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A mothering skills program for women with a history of domestic violence: An analysis of mother–child interaction

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Children exposed to domestic violence (DV) may present serious health difficulties as well as behavioral and learning problems. They learn to live in this complex context, and the cycle of violence may repeat itself if help is not offered. Interventions are needed for parents to learn positive ways to raise their offspring. These are particularly relevant to mothers who face severe stress from a wide range of combined risk factors, including extreme poverty, low educational level and a past or current history of DV.

Surprisingly, the literature reports no research-based parenting programs tailored for mothers with a history of DV. This paper describes a Brazilian parenting program called Project Parceria (Partnership Project) (Williams, Padovani, & Brino, 2009) for mothers with a past or ongoing DV experience, summarizing initial research from three studies.

Project Parceria’s short-term goal is to teach mothering skills to abused women; its long-term goal is to prevent behavioral problems in their children. The program adopts a cognitive–behavioral model with two components: a Psychotherapeutic Unit to analyze and treat the effect violence may have had on the mothers’ lives and teach protective strategies, assess the impact of violence on parenting and promote self-knowledge; and an Educational Unit to teach positive parenting skills.

Two manuals were specifically developed: A life free of violence (Unit 1), with topics such as the cycle of violence, human rights, violence against women, fighting depression; and Positive parenting (Unit 2)32, including materials related to the importance of praising children’s behavior, setting limits and rules, and teaching moral behavior and social skills. It encompasses 20 weekly one-hour sessions, employing techniques such as discussions based on the manuals, relaxation training, social problem-solving and homework.

The project was developed with a grant from CNPq (Brazil’s National Research Council) and tested initially in a pilot study (Williams & Araújo, 2009). Twelve mothers with DV experience and their children aged from four to 12 years were recruited from a shelter, the judicial system and other agencies, but only seven women remained until the intervention’s end. The most common reason for attrition was mothers becoming employed during the program. All mothers had more than one child, choosing as a target the child they found most difficult to raise.

A pre- and post-test design with a three-month follow-up was employed using multiple instruments to measure: a mother’s depression (Beck Depression Inventory (BDI)—Beck, Rush, Shaw, & Emery, 1979); a mother’s abuse potential (Child Abuse Potential Inventory (CAPI)—Milner, 1994); a mother’s parenting style, assessed by the mother and the child (Inventário de Estilos Parentais (IEP) —Gomide, 2006); and the

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The manuals may be downloaded from LAPREV’s website, www.ufscar.br/laprev
target child’s behaviors (Strengths and Difficulties Questionnaire (SD) & Goodman, 1997). Observational
data of mother–child interaction was also collected in three sessions at a university replica house labora-
tory equipped with digital recording cameras and one-way mirrors, using a protocol adapted from the
Triple-P Parenting Program (Sanders, Markie-Dadds, & Turner, 2003).

Observational data gathered before the intervention showed that all seven mothers had the same pattern
of difficulty in praising their children. In addition, two of the mothers paid much attention to their child’s
misbehavior by yelling, complaining and being verbally abusive. Although post-intervention observational
changes were unremarkable, participants showed marked improvement in all measurement instruments,
with lowered abuse potential and depression, and improved behaviour of target children.

When the program was developed, we felt that Unit 1 would be a prerequisite for Unit 2, in the sense that
mothers had to come to terms with their own history of abuse and trauma before learning to manage the
behaviour of their children. Santini (2011) tested this assumption by comparing the efficacy of three groups:
Unit 1 followed by Unit 2; Unit 2 followed by Unit 1; and Units 1 and 2 conducted simultaneously. Nine
mothers and their children with DV experience completed the BDI, CAPI and IEP (mother’s version only),
as in the pilot study. To counter the small size of the sample (three mothers per group), a non-randomized
clinical trial with intragroup comparisons over time was employed, using daily self-record measures by
mothers (Williams et al., 2010) of Sense of Well-Being and Sense of Parental Competence.

All mothers showed general improvement, but comparison of score results indicated that both units
(psychotherapeutic and educational) applied simultaneously had better results than when applied sequen-
tially. In other words, participants showed more progress when sessions covering DV topics were inter-
spersed by a parenting session. One possible explanation is that mothers are eager to discuss how difficult
their children are and do not want to wait two months to start learning about behavior management—but
they also have personal issues to address. Thus, when units were used sequentially they were not as
efficient as when applied at the same time. Participants showed total adherence to the program, probably
due to strategies such as weekly phone calls, flexibility about session times, bus passes and incentives for
attending all sessions.

In the third study, Pereira, D’Affonsoca and Williams (submitted) attempted to test Project Parceria’s feasi-
bility in the case of 17 mothers living in extreme poverty whose 17 youngsters had been referred to the
judicial system for child abuse, mostly physical violence. Fifteen of these adolescents were also exposed
to DV, as their mothers had been victimized by current or past partners. The adolescents were mostly male
(9), with ages ranging from 12 to 16 and had on average 7.1 years of schooling. Their mothers only aver-
aged 2.8 years of education. The approach employed was the same as in the second study, except that
the youngsters provided data about the SDQ and IEP. The intervention took place in the home rather than
at the university, and the follow-up lasted four months.

The authors found it was feasible to implement Project Parceria with vulnerable mothers of poly-victimized
children via home visitation. There were significant improvements in several areas immediately after the
intervention: improved child behavior, less risky parenting style, according to mothers and the youngsters,
and improved Sense of Well-Being. Sense of Parental Competence did not improve, perhaps because six
mothers who were illiterate were helped by their children to do the daily recording. Follow-up measures
were obtained for all but one mother, and the improvements persisted for all but three mothers, who expe-
rienced added stressors—for example, health problems.

In general, we may speculate that at least some of the mothers’ repertoire deficits in interacting with
their children were associated with their history of violence, either with the present or a past partner, and/or
or family of origin, as suggested by the literature (Capaldi, Kim & Pears, 2009; Chaffin & Schmidt, 2006;
Dahlberg & Simon, 2006; O’Leary & Woodin, 2006). The promising results reinforce the need to promote
to women with DV experience interventions that combine violence prevention (such as safety measures,
information about their rights, referring partners to treatment), psychotherapeutic strategies (addressing
their history of violence) and teaching mothering skills. The latter may not only prevent child abuse and future behavior problems in children; it may also be a good strategy to motivate women to interrupt their cycle of violence.

In conclusion, Projeto Parceria’s findings are encouraging. Further studies are needed to examine the model with larger samples and randomized controls. Longitudinal studies may also be conducted to evaluate if the improvement in mother–child interactions persists.

References


