Practice learnings from *Reconnecting children and mothers exposed to domestic violence* (RECOVER): the Australian child-parent psychotherapy pilot

**Toone, Emma**<sup>1,2</sup> Hooker, Leesa<sup>1</sup>, Vibhay Raykar<sup>3</sup>, Cathy Humphreys<sup>4</sup>, Angela Taft<sup>1</sup>

<sup>1</sup>Judith Lumley Centre, La Trobe University, Bundoora, Victoria; <sup>2</sup>Berry Street, Richmond, Victoria; <sup>3</sup>Child and Adolescent Mental Health Services, Goulburn Valley Health, Shepparton, Victoria; <sup>4</sup>Department of Social Work, University of Melbourne, Melbourne, Victoria.

Email: e.toone@latrobe.edu.au

**Introduction**

Domestic violence (DV) is a major public health issue detrimentally affecting children, women and their relationship. Children who have experienced DV have specific needs and face particular risks, alongside their mothers. USA based trials indicate that relational interventions for very young children and mothers after DV, such as Child-Parent Psychotherapy (CPP), are effective in restoring child and maternal health and wellbeing. Safety/practice protocols and intervention research for this group is lacking in Australia.

**Methods**

A mixed methods, feasibility study exploring the implementation of CPP. Pre-school aged children 3-5 years and their mothers attending DV trauma and child mental health services were recruited in 2018. Process evaluation included assessing the acceptability of the intervention to women (n=15) and providers (n=9) and identifying process issues including barriers to program implementation and sustainability. The acceptability of measuring maternal physical and mental health, DV exposure, parental reflective functioning, and child mental health symptoms was also assessed. Direct observation of mother-child interaction was captured on video for analysis.

**Results**

CPP appears to be an acceptable intervention for clients, clinicians and organisations. However, we experienced implementation challenges due to competing service demands and workforce capacity to provide a DV informed, infant mental health response. Service systems prioritised older children and statutory children. Due to the complex nature of DV, maternal readiness for therapy was cyclical. CPP for child-father or co-parent dyads was likely indicated after violence cessation, but beyond the scope of the current study. Other preliminary results such as baseline data on children and mothers’ health will be discussed.

**Conclusion**

Although relational interventions for children and women exposed to DV are effective in reducing mental health and trauma symptoms, more investment in building a DV informed infant mental health workforce and capacity to engage co-parents is needed for future implementation of CPP in Australia.