

DEVELOPING TRAUMA-INFORMED GUIDANCE FOR THE DOMESTIC ABUSE CORE OUTCOMES SET

Delivery organisations	University of Sussex
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Age or status of participants	Participants are 16+ years and will either be a survivor of domestic abuse, a professional working in the domestic abuse sector, a commissioner or policymaker, or an academic.
Output	To provide trauma-informed guidance to accompany the domestic abuse core outcome set. This guidance may also inform measurement in general in the domestic abuse sector.
Funder	Foundations – What Works Centre for Children & Families



Abbreviations

Term	Meaning
AGREE	Appraisal of Guidelines Research & Evaluation
AGREE-REX	Appraisal of Guidelines Research & Evaluation Recommendations Excellence
CADA	Children affected by domestic abuse
CAFADA	Children and Families Against Domestic Abuse
CASP	Critical Appraisal Skills Programme
COS	Core outcome set
COSMIN	COnsensus-based Standards for the selection of health Measurement Instruments
GRADE	Grading of Recommendations, Assessment, Development, and Evaluation
NGT	Nominal Group Technique
NICE	National Institute for Health and Care Excellence
OMI	Outcome measurement instruments
PROMs	Patient Reported Outcome Measures
SWEMWBS	Short Warwick-Edinburgh Mental Wellbeing Scale
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale



Summary

This protocol document provides an overview of the research which Foundations has funded the University of Sussex to complete.

This research aims to develop trauma-informed guidance to accompany the domestic abuse core outcome set (DA-COS).¹ It is also likely that the guidance will be widely applicable to any research or evaluation undertaken in a domestic abuse context. The project is divided into five ‘Work Packages’:

1. Scope development
2. Rapid evidence review
3. Development of guidance
4. Participant consensus process
5. Guidance design.

This document provides background and rationale for this work, before introducing each work package. The protocol will outline the method, sample, and planned output for each work package to achieve the project aim. Additionally, this protocol will outline ethical considerations, risks, and mitigations associated with this research.

¹ Previously referred to as the Domestic Violence and Abuse Core Outcome Set (DVA-COS).



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Background and problem statement

Domestic abuse is common and can have long-term health and wellbeing consequences for children (Evans et al., 2008). To address this, a range of targeted interventions for children and their families affected by domestic abuse have been developed and are delivered in the UK and abroad (Howarth et al., 2016; Romano et al., 2021; Barlow et al., 2023). However, high-quality evidence for the effectiveness of these interventions is limited (Howarth et al., 2016; Barlow et al., 2023). This is not simply a problem stemming from a lack of research focus, but also from the inability to efficiently synthesise existing evidence owing to inconsistent outcome reporting and the wide range of measures used. One way to address the challenge of outcome priority and diversity is by using a core outcome set (COS) – a small number of outcomes that service users/survivors, practitioners/service providers, commissioners, policymakers, and researchers agree are the most important to be measured in academic research and programme evaluation (Williamson et al., 2012, 2017).

Previous work

The lead researcher and colleagues at University College London (UCL) and the University of Sussex have completed significant work to identify and evaluate measures that align with outcomes included in the domestic abuse core outcome set (DA-COS).

2019–2021: Development of the DA-COS

Funded by the NIHR via the Children and Families Policy Research Unit at UCL, we adapted core outcome methodology to develop a DA-COS for use in evaluating targeted psychosocial interventions aimed at improving outcomes for children exposed to domestic abuse.

We involved more than 300 survivors of domestic abuse, practitioners, and researchers, and we identified five outcomes (Howarth et al., 2021; Powell, Feder, et al., 2022; Powell, et al., 2025):

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.

The DA-COS represents a minimum measurement standard for quantitative evaluation of child-focused domestic abuse interventions.

2021: Rapid review of measurement tools

Commissioned by the Home Office (HO), we reviewed practice-based measurement tools relevant to the DA-COS (Powell et al., 2022; Clark et al., 2023). We identified 55 unique tools and appraised them for quality, usability, and feasibility by researchers, practitioners, and survivors. A consensus process resulted in the recommendation of the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS; Stewart-Brown et al., 2009) and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS; Tennant et al., 2007) to measure child and adult wellbeing respectively.



2023–2025: Evaluation of HO-funded programmes

Funded by the HO, a team lead by the University of Central Lancashire – and including this study’s lead researcher – undertook an evaluation of HO-funded programmes for children affected by domestic abuse (CADA). Programmes had to demonstrate alignment with the DA-COS and the evaluation used the DA-COS to measure impact. Further development work was carried out to identify possible remaining outcome measures in addition to the (S)WEMWBS (manuscript in preparation).

2024–2025: Further development and validation of the DA-COS

Funded by Foundations, we conducted a programme of research to: 1) systematically identify and agree by consensus measurement tools for the remaining outcomes of family relationships, feelings of safety, and freedom in daily life; and 2) validate the (S)WEMWBS for use with adults and children who have experienced domestic abuse (Bains et al., 2025; Harewell et al., 2025). The Children and Families Against Domestic Abuse (CAFADA) Wellbeing and Safety Scale was selected to assess two core outcomes: family relationships and feelings of safety. No agreement was reached for a measure capturing freedom to go about daily life. We demonstrated the validity and acceptability of the tools for use within domestic abuse experienced child and adult populations, respectively.

Challenges in implementing a COS

Implementing a core outcome set (COS) in domestic abuse services presents a powerful opportunity to standardise outcome measurement, enhance service effectiveness, and advance evidence-informed commissioning. However, lessons from health and social care suggest that integrating routine outcome measurement, especially in trauma-affected and under-resourced settings, can be operationally and ethically challenging if not accompanied by clear, context-sensitive guidance. For example, performance metrics in healthcare have occasionally triggered metric-driven harm, where undue focus on targets leads to harmful consequences or misaligned care priorities (Bevan & Hood, 2006; Bodrock & Mion, 2008; Powell et al., 2012; Rambur et al., 2013).

Similarly, the feedback loops generated by patient-reported outcome measures (PROMs) can encounter substantial blockages or unintended effects, undermining their intended benefits unless carefully managed (Greenhalgh et al., 2017). For example, patients can under- or over-report their symptoms through fear of unwanted change in treatment or may feel the complexity of their situation is not captured and disengage altogether. Additionally, equity issues such as low literacy or language barriers can also skew measurement. Coordinated implementation and shared measurement systems are more likely to succeed when supported by co-designed guidance that acknowledges service complexity, collaborative infrastructure, and sustainability considerations (NPC, 2014).

Finally, embedding balancing measures, a key principle of quality improvement, can help identify and mitigate unintended consequences of routine measurement use in domestic abuse contexts (Shah, 2019). They indicate whether improving one part of the system has implications for other parts. For example, if a new measurement is introduced, a balancing measure might track whether



service satisfaction drops, or staff workload increases. This way, we can see the full picture and make sure improvements don't create new issues.

Additionally, guidance is particularly important to support equality, diversity, inclusion, and equity because domestic abuse services serve highly diverse populations, including those facing intersecting disadvantages. Without tailored, trauma-informed implementation, routine measurement risks reinforcing inequities, for example, through language barriers, cultural misalignment, or inaccessible tools. Co-designed guidance ensures that measurement systems reflect the priorities and realities of all survivors, including those from marginalised communities.

Together, these insights underscore why bespoke, trauma-informed guidance is essential to ensure that the DA-COS is used ethically, effectively, and safely, protecting both service users and practitioners while supporting service improvement and informed decision-making. Trauma-informed guidance offers a practical solution to these system-level and individual-level challenges by ensuring that outcome measurement processes are sensitive to survivors' experiences, reduce risks of harm, and promote equitable participation across diverse service contexts.

Methodological approach

This guidance will be developed using an adapted approach informed by established frameworks for guideline development, including the NICE manual for developing evidence-based guidelines (NICE, 2022) and the AGREE II tool, (Brouwers et al., 2010) which together outline criteria for quality and transparency in guideline production. Given the scope, timeline, and resources of the project, key principles from these frameworks will be applied proportionately. For example, when implementing Grading of Recommendations, Assessment, Development, and Evaluation (GRADE), adaptations can be made where time does not permit the full process, such as using fewer reviewers or relying more on topic experts (Gartlehner et al., 2024).

The process outlined below will include structured participant engagement to define the scope and purpose of the guidance, rapid reviews of relevant evidence, and iterative drafting of recommendations grounded in both research and lived experience. This pragmatic yet structured process will ensure that the resulting guidance is methodologically sound, contextually relevant, and ethically robust.

The nine-month project includes five work packages, following a one-month set-up stage. See figure 1 below for an overview of the work packages.



Figure 1: Infographic of project overview by work package

WP1 - Scope Development	WP2 - Rapid Evidence Reviews	WP3 - Development of Guidance	WP4 - Participant Consensus Process	WP5 - Guidance Design
Month 2	Months 2-5	Months 6-7	Month 8	Month 9
<ul style="list-style-type: none"> Expert advisory group topic guide development Workshops with participant groups 	<ul style="list-style-type: none"> Online call for evidence Targeted rapid reviews of evidence related to WP1 topics 	<ul style="list-style-type: none"> Develop evidence statements aligned to key themes Expert advisory group review 	<ul style="list-style-type: none"> Review workshops with participant groups Revise recommendations/guidance Multi-participant consensus meeting 	<ul style="list-style-type: none"> Collaboration between research team, Foundations and advisory groups Review and feedback
OUTPUT: Scoping document	OUTPUT: Evidence Map	OUTPUT: Draft recommendations/guidance	OUTPUT: Final list of recommendations/guidance	OUTPUT: Electronic guidance

Oversight and engagement: expert advisory groups

Three expert advisory groups will provide critical oversight and feedback throughout:

- Expert advisory group: UK Trauma Council, service providers, commissioners
- Adult lived experience expert advisory group: VOICES Charity
- Young Persons lived experience expert advisory group: Victim Support children and young people’s group.

The expert advisory groups’ activities will include supporting a call for evidence, making the final decision on the quality rating tools used, arbitrating any disagreements between participant groups, reviewing the initial draft evidence statements and provisional recommendations, and advising on final guidance production.

Workshop participants: stakeholder participant groups

Four participant groups will engage in structured workshops at the conceptualising (WP1) and consensus stages (WP4) of the process:

- Adults with lived experience of domestic abuse
- Children and young people with lived experience of domestic abuse
- Service providers (with a focus on those working in ‘by and for’ organisations serving minoritised communities)²
- Commissioners and policymakers (representing diverse geographic and demographic contexts).

² ‘By and for’ services are specialist support services that are led, designed, and delivered by members of the communities they aim to serve.

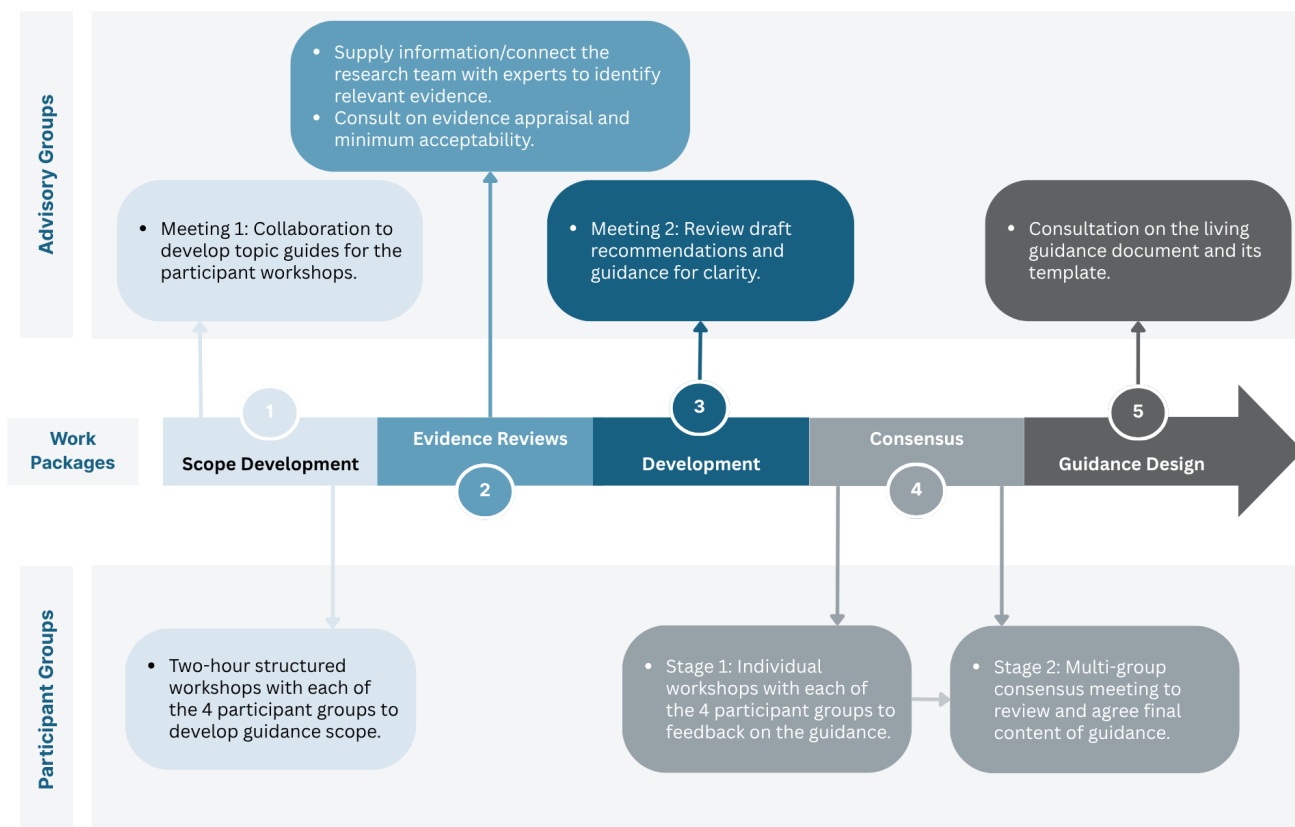


Participant groups are distinct from advisory groups. We will aim to recruit participants that reflect a diverse range of service providers, commissioning areas and demographic characteristics (for survivor groups). The expert advisory group will include national service providers or second tier organisations, while the participant service provider groups will focus particularly on minoritised groups through involving ‘by and for’ services.

Contributions of stakeholders: participant and advisory groups

The expert advisory group and participant stakeholder groups will contribute significantly to the development of the guidance across this project. Their insights will ensure that the guidance is meaningfully informed by the perspectives of those for whom the DA-COS is intended to support. See figure 2 below for a summary of the involvement of the stakeholder groups across each work package.

Figure 2: Infographic of stakeholder involvement across the project by work package



Work package 1: Scope development

Aim

To develop the specific scope and purpose of the guidance, as well as key topics to be addressed. This may include: key definitions; intended audience; populations, settings and interventions in scope for use of the DA-COS; trauma-informed processes for introducing and collecting outcome data; considerations and strategies for embedding outcome measurement into routine practice; data quality; levels at which data may be used, i.e. individual, service, local area, and insights that could be generated; consent, confidentiality, and data protection and sharing; misuse and harm associated with routine outcome measurement. In line with NICE development of guidelines the scope will outline why there is a need for the trauma-informed guidance, the areas the guidance will and will not cover and what the guidance intends to achieve.

Method

In collaboration with the expert advisory groups, we will develop a topic guide that will be used to hold four structured workshops of approximately two hours with our four participant groups: adult survivors of domestic abuse; children and young people with lived experience of domestic abuse; service providers; and commissioners and policymakers.

We will aim for five to eight participants in each workshop, with flexibility to ensure we involve as diverse a group of participants as possible. We will recruit through the research team's network, building on previous and future related work, as well as consulting the expert advisory group and Foundations. Using a key informant³ and maximum diversity approach,⁴ we will recruit service providers who serve diverse communities and commissioners who cover geographically and demographically varying areas. We will recruit survivors through national survivor groups (e.g. SafeLives) to ensure they are appropriately supported through the process as well as ensuring we reach a national group of survivors.

Groups will be asked to discuss the purpose of the guidance, and we will collect views on key topics that should be included, tools and forms of presentation, metrics by which to assess acceptability and use, and schedule for update and hosting of the guidance. This will be an iterative process in which we build upon the findings of each workshop, for example bringing in findings from the service provider workshop to the commissioner workshop. Any areas of disagreement will be taken to the expert advisory groups for a decision.

³ Key informant approach: a purposive sampling strategy that involves selecting individuals with specialised knowledge, experience, or insight relevant to the research topic, in order to obtain in-depth and expert perspectives.

⁴ Maximum diversity approach: a purposive sampling method designed to capture the broadest possible range of perspectives within a population, ensuring that findings reflect variation across key characteristics such as demographics, experiences, or contexts.



Output

Scoping document synthesising key topics and areas of agreement.

Work package 2: Rapid evidence reviews

Aim

To identify and summarise evidence on outcome measurement in practice and for research purposes.

Method

A series of rapid evidence reviews informed by the scope developed in WP1 will be conducted. They will focus on topics such as trauma-informed research and evaluation, participant experiences in violence and abuse research, implementation of routine outcome measurement, and data protection in service settings.

The process will begin with an online call for evidence to be shared among organisations (such as national and local domestic abuse services, and relevant professional organisations working in trauma-informed settings), and an initial request for expert advisory group members to supply information and/or to connect the team with relevant experts.

We will carry out a series of targeted rapid reviews of domestic abuse specifically as well as relevant adjacent literatures (e.g. mental health, social care), drawing on established scoping review approaches (Arksey & O'Malley, 2005). Search terms will be developed in relation to the topics informed by the agreed scope of the guidelines (see table 1 for example search terms). Key topics may include:

- Trauma-informed research and evaluation guidance
- Participant perceptions and experiences of taking part in research on violence and abuse
- Implementation of routine outcome measurement in child and family service settings
- Data protection and privacy issues in service settings.

Searches will be carried out in PubMed, PsycINFO, Google Scholar, and any other relevant academic or grey databases possible within the timeframe, and will be limited to the first 500 title/abstracts, along with more targeted searches for specific documents.

Identified evidence will be screened and data extracted for:

- Relevance to the guidance (i.e. the extent to which it derives from a domestic abuse setting or population, other relevant setting (i.e. a trauma-experienced population), or a general health or social population)



- Quality of evidence (e.g. CASP scores,⁵ AGREE-REX scores (AGREE-REX Research Team, 2019))
- Any findings relating to guideline parameters.

Decisions around whether to carry out study-level critical appraisal will be made with the advisory groups, Foundations, and in relation to the quantity of evidence reviewed. Evidence will be rated based on relevance to the guidance scope and study quality. In consultation with the expert advisory groups, we will decide on minimum thresholds for evidence acceptability (i.e. to be included in WP3).

Table 1. Examples of key concepts and search terms

Domestic Abuse	Trauma Informed
“partner violence” OR “intimate partner violence” OR IPV OR “domestic violence” OR “spous* violence” OR “dating violence” OR “partner abuse” OR “domestic abuse” OR “spous* abuse” OR “dating abuse”	“Trauma informed” OR “trauma sensitive” OR “trauma-informed” OR “trauma-sensitive” OR “ethical consideration” OR “sensitive” OR “strengths-based” OR “trauma-focused”
Intervention Measurement	Guidelines
Research OR questionnaire OR survey OR scale OR instrument OR measure* OR tool OR assessment OR outcome OR evaluat* OR monitoring	Guidelines OR protocol OR guidance OR principles OR framework OR systems OR practice OR “best practice”
<i>Note:</i> These are examples and will be expanded upon following the scope development workshops.	

Output

Evidence map linked to areas of required guidance (e.g. trauma-informed measurement, ethical data use, service integration) set out in the scope. Findings will highlight existing gaps, risks, and uncertainties.

⁵ See: <https://casp-uk.net/>



Work package 3: Development of guidance

Aim

To translate evidence themes into evidence statements and draft recommendations.

Method

The research team will translate the themes identified in the scoping document and evidence map into structured evidence statements. These statements will summarise the key findings for each theme and will be written in clear, accessible language suitable for a range of audiences.

Each evidence statement will be accompanied by an assessment of the type and strength of the supporting evidence. This will be conducted using established frameworks, such as GRADE or GRADE-CERQual, depending on the nature of the evidence. This may be an adapted or rapid version if time constraints apply. The assessment will consider factors such as methodological rigour, relevance, consistency, and applicability.

The evidence statements will then be converted into draft recommendations or points of guidance. These will be grouped thematically and presented with summary tables detailing the evidence base, strength ratings, and any limitations or contextual considerations.

Draft recommendations will be reviewed by the expert advisory groups to ensure clarity, relevance, and alignment with the evidence.

Output

Draft recommendations/points of guidance grouped into themes according to the defined scope.

Work package 4: Participant consensus process

Aim

To develop stakeholder consensus on the recommendations/points of guidance to be included in the guidance.

Method

This work package will be conducted in two distinct but interrelated stages: review workshops and a consensus meeting. The process is designed to be trauma-informed, inclusive, and methodologically robust, drawing on best practices in participatory research and consensus development.

Stage 1: Review workshops

Four separate workshops will be conducted with the participant groups previously recruited during work package 1.



Each workshop will last approximately two hours and facilitated by experienced researchers. The workshops will be structured around the draft recommendations and guidance points developed in work package 3. Participants will be invited to:

- Review each recommendation for clarity, relevance, and feasibility
- Provide feedback on the language used, particularly in relation to trauma sensitivity and accessibility
- Suggest additional items or areas of concern not currently addressed
- Reflect on the evidence summaries accompanying each recommendation, including the perceived strength and applicability of the evidence.

Feedback will be recorded using researcher notes and structured feedback forms. The research team will analyse the feedback thematically and revise the draft recommendations accordingly. Where new items are suggested by participants, these will be added to the guidance with a clearly marked evidence summary indicating that the item was stakeholder-driven and outlining any supporting or contextual evidence available.

Stage 2: Consensus meeting

Following the revision of the draft recommendations, a final online consensus meeting will be held, bringing together representatives from all four participant groups. The meeting will be facilitated using the Nominal Group Technique (NGT), a structured method designed to ensure equitable participation and avoid dominance by any single voice.

The meeting will be organised as follows:

- Participants will be provided with the revised draft guidance in advance, along with a summary of changes made following the workshops
- Each recommendation will be presented sequentially, with time allocated for discussion and clarification
- Participants will be asked to vote on the inclusion of each item using a structured rating scale (e.g. strongly agree, agree, neutral, disagree, strongly disagree)
- Items reaching a predefined threshold of agreement decided with the expert advisory group (e.g. $\geq 75\%$ “agree” or “strongly agree”) will be retained in the final guidance
- Items not reaching consensus will be discussed further, and either revised or removed based on group feedback.

The meeting will be facilitated by researchers with expertise in trauma-informed multi-stakeholder engagement, and safeguarding protocols will be in place to support participants throughout (Powell et al., 2025).

Output

Final list of recommendations/points of guidance.



Work package 5: Guidance design

Aim

To produce a living guidance document that supports trauma-informed use of the DA-COS.

Method

We will collaborate with Foundations, advisory groups and other participants to ensure the final guidance is methodologically sound, user-friendly, contextually relevant, and adaptable. This might involve using a Foundations-determined template, or a research team template with feedback from the wider team and other participants as required.

Document structure and format

The guidance will be structured thematically, reflecting the organisation of recommendations developed in work packages 3 and 4. Each section will include:

- A brief introduction to the theme
- The relevant recommendations or guidance points
- Evidence summaries, including type and strength of evidence
- Stakeholder insights and considerations
- Practical implementation tips or examples where appropriate.

The document will be designed to be accessible to a wide range of users, including frontline practitioners, service managers, commissioners, and researchers. Considerations will include:

- Use of plain language and trauma-sensitive terminology
- Visual aids such as tables, flowcharts, and icons to support navigation
- Hyperlinked references and appendices for further reading
- A glossary of key terms.

Collaborative design process

The research team will draft the initial version of the guidance using either a Foundations-provided template or a bespoke format developed in consultation with stakeholders. This draft will be shared with:

- Foundations, for feedback on format, tone, and usability
- Expert advisory groups and the UK Trauma Council, for review of content and structure
- Participants from the stakeholder workshops, for user testing and feedback (if feasible).

Feedback will be incorporated iteratively, with changes documented to ensure transparency. The final version will be reviewed and approved by Foundations prior to publication.



Living document approach

To ensure the guidance remains relevant and responsive to emerging evidence and practice developments, it will be designed as a living document. This might include:

- A versioning system to track updates
- A recommended schedule for review and revision (e.g. annually or biannually)
- Mechanisms for stakeholder input into future updates (e.g. feedback forms, advisory group consultations)
- Hosting on a platform that allows for easy access and download (e.g. Foundations website).

Output

Electronic guidance (with agreement from Foundations on hosting) and a short briefing document of the development process.

Limitations

This trauma-informed guidance is intended to support the implementation of the Domestic Abuse Core Outcome Set (DA-COS) and is expected to inform outcome measurement more broadly. However, its applicability may be constrained outside UK-based service contexts or beyond interventions aligned with the DA-COS. While efforts will be made to ensure diverse stakeholder engagement, some representation gaps may remain, potentially limiting the breadth of perspectives incorporated.

The reliance on rapid evidence reviews, necessitated by project timeframes, may reduce comprehensiveness. Advisory group input is expected to mitigate this risk, but some limitations are inevitable. Additionally, certain outcome areas, such as “freedom to go about daily life”, are under-evidenced (Bains et al., 2025), which may restrict the scope of recommendations in the initial version of the guidance. For this reason, the guidance is designed as a living document. Maintaining and updating a living document requires sustained funding, hosting infrastructure, and ongoing stakeholder engagement. These factors cannot be guaranteed and may affect the long-term sustainability of the guidance.

Ethics

Prior to the study commencing, it will undergo necessary university approvals and ethics processes. The principal investigator or designee will ensure that appropriate approvals from participating organisations are in place. It is anticipated that ethical approval will not be required due to the consultation methodology and absence of personal data collection, though this will be confirmed and approval otherwise obtained before commencing. Nonetheless, ethical codes of practice will be followed.

Consent will be seen as an ongoing process, and participants will be able to withdraw at any stage without detriment. We will collect names and contact information to facilitate organising workshops and making payments. We will see taking part in the workshops as active consent, with



the limits of confidentiality discussed at the beginning of each online workshop; this includes discussions around respecting each other's privacy and not sharing information disclosed during workshops.

While the focus of the study is on developing guidance for outcome measurement, we acknowledge that some participants will have lived experience of domestic abuse. Although the workshops themselves should not be unduly stressful, talking about outcome measurement may relate to participants' personal experiences. This will be explicitly acknowledged during the preparation for workshops, and we will work closely with our main contact at SafeLives to ensure that the workshop content is appropriate and that participants are supported through the process. We will follow Foundations' safeguarding procedures, which state that if a concern is raised during data collection that suggests a risk to the participant or someone else, this information will be reported to the principal investigator and designated safeguarding lead. Steps will be taken to respond in line with the safeguarding procedure to minimise risk.

We developed trauma-informed guidelines for multi-stakeholder workshops and will follow our procedure for the final mixed stakeholder consensus workshop. We are offering £25 per hour of participation to people with lived experience, in line with our previous studies, to acknowledge the time taken. Payment will be made after each stage to allow participants to withdraw and still receive compensation for the time contributed.

Any publications will refer to organisations (with their consent) and no individual participant names will be reported. Where there is any doubt about participant identification, this will be checked with the participant directly before sharing findings.

The principal investigator or designee will submit and, where necessary, obtain approval from the above parties for all substantial amendments to the original approved documents.

Data protection

Participant contact information will be stored separately from workshop notes by the lead researcher (EH) in a password protected file on the University of Sussex's secure server. Workshop notes will be anonymised and saved on Sussex's server as individual encrypted files and deleted at the end of the study. All study metadata will be archived on the University of Sussex Research Data Repository.

Risk assessment

The University of Sussex has insurance in place to cover its legal liabilities in respect of this study.

Risk	Likelihood (L/M/H)	Impact (L/ M/ H)	Mitigations
Protecting participants from harm	M	H	A safeguarding procedure will be followed if participants mention possible harm to



Risk	Likelihood (L/M/H)	Impact (L/ M/ H)	Mitigations
			<p>themselves or others. A debrief will be offered to participants, signposting them to support services if needed.</p> <p>Researchers will have DBS checks and be experienced in facilitating research with survivors of abuse.</p> <p>We will follow sensitivity and trauma-informed protocols developed in previous work and we will be guided by our survivor advisory group.</p>
Protecting researchers from harm	L	M	We will follow the university's guidelines for risk assessment. Researchers will be able to access wellbeing support from our various institutions.
Key member of staff becomes unavailable	L	M	Identifying alternative professionals at the University of Sussex to take on responsibilities and saving documents in shared folders.

Dissemination

The final guidance will be shared electronically with Foundations and hosted on an agreed platform to ensure accessibility for practitioners, commissioners, and researchers. It will be disseminated to existing networks and research groups in the UK. Alongside this, we hope to produce a short briefing document outlining the development process and key findings. To promote uptake, dissemination activities may include a launch webinar, inviting stakeholders involved in the project as well as additional commissioners, service providers, and academics for whom the guidance is intended to support. Opportunities for wider sharing, such as presentations at relevant conferences or further network collaboration with the UK Trauma Council, will be explored in consultation with Foundations.

Timeline

Dates	Activity
2025	
31 October	Project initiation: <ul style="list-style-type: none"> Grant agreement signed



Dates	Activity
	<ul style="list-style-type: none"> • Work with Foundations to undertake data protection impact assessment (DPIA) screening and agree data processes • Protocol submitted to Foundations
30 November	WP1 Scope development: <ul style="list-style-type: none"> • Expert advisory group topic guide developed and shared with Foundations • Workshops held with participant groups • Scoping document shared with Foundations
2026	
27 February	WP2 Rapid evidence reviews: <ul style="list-style-type: none"> • Targeted rapid evidence reviews on topics identified in Guidance WP1 completed • Evidence map completed and shared with Foundations
30 April	WP3 Development of guidance: <ul style="list-style-type: none"> • Evidence statements developed and reviewed by expert advisory group • Draft recommendations/guidance shared with Foundations
25 May	WP4 Participant review and consensus building: <ul style="list-style-type: none"> • Review workshops held with participant groups • Multi-partner consensus meeting completed • Final list of recommendations/guidance with feedback from review workshops and consensus meetings shared with Foundations
26 June	WP 5 Guidance design: <ul style="list-style-type: none"> • Electronic guidance shared with Foundations

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