	Measure of Victim Empowerment Related to Safety (MOVERS) scale	Feelings of safety	60.36	55.95	64.77
9	WHO Quality of Life scale (WHOQOL-100)	Feelings of safety	58.63	48.81	68.45
10	Roadmap – UCLAN	Feelings of safety	48.31	64.29	32.34
11	Decisional Conflict Scale	Feelings of safety	72.63	60.71	84.55
12	Locus of Hope Scale	Freedom to go about daily life	43.99	37.50	50.48
13	State Optimism Measure	Freedom to go about daily life	46.38	39.29	53.47
14	Cognitive Processing of Trauma Scale	Freedom to go about daily life	33.13	16.07	50.20
15	Integrative Hope Scale	Freedom to go about daily life	48.61	37.50	59.72

* Measurement tools included multiple subscales mapping to two outcomes.

** Measurement tools included subscales mapping to three outcomes.

Appendix 19. List of excluded measurement tools for Stage C

The below table documents all excluded measurement tools alongside each tool's total weighted score (%) and justification for exclusion. This table also reflects the excluded measures as recommended by the Changemakers in the briefing workshops held prior to the acceptability and feasibility workshops (stage C). The table does not denote individual subscales of interest.

Tool	Core outcome	Weighted total score (%)	Justification
Systemic Clinical Outcome and Routine Evaluation (SCORE) Index – 15	Family relationships	60.04	Neither the overall weighted score, acceptability weighted score, nor the psychometric weighted score passed the threshold for inclusion
McMaster Family Assessment Device (FAD)	Family relationships	55.05	The acceptability weighted score did not pass the threshold for inclusion
Inventory of Psychosocial Functioning (IPF)	Family relationships	51.93	Neither the overall weighted score, acceptability weighted score, nor the psychometric weighted score passed the threshold for inclusion
Family Adaptability and Cohesion Evaluation Scale (FACES-IV)	Family relationships	51.98	The acceptability weighted score did not pass the threshold for inclusion
Outcomes Star – My Star	Feelings of safety	55.37	The questionnaire framework was not entirely relevant to the DVA-COS and the tool did not allow for specific subscales to be used. This tool heavily relied on the administrator's judgement and resulted in data collection that is necessary for inclusion in this research

Adolescent Health Review (AHR)	Family relationships	48.46	Neither the overall weighted score, acceptability weighted score, nor the psychometric weighted score passed the threshold for inclusion
Multiple Indicator Cluster Survey – Family Care Indicators (MICS-FCI)	Family relationships	48.21	Neither the overall weighted score, acceptability weighted score, nor the psychometric weighted score passed the threshold for inclusion
New South Wales Child Health Survey – Social Support Scale	Family relationships	48.31	Neither the overall weighted score, acceptability weighted score, nor the psychometric weighted score passed the threshold for inclusion
Brief Family Relationships Scale	Family relationships	42.34	Neither the overall weighted score, acceptability weighted score, nor the psychometric weighted score passed the threshold for inclusion
Family of Origin	Family relationships	51.33	Neither the overall weighted score, acceptability weighted score, nor the psychometric weighted score passed the threshold for inclusion
Child Routines Inventory	Family relationships	33.57	Neither the overall weighted score, acceptability weighted score, nor the psychometric weighted score passed the threshold for inclusion
Family Routines Inventory	Family relationships	46.05	Neither the overall weighted score, acceptability weighted score, nor the psychometric weighted score passed the threshold for inclusion
Social Support Rating Scale	Family relationships	0.00	This measurement tool was developed for the Chinese population. This was heavily used within Chinese research; however, a translated version of this measure and relevant English studies were not available
Attention Bias Questionnaire	Feelings of safety	42.19	The overall weighted score was in the bottom four for the safety outcome and the measure was therefore excluded

Brief Hypervigilance Scale	Feelings of safety	44.82	The overall weighted score was in the bottom four for the safety outcome and the measure was therefore excluded
LGBTQ-Hypervigilance Scale	Feelings of safety	47.99	The overall weighted score was in the bottom four for the safety outcome and the measure was therefore excluded
Urban Adolescent Hope Scale	Freedom to go about daily life	47.98	Although this measure did surpass the threshold of inclusion for the outcome *freedom to go about daily life*, within the data extraction stage (stage B), this measure was excluded because of comments from the Changemakers. This measure was not discussed after the briefing workshops and in the subsequent stages
Comprehensive Hope Scale	Freedom to go about daily life	21.03	Unable to access this questionnaire

Appendix 20. Description of shortlisted tools

The below table describes the shortlisted tools discussed at the acceptability workshops and details all subscales of interest, the number of items within the measure/subscale of interest, and the intended reporter of the tool.

Core outcome	Tool	Description	Adult self-report	Child self-report	Adult proxy for child report
Family relationships	Multi-dimensional Perceived Social Support Scale	Full Measure • 12 questions	✓	✓	
Family relationships	Beach Center Family Quality of Life Scale (With Disability)	Full Measure • 25 questions OR Subscales of interest: • Family interactions – 6 questions • Parenting – 6 questions • Emotional wellbeing – 4 questions		✓	✓
Family relationships	Space for Action	Subscales of interest: • Community – 5 questions • Friends and Family – 3 questions	✓		
Family relationships	Medical Outcome Social Support Survey (MOS-SSS)	Full measure • 20 questions	✓		

Family relationships	Network of Relationships Inventory	Full measure • Social Provisions Version - 39 questions	✓	✓	
Family relationships	Duke Social Support and Stress Scale (DUSOCS)	Subscale of interest: • Social Support – 12 questions	✓		
Family relationships	CAFADA Wellbeing and Safety	Subscale of interest: • Relationships Subscale – 5 questions for the child measure; 7 questions for the adult measure	✓	✓	
Feelings of safety	Decisional Conflict Scale	Full measure: • 16 questions for traditional questionnaire • 10 questions for domestic abuse adapted questionnaire	✓		
Feelings of safety	Space for Action	Subscale of interest: • Wellbeing and Safety – 6 questions	✓		
Feelings of safety	World Health Organisation Quality of Life 100 (WHOQOL-100)	Subscale of interest: • Physical Safety and Security – 4 questions	✓		
Feelings of safety	Measure of Victim Empowerment Related to Safety (MOVERS) Scale	Full measure: • 13 questions	✓		
Feelings of safety	CAFADA Wellbeing and Safety	Subscale of interest:	✓	✓	

		• Feeling Supported – 16 questions for adult measure and 12 questions for child measure			
Feelings of safety	Roadmap (UCLAN)	Subscale of interest: • Your Safety – 6 questions	✓	✓	
Freedom to go about daily life	Space for Action	Subscales of interest: • Help seeking – 3 questions • Competence – 5 questions • Finances – 2 questions	✓		
Freedom to go about daily life	Integrative Hope Scale	Subscales of interest: • Positive Future Orientation – 4 questions • Lack of Perspective – 3 questions		✓	
Freedom to go about daily life	Urban Adolescent Hope Scale	Subscale of interest: • Personal Agency – 6 questions		✓	
Freedom to go about daily life	State Optimism Measure	Full measure • 7 questions	✓		
Freedom to go about daily life	Locus of Hope Scale	Subscale of interest: • Internal Locus of Hope – 8 questions	✓		
Freedom to go about daily life	Cognitive Processing of Trauma Scale	Subscale of interest: • Resolution/Acceptance – 4 questions	✓		

Appendix 21. Acceptability workshop votes on final shortlisted tools progressing to the consensus workshop

The below table documents the results of the acceptability workshop votes for the final shortlist of eight tools. Each stakeholder voted to include, exclude, or abstain from recommending an OMI to stage D (the consensus workshop). After the workshops, the research team summed the scores to provide an overall stakeholder group percentage. These percentages were averaged across the stakeholder groups to give equal weighting to each group. This appendix documents the averaged percentage of yes, no, and maybe/abstain votes made by domestic abuse researchers, practitioners, and the Changemakers. These tools and subscales of interest continued to the consensus stage.

Core outcome	Measurement tool	Yes (%)	No (%)	Abstain (%)
Family relationships	CAFADA Wellbeing and Safety – Relationships Subscale	95	0	5
Family relationships	Medical Outcomes Study – Social Support Survey	88	4	8
Family relationships	Space for Action – Family and Friends and Community Subscales	52	25	23
Feelings of safety	CAFADA Wellbeing and Safety – Feeling Supported Subscale	93	0	7
Feelings of safety	Roadmap (UCLAN) – Your Safety Subscale	93	0	7
Feelings of safety	WHOQOL-100 – Safety Subscale	71	11	18
Freedom to go about daily life	Space for Action – Help-seeking, Competence, and Finances Subscales	60	20	20
Freedom to go about daily life	State Optimism Measure	47	33	20

Appendix 22. Acceptability workshop comments on final shortlisted tools

The below table outlines the feedback the domestic abuse practitioners, researchers, and Changemakers provided for the final eight shortlisted measurement tools. The comments reflect the tools' acceptability and feasibility for use within practice and as a tool for use within the DVA-COS.

Measurement tool	Changemaker comments	Practitioner comments	Researcher comments
CAFADA Wellbeing and Safety – Relationships Subscale	Pros: • Really liked the statements • Easy to understand • Goes into the correct level of detail Cons: • References only "mum" – should allow space for more people • Preference for a four-point Likert scale and a numbered response scale • Child version needs developing – some young people preferred answering the adult scale (14+)	Pros: • Directly relevant and captures what is focused on during interventions • Free text box – has been requested by other services for other measures designed for young people • Open, accessible, and feels warm • Liked the differentiation between adult and child versions • Language is simple and clear Cons: • Would like to add items exploring relationships with agency workers	Pros: • Free text box is well liked as this can capture the journey of change – suggestion to include a voice recording option • Tool is considered child and adult friendly • Covers a breadth of topics (compared to the other measures discussed) • Co-developed with survivors • Would be easy to implement into practice • Looks brief • Empowering for those completing the survey Cons: • Adult measure overlaps with feelings of safety – unsure if the child measure does as well?

		• Implications around gendered language	
Medical Outcomes Study – Social Support Survey	Pros: • Liked specific questions – Q15, 16, 19, and 20 • Some preferred to have more questions as the questions were detailed • Questions were less subjective, so they would be easier to answer Cons: • Use of the term "someone" gives a repetitive feel • Difficulty quantifying the different response scale points – "a little of the time" vs "some of the time"; preference for an agree–disagree response scale • Some felt the questionnaire was too lengthy • Disliked the format	Pros: • The use of "someone" is vague and could refer to any trusted person • Liked the language used • Tool could be used by UKTC or with services such as Refuge • It feels relevant and covers a lot of different areas that are relatable regarding family relationships and day-to-day living/needs • It gives a good indicator for what someone's life looks like Cons: • Tool may not be appropriate for domestic abuse settings – more appropriate for social care	Pros: • Liked that the statements could apply to any form of social support not just family – e.g. if you've been estranged from your family • Question 3 is an important question 'someone you can count on to listen to you when you need to talk' • Clear wording • Questions are better at getting more detailed information compared to other tools – e.g. 'getting to the heart of what you want to measure' • Intuitive • Behaviours within the statements capture what you can actually gain from different relationships e.g. friends are likely to spend time with you, romantic partner likely to give you hugs etc. Cons: • Friendships are not discussed in the current tool but are an important support system to include

			• While the definition of family is broad, unsure if this appropriately captures the person that harm's perspective • Too long • Unsure if this measure has been developed using trauma informed principles, the tool currently could be considered upsetting/triggering • Questionnaire could be interpreted differently based on circumstantial factors e.g. time of year • Young people, because of social desirability, could disengage from this tool – could be perceived as judgemental?
Space for Action – Family and Friends and Community Subscales	Pros: • No pro comments were raised Cons: • Disliked the past tense and timeframe • Disliked the response scale-preference for a four-point Likert scale and an "I don't know option" • Friend and family subscale is subjective – e.g. "enough"	Pros: • Liked the topics but requires a lot of adaptation Cons: • Subjective and retrospective • Disliked past tense wording	Pros: • Broadly relevant to the outcome • Liked the community/ education questions Cons: • Too few questions on family relationships • Too open to interpretation – e.g. "enough"

	• More questions are needed to explore family relationships • Too focused on the community		• Tool is useful in understanding coercive control and relationships but not appropriate for rebuilding relationships • Disliked the past tense wording • Does include the person that harm's perspective, however there is not enough exploration • Unclear of the timeframe the tool should be used with • Friends and family questions are not meaningful – you want to know they have someone they rely on rather than the number of relationships
CAFADA Wellbeing and Safety – Feeling Supported Subscale	Pros: • Simple • Free text box – some questions need to be expanded • Attractive tool • Scale is simple to implement • Easy to understand the questions and how they map to feelings of safety Cons: • Disliked the neutral/not sure how to answer options • Too focused on "mum"	Pros: • Highly relevant to the feelings of safety • Accessible and inclusive • Simple with clear language Cons: • Question "I feel safe at home" may not be relevant for all families so should be adapted – e.g. the Traveller community or those living in refuges	Pros: • Highly relevant – asks about different types of safety • Free text box for clarification • Both an adult and child version • Clear this tool was developed for use in DA contexts • Clear meaning and interpretability – intuitive • Liked that this scored so well on acceptability (at the data extraction stage) Cons:

	Some items are confusing – e.g. I feel my mum and family are safe from domestic abuse and hurt in my family' • Some items in the adult version are more appropriate for older children/young people		• Some items in the child version appear to be relevant • No reference to online safety • Slightly too long but preferred as this feels more well-rounded when capturing this outcome
Roadmap (UCLAN) – Your Safety Subscale	Pros: • Tool is succinct • Covers a lot of important topics • Liked that the questions were framed within "the past 2 weeks" as this gives a clear understanding of safety on a day-to-day basis Cons: • Disliked the use of past tense • Preferred a four-point Likert scale • Prefer the addition of a free text box	Pros: • First questionnaire to include a question about online safety Cons: • Question "I feel safe and secure" could be problematic as if their home was safe there would be no motivation to leave • Gendered language should be changed • Many adaptations are needed	Pros: • Short but distinct dimensions of safety are explored • Clear and immediate timeframe – useful from an administration and data perspective • Includes question around children and contact with person that harms (disliked that this was gendered) • Feels appropriate for survivors • Questions are generic with an appropriate level of vagueness to be accessible to many Cons: • No free text box • The nature of abuse (on-off patterns) means that the 2-week timeframe may be inappropriate for capturing someone's experience

			• Unsure around how questions around contact will impact feelings of safety – is this tool enough to capture this complexity?
WHOQOL-100 – Safety Subscale	Pros: • Simple and easy for administrator to know if someone is feeling safe or not Cons: • Question 2 is subjective – may lack the awareness that your environment is unsafe if it's the responder's norm • Specific examples of what safe and secure mean are needed • Disliked the different Likert scales and that this was not made clearer Dislikes the neutral response option	Pros: • Tool is culturally sensitive/ culturally competent • Could use this tool with a child and this would be useful at any stage of intervention • Simple and short while covering the main topics of feeling safe Cons: • Some language is inaccessible Measure needs to be expanded	Pros: • Liked the use of the term "worry" • Simple in distinguishing feelings vs physical safety Cons: • Some items are irrelevant – e.g. community violence or physical safety questions • Very short • Open to interpretation and this will impact how service users are likely to respond e.g. which environment is being held in mind? • Feels reductionist Preference for "daily life" rather than asking about living in safe and secure environments (commentary from researcher who discussed this tool with survivors within their research)
Space for Action – Help-seeking, Competence, and Finances Subscales	Pros: • Liked the inclusion of finances and budgeting – reflects different types of abuse	Pros: • Liked the help-seeking subscale; felt most relevant to this outcome	Pros: • Straightforward and deals with concrete concepts • Some items are highly relevant

	• One Changemaker felt this tool "captured everything that they asked for" • First-person questions feel more personal and like the responder is involved (less like an assessment) Cons: • Not relevant for children – needs adapting • Past tense questions are disliked Disliked the Likert scale – preference for four points	Cons: • Disliked the past tense questions • Focus on finances not applicable to children • Irrelevant questions – e.g. confidence with dealing with authorities Term "competence" is loaded	• Simple tool • Appropriate for use in domestic abuse settings Cons: • Past tense questions are off-putting Unsure if the competence subscale is appropriate for the outcome – reflects for coping rather than something you could aspire towards
State Optimism Measure	Pros: • Liked the use of a timeframe (only in question 4) – this style of question is easier to answer • Positively worded and refers to current feelings • Like the length – short • Feels balanced Cons: • Disliked the scale – preference for four-point Likert scale	Pros: • Liked that the measure focuses on the positives • Hope for the future is important to capture Cons: • Many items are captured in other measures included in DVA-COS (WEMWBS) • Not relevant to the core outcome	Pros: • Brief and concise • Easy to administer and complete Cons: • Too general • Preference for this tool to be used with an excluded measure (Integrative Hope Scale) to understand current and future feelings around freedom Feels repetitive

	• Some items are too far removed to capture freedom to go about daily life • Free text box • Doesn't capture where hope comes from – e.g. internal hope or family/people around you Indirect reflection of outcome so unlikely to flag issues for children and young people	• Items are too similar and will be difficult for young people to understand the differences	

Appendix 23. Acceptability workshop votes for excluded tools

The below table documents the results of the acceptability workshop votes for the excluded tools and subscales of interest; this documents the percentage of yes, no, and maybe/abstain votes made by domestic abuse researchers, practitioners, and the Changemakers.

Core outcome	Measurement tool	Yes (%)	No (%)	Abstain (%)
Family relationships	Multi-dimensional Perceived Social Support	41	13	45
Family relationships	Beach Center Family Quality of Life Scale (With Disability)	7	62	31
Family relationships	Network of Relationships Inventory – Social Provisions Version	25	62	13
Family relationships	Duke Social Support and Stress Scale (DUSOCS)	18	64	18
Feelings of safety	Decisional Conflict Scale	12	52	36
Feelings of safety	Measure of Victim Empowerment Related to Safety (MOVERS) scale	0	37	63
Feelings of safety	Space For Action – Wellbeing and Safety Subscale	60	27	13
Freedom to go about daily life	Integrative Hope Scale	30	27	43
Freedom to go about daily life	Urban Adolescent Hope Scale	N/A	100	N/A
Freedom to go about daily life	Locus of Hope Scale	25	48	27
Freedom to go about daily life	Cognitive Processing of Trauma Scale	0	93	7

Appendix 24. Acceptability workshop comments on excluded tools

The below table outlines the feedback the domestic abuse practitioners, researchers, and Changemakers provided for the excluded measurement tools/subscales of interest. Similar to Appendix 22, the comments below reflect the tools' acceptability and feasibility for use within practice and as a tool for use within the DVA-COS.

Measurement tool	Changemaker comments	Practitioner comments	Researcher comments
Multi-dimensional Perceived Social Support	Pros: • Preference for the response scale to have no neutral option • Statements are clear and concise – not overwhelming • Tool is simple and quick to complete • Talks about family relationships well • Liked that the items were in first person Cons: • Confusion around the phrase "special person" • Difficulty about response scale – how to quantify "strongly agree"	Pros: • Positive statements • "Special person" is preferred as the individual is not pre-defined • Allows subjectivity and inclusivity – tool is relatable to most people's circumstances • Tool could be used to inform risk assessments/safety planning Cons: • Phrase "my family" used repeatedly and this could be triggering – e.g. care-experienced children • 11-item tool is too long for children	Pros: • "Special person" is useful because estranged from family and friends • Likes items asking about friends – strong evidence about the support of friends; however, could be triggering for those isolated • Wording is warm and friendly • Degree of flexibility/adaptability for different ages and stages • Measure isn't too long Cons: • Many items are not relevant to the family relationships core outcome • Response scale is somewhat leading and may not need to include seven points

		• Items are too similar and the nuance between items are not accessible to children • Limited specification to domestic abuse	• No reference to the person that harms • Could feel overwhelming • Tool may not be accessible to care-experienced children
Beach Center Family Quality of Life Scale (With Disability)	Pros: • Liked that the items were worded in first person as it made the tool feel personal Cons: • Formatting looks busier/ clunky • Questions, especially starting with "my family", are repetitive and boring • Language is not simple or friendly • Too wordy • Many items felt irrelevant as it references family in general • Disliked the satisfaction rating scale • Many felt the items were not applicable/accessible to them	Pros: • Comprehensive – covers many important areas • Good tool for initial assessment – gaining lots of information about family • Preference for measuring satisfaction Cons: • Very long – unfeasible to complete in practice • Some questions are irrelevant – recommended only six items • Reads very clinical/as an assessment • Some items – e.g. "my family enjoys spending time together" – inappropriate for domestic abuse contexts	Pros: • Some topics are important to open up discussions • Some of the practical questions are highly relevant – e.g. medical care, transport, or trusting an agency • Measures satisfaction • Strengths-based statements Cons: • Too long – preference to select a few items (disliked the subscale) • Captures quality of life, which can be useful but not enough focus on family relationships outcome • Questions are vague/generic and oddly worded (not intuitive) – likely to be difficult to self-complete • Question wording problematic and potentially influenced by social desirability biases

			• Doesn't distinguish between the non-harmful parent and parent that harms • For the statement "satisfied that family enjoys spending time together", whose perspective are you considering when answering? • Statements read similar to case management tools – assessment focused • Some statements could be viewed as minimising – e.g. "life's ups and downs"
Network of Relationships Inventory – Social Provisions Version	Pros: • Liked that you can define your relationships and then don't have to think about who you are holding in mind • Really useful for older children/adolescents, not likely suitable for younger children • Scale is clear and concise Cons: • Doesn't accommodate for those that don't have a specific relationships (e.g. if you don't have grandparents/	Pros: • Helps the child pinpoint supportive/ less supportive relationships • Accessible Cons: • Very long – unfeasible to complete in practice • Defining the relationships may be challenging	Pros: • Does allow for the person that harms (mother or father figures) to be discussed • Thorough when exploring relationships • Liked that responder can outline who they are holding in mind Cons: • Complex • Too long – difficult to implement, especially with DVA-COS • Many items could be problematic – e.g. fighting, secrets, and conflict

	same-sex friends there is no option to state that) • Too long and can be overwhelming • Repetitive in terms of format and some of the questions • Response format is complicated • Changemakers asked if it's possible to answer one relationship at a time?		items are worded in a minimising way • Perspectives on the person that harms should be included in a better way • Need to be motivated to complete this questionnaire • Preference for this measure to be administrator-led, not self-reported • Some items are irrelevant – e.g. exploring time spent together – or not applicable to all relationships (whether relationship will last) • Potential for misunderstanding – with items e.g. conflict doesn't explore culture or context or with the whole measure, are you comparing relationships?
Duke Social Support and Stress Scale (DUSOCS)	Pros: • Short and concise • Can explore supportiveness through the designated relationships • Don't have to over-analyse • Defines "supportive" (however, this is a limited definition) Cons:	Pros: • No pros discussed Cons: • Church item is not inclusive • Doesn't capture the focus of interventions/measure change • Outdate implications around faith and employment items	Pros: • Liked that relationships beyond nuclear family are explored • Can specify no relationship without providing an explanation; therefore, scope to explore more difficult aspects of family relationships • Attractive tool • Good length questionnaire

	• Difficulty distinguishing "no support" from "no such person" category • Not detailed enough/too broad • Reference to church only is not inclusive • Feels like you are "ticking on a list" • Some categories need separating – e.g. parents or siblings • Difficult to answer as some relationships don't apply		Cons: • Specific definition of family relationships • "How supportive" is subjective and vague • Feels like a precursor tool • Possible confusion between the "no such person" and "no support" category • Difficulty answering sibling question if you have multiple siblings • Tool feels old-fashioned
Decisional Conflict Scale	Pros: • DA-adapted measure was preferred but felt repetitive Cons: • Questions are too general • Disliked formatting and response scale • Repetitive use of "I am" • Question "do you know the risk of staying in the relationship" is inappropriate/judgemental	Pros: • Clear and focused – complementary to other questionnaires if used in collaboration Cons: • Not child friendly • Some questions are irrelevant • Unsure how the practitioner would understand if the child felt safe	Pros: • Adapted tool is more relevant to core outcome • Liked questions referring to support and advice without pressure • Some items in the original measure could capture freedom to go about daily life Cons: • Original tool is too far removed from aims of outcome

	• Some items are not intuitive and require a lot of thought to answer		• Original measure is too long • Victim blaming/judgemental language, especially placed on the non-harmful parent – e.g. "keeping yourself and your children safe" • The original tool's focus on choice is not appropriate for domestic abuse – survivors don't view their experience as a choice to leave or stay • Original measure needs adapting and adapted measure needs validating • Adapted measure could be considered patronising • First six questions feel too simplistic and are off-putting
Measure of Victim Empowerment Related to Safety (MOVERS) scale	Pros: • Liked the level of detail in the questions Cons: • Disliked question 1 • Difficult to quantify the scale – e.g. "half of the time" • Question "I have to give up too much to keep safe" was strongly disliked • Some questions feel repetitive	Pros: • With adaptations this could be accessible for older children Cons: • Tool is not accessible for children – difficult for them to understand the nuance of the questions • For self-report, the focus of decision making would be on the child, but they may not have that	Pros: • Was clearly relevant to the core outcome • Some good statements – e.g. comfortable asking for help to keep safe Cons: • Too many questions – feels overwhelming

	• Question wording is confusing and not direct, so is difficult to understand and answer	power to make decisions, which could translate to feelings of pressure • Too intellectualised	• Language is clunky and not user friendly • Not easy to understand • Doesn't clarify safety first • Too great onus on non-harmful parent • Unsure how the tool would cope if the non-harmful parent/child was still in the abusive situation • Safety is relative and this nuance is not captured – e.g. not engaging/ challenging to remain safe • Reads like a service evaluation form • Explores safety in one way – family and individual but they should be separated • Some items are ambiguous • Disliked references to goals
Space For Action – Wellbeing and Safety Subscale	Pros: • Simple and short – not overwhelming Cons: • Doesn't consider how safe you are around certain individuals • Disliked statements are in past tense	Pros: • Questions are simple and easy to understand • Questions about home could be used to understand family relationships/dynamics • Retrospective so could be used to measure different timepoints	Pros: • Generally easy to use and simple • First three items are highly relevant • Like questions such as choice around dressing • Good number of questions Cons:

	• Question "I like my house": there is the assumption this is about safety and not something non-domestic abuse-related – e.g. disliking your room	Cons: • If moved, question "I liked the house I lived in" is really inappropriate • Age is an important factor – teenagers are likely to dislike their environment but this is not domestic abuse-related • Not relevant to the outcome • Not trauma-informed • Question "my home was safe" is not likely to change with intervention	• Missing topics: safety within relationships, practical safety, psychological safety, or online safety • Items are more precise than about general feelings • Some items could map to freedom to go about daily life
Integrative Hope Scale	Pros: • Liked reference to future hope • Questionnaire maps to outcome Cons: • Phrasing needs adapting – e.g. "pinned down/bothered by troubles" • A lot of negative statements made the tool feel "attacking" in nature	Pros: • Positive-coded subscales will be more well received Cons: • Negative-coded items could be difficult for a child to understand • Many felt hope doesn't map to freedom – reference that autonomy as a construct more appropriately maps to freedom to go about daily life compared to the construct hope • Feels emotive and subjective • Not for a therapeutic space	Pros: • Some items are highly relevant • In practice the questionnaire could be useful in helping service user communicate and then the practitioner provide more appropriate action plans around any concerning items • Positive future orientation subscales are strengths-based Cons: • Not specific enough so open to interpretation • A bit too broad

			• Could be upsetting if completed alone • Liked the mix of positive and negative framed questions but there should be a better mix: negative items should be framed around current experiences whereas positive items focus on the future
Urban Adolescent Hope Scale	Pros: • No pros discussed Cons: • Disliked this tool – questions do not get us to know what we want to find out • Start of the week might have positive outlook but might not at the end of the week • Too broad – free text would be helpful but might put people off filing it in • Free text box: for subjective statements – e.g. "I have goals" – does not need a text box • "I have goals" is broad – this should be more specific: e.g. future goals or career options	• Measure excluded during briefing workshop with Changemakers; no other stakeholders discussed or voted on this tool	

Locus of Hope Scale	Pros: • Liked the four-point Likert scale • Straight to the point • Liked the positive focus Cons: • Unsure this is appropriate for all ages • Disliked the wording of certain questions – e.g. "I energetically pursue my goals"; "I can personally get around any problem" • Likely to feel deflated if scoring low on this tool • Statements are confusing and open to interpretation so will not reflect responder's true feelings	Pros: • No pros discussed Cons: • Disliked the focus on success and goals – should focus on what the goals are rather than whether they are met • Inappropriate language of some items – e.g. "past experience prepared me for the future" • Items around faith should not be used • Not accessible	Pros: • For some responders, goals can be really positive Cons: • Inappropriate for outcomes – sounds like a career reflection survey • Disliked the lack of a neutral option in the response scale • Disliked the wording of the items
Cognitive Processing of Trauma Scale	Pros: • No pros discussed Cons: • Especially disliked questions 4 and 5 • Questions are open to interpretation • Doesn't capture the outcome • Difficulty understanding the response scale – what's the difference between "slightly" and "moderately"?	Pros: • No pros discussed Cons: • Not relevant to the outcome • Inappropriate to expect a child to move past "the event"	Pros: • Recognises the trauma of domestic abuse Cons: • Appropriate as a post-trauma questionnaire but irrelevant to outcome • Measure feels limited

	• You may never come to terms with your experience so you are unlikely to get what you need from this tool		

Appendix 25. Survivor feedback workshop summary

The below table documents the comments made by SafeLives Changemakers and SafeLives Pioneers as part of the survivor feedback workshops. These were scheduled for the survivor stakeholders who were unable to attend the consensus workshop to share their perspectives on the final eight measurement tools. The Changemaker comments were shared within the pre-workshop pack (see Appendix 11) and the pioneer comments were used as wider discussion points during the consensus workshop.

Measurement tool	Changemaker feedback	Pioneer feedback
1A: CAFADA Wellbeing and Safety – Relationships Subscale	Pros: • This measure was generally well liked by the Changemakers: - The correct amount of detail - Easy to understand • Liked that the statements mentioned specific family members • Liked that there was a free text box to expand on answers Cons: • Child version of this tool could be improved - Gendered language of "mum" could be changed to allow space for others to be considered - Some of the older children may find the child version inaccessible/prefer to answer the adult version • Preference for four-point answer and the number response • Wording of questions needed to be changed - Factoring different family structures – e.g. families without a mother/mother figure, or families with multiple children - Vagueness – e.g. "difficult time" or "look out for me" could vary in meaning	• Be mindful of the impact of questions – depending on where someone is in their journey the questions could be problematic • Cultural awareness • Items needed to be worded more sensitively – wording reflects mother's responsibility or can be presumptive • Who is regarded as family – culturally some families include extended members; who is the child regarding?

	- For the question “mum knows important things about me” the items in the brackets could be limiting • Formatting: white text, colours, and font/font size may need to be adjusted - (Young Person’s Liaison) Practitioners will be printing questionnaires in black and white as this is cost-effective and in this format the scales will use a lot of black	
1B: Medical Outcomes Study – Social Support Survey	Pros • This tool was liked, especially the following questions: Q15, 16, 19, and 20 • Liked the questions 1–4, with a preference to change them to use an agree/disagree format - Liked the frequency answering scale for other questions • Questions were specific and detailed - Some were happy to have more questions that provided enough detail about family relationships rather than less questions - The more concise the question is, the harder it is to answer • The wording of questions is less subjective and therefore easier to answer • Liked that the questions explored different relationships • Liked that the questionnaire was accessible Cons: • Use of the term “someone” made the tool feel too repetitive • Some will find it hard to differentiate between the answering options “a little of the time” and “some of the time” - Suggestion to change the answer format to agree/disagree styles – this suggestion was changed to reword responses to “regularly” and “occasionally” • The questionnaire looks cramped - Could be the font/formatting – this was reiterated in the survivor feedback workshop as the formatting could make the tool inaccessible - Some felt there were too many questions; however, not all agreed	• Mindful of impact – what’s the fallout if someone answers no? • Some questions are unclear

	• Question 1 does not tell you much without context and might not be appropriate for young people who are close with different groups of people - Suggestion to reword: "how many people do you feel close to/are in your inner circle?"	

1C: Space for Action Scale – Family & Friends; Communities Subscales	Pros:
	• Liked that some of the statements are specific and help you [researcher] gain more information
	Cons:
	• Disliked that the questions are written in the past tense
	  - Suggestion to add a timeframe to frame the statements – e.g. the past three months
	• Wanted to reduce the Likert Scale from seven points to four to remove the neutral options
	  - Suggestion to include an "I don't want to answer" option
	• Questions were minimal and need developing:
	  - The term "enough" is subjective and difficult to answer – reiterated in survivor feedback workshop but could be reworded to "I am comfortable with the number of friends I have"
	  - More focus on friends and family and less on the community – e.g. for young people you could ask which friends you go to if you are worried or having fun with to outline who you speak to for emotional support/advice
	• If implementing a timeframe to answer questions, this might be difficult to see changes when asking about communities as this is very dependent on people's circumstances
	• Communities: people may be a part of different communities that serve different purposes and therefore responses may differ depending on who you keep in mind
	• Wording may not be accessible to young people – "I don't know what communities I am in" or "what does an 'active member' mean?"
		• Impact in different contexts – honour-based violence (HBV)

2A: CAFADA Wellbeing and Safety – Feeling Support Subscale	Pros: • This questionnaire was simple and easy to understand • Liked the free text box as there are some questions that will need to be expanded upon • The formatting of this questionnaire is well liked • The answering format is simple • There are a lot of questions and this helps to paint a picture Cons: • The neutral/not sure option was not liked • Did not like the gendered language – "mum" • Some questions were confusing – e.g. "I feel my mum and family are safe from domestic abuse and hurt in my family" - For the question "I have the things I need" the scoring "not a lot" to "a lot" does not make sense – suggested to use a frequency scale: e.g. rarely - Similar change was suggested for the question "I feel safe at home" on the child measure	• Prefer the items include a range of examples to be more inclusive – e.g. the important of religious schools
2B: Roadmap (UCLAN) – Your Safety Subscale	Pros: • The measure is short but covers a lot of relevant topics • Liked that a timeframe was provided as this allows people to get across how safe they feel on a day-to-day basis – maybe this could be longer if used in the DVA-COS (e.g. three months) • Format is neat Cons: • It was disliked that the statements were written in the past tense • Would prefer to have a four-point Likert scale	• No additional comments – points already raised by Changemakers

	• It was suggested to add a free text box to expand on answers/outline why people answered in the way they had
	  - One suggestion alongside the above is that asking "what does safe look like to you?" as a free text box could provide a benchmark for practitioners to work from
	  - Free text box when asking about online and neighbourhood is important as these topics are very broad – e.g. might be safe on TikTok but not Google as this is monitored
	• For the question "I have felt that it is safe for my children to spend time with their father (if relevant)", this should be changed to reflect that the "father" may not always be the perpetrator
	• To improve the questionnaire there should be a question like "It is safe to express my views and opinions"	

2C: WHOQOL-100 – Safety Subscale	Pros:
	• The questions were simple and easy to understand whether someone feels safe or not
	• Some liked that the Likert statements were not the same, but the formatting should make this clearer
	  - Others felt that this made the questionnaire disjointed
	
	Cons:
	• The neutral answering option was disliked
	• Specific to question 2, clarity is needed as someone may think their environment is safe as that's their norm rather than their environment being objectively safe
	  - It was suggested that specific examples of what might be safe and secure are needed
	• With only four questions this questionnaire feels generic and does not give you [researcher] much insight
	  - Additional information is needed
	• Some questions can be misinterpreted
		• Measure was specific and person-centred

	• Question 3 needs to be separated into two questions – someone may feel secure but unsafe • The questionnaire should be formatted into a table	
3A: Space for Action – Help-seeking; Competence; Finance Subscales	Pros: • It was liked that questions focused on finances and budgets because it reflects the different types of abuse and is what should be focused on - In the survivor feedback workshop, this was changed with a preference for the help-seeking subscale as the most relevant to DA contexts • The personal wording of the statements "I" or "me" allows the responder to feel more involved and this wording was preferred • The number of questions does not feel too long Cons: • The statements need to be changed to present tense • It was preferred that the Likert scale be reduced from seven to four points • The questionnaire feels like it focuses on the "surface level" • The term "comfortable" is a bit too ambiguous, especially when in reference to income • Questions about managing incomes/budgets or dealing with authorities are not likely to be relevant to children and young people	• Cultural awareness – in some cultures it is not common to speak about feelings and they may not have the capacity or have access to the language to speak about their feelings if they cannot access English
3B: State Optimism Measure	Pros: • Liked that the statements are time-specific as this makes them easier to answer – e.g. question 4 • The positive wording was liked • Liked that the measure measured current feelings • Some liked the answering format • The measure is a good length and not too much strain on the person • This measure is balanced	• Language may be difficult to access • Addition of a free text box has been raised previously.

	Cons: • Some of the questions were not entirely relevant or are indirect and so might not flag issues – there is little depth to the questions • The questions do not outline where the hope comes from – e.g. from family or people around you? • It was suggested for a free text box to be included – e.g. if someone answers question 7 as "strongly disagree", then it would be important to know more: - Suggestion to include a new system to gain more information – e.g. if you choose 1, 2, or 3 then please explain why • The instruction is over the top – could just say "currently" • Format means it can be confusing about which question you are answering – preference for a tick box or circle method for answering the questionnaire • Stagger the introduction of measures – e.g. questions should first reference safety and relationships and then reference how optimistic you are	

Appendix 26. Comments for the provisionally recommended measurement tools

This table summarises the feedback on the recommended measurement tools made by domestic abuse practitioners and commissioners, researchers, and survivor stakeholder groups.

Measurement tool	Positive comments	Areas for improvement/adaptations required
1A: CAFADA Wellbeing and Safety – Relationships Subscale	• Good mechanism for unpicking detail and helping to meaningfully understand someone's journey • Helpful language without jargon • *Feels* right and better from a lived-experience perspective, easy to process, especially if you're in a place of trauma • Provides a good focus on family relationships • Questions are simple and accessible • Free text box • Feels balanced between the non-harmful parent and the child (complementary) • Preferred length (compared with Tool 1B) so less traumatising/stressful to complete, especially for children • Visually appealing • The adult measure feels more complete and requires fewer changes • Easy to train administrators to implement this tool • Co-developed with survivors	• Definitions are missing, including family or main caregiver • Not applicable in all contexts – e.g. doesn't consider families with babies or unborn babies • Needs to include communities – e.g. faith communities • Statements are totalising; therefore, the tool feels appropriate at the final stages of dealing with the experience but not for capturing the journey/process • Doesn't appear to capture the dynamic nature of domestic abuse • Asking whether the parent has spoken to the child about domestic abuse can be problematic and might be used against them (parental alienation) – this question needs an "I'd rather not say" option • Needs adapting and expanding for children of different ages, with the suggestion of two measures (one for older children and another for younger children) • Gendered language – assumes "mum" is the non-harmful parent • Focus on "mum" is not encompassing of different family structures • Unsure how non-verbal children will use this measure

		• Unsure if the free text box is intended to be used in analysis • Missing certain topics – e.g. conflict resolution • Doesn't focus on emotions (relative to tool 1B) • Doesn't explore behaviours a parent notices in their child without the child disclosing • Some items are ambiguous – e.g. "being treated fairly", "my family look out for me", or "feeling supported as a parent"
2A: CAFADA Wellbeing and Safety – Feeling Support Subscale	• Standardised approach is helpful to practitioners • Tool is service orientated • Clear/better presentation makes it easy to understand • Thinks about the parent and the child • Easy to complete • Captures a good level of detail in covering safety and support (right and left side of the measure respectively) • Some felt the tool was an appropriate length (however, not all agreed) • Co-developed with survivors • Combines relationships (family) and safety in an effective way • Captures aspects of community – e.g. "me and my family have people who care about us" (but recognised that the exploration of community is dependent on the skills of the practitioner) • Free text box	• Modifications needed – the tool feels very final • Not enough focus on feelings but rather the process of safety • Useful for CAFADA services, but only works after abuse has been identified • Leaves out context • Doesn't apply to those in the early stages of dealing with abuse • No reference to online safety • Needs a space to define what feel safe means to the responder • Some questions should be separated so they are easier to answer • Child measure feels clunky • Doesn't consider the parent that harms • Court-related questions should be reworded as legal aid changes • Gendered language • Some items are inaccessible to children – does the child have the knowledge to be able to answer this question? • Some issues with inclusivity • Allows only for surface level exploration • Unsure how to account for the cognitive maturity or neurodivergence

Appendix 27. Suggested considerations per recommended tool

This table outlines suggested considerations raised during the wider group discussions of the consensus workshop. The considerations documented below include specific recommendations and more general considerations.

1A: CAFADA Wellbeing and Safety – Relationships Subscale	2A: CAFADA Wellbeing and Safety – Feeling Support Subscale	General considerations
1. Non-traditional family structures are unlikely to access this tool: step-parenting, LGBT parent, extended family, kinship care, foster families, babies and unborn babies, and chosen families	**1.** Online safety is missing given how coercive control can be hidden in use of social media and tracking/surveillance through family media accounts etc	**1.** Consideration is needed for the stage the survivor is in and the possibility of activating feelings of grief/loss – e.g. at the time of abuse, early stages of seeking support, or for families in contact with the court systems
2. The tool uses gendered language and assumes the non-abusive parent is "mum"	**2.** Tool doesn't include whether a child continues to have contact with the parent who harms. This is likely to affect safety outcomes	**2.** Neurodiversity and cognitive maturity will alter the articulation of feelings – e.g. ASD affecting vulnerability around coercive control but also need/ability to talk about experiences
3. Phrases such as "difficult times" may be inaccessible and may need more specific examples to support defining these phrases	**3.** Cognitive maturity will influence how feelings of safety will be captured as young people's brains are attracted to risk in certain contexts and this should be explored sensitively	**3.** Cultures may differ in their comfort levels with sharing certain types of information – further exploration is required to determine whether the instrument behaves differently between cultures/groups
4. Clarity is needed about the recommended age for children this tool is intended for	**4.** While community is important, especially from a faith/cultural perspective, consideration is needed when considering the influence of isolation, mental	**4.** Include a "no comment" option for when someone feels unsafe to comment

	health, and other intersectional aspects	
5. Parameters are needed surrounding the free text box, including whether the tool can be used for children to draw their feelings	**5.** Framing of community of culture can be interpreted in many different ways – caution against racialisation, which can lead to stereotypes/ assumptions/bias; this will be overcome based on the skills of the practitioner	**5.** Presentation of the tool for those with visual impairments
	6. "Emotional safety" needs further clarification because the term is a broad term and can mean different things for different people	**6.** Rigorous translation strategies should be implemented to ensure other versions capture linguistic translations and cultural adaptations

Appendix 28. Accessibility text

Figure 1. Flowchart for Work Packages 1 and 2

A flowchart illustrating the project's two work packages (WP1 and WP2). The first overarching box lists the five DVA-COS outcomes:

1. Child Emotional Health and Wellbeing
2. Caregiver Emotional Health and Wellbeing
3. Feelings of Safety
4. Family Relationships
5. Freedom to go about Daily Life

The left branch describes **WP1** which addresses outcomes 3–5 and includes the following stages:

- **A1:** Defining concepts
- **A2:** Identifying candidate measures
- **B:** Appraisal of studies and properties of outcome measure indicators (OMIs)
- **C:** Stakeholder assessment of feasibility and acceptability
- **D:** Consensus process

The right branch describes **WP2** which focuses on validating the SWEMWBS/WEMWBS tools for mental wellbeing through four studies:

- **Study A:** Think Aloud – acceptability of SWEMWBS
- **Study B:** Validity of SWEMWBS in DVA children and young people using OxWell
- **Study C:** Validity of SWEMWBS in DVA service users over time
- **Study D:** Validity of WEMWBS in DVA adults using APMS

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Figure 2. Study stages for Work Package 1

Figure 2 depicts the four-stage methodology used in work package one to select OMIs for the remaining outcomes within the DVA-COS:

- Stage A sought to define concepts and identify candidate measures and used rapid evidence reviews of trial and qualitative literature, targeted literature searches and concept workshops.
- Stage B included a quality appraisal of studies and properties of OMIs which used five checklists.
- Stage C was the stakeholder assessment of acceptability and feasibility which identified a shortlist of eight OMIs as voted for across briefing and acceptability workshops.

Stage D was the consensus and recommendations which included survivor feedback sessions and multi-stakeholder consensus workshop.

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Figure 3. Flowchart of OMIs in Work Package 1

Figure 3 is a detailed flow diagram depicting the four-stage methodology used to identify, appraise and select OMIs capturing the three outcomes of the DVA-COS.

- Stage A1 updated previous rapid reviews to identify candidate OMIs
- Stage A2 used concept workshops served to define the remaining outcomes
- Stage B used the COSMIN protocol to appraise the OMIs for their psychometric properties and acceptability
- Stage C used workshops to determine stakeholders' assessment of acceptability and feasibility, which produced a final shortlist of eight OMIs
- Stage D used a multi-stakeholder consensus workshop to recommend OMIs for the DVA-COS

Boxes on the left side of each stage detail the number of studies included.

- Stage A1: OMIs included were 133 OMIs from the systematic rapid review, 94 from the grey literature review, 1 from the call for evidence survey, 10 OMIs were reintroduced from previous work
- Stage A2: OMIs included were 99 OMIs through targeted searches, 2 OMIs were team recommendations
- Stage B: 33 OMIs were included, 17 OMIs for family relationships, seven OMIs for feelings of safety, 3 OMIs for freedom to go about daily life and 6 OMIs mapped to two or more outcomes
- Stage C: 18OMIs were included, 7 OMIs for family relationships, 6 OMIs for feelings of safety and 5 OMIs for freedom to go about daily life
- Stage D: 8 OMIs were included as they received the highest number of votes at Stage C

The boxes on the right of each stage outline the number of OMIs excluded.

- Stage A1 and A2: 206 OMIs excluded as they were duplicates, previously evaluated, had access limitations or inappropriately mapped to the outcomes.
- Stage B: 15 OMIs were excluded for not passing the threshold of inclusion
- Stage C: 10 OMIs were excluded for receiving too few votes
- Stage D: Provisional recommendation for the CAFADA wellbeing and safety tool for family relationships and feelings of safety. No recommendations were made for freedom to go about daily life

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