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# **Strengthening Families Affected by Intimate Partner Violence: A Pilot Evaluation of a Rural Extension Program**

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*Heart and Hope (H&H) was designed to provide parenting education and social-emotional skills to children and parents exposed to intimate partner violence (IPV) in rural Nevada. The goal was to evaluate IPV efforts by measuring parent (N = 47) and children's (N = 100) knowledge and behavior change around building healthy relationships and improved parenting practices following exposure to IPV and the H&H curriculum. Results indicated significant increases in both perceived knowledge and behavior change, suggesting that the program is effective in strengthening family relationships, improving parenting practices, developing emotional competency, and helping families envision a positive future. One of the most critical take-away messages is that Extension programs can have a positive impact in rural locations related to helping families recover and rebuild following intimate partner violence.*

**Keywords:** intimate partner violence, parenting education, rural, community program, healthy relationships

## **Introduction**

Intimate Partner Violence (IPV) occurs in the context of a close relationship, including current or former spouses or dating partners. In a violent intimate partner relationship, one partner uses violence to gain and/or maintain power and control over the other (U.S. Department of Justice, Office of Justice Programs [USDJO], 2018). IPV behaviors are defined as physical violence, sexual violence, stalking, psychological aggression (Centers for Disease Control and Prevention [CDC], 2019), and economic coercion (USDJO, 2018). IPV abusive behavior is systematic, and perpetrators use whatever means possible to control their victims' behavior. Other terms for IPV include domestic violence, domestic abuse, family violence, and family fighting. An abuser may use multiple types of abuse to control their victims.

IPV has significant long-term effects on the abused, children, and the community at large (see Powell, 2011). Domestic violence affects the victim's psychological well-being and identity. Problems that may stem from domestic violence include substance abuse, sexual risk behaviors, eating disorders, depression, anxiety, and post-traumatic stress disorder (Niolon et al., 2017; Ouellet-Morin et al., 2015). Suicide attempts are higher for women who have experienced domestic violence than for women who have not experienced an abusive relationship (Golding,

1999). Both male and female victims are at risk for poor physical health outcomes, such as chronic diseases like diabetes and hypertension, arthritis, chronic pelvic pain, migraines, vision impairment, and stomach ulcers (Coker et al., 2002; Niolon et al., 2017; Parker et al., 1994). Furthermore, abused women are also more likely to experience poor maternal health during pregnancy than women who do not experience domestic violence (McFarlane et al., 1996; Parker et al., 1994).

Parents and children's victimizations are inextricably linked. Children living in violent homes are often victims of the same types of abuse as adults. Complex trauma, such as that experienced with domestic violence, is characterized by exposure to multiple, prolonged, and chronic violent events that begin in early childhood, within a family or caregiving system, and can affect development (National Child Traumatic Stress Network [NCTSN], n.d.). For example, children may hear and see the violence and its aftereffects, such as witnessing injury to family members that occurs because of physical or sexual assaults or being privy to subsequent legal disputes (Evans et al., 2008). Complex trauma, if left unaddressed, may detrimentally affect optimal child development (e.g., Howell et al., 2016; Isaac, 2015) and have long-lasting impacts on healthy developmental outcomes, such as adult depression, low self-esteem, chronic disease, and trauma-related symptoms (CDC, 2019). Left untreated, children often become the next generation of victims and offenders (Herrenkohl et al., 2008; USDOJ, 2011).

While research has shown the negative implications of IPV on multiple generations, little research has been done on prevention and intervention educational programs in rural communities. Of the research on IPV, much focuses on the work of statewide domestic violence coalitions (Freire, et al., 2015), initiatives (Bradford et al., 2011; Davidov et al., 2018), training for mandated reporters or advocates rather than specific educational programs within these groups. Many of the educational programs that exist involve home visiting (e.g., MacLeod & Nelson, 2000; Olds & Korfmacher, 1998) or international samples (Cameron et al., 1997). While these programs are beneficial, they are focused on a different audience than families looking to strengthen and rebuild bonds following exposure to violence. It is estimated that abused children are 3.5 (for women) to 3.8 (for men) times more likely than youth who are not abused to repeat the cycle of violence as adults, as abusers, or victims (Whitfield et al., 2003). This reality means that it is crucial that programs work to prevent this cycle from continuing from generation to generation because growing up with domestic violence is the most significant predictor of whether someone experiences or engages in violence later in life (see UNICEF, 2006). One unique aspect of Heart & Hope (H&H) is that its focus is educational rather than therapeutic in nature (Graham-Bermann & Miller, 2013; Renner et al., 2020; Trabold et al., 2020), working to change the ways in which families operate as a system (Bartle-Haring et al., 2002; Southern & Sullivan, 2021).

While good parenting can mitigate the effects of domestic violence on children's development and functioning (e.g., Fong et al., 2019), research indicates that victims of domestic violence

often demonstrate negative parenting characteristics (Chiesa et al., 2018). Abusive partners can harm the parent-child relationship by degrading and abusing the non-abusive parent, undermining parental authority, preventing the non-abusing parent and child from spending enjoyable time together, encouraging children to blame and treat the non-abusive parent disrespectfully, and weakening the attachment between the non-abusive parent and child (Bancroft et al., 2012; Jaffe & Crooks, 2005; Katz, 2019; Strand et al., 2015). H&H focuses on rebuilding relationships between non-abusing parents and children.

Past research has found that parents desire the ability to discuss their experiences with their children to educate them about healthy relationships. Insetta et al. (2015) found that IPV victim mothers wanted to talk to their children about their past IPV experiences, asserting that violence was not normal or healthy, and advise their children about healthy relationships. Conversely, the study revealed that mothers did not have the communication skills to initiate such discussions. The mothers in this study (Insetta et al., 2015) identified the need to strengthen relationships with their children, encourage open dialogue, and learn how to communicate with their children. This is important as research indicates that a strong relationship with and attachment to a caring adult, particularly the mother, can lessen the impact of children's exposure to IPV (Holt et al., 2008). H&H provides a space where these conversations between parents and children can occur.

Research indicates that the development of protective factors in youth and families, such as parental resilience, knowledge of parenting and child development, social and emotional competence of children, healthy relationships, and social support (e.g., Benavides, 2015; CDC, 2019; Lee, 2001) can minimize the impact of trauma and help break the cycle of violence. Parents are better able to practice positive parenting strategies when they understand children's typical development at different ages and stages, the effects of domestic violence on children's development, and how to incorporate age-appropriate expectations for their children (Crager & Anderson, 1997). Parents and children exposed to IPV need to practice techniques for modeling emotion recognition, identification, and self-regulation. Emotion regulation serves as a precursor to learning social and conflict resolution skills, which must also be taught to both parents and children (Gewirtz & Edleson, 2004). Other research has found that fostering hope, a goal-focused psychological strength, enhances lifelong well-being in children and buffers the negative consequences of IPV (Hellman & Gwinn, 2017; Snyder, 2000).

Parents play a major role in creating a caring, emotionally, and physically safe environment. Youth can learn skills to help keep future relationships free from IPV. Youth need constructive opportunities to gain knowledge, expand skills, and build healthy relationships to thrive. This growth must occur in safe environments for optimal social, emotional, physical, and cognitive development. The CDC (Niolon et al., 2017) recommends approaches that emphasize creating safe, stable, and nurturing relationships, social-emotional learning, parenting skills, and strengthening relationships among family members to support positive outcomes for children exposed to IPV.

## **Heart & Hope Program**

Heart & Hope (H&H), a strengths-based program (Roygardner et al., 2020), was created and implemented to improve the parent-child relationships of families who have experienced IPV in rural Nevada. In the community where H&H is situated, there were between 300 and 415 IPV incidents reported annually in 2018 and 2019, with children present at approximately 50% of these incidents (Nevada Department of Public Safety, 2018, 2019).

Ecological and family systems frameworks underlie the program (Bronfenbrenner, 1979, 1986; Guttman, 1991). In accordance with these frameworks, interventions aimed at only one level of the family system (e.g., parents only, children only) will not be effective. Because families are unique (Burgess, 1926; White et al., 2005), any program that does not intervene at multiple levels will not likely reduce future IPV experiences and will not begin to break the intergenerational cycles of violence (Widom, 1989).

The program aims to impact multiple levels of the family system, focusing on parent and child outcomes simultaneously. H&H focuses on both adult victims and children exposed to IPV, recognizing that IPV occurs in homes where children may be exposed to negative interactions in a multitude of ways (Holden, 2003). As social learning theory suggests, children learn through the reinforcement and modeling of behavior that they are exposed to (Bandura, 1973; Grusec, 1992). A recent decade review of IPV studies suggested that the strongest intergenerational predictors of dyadic IPV were a history of violence among the respondents' parents and parent-to-child violence experienced by the respondent's partner (Fritz et al., 2012; Hardesty & Ogolsky, 2020). H&H community-based faculty constructed lessons based on key elements of ecological, family systems, and social learning theories.

## **Prevalence of Intimate Partner Violence in Nevada**

For five consecutive years, Nevada ranked in the top five states in the nation for the number of domestic violence fatalities (Violence Policy Center, 2019). There is one domestic violence offense in Nevada every 17 minutes and 18 seconds (Nevada Department of Public Safety, 2019). The National Intimate Partner and Sexual Violence Survey indicates that 44% of women and 34% of men living in Nevada have experienced rape, physical violence, and/or stalking by an intimate partner (Smith et al., 2018). Across Nevada, domestic violence offenses continue to increase, with 30,357 offenses reported in 2019 affecting 33,405 victims and 10,712 children who were present (Nevada Department of Public Safety, 2019).

H&H currently resides in Elko County, Nevada, which is in the northeastern corner of the state. By geographic area, Elko County is the fourth-largest county in the contiguous United States, with more than 17,000 square miles (U.S. Census Bureau, 2022), and it encompasses 49.8% of the Duck Valley Indian Reservation for the Shoshone-Paiute people. Elko County has seven towns and more than 15 ranching communities. Some ranching communities have a one-room

schoolhouse that educates kindergarten through eighth grades. Most of the roads in these communities are unpaved. Two towns are approximately 20 miles from the county seat, the City of Elko. Other towns are 50 to 117 miles from Elko. The population of Elko County is approximately 53,700, and residents are primarily White (65.4%), Hispanic-Latino (25.5%), Black or African American (0.6%), and Native American (5.3%). Elko is the largest city, with 20,564 residents. The second largest city is Spring Creek, which has 14,967 residents. The median income for a household in the county is \$48,383, and for a family, it is \$52,206. Approximately 7%–9% of Elko County families live below the poverty line. Major industries in the area include gold mining and agriculture (e.g., cattle ranching).

The Elko County, Nevada District Attorney's Office (2022) reported a 12.2% increase in domestic violence cases from 2019 to 2021. The long-term costs of the reported 2019 incidents are nearly \$2.8 trillion for the victims and \$541 million for the children present. In Elko County, 405 reported domestic violence victimizations occurred in 2017, with a rate of 7.7 per 1,000 persons, which is much higher than the national rate of 4.5 per 1,000 persons (Morgan & Truman, 2018). The *2017 Elko County Domestic Violence Totals Report* (Nevada Department of Public Safety, 2018) indicated that the total number of children present during reported domestic violence offenses was 231, which is 1.6% of the children in Elko County. Seven women were killed by their abusers in Elko County between 2011 and 2020.

### **Purpose of Heart & Hope**

The goal of the 9-week H&H program is to teach parents and their children who have previously experienced IPV a variety of skills (e.g., healthy communication, social-emotional literacy, conflict resolution, child development, positive parenting practices) that will improve parent-child relationships (Campbell & Palm, 2017) and their lives for years to come. It is well documented that IPV has a multitude of long-term consequences, and H&H aims to mitigate some of the detrimental impacts of IPV by improving the skills and efficacy of parents and children. H&H fits into Campbell and Palm's (2017) Continuum of Parent/Family Services for Parents of Children 0–8 Intervention Treatment category. For example, the current H&H program connects families to community services. Community-based faculty know how IPV impacts child and adult survivors and their parenting practices and can adapt the program to fit unique family conditions. The H&H program was built upon the assumption that participant knowledge gain and increase in skills will promote positive parent-child relationships. The goal was to evaluate whether H&H positively impacts parenting skills and strategies if similar behavioral changes are experienced during the program and participants' perceptions of the program. The format of H&H was to hold nine weekly lessons lasting approximately 90 minutes each, including small groups of youth and their non-abusive parents.

H&H was designed to provide families with resources and skills focused on strengthening relationships, enhancing children's social-emotional skills, reducing the risk of future violence,

and envisioning a positive future for themselves. It was originally developed between 2012 and 2017 by community-based Extension faculty in two rural Nevada counties through the support of a USDA-NIFA Children, Youth, and Families At-Risk (CYFAR) Sustainable Community Programs (SCP) grant (Award No. 2-13-41520-20936). These past funds focused on the development, implementation, and sustainability of community intervention programs such as H&H (program was named Heart and Shield at the time), which focused on families that had prior contact with law enforcement related to IPV. Further information about the development of H&H can be found in Baker-Tingey et al. (2018). The curriculum design team included the two community-based Extension faculty, two site/program coordinators who taught parent lessons, and a state Extension parenting specialist emerita. Of this team, one community-based Extension faculty member, one site/program coordinator, and the state Extension parenting specialist emerita served on both the curriculum and evaluation teams.

The goal of the current pilot study was to evaluate efforts to educate parents and children who have been exposed to IPV in a rural county in Nevada. The objectives were (a) to assess parents and children's knowledge and skills to build healthy relationships, (b) to improve parenting practices and strategies as a result of participating in a 9-week program, (c) explore if the curriculum is meeting the needs of the participants, and (d) understand how participants experienced their participation in the program.

To address these objectives, we asked the following research questions:

- 1) Did participants gain overall knowledge and skills in regards to parenting and healthy relationships over the course of the H&H program?
- 2) Did adult participants perceive that they had made behavioral changes related to their overall parenting while participating in the H&H program?
- 3) How do H&H adult and youth participants understand their experience participating in H&H?

## **Method**

### **Procedures**

Families (non-abusive parents and children) were recruited through the local community schools, birth to three early intervention services, child welfare, district attorney's victims' systems advocate, mental health counselors, domestic violence advocates, Head Start, home visitation programs, family resource center, school counselors, juvenile probation, tribal services, and word of mouth. Families were encouraged to consider joining the program by human service agency workers or learned about the program through fliers sent to schools and through word of mouth. Families were eligible for the program if they had been exposed to IPV as a victim (adult or child) or were caring for a child who had been exposed to IPV. Parents were screened for their interest in strengthening their relationships with their children and their willingness to try new

skills. If children had to miss a lesson (e.g., visiting another parent), parents were encouraged to attend. Families were not eligible to participate when their children could not attend any of the lessons, the parent was the abuser or perpetrator of IPV, or they were still in an intimate partner relationship with the abuser. The program was not designed for couples to attend together, and abusive partners did not participate. Families and/or referring agencies called the program coordinator, and an in-person or telephone screening interview was conducted with the parent to determine program eligibility and family needs. Parents and children attended H&H together; however, programming was conducted separately for adults and young people.

Small groups of non-abusive parents and their children met weekly for nine weeks. Children were separated by age: (a) early childhood (birth to four years), (b) early elementary (five to eight), (c) youth (nine to 13 years), and (d) teens (14 to 18 years). Lesson content included hands-on team building, communication, emotional literacy, problem-solving, healthy relationships, conflict management, and social competence. Parents met separately from their children and learned similar skills and strategies to help their children talk about the violence. Parents also learned about developmental stages, parenting styles, ways to guide children's behavior, and strengthening families. See Table 1 for activity descriptions. Each 90-minute lesson ended with a fun group activity that reinforced lesson plan objectives, bringing parents and children together, which fosters positive family cohesion. Parents completed retrospective pre- and post-knowledge gain evaluations in weeks one through nine and completed a retrospective behavioral change evaluation at week nine of the program.

***Table 1. Heart & Hope Program Topics, Tools, and Activities***

Lesson		Adults		
Week	Topic	Purpose	Tools	Activities
1	Working Together for Strong Families: Team Building	Develop trust, family cohesion, bonding, and fun family connections; engage in enjoyable interactions.	Having fun together as a family.	Strengthening family relationships brainstorming and discussion; adding fun into family interactions.
2	Can You Hear Me Now? Communication	Strengthen the parent/child dyad; employ active listening skills and communication; demonstrate respect among family members; learn from setbacks.	Good listening skills. Talking with children about family fighting.	Good listening skills; how to talk with children about family fighting; work to identify children's feelings based on their responses and behaviors; importance of talking with children about IPV.
3	Emotion Commotion: Social and	Relate to others; increase emotion regulation in individual family	Identifying, naming and understanding emotions.	Emotion identification: How to manage emotions; physical indications



Lesson	Adults			
Week	Topic	Purpose	Tools	Activities
	emotional awareness	members to improve emotion regulation in the parent/child dyad; use effective coping tools; express empathy.	Keeping calm when under pressure. Some stress can be helpful to us. Ways to help children manage their emotions.	that signal feelings; importance of managing feelings; healthy ways to relieve stress; help children manage their emotions & calm themselves.
4	Puzzling Problems; Successful Solutions: Conflict management	Solve problems constructively; use creativity in solving problems; make decisions that benefit the parent/child dyad.	“T” messages to share feelings. Steps to problem solving with children. How to plan and guide regular family meetings.	Assertiveness; sharing feelings without blaming; “T” messages; problem-solving with children: talking about problems, listening to children’s perspectives, brainstorming, selecting, and evaluating solutions; family meetings.
5	Here’s Looking at Your Kid: Child Development	Understand children’s growth and development and how it may be affected by trauma; identify community resources and supports; establish adequate family structure to foster children’s resilience.	Child development checklists. Resource list for helping children. Routines for your child.	Typical developmental milestones and effects of IPV; community resources; strategies to help children exposed to IPV; establishing routines.
6	Parents Make a Difference: Parenting styles	Establish authoritative leadership and healthy family dynamics; being present and involved in children’s lives.	Being kind, firm, and consistent with children. Setting age-appropriate rules.	Parenting styles: uninvolved, permissive, authoritarian, and authoritative; matching children’s behaviors with parenting styles; establishing age-appropriate rules.
7	Dear Annie, What Do I Do Now? Tips on guidance and discipline	Support boundaries; use clear and consistent messages; monitor behavior; reduce children’s vulnerability and	Guidance tips that help children.	Guidance tips to help children succeed; using positive discipline when children don’t follow rules; Dear Annie:

Lesson	Adults			
Week	Topic	Purpose	Tools	Activities
		increase their protection.		advice for handling common behavior challenges; helping children grow into happy, healthy people; family yoga.
8	Happy Hearts: Healthy relationships	Engage in meaningful interactions; reduce vulnerability to unhealthy intimate relationships; recognize children's efforts and accomplishments.	Considering if a partner is right for you. Ways to strengthen relationships with children.	Qualities of a healthy relationship; strengthening relationships with children; appreciating children's efforts and encouraging their persistence; family compliment catch
9	Launching into the Future: Family celebration	Review personal and family progress and the importance of perseverance; make meaning out of adversity; celebrate connectedness; envision hope for the future.		Program review and evaluation; family celebration for completing the program; inexpensive games families can replicate at home.

*Note.* More detailed lessons can be found in Baker-Tingey et al., 2018.

## Participants

Seven H&H cohorts ( $N = 147$ ) were completed between 2017 and 2021. In 2020, participants began but did not complete the program due to the pandemic shutdown. All parents were screened to determine program eligibility (e.g., experienced IPV in a former relationship, partner was abusive, controlling, and violent, but parent participant was not; not in a current abusive relationship, have children that could attend the program; or the children were exposed to IPV). Parents were defined as biological or adoptive and foster or custodial (e.g., grandparent or other family member serving as primary caretaker of the children). Participants' detailed demographics by year can be found in Tables 2 and 3.

**Table 2. Parent Demographic Characteristics by Year**

Year	Total Participants (Parents & Children/Youth)	Parents	Parent Gender	Age of Parents	Race/Ethnicity
2017	32	10 (31%)	Female: 10 (100%)	20–29: 8 (80%) 30–39: 2 (20%)	White/Non-Hispanic: 6 (60%) Mexican/Hispanic/Latino: 4 (40%)

<b>Year</b>	<b>Total Participants (Parents &amp; Children/Youth)</b>	<b>Parents</b>	<b>Parent Gender</b>	<b>Age of Parents</b>	<b>Race/Ethnicity</b>
2018	33	12 (36%)	Female: 11 (91%) Male: 1 (9%)	20–29: 1 (8%) 30–39: 7 (59%) 40–49: 0 (0%) 50–59: 1 (8%) 60–69: 2 (17%) 70–79: 1 (8%)	White/Non-Hispanic: 19 (58%) Mexican/Hispanic/Latino: 11 (33%) Native American: 3 (9%)
2019	37	9 (24%)	Female: 8 (89%) Male: 1 (11%)	30–39: 7 (78%) 40–49: 0 (0%) 50–59: 1 (11%) 60–69: 1 (11%)	White/Non-Hispanic: 20 (54%) Mexican/Hispanic/Latino: 17 (46%)
2020	32	12 (38%)	Female: 12 (100%) Male: 0 (0%)	30–39: 7 (59%) 40–49: 1 (8%) 50–59: 3 (25%) 60–69: 1 (8%)	White/Non-Hispanic: 21 (66%) Mexican/Hispanic/Latino: 5 (16%) Native American: 6 (19%)
2021	36	12 (33%)	Female: 12 (100%) Male: 0 (0%)	20–29: 3 (25%) 30–39: 6 (50%) 40–49: 1 (8%) 50–59: 2 (17%)	White/Non-Hispanic: 10 (29%) Mexican/Hispanic/Latino: 21 (60%) Native American: 3 (9%)
Total	170	55 (32%)	Females: 53 (96%) Males: 2 (4%)		

***Table 3. Child-Youth Demographic Characteristics by Year***

<b>Year</b>	<b>Total Participants (Parents &amp; Children/Youth)</b>	<b>Children &amp; Youth N (%)</b>	<b>Child &amp; Youth Gender</b>	<b>Age of Children- Youth</b>	<b>Race/Ethnicity</b>
2017	32	22 (70%)	Female: 10 (45%) Male: 12 (56%)	Birth–12mo: 1 (4%) 1–5yrs: 14 (64%) 6–10yrs: 3 (14%) 11–15yrs: 4 (18%)	White/Non-Hispanic: 10 (45%) Mexican/Hispanic/Latino: 9 (41%) Native American: 0 Asian: 3 (14%)
2018	33	21 (64%)	Female: 14 (67%) Male: 7 (33%)	Birth–12mo: 1 (1%) 1–5yrs: 5 (24%) 6–10yrs: 9 (43%) 11–17yrs: 6 (29%)	White/Non-Hispanic: 10 (48%) Mexican/Hispanic/Latino: 9 (43%) Native American: 2 (9%) Asian: 0

Year	Total Participants (Parents & Children/Youth)	Children & Youth N (%)	Child & Youth Gender	Age of Children-Youth	Race/Ethnicity
2019	37	28 (76%)	Female: 21 (75%) Male: 7 (25%)	1–5yrs: 7 (25%) 6–10yrs: 11 (39%) 11–17yrs: 10 (36%)	White/Non-Hispanic: 15 (54%) Mexican/Hispanic/Latino: 13 (46%) Native American: 0 Asian: 0
2020	32	20 (64%)	Female: 8 (40%) Male: 12 (60%)	1–5yrs: 3 (14%) 6–10yrs: 7 (38%) 11–17yrs: 10 (48%)	White/Non-Hispanic: 13 (65%) Mexican/Hispanic/Latino: 4 (20%) Native American: 3 (15%) Asian: 0
2021	36	24 (64%)	Female: 16 (67%) Male: 8 (33%)	Birth–12mo: 1 (1%) 1–5yrs: 7 (29%) 6–10yrs: 9 (38%) 11–17yrs: 7 (29%)	White/Non-Hispanic: 6 (25%) Mexican/Hispanic/Latino: 16 (67%) Native American: 2 (8%) Asian: 0
Total	170	115 (68%)	Female: 69 (60%) Male: 46 (40%)		

## Measures

In an effort to understand outcomes from multiple perspectives, a multi-method retrospective pre-post evaluation approach was used. An evaluation team, comprised of an Extension early childhood and parenting specialist, state Extension parenting specialist emerita, H&H program coordinator, and the lead author, developed (1) the retrospective pre-post knowledge-gain survey administered at the end of the lesson each week (1–8), (2) the retrospective pre-post behavior-change survey administered at the final lesson, and (3) end-of-session qualitative survey administered at the final lesson (week 9). Sample H&H lessons and tools or main concepts can be found in Table 1. Each parent lesson included at least one tool, concept, or objective the curriculum design team intended parents to learn. The tools comprised the retrospective pre-post knowledge survey administered to parents at the end of the weekly lessons (see Table 4). The items on each lesson's retrospective pre-post survey were tailored to the lesson's main concepts or tools. At the end of the series of lessons, a comprehensive evaluation of the entire series was conducted.

Cronbach's Alpha score for the 21 items used to evaluate the program lessons was high,  $\alpha = .933$ , indicating high consistency or reliability of the scale. The evaluation team examined the various domains of specific parenting knowledge (Benavides, 2015; Niolon, et al., 2017; Lee, 2001) covered throughout the H&H curriculum (Baker-Tingey et al., 2018). These domains, (a) child development (Benavides, 2015), (b) family relationships and cohesion (Benavides, 2015), (c) stress management (Benavides, 2015), (d) communication skills (Benavides, 2015; Niolon, et al., 2017), (e) emotional competency (Niolon, et al., 2017; Lee, 2001), (f) problem-solving and conflict management (Benavides, 2015; Niolon, et al., 2017; Lee, 2001), (g) guidance (Benavides, 2015; Niolon, et al., 2017), and (h) parenting styles (Benavides, 2015; Niolon, et al., 2017), may mediate the effects of intimate partner violence and increase protective factors for healthy child development.

Self-reported retrospective knowledge gain pre-post surveys for parents were administered at the end of each weekly lesson to measure research question #1. During the final lesson (lesson #9), a self-reported retrospective behavioral change pre-post survey was administered for parents to measure research question #2 (see Table 5) and the qualitative youth evaluation to measure research question #3. The retrospective behavioral change pre-post survey administered at the final lesson (week 9) included similar items as the retrospective knowledge gain pre-post survey administered after each lesson (weeks 1–8). Based on parents' reports to staff that they were more optimistic about their family's future, the evaluation team wanted to assess parents' hope for the future. The question, "Your feelings of hope for the future," was added to the retrospective behavioral change pre-post survey administered at the final lesson. The reliability value of the 25 behavioral change items for Cronbach's Alpha was high,  $\alpha = .843$ .

All youth ( $N = 18$ ) were invited to contribute their feelings about the program by describing their experiences with the program in a group activity graffiti board and discussion. They were asked to share what they liked about the program, what they would like to change about the program, and three things they learned in the program. The lead author used thematic analysis to evaluate youths' experiences by identifying the most common topics young people listed. The evaluation team matched the weekly lesson plan objectives with the evaluation tools. The domains or topic areas were based on domestic violence literature that outlined protective factors for parents and children (Baker-Tingey et al., 2018). As the evaluation team finalized the curriculum, they removed three knowledge gain items that were not specific tools taught in the lessons.

A retrospective pre-post method was chosen to reduce the response shift bias found in traditional pre-and post-test surveys. High-risk parents (i.e., those who have experienced IPV) who have not participated in a program like H&H may rate themselves higher on a presurvey. However, after parents have gained more information, they realize that there is more to be learned. Parents may rate their post-survey knowledge lower than their presurvey knowledge (Brook et al., 2016; Hill & Betz, 2005); therefore, a retrospective pre-post method is most accurate with these audiences.

## Results

Data were analyzed using SPSS software to address the objectives and research questions set forth. To assess research question 1, which asked if participants perceived knowledge gains in parenting over the course of the entire program, we conducted paired samples *t*-tests. Results indicated that participants showed a significant ( $p < .001$ ) increase in parenting knowledge following completion of H&H. Results further indicated that participants showed significant increases in knowledge on the following parenting domains: (1) child development, (2) family relationships and cohesion, (3) stress management, (4) communication skills, (5) emotional competency, (6) problem-solving and conflict management, (7) guidance, and (8) parenting styles. All 21 questions were statistically significant ( $p < .004$ ) independently. Table 4 illustrates the topics taught by week and the participants' perceived knowledge gain in parenting concepts or tools, skills, and strategies. The number of matched pairs varies on each topic because the number of participants in each lesson varied. For example, "Ideas for fun things to do as a family" had 22 matched pairs, which is taught at the first lesson when the highest number of participants attended.

**Table 4. Increases in Participant Knowledge of Parenting Topics**

Parenting Topics Taught in H&H	Week Taught	Matched Pairs N	Pre-Test Mean	Post-Test Mean	<i>p</i> -value
<i>Communication Skills</i>					
Importance of talking with children about family fighting	2	21	2.76	4.10	<.000
How to encourage children to talk about family fighting	2	21	2.67	3.95	<.001
Helpful ways to share feelings	3	13	2.92	4.15	<.004
<i>Emotional Competency</i>					
Importance of helping children name their feelings	3	20	2.90	4.20	<.000
Importance of naming our feelings	3	20	2.90	4.15	<.000
<i>Coping and Stress Management Skills</i>					
Some stress can be helpful to us	3	20	2.75	4.10	<.000
<i>Problem Solving and Conflict Management</i>					
Steps to solving problems	4	13	2.85	4.15	<.002
<i>Family Relationships and Family Cohesion</i>					
How to hold family meetings	4	13	2.54	4.31	<.001
Ideas for fun things to do as a family	1	22	3.14	4.41	<.000
Ways to strengthen relationships with children	8	19	2.95	4.11	<.000
<i>Child Development</i>					
Resources available to children	5	17	2.65	4.18	<.001
Effects of family fighting on child development	5	17	2.88	4.24	<.000

Parenting Topics Taught in H&H	Week Taught	Matched Pairs N	Pre-Test Mean	Post-Test Mean	p-value
Typical child development	5	17	2.94	4.24	<.000
<i>Guidance</i>					
Importance of routines for children of different ages	5	17	3.06	4.29	<.000
Benefits of being firm, consistent, and kind	6	16	3.25	4.31	<.001
Setting rules for children of different ages	6	16	3.38	4.31	<.002
Guidance tips that help children succeed	7	17	2.94	4.06	<.001
<i>Parenting Styles</i>					
How parents influence the way kids turn out	6	16	3.19	4.25	<.001

*Note.* Response scale: 1 = *Knew none of the information*; 2 = *Knew a little*; 3 = *Knew some of the information*; 4 = *Knew quite a bit*; 5 = *Knew all of the information*. Paired samples *t*-tests (matched pairs) compared “before the program” knowledge to “after the program” knowledge. For further information, see Baker-Tingey et al., 2018.

Research question 2 examined if parents perceived behavioral changes regarding their parenting practices and strategies over the course of the H&H program. A retrospective pre-post behavioral change survey was administered in 2018-2019 at the final lesson (week 9) to measure participant behavioral change. All 25 items showed a significant decrease in problematic behaviors over the course of the H&H program ( $p < .04$ ). Following that evaluation, each set of skills was evaluated independently. Parents indicated that they changed their parenting practices and strategies in (1) coping skills and stress management, (2) healthy relationships, (3) hope for the future, (4) family relationships and cohesion, (5) child development, (6) communication, (7) guidance, (8) emotional competency, and (9) problem-solving and conflict management. Table 5 reveals behavioral changes participants made in their parenting strategies. All but one of the 25 questions were statistically significant ( $p < .05$ ). These parenting practices were presented to parents as tools. The retrospective pre-post behavioral change survey administered in the final lesson asked parents to indicate how much they used child development tools such as child development checklists or a resource list to find services in the community to help their child(ren) and implement routines for their children.

**Table 5. Participant Behavior Change Increases in Parenting Practices and Strategies**

Parenting Strategies Taught in H&H	Matched Pairs N	Pre-Test Mean	Post-Test Mean	p-value
<i>Communication</i>				
“I” messages to share feelings	9	1.91	3.22	<.024
Good listening skills	12	2.25	3.33	<.006
Talking with children about family fighting	12	2.42	3.33	<.016
<i>Emotional Competency</i>				
Identifying, naming and understanding emotions	12	2.00	3.17	<.004

<b>Parenting Strategies Taught in H&amp;H</b>	<b>Matched Pairs N</b>	<b>Pre-Test Mean</b>	<b>Post-Test Mean</b>	<b>p-value</b>
Ways to help children manage their emotions	12	2.33	3.17	<.008
<i>Coping and Stress Management Skills</i>				
Your feelings of confidence that you can cope with challenges	12	2.92	4.50	<.002
Keeping calm under pressure	12	2.08	3.00	<.008
Used healthy ways to relieve stress	12	2.25	3.08	<.046
<i>Problem Solving and Conflict Management</i>				
Steps to problem solving with children	10	2.00	3.10	<.047
Helped children learn how to solve problems	12	2.33	3.42	<.002
<i>Family Relationships and Family Cohesion</i>				
The closeness of your family	12	3.83	4.67	<.015
Planning and guiding family meetings	10	1.45	2.90	<.011
Strengthening relationships with your children	11	2.55	3.73	<.004
Having fun together as a family	12	2.33	3.17	<.008
<i>Child Development</i>				
Resource list for helping children	12	1.42	2.83	<.004
Child Development Checklist	12	1.67	2.67	<.003
<i>Guidance</i>				
Routines for your child	12	2.17	3.42	<.004
Being kind, firm and consistent with children	12	2.33	3.33	<.006
Setting age-appropriate rules	12	2.58	3.58	<.006
<i>Healthy Relationships</i>				
Your feelings of confidence that you can help your child have healthy relationships in the future	12	3.17	4.67	<.003
The quality of your relationships with your children	12	3.50	4.50	<.001
Considering if a partner is right for you	11	1.91	3.18	<.004
<i>Hope for the Future</i>				
Your feelings of hope for the future	12	3.25	4.58	<.004

*Note.* Response scale: 1 = *Never*; 2 = *Once in a while*; 3 = *Often*; 4 = *All of the time*. Paired samples *t*-tests (matched pairs) compared “before the program” knowledge to “after the program” knowledge. For further information, see Baker-Tingey et al., 2018.

In order to address research question 3, which was to assess whether the program was meeting the needs of participants, we used a combination of methods to determine the program’s success, as success may look different for adult and youth participants. Adult participants were asked, “What things about the program were most helpful to you?” Parents responded that the most helpful topics taught were coping with emotions, expressing and understanding feelings, identifying relationship qualities, problem-solving, fostering communication and communicating love, and listening rather than responding.

Understanding the impacts of H&H on youth participants was important to the H&H program, and youth voices were considered in the evaluation. Youth were asked to describe their experience as part of research question 3 using a group activity graffiti board. Youth ( $n = 18$ ) were asked to write the three most important things they learned in the program. The top five



skills youth learned were how to build friendships, how to communicate feelings to others, problem-solving, teamwork, and using “I” messages and words that open communication. Youth further described friendship skills as “knowing I’m not alone” and “recognizing qualities of a good friend.” They indicated that they learned how to express and regulate feelings. Youth expounded on communication to include “don’t fight; talk it out” and “listen to new points of view.” The youth identified one of the steps to problem-solving, “talk about your problem.” Group rules generated in the first lesson were identified as ways youth can work together and foster teamwork. “Using positive words that encourage communication rather than negative ones that close communication” was distinguished as a way to both open communication and build healthy relationships.

### **Discussion**

The results indicate that H&H is effective in strengthening elements of relationships between parents and children who have previously experienced IPV, such as enhanced communication, conflict management, and social-emotional skills. The goal of H&H is to improve the functioning of family systems that have experienced violence by changing the nature of family interactions. As Hamel (2014) observed, family violence is intergenerational in nature:

...families are made up of individuals from different generations, at different developmental levels, and with competing needs and interests. This results in high levels of stress. In combination with poor impulse control and insufficient problem-solving skills, family stress can lead to intense conflicts and sometimes physical violence among the various family relationships-parent to parent, parent to child, child to child, and child to parent. The latter may involve assaults by adolescents on their smaller weaker parents, or by adult children on their elderly parents (elder abuse). (p. 144)

By building upon the knowledge and skills that adults have regarding parenting skills and behaviors (e.g., communication, positive parenting, healthy attachment, communication, and cohesion), as well as emotional coping (Chiesa et al., 2018; Fong et al., 2019), H&H helps families have the skills to deal with the inherent stress of intergenerational families (Hamel, 2014; Southern & Sullivan, 2021). Parents reported that participation in H&H increased their understanding of and changed their parenting practices in child development, parenting styles, and child guidance. In addition, parents indicated that their feelings of hope for the future improved.

Domestic violence-related, community-education family programs do not exist in rural Nevada. Elko County, Nevada, is considered a frontier county that features “sparsely populated areas that are geographically isolated from population centers and services” (National Center for Frontier Communities, 2023). As the fourth-largest county in the geographical area in the continental United States, some communities within Elko County are a two-hour drive to Elko, the

population center of the county. Elko, Nevada, is a four-hour drive to Reno, Nevada, the closest urban center in the state, and four hours from Salt Lake City, Utah, and Boise, Idaho.

The results indicate the need for Extension to provide parenting education within the context of intimate partner violence to help parents regain confidence in their parenting strategies, establish routines and age-appropriate rules for their children, and participate in family activities to enhance family cohesion and healthy relationships. Leading parents, youth, and teens in activities where they identify behaviors and qualities of healthy and unhealthy relationships provided them with opportunities to consider the characteristics they wanted in future intimate partner relationships. Parents indicated that considering whether a partner was right for them was not something they had contemplated before the program. The parenting topics that addressed how parenting strategies can be negatively affected by intimate partner abuse fostered parents' feelings of confidence they can help their children have healthy relationships in the future and enhance the quality of their relationships with their children. Generally, in families where intimate partner violence occurs, the non-abusive parent and, often, the children's emotions are not accepted nor considered by the abuser. Parent and child participants in this program increased their ability to recognize and appropriately express their emotions. Constructive emotional expression and regulation education provided a foundation for building effective coping and stress management skills and strategies.

### **Future Directions and Implications for Extension**

This pilot study evaluation has promise for not only the future of the H&H program but also other strengths-based family intervention programs. Extension programs such as H&H meet the participants who need services in the communities where they reside; however, the literature on programs like this is extremely limited. This program indicates that relationship skills and knowledge interventions can influence multiple levels of a system that has been exposed to IPV, including adults and youth.

Future goals include longer-term follow-up and the possible use of a control group to better understand the specific impacts of the program on participants. For Extension, this reaffirms the notion that short-term intervention can be used to increase protective factors for individuals and families; as such, it is important that programs continue to be used to meet the needs of individuals and communities. However, it is critical that we extend beyond short-term impact to ensure that we are breaking the intergenerational cycle of violence. Future work needs to include long-term follow-up of parents and youth to understand not only how individuals and families rebuild and develop protective factors but how they are maintained over time. One hope of programs such as H&H is that educating young people exposed to IPV may help break the intergenerational transmission of IPV, but without long-term assessment of participants, long-term outcomes are unknown. If a community were to adopt this program and use the current retrospective pre-post surveys or an evaluation with a control group, communities with residents

who speak languages other than English should hire a translator to verbally translate the evaluation for participants who do not read or speak English.

Extension family educators and youth development professionals can be successful in presenting H&H because they have strong interpersonal and teaching skills with parents and children of all ages. Extension professionals' abilities to collaborate with other community services can help families exposed to IPV access resources and address issues such as mental health, poverty, vocational education, and provide long-term support to families.

Communities interested in adopting H&H should consider the following: (1) each local community has nuanced norms and values that need to be considered; (2) it may be necessary to provide general intimate partner violence presentations to local leaders to educate them on the need for domestic violence family intervention programs; (3) how can the program build a strong stakeholder base to assist with promotion of the program, referring families, and providing financial support; (4) communities may need to hire and train bilingual staff to facilitate the parent and children's lessons; and (5) hiring and training staff members who are familiar with the Native American culture and respected by elders and local tribal members if applicable to your community.

## **Limitations**

Limitations of this evaluation include both the retrospective pre-post method and the lack of a control group, making it difficult to determine if observed changes are due to the program or other factors. The use of retrospective pre-post methods has been useful in initial determinations around the program, but longitudinal follow-up to measure the long-term impacts of the educational program is needed. Longitudinal follow-up would allow for increased understanding of the sustainability of knowledge and behavior change and if the program helps break cycles of IPV for these parents and children. Further use of multiple reporters over time would allow for the examination of intergenerational transmission of IPV. The program needs to be expanded to serve families in other rural communities as well as urban areas to demonstrate effectiveness in helping IPV survivors strengthen family relationships and prevent IPV in future generations; however, each rural community is nuanced, and care needs to be taken in transferring assumptions from one local to another. The evaluation sample size is another limitation. Recruiting families exposed to IPV in rural communities is often difficult due to the perceived stigma and families' concerns about confidentiality. Thus, small pilot groups made further statistical analysis challenging. It is hoped that future expansion of the program delivery will allow for more sophisticated analysis and further reach of this program.

## **Conclusions**

Following an IPV experience, it is critical that these families re-establish healthy interaction patterns to break the cycle of IPV. These results are consistent with research, revealing that when

parents and children have a shared emotional vocabulary, it leads to positive problem-solving, guidance, and discipline (Gottman, 1998). The program curriculum contains the components of strengths-based prevention programs that support parents in parenting, work with both parents and children, strengthen family relationships, promote positive child development, and connect families to community resources to create protective factors in children and families to help them deal with stressful events and mitigate risks (Ahsan, 2004; Niolon et al., 2017).

Strengths-based programs for children and their parents are needed in rural communities with limited services. Using a family systems approach in H&H has demonstrated success in changing parenting practices to strengthen family relationships and build cohesion among parents and children living in a rural community. More Extension programs should address IPV to increase protective factors and reduce risk factors in parent and child IPV survivors. It is critical that Extension work to reduce IPV at all levels of the family system, from young children throughout the lifespan, to break the intergenerational cycles of violence as they have the capacity to reach audiences in communities across the nation.

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