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Evidence Review

IMPROVING THE MENTAL HEALTH OF PARENTS AND CAREGIVERS AS A STRATEGY TO PREVENT FAMILY VIOLENCE: WHAT DOES THE EVIDENCE SUGGEST?

February 2025

INTRODUCTION

Common mental health problems, including depression, anxiety, and trauma-related conditions, are extremely prevalent globally,[1] with especially poor access to care and treatment in the Global South.[2] In an earlier evidence review, the Prevention Collaborative described how common mental health problems can increase the risk of both perpetrating and experiencing intimate partner violence (IPV)[3] and why efforts to alleviate common mental health problems can be an effective IPV prevention strategy.[4] This complementary review synthesises how common mental health problems among parents and caregivers[5] can influence their risk of perpetrating child maltreatment,[6] which includes violent punishment; physical, sexual, and emotional violence; and the neglect of infants, children, and adolescents.

While there is a wealth of evidence on the mental health consequences of experiencing abuse in childhood,[7] less attention has been paid to how strengthening parents' and caregivers' mental health can help prevent child maltreatment. This review also considers the intersections of IPV and child maltreatment, including how mothers' use of violence against their children needs to be understood within the context of their experiences of IPV. Where possible, the review disaggregates the impacts of poor mental health among female versus male caregivers. This review also considers how evidence-based strategies to prevent violence against children (VAC),[8] including child maltreatment, can improve the mental health of parents and caregivers, and offers recommendations to leverage such impacts.

The review coincides with an era of increased attention to the mental health needs of parents and caregivers, especially during and after the global COVID-19 pandemic. Indeed, the US surgeon general recently issued an advisory that highlights the high and prolonged levels of stress that US parents have experienced over the last decade compared to other adults.[9]

Who is the target audience for this Evidence Review?
This evidence review aims to be of interest to both VAC prevention and mental health practitioners who work with parents and caregivers. It is also relevant to violence prevention and mental health researchers.

CONTENTS

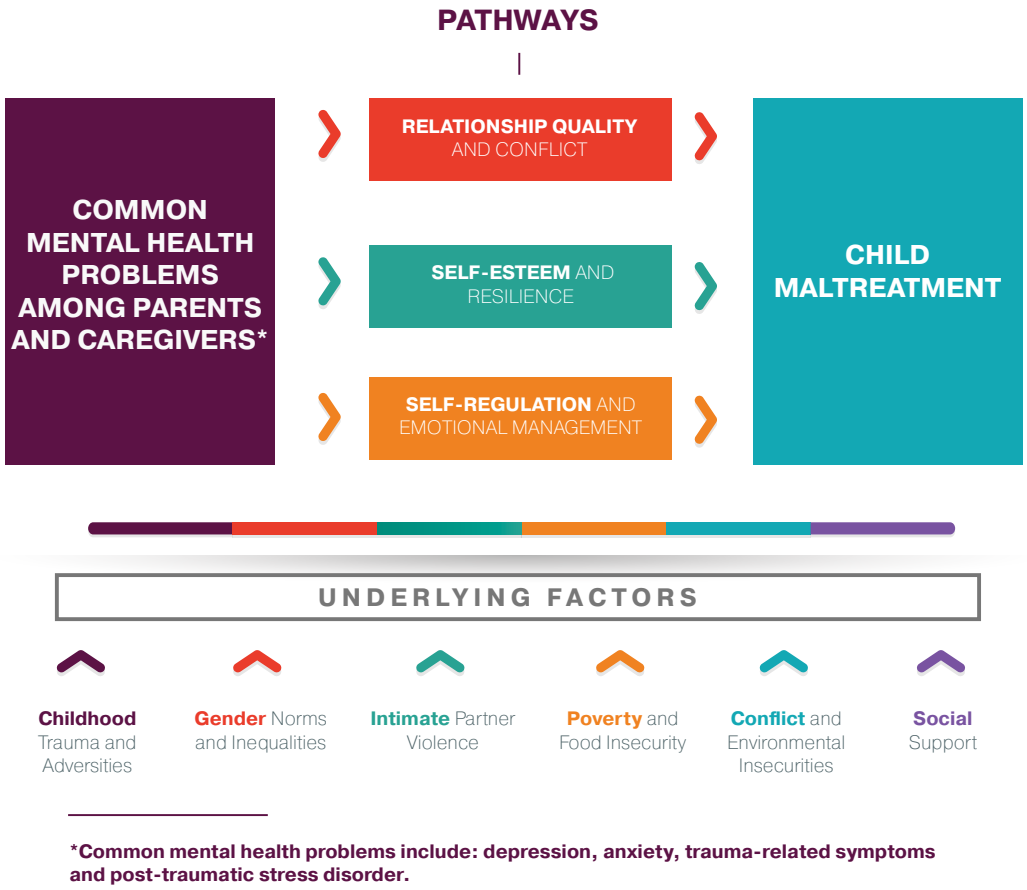
PATHWAYS BETWEEN PARENTAL AND CAREGIVER MENTAL HEALTH AND CHILD MALTREATMENT

There is a wealth of evidence around how parents' poor mental health can influence parenting practices, including by elevating the risk of child maltreatment.[10] High levels of stress and depression among parents are a consistent risk factor for more hostile and harsh parenting practices.[11] A variety of studies, including longitudinal studies, have shown parental depression (for both fathers and mothers) is a key risk factor for child maltreatment.[12] Additional studies have documented how poor maternal mental health can be a risk factor for neglect or aggression towards children.[13]

Parental depression is more likely to be associated with child maltreatment when accompanied by other risk factors that exacerbate parental stress and anxiety, including household poverty, food insecurity, marital conflict, parents' alcohol abuse, IPV, and parents' own experience of maltreatment or violence as children.[14] For instance, one study using structured clinical interviews found that depressed mothers who abused substances were at a higher risk of maltreating their children compared to mothers who were either only depressed or only abusing substances.[15] While parents' and caregivers' poor mental health is only one of many factors that can influence child maltreatment, it is an important pathway to understand. By addressing the mental health needs of parents and caregivers, prevention programmes can better support all parents and caregivers to not use violence against their children.

The following conceptual framework[16] identifies pathways between parents' and caregivers' poor mental health and the maltreatment of their children (see Figure 1). This framework also identifies underlying factors that can generate risks for poor mental health among parents and caregivers, and potentially influence the likelihood of child maltreatment.

Figure 1. Pathways between common mental health problems among parents and caregivers and child maltreatment



***Common mental health problems include: depression, anxiety, trauma-related symptoms and post-traumatic stress disorder.**

Relationship Quality and Conflict

Parents' and caregivers' poor mental health can erode relationship quality and attachment between parents and children, which can increase the risk of child maltreatment.[17] For instance, parental depression has been associated with more hostile, negative, and withdrawn parenting, as well as less warmth.[18] Maternal depression has been shown to interfere with attachment between mothers and their children[19] and to undermine positive parent-child communication and connection.[20]

Importantly, women carrying unresolved trauma after experiencing IPV have reported difficulties forming healthy and nurturing bonds with their children.[21] Stress and other mental health challenges related to mothers' experiences of IPV can manifest as reduced patience and sensitivity, as well as less effective communication and engagement.[22] Research has shown that fathers who perpetrate IPV are more likely to have difficulties with depression, hostility, and lacking warmth and emotional connection with their children.[23] Alternatively, higher-quality relationships between parents and their children can lead to parents having better psychological well-being.[24]

Self-Esteem and Resilience

Common mental health problems can undermine people's self-worth and lead to the erosion of self-esteem, self-efficacy, and resilience.[25] The pathway from parental mental health problems to child maltreatment has been attributed to a low sense of personal mastery[26] and to feelings of despair, a sense of hopelessness, and poor self-esteem.[27]

Individuals with depression may have less self-efficacy[28] and attention biased towards more negative information,[29] which has been shown to contribute to high levels of parenting stress and increase the risk of child maltreatment.[30] Mothers' poor mental health has been associated with low perceived parental self-efficacy[31] and low maternal confidence.[32] Alternatively, building perceived parental self-efficacy can positively influence healthy parenting practices.[33]

Research has shown the emotional toll of mothers experiencing IPV, which can manifest as depression, can reduce their sense of self-efficacy[34] and confidence in their parenting capabilities.[35] Yet it is important to emphasise that mothers do not necessarily experience diminished parenting capacity because of experiencing IPV.[36] Motherhood can constitute an identity that fosters resilience, agency, and a sense of purpose related to parenting despite IPV.[37] For instance, a qualitative study of the mental health needs of domestic violence survivors in Afghanistan found that a common coping strategy used among mothers was spending time with and focusing on their children as a source of pleasure and accomplishment and trying to find contentment in their children's happiness.[38]

Self-Regulation and Emotional Management

Common mental health problems can also influence the risk of child maltreatment by affecting an individual's ability to manage their emotions and self-regulate.[39] Difficulties with parental emotional regulation have been associated with common mental health problems, IPV, and poor parenting skills.[40] Anger, hostility, irritability, and agitation —common symptoms related to poor mental health — are risk factors for child maltreatment. For instance, depression in fathers is more likely to be expressed as externalising behaviours and has been linked to higher levels of aggression, irritability, and destructive behaviours with their children.[41] Depression can negatively affect stress reactivity and emotional regulation, which has been shown to interfere with mothers' ability to positively engage with and sensitively respond to children's emotional needs.[42]

FACTORS UNDERLYING PARENTAL MENTAL HEALTH AND CHILD MALTREATMENT

A range of risk and protective factors influence the likelihood of poor parental mental health as well as child maltreatment.

Childhood Trauma and Adversities

There is strong evidence on the associations between adverse childhood experiences (ACEs) — a set of stressors that includes poor caregiver mental health, physical and emotional neglect, and family members' use of alcohol or drugs — and poor mental health throughout an individual's life course.[43] Numerous studies have found a parental history of childhood maltreatment significantly increases an individual's risk for major depression, alcohol abuse, and IPV.[44]

These outcomes, in turn, can increase the risk for the subsequent maltreatment of children.[45] For example, one study found that among mothers who had experienced childhood sexual abuse, those who had high levels of depression were at greater risk of physically abusing their child.[46] Another study similarly found that parental depression alone did not predict the use of child maltreatment, but that both having a history of childhood maltreatment and experiencing depression as a parent was a stronger predictor of their use of child maltreatment.[47] Additionally, a study in China found that symptoms of depression among parents who had a history of maltreatment as children were significant risk factors for parents' psychological and physical abuse of children during the COVID-19 pandemic.[48]

Gender Norms and Inequalities

Globally, women are more likely than men to experience common mental health problems, including depression and anxiety,[49] with women living in low- and middle-income countries (LMICs) especially vulnerable.[50] A study using data from 122 countries found that higher rates of gender inequality were significantly correlated with gender disparities in depressive disorders, suggesting that women's mental health is strongly impacted by societal inequalities.[51]

Mothers are particularly vulnerable to poor mental health, with rates of depression and perinatal mental disorders heightened in the postnatal period.[52] Indeed, early infancy represents a significant transition, which can generate a heightened period of stress and mental health challenges for parents and caregivers.[53] This is especially the case among mothers, including due to common perinatal mental disorders (CPMDs; see Box A).

In addition, most of the unpaid caregiving and domestic work continues to be done by women. On average globally, 19 percent of men's total non-leisure time is spent on unpaid work compared to 55 percent for women — a reality that is highly gendered.[54] More equal sharing of household and childcare responsibilities among parents can

reduce stress, especially for mothers.[55] Indeed, a growing body of empirical evidence, including from LMICs, has documented positive associations between fathers' involvement in childcare and maternal mental health.[56]

BOX A: COMMON PERINATAL MENTAL DISORDERS

Common perinatal mental disorders (CPMDs), including prenatal and postpartum depression, anxiety, and somatic disorders, are the leading complications of pregnancy and childbirth globally.[57] Women in LMICs are at greater risk for CPMDs if exposed to multiple risk factors, including negative experiences with the health system, obstetric trauma, perinatal loss, and poor social support. Risks for CPMDs are especially pronounced in humanitarian settings, and women experiencing spousal discord, IPV, and/or inequitable intimate relationships are also more likely to experience CPMDs.[58]

Alternatively, positive spousal relationships can reduce the risk of CPMDs, as noted in a study from Vietnam where women who positively assessed their partners' kindness, sensitivity, trust, and affection had reduced CPMDs.[59] Fathers being highly involved in childcare can also reduce risk: for instance, a study in Pakistan found that fathers having a high level of involvement with infants at 3 months of age led to a 41 percent decrease in depression among mothers at one year postpartum.[60] Another study in South Africa found that fathers' involvement during pregnancy and after the birth of a child was associated with lower maternal postpartum depression scores when their child was 6 weeks old.[61]

Importantly, however, there is growing awareness that fathers can also experience perinatal depression and anxiety, with rates increasing when their partners are also experiencing CPMDs.[62] Gender norms and pressures for fathers to be the sole financial provider within families have also been identified as major causes of fathers' parenting stress and depressive symptoms.[63] Indeed, for both mothers and fathers, cultural expectations, societal norms, and pressure to meet perceived parenting standards can also contribute to parental stress and anxiety.[64]

Intimate Partner Violence

Mothers' mental health and use of violence against their children need to be considered within the wider lens of gender inequalities and their higher risk of experiencing gender-based violence, including IPV.[65] Marital conflict and experiences of IPV have been shown to strongly influence maternal depression,[66] and mothers' experiences of IPV can negatively influence their mental health by generating constant worry, anxiety, distress, guilt around parenting,[67] and depression.[68] For example, one study found that maternal depression was significantly associated with harsh and punitive parenting only when the mother was also experiencing IPV.[69] A longitudinal study of 705 participants similarly found that IPV's effects on harsh parenting were mediated through maternal

depression.[70] A study in Poland suggested that mothers previously experiencing IPV was a risk factor for their use of harsh parenting only when other risk factors for IPV and child maltreatment were present, including mental distress.[71] Although much less explored, men's perpetration of IPV has also been associated with harsh parenting.[72]

Poverty and Food Insecurity

Poverty and food insecurity can exacerbate stress, conflict, and negative parenting practices.[73] Economic hardships can lead to psychological distress, relationship problems, and disrupted parenting, which in turn can increase the likelihood of child maltreatment.[74] Financial stress related to childcare costs, health and education expenses, and employment and income insecurity has been shown to be an important contributor to parental stress.[75]

Parents living in poverty often worry about fulfilling their children's basic needs, and the resulting stress can negatively affect their mental health and parenting capabilities. For example, a review of 108 studies in the US with 250,553 parents found a significant association between food insecurity and symptoms of parental depression, anxiety, and stress.[76] Another study in Iran found that a higher level of food insecurity was correlated with extreme degrees of stress, anxiety, and depression among mothers.[77] Additionally, an analysis of 46 observational studies found that socioeconomic factors influenced the association between maternal mental illness and negative parenting practices, with the association tending to be stronger for mothers from lower socioeconomic backgrounds and low levels of formal education; this study also found that low access to income and education had significant negative associations with depression severity among mothers of young children.[78]

Conversely, strengthening parents' and caregivers' economic situation can positively affect their mental health.[79] A randomised controlled trial of a financial literacy programme incorporated into a parenting programme in South Africa demonstrated significant increases in self-reported financial self-efficacy and past-month saving as well as reductions in borrowing and in financial and emotional distress among recipients.[80] The authors note that decreases in depression levels could prompt a more optimistic outlook on the future and help reduce impulsive spending and overborrowing, which is indicative of how strengthening parental mental health could maximise the positive impacts of an economic intervention.

BOX B: INTERSECTIONALITY OF PARENTS AND PARENTING

The intersectional identities of parents and caregivers — including race, class, ethnicity, gender and sexual identity, geography, and disability — can have important implications in terms of their risk factors for poor mental health. For instance, mental health problems among mothers during pregnancy and following childbirth are roughly twice as common in LMICs as in high-income countries.[81] Stressors related to child caregiving can

disproportionately burden parents and caregivers who experience economic, social, political, and cultural marginalisation.[82]

Additionally, a number of studies suggest that adolescent mothers experience significantly higher rates of depression, both prenatally and postpartum, than adult mothers and their nonpregnant peers.[83] Some evidence indicates a heightened risk of psychiatric vulnerability among mothers living with HIV, especially in sub-Saharan Africa,[84] and LGBTQ-parent families are at higher risk of discrimination and societal stigma that can exacerbate their stress and mental health challenges.[85] Parents of children with a disability — particularly mothers — have been shown to report poorer mental health than mothers of typically developing children.[86]

Conflict and Environmental Insecurities

Exposure to conflict, post-conflict, and high-violence settings, as well as stress from displacement, creates multiple forms of trauma and increases the risk of severe mental health problems. Men are more likely to be involved in combat and war-related violence, especially as combatants, which has been shown to have long-lasting negative mental health impacts.[87] There is also ample evidence about the detrimental mental health effects of conflict-related sexual violence, which predominantly affects women and girls but can also affect men and boys.[88]

Such environmental insecurities can influence parents' and caregivers' mental health and the risk of child maltreatment. For instance, a systematic review of 38 studies among displaced and non-displaced parents and children living together in war zones found that wartime parenting practices showed less warmth (e.g., decreased praise or playing with children) and greater hostility (e.g., increased verbal or physical violence).[89] A growing body of research has demonstrated how parenting amidst traumatic events, including conflict and displacement, can disrupt parental emotion regulation and undermine effective parenting.[90] Additionally, the devastation and anxieties related to the COVID-19 pandemic — including millions of deaths, economic strife, and curbs on social interaction — have been linked to increased rates of IPV and VAC in the home, compounded trauma, and poor mental health.[91]

Social Support

A lack of social support (both emotional and practical) and social isolation for parents and caregivers has been shown to negatively influence their mental health.[92] For instance, low levels of practical support during pregnancy and the first year after childbirth can be a risk factor for poor maternal mental health.[93] Single parents are particularly vulnerable to chronic stress and depression due to sole caregiving responsibilities and a lack of support, which can negatively impact their mental health and well-being.[94] Additionally, mothers migrating to higher-income countries are at increased risk of poor maternal mental health, including postpartum depression, due to social isolation and loneliness, particularly where there are language difficulties.[95]

Conversely, social support and positive family engagement, including support with caregiving responsibilities, have been shown to benefit parents' mental health by reducing stress and providing emotional support.[96] Research with at-risk populations, including refugees, suggests that social support may promote positive mental health and parenting practices even amidst adversity.[97] For instance, a study with Syrian refugee mothers in Lebanon found that mothers' perceived social support (particularly emotional support) was associated with psychological and parenting resilience.[98] In addition, support from one's co-parent (where relevant) can be a protective factor for the other parent's mental health.[99] For example, one study in Kenya found that fathers' support for their partners was associated with lower maternal depressive symptoms among caregivers with children under 2 years of age.[100]

STRATEGIES TO STRENGTHEN THE MENTAL HEALTH OF PARENTS AND CAREGIVERS

The evidence suggests that the relationship between common mental health problems among parents and caregivers and child maltreatment is complex, and it needs to be considered in the context of the wider environment and other risk factors,[101] especially IPV. The potential pathways between the poor mental health of parents and caregivers and their use of child maltreatment also suggest that efforts to improve the mental health and well-being of parents and caregivers should be considered as part of a comprehensive violence prevention strategy. In this section, we consider how VAC prevention programmes, and programmes targeting parents at risk of poor mental health, influence parents' and caregivers' mental health, as well as opportunities to strengthen these programmes' ability to address risk factors and meet the mental health needs of parents and caregivers.

Parenting and Caregiver Support Programmes to Prevent VAC (and in some cases also IPV)

Parenting and caregiver programmes typically aim to strengthen parent-child relationships, build parents' knowledge of child development and responsive caregiving, and support parents in managing children's behaviour through effective, age-appropriate, and positive discipline strategies.[102] They are a common and evidence-based strategy to prevent VAC, including child maltreatment.[103] They are also a promising strategy to address IPV, especially gender-transformative parenting programmes, which aim to challenge underlying power dynamics that drive violence in the home.[104]

There is a wealth of evidence demonstrating these programmes' positive effects on parental mental health,[105] including parental depression and stress.[106] For instance, the Sinovuyo Teen programme in South Africa is a 14-week version of the Parenting for Lifelong Health programme for at-risk families with 10- to 18-year-old adolescents. The programme focuses on improving caregiver adolescent relationships through time together, mutual praise, emotional and conflict management, and problem-solving. An evaluation of the programme found reductions in abuse reported by youth

and caregivers, caregiver and adolescent substance use, and parenting stress and depression, as well as improvements in parenting practices and social support.[107]

Some parenting interventions explicitly aim to both teach parenting behaviours and improve parental mental health (particularly depression), recognising that this integrated approach is more likely to improve child and parent outcomes.[108] For instance, some parenting programmes teach evidence-based mental health strategies, such as positive cognitive reframing, which is a technique used to shift one's mindset to look at a situation, person, or relationship from a different perspective;[109] cognitive reframing by parents can also help to reduce harsh parenting.[110] As another example, the MaPa curriculum (an adaptation of the Parenting for Lifelong Health parenting programme in the Philippines) incorporated mindfulness stress reduction activities for caregivers. MaPa female caregivers reported higher efficacy and confidence when dealing with spouses and other adult caregivers in the household, as well as that the mindfulness-based practices helped them regulate their anger towards their children and spouses.[111] Other parenting programmes include content on caregiver emotional regulation,[112] emotional literacy, and stress management to improve parents' mental health.[113]

BOX C: PROGRAMME EXAMPLE - SHARING STORIES

Sharing Stories is an example of a digitally delivered parenting programme facilitated through WhatsApp groups and informed by Thinking Healthy, a World Health Organization-developed approach to improving mental health based on cognitive behavioural techniques. Over six weeks, parents receive content on how to engage children aged 9 to 32 months through reading digital books, as well as messages about the importance of taking care of themselves, strategies to cope with stress, and ways to access support. A randomised controlled trial in Zambia and Tanzania found that the programme led to higher rates of responsive caregiving and significantly lowered rates of depression and anxiety symptoms among parents and caregivers.[114]

However, some assessments of how parenting programmes impact parental mental health suggest that sufficient mental health content and/or complementary approaches are needed to have a meaningful effect. A recent systematic review found that multi-component parenting and parental mental health interventions had no effect on parents' depressive symptoms,[115] which is consistent with other reviews of standalone parenting interventions.[116] The authors hypothesise that the interventions did not include enough content on parental mental health to significantly influence parents' symptoms. Studies reporting on curriculum session topics reveal that most content has focused on caring for children's health and development, with only one or two sessions on helping parents to manage stress and care for their own well-being. **The authors also recommend that complementary support for parental**

mental health may be warranted.[117] For example, one study in the US found improvements in depressive symptoms and parenting practices among mothers from a low-income background experiencing clinical depression when they received a home-visiting parenting programme combined with cognitive behavioural therapy.[118]

While parenting programmes to prevent VAC have the potential to mitigate the negative mental health impacts for parents and children co-exposed to war and displacement, a more comprehensive approach may also be required in such settings to impact parental mental health. For instance, a review of 14 experimental or quasi-experimental studies of parenting interventions among forcibly displaced populations (among Somali, South Sudanese, Burmese, Palestinian, Lebanese, and Bosnian groups) found evidence that these interventions were effective in improving positive parenting and stress management.[119] However, few studies have demonstrated self-reported improvements in parental mental health, with the review authors hypothesising that the challenging context of forced migration, ongoing adversity, and trauma may limit these programmes' mental health benefits.[120] By analysing programmes that had the strongest effect on parental mental health,[121] the authors note that parenting programmes focused primarily on behavioural skills may require additional components on emotional regulation and stress reduction.[122] Some parenting programmes, importantly, include a stronger focus on identifying and understanding trauma when working with parents exposed to war and displacement, such as the trauma-informed adaptation of the Parenting for Lifelong Health programme currently being piloted with families displaced by armed conflict on the Thailand and Myanmar border.

BOX D: PROGRAMME EXAMPLE - HOPE GROUPS

Hope Groups was a 10-session psychosocial and parenting support group designed to improve mental health, strengthen positive parenting, and prevent VAC for war-affected Ukrainian caregivers.[123] The sessions focused on how to develop new coping approaches, strengthen existing ones, and reduce stress in order to address wartime challenges faced by female caregivers. The sessions were delivered weekly or biweekly through in-person meetings, virtually, or a hybrid format, and they were led by mental health professionals or lay-trained facilitators.

A pre-post evaluation of Hope Groups demonstrated a 60 percent reduction in the frequency of participants' depressive symptoms, an over 50 percent increase in hopefulness and coping with grief, and a nearly 80 percent improvement in self-care. At endline, emotional and physical VAC had dropped by 57.7 percent and 64.0 percent, respectively. The evaluation also demonstrated significant improvements in parenting practices and child health outcomes, including reinforcing positive behaviour, supporting child development, and using nonviolent discipline. The findings suggest that hybrid and virtual platforms can be used to deliver effective parenting interventions in conflict zones.[124]

Many VAC prevention parenting programmes primarily reach mothers and female caregivers. Yet, fathers and male caregivers need to be included in these interventions as a comprehensive VAC and IPV prevention strategy in order to strengthen parental relationships and to not reinforce the role of only mothers as primary caregivers.[125] Fathers included in parenting programmes report numerous benefits, including closer relationships with their children and improved mental health.[126] As noted previously, programmes that encourage fathers' active involvement in caregiving can also improve maternal mental health.[127] Parenting programmes that strengthen partner communication and relationships can also reduce parents' stress.[128]

Given the mental health consequences of IPV for parents, parenting programmes can promote caregiver mental health by working with fathers and mothers to holistically prevent IPV. For instance, the Bandebereho parenting programme in Rwanda offered integrated content to male and female caregivers that addressed both IPV and VAC. A six-year follow-up reported sustained IPV and VAC reductions and improvements in male and female caregivers' mental health, men's alcohol use, household decision-making, and men's engagement in childcare.[129]

BOX E: PROGRAMME EXAMPLE - MOMENTS THAT MATTER

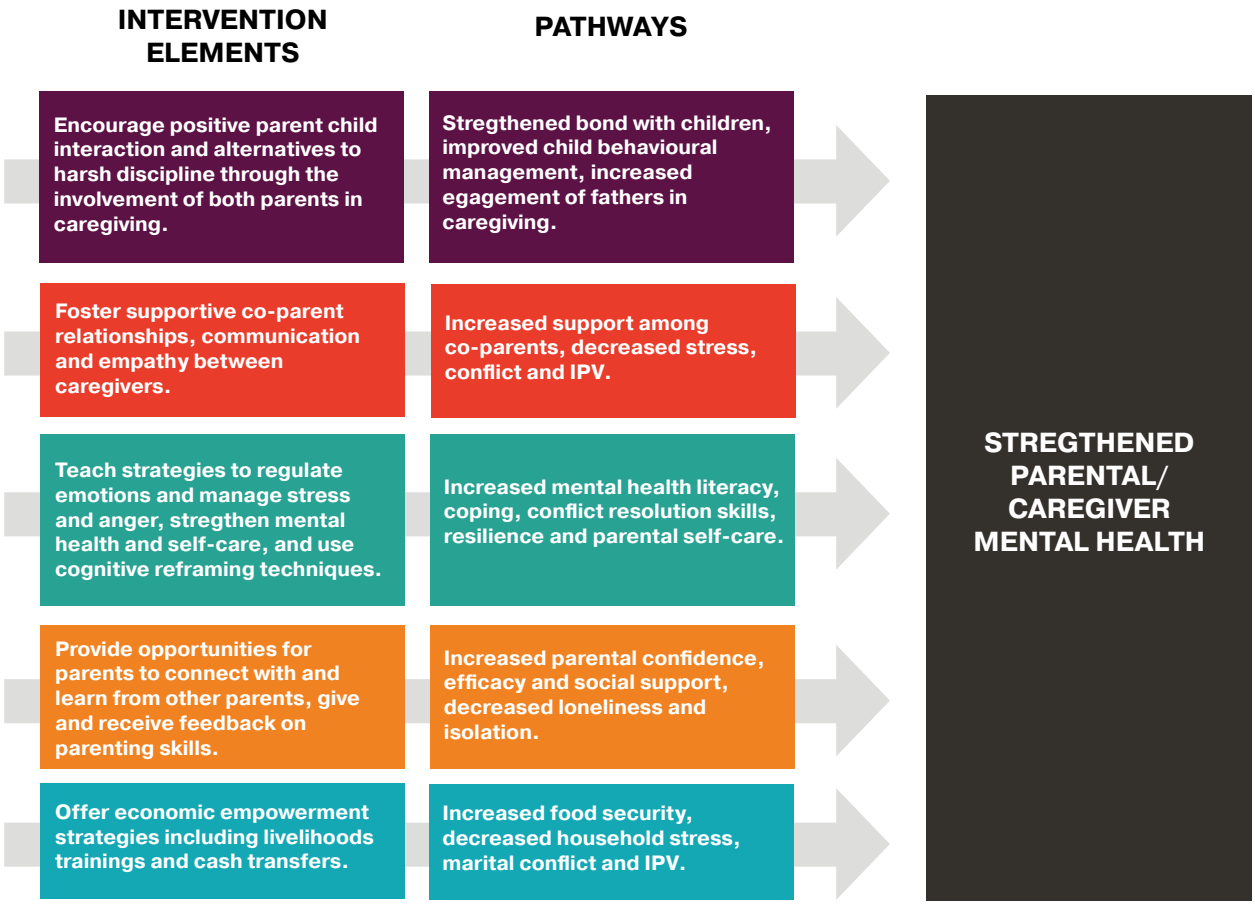
Moments that Matter is a community-based programme delivered in Kenya to primary caregivers of children under age 3 through monthly caregiver support, learning groups, and home visits.[130] An evaluation of this programme found that greater father involvement in household chores and childcare activities had a small but protective association in reducing maternal depressive symptoms. This was especially the case during the earliest months of parenthood, suggesting an important window of intervention.

VAC prevention parenting programmes may differentially influence the mental health of mothers versus fathers. For instance, Safe at Home is a family violence prevention programme offered through weekly single-sex discussion groups with coupled men and women and monthly family discussion groups with couples and their children over six to eight months. An evaluation of the programme in the Democratic Republic of Congo demonstrated a significant reduction in mental distress symptoms for mothers but not fathers.[131] The authors note that women's mental health may have benefited from improved relationship quality, psychosocial support, and positive parenting strategies, as well as violence reduction, and that men's mental health was not as significantly impacted by these same elements. The model may not have addressed gendered determinants of poor mental health, including vulnerabilities around men's provider and protector roles that can be threatened by the lack of self-determination and uncertainty in conflict-affected settings.[132]

Parenting programmes vary in delivery modalities but are commonly offered through group-based sessions delivered in-person or digitally.[133] **Group-based programmes can provide opportunities for parents and caregivers to come together, share experiences and ideas, and support each other, which has been shown to strengthen parental well-being.**[134] Indeed, a recent meta-analysis found that while parents' child behaviour management and levels of stress improved significantly in both group-based and individual programmes, parents' depressive symptoms only improved in group-based programmes.[135] The authors hypothesise that cohesion and social support have an important function in a group setting, including in fostering a sense of connectedness and reducing feelings of loneliness or isolation.[136] In a group setting, parents can observe and learn from other parents and give and receive feedback, which may increase their self-confidence and sense of control.[137] Group processes may motivate parents to experiment with new parenting strategies and/or act as an example to others. In turn, parental stress may be affected through improved child behaviour management.[138]

Based on the reviewed evidence, a diagram was developed (see Figure 2) which presents common intervention elements and related pathways regarding how parenting programmes can strengthen parental and caregiver mental health.

Figure 2. Intervention elements and pathways of how parenting programmes can improve parental and caregiver mental health



Response Programmes for Parents at Risk of or Experiencing Poor Mental Health

There is also promising evidence how programmes targeting parents (predominantly mothers) who are experiencing poor mental health, including arts-based and psychosocial support programmes, can strengthen parental and caregiver mental health. For instance, the Acorn programme in Australia is a group-based intervention of 15 sessions to help mothers of children aged 3 and under who are experiencing chronic mental health challenges.[139] The programme integrates dance, reflective diary keeping, and therapeutic letters, and it seeks to enhance parental well-being and the quality of parent-child relationships. An evaluation of the programme found that the majority of Acorn mothers reported that they felt better about themselves as parents and were better able to cope with parenting. Many participating mothers experienced clinically significant improvements in depression and reductions in parental stress. Important pathways to these outcomes were enhancing social connectivity and recognising that they were not alone in their parental struggles.[140]

As another example, the Perinatal Mental Health Project in South Africa provides pregnant women and girls with routine screening for depression and anxiety at a first antenatal visit, and if they show signs or are at risk, the women and girls are offered free psychosocial counselling, follow-up, and case management by trained counsellors for up to one year post-delivery. Analysis of services provided over three years indicated that 58 percent of mothers showed an improved mental health score when compared to the initial mental health screen. The Perinatal Mental Health Project counselling has benefited clients in terms of their mood, coping, general functioning, assertiveness, and resilience to face the challenges of motherhood amidst difficult social and economic conditions.

Therapeutic and family strengthening programmes offer the potential to reduce the mental health effects for mothers who are exposed to IPV. Interventions to improve the mental health of mothers who are survivors of IPV often aim to strengthen the bond between mothers and their children; offer a source of distraction from the stressors of their situation through engaging in play; and provide them with motivation, purpose, joy, and love.[141] Interventions that offer guidance to enhance the maternal-child relationship and psychotherapeutic group support can significantly improve maternal mental health, parenting, and child development outcomes.[142] **Indeed, evidence from interventions targeting at-risk parents suggests the need to combine strategies to relieve poor mental health symptoms with strategies to enhance mother-child interaction, build parental confidence and perceived parental self-efficacy, and encourage sensitive parenting and maternal bonding.[143]**

Socioeconomic Strengthening Strategies

Providing parents with material support can significantly decrease their levels of parenting stress and anxiety.[144] Income subsidies, universal basic income, child tax credits, and social protection programmes have been found to have a positive impact on parental

mental health.[145] For instance, a study in the US found that when Congress temporarily expanded the Child Tax Credit during the COVID-19 pandemic, the increased income for low-income families reduced levels of depression and anxiety among parents.[146]

Studies have found that when cash-transfer programmes are combined with parenting interventions, they can reduce VAC,[147] IPV,[148] or both.[149] However, there is stronger evidence on cash transfers' impact on IPV across a diversity of LMIC settings compared to VAC.[150] More research is needed to identify which mechanisms explain these outcomes and how different types of cash transfer and social protection programmes affect parental mental health, IPV, and VAC as both stand-alone interventions and complementary components to parenting programmes.

BOX F: PROGRAMME EXAMPLE - SUGIRA MURYANGO

Sugira Muryango ('Strengthen the Family') engaged male and female caregivers and children in 12 home visit modules, aiming to promote early stimulation, play, hygiene, responsive parenting, and nonviolent interactions among household members in Rwanda. A rigorous evaluation of families receiving this intervention in combination with a government-provided social protection programme found that the programme led to a 70 percent reduction in parents' use of harsh discipline and a 51 percent reduction in IPV among female caregivers. Additionally, the intervention was also associated with significant improvements in anxiety and depression symptoms among caregivers.[151] Authors of the evaluation suggest that integrating the parenting intervention within social protection systems may have resulted in higher participation rates and stronger buy-in to the programme.[152] Flexible scheduling and messaging about the importance of fathers to ensure a nurturing and safe environment for young children resulted in high module attendance by fathers and a significant increase in fathers' involvement in childcare.[153]

IMPLICATIONS FOR PRACTICE

Overall, the evidence warrants taking parental and caregiver mental health seriously in the context of violence prevention. Parents' and caregivers' poor mental health can increase the risk of child maltreatment, particularly in combination with additional risk factors, including poverty, history of childhood maltreatment and trauma, marital conflict, and exposure to IPV. The evidence also suggests protective factors can strengthen the mental health of parents and caregivers, ranging from social support to economic strategies to more equitable divisions of caregiving — which, in turn, can mitigate the risk of child maltreatment. Implications for violence prevention programmes emerging from the reviewed evidence include:

- **Incoporate comprehensive and evidence-based mental health strategies into parenting programmes:** This can include mindfulness and cognitive reframing techniques, stress management, and emotional and mental health literacy. Sufficient mental health content, trauma-informed approaches, or complementary mental health strategies (e.g., access to therapy or economic empowerment activities) may be needed to make a meaningful difference for parental mental health, particularly for parents exposed to adversity and ongoing trauma. Targeting parents and caregivers at risk of or experiencing mental health challenges and/or IPV may also be warranted.

- **Meet parents and caregivers where they are:** Given the various burdens and stressors that can exist for parents and caregivers, programmes should be tailored to accommodate their schedules and needs, ensuring they can actively participate and engage with one another (e.g., by providing childcare). Digitally delivering parenting programmes can offer parents more flexibility in terms of when and how they engage with content and address barriers to attending in-person sessions.[154] Digital delivery is also valuable given the limited capacity of mental health workforces in many LMICs, especially in displacement contexts. However, there is limited evidence and research on how effective digital programmes are at reducing child maltreatment and improving mental health, and more assessments of this are necessary.

- **Continue to engage fathers in parenting and caregiving programmes and consider the unique mental health challenges of fathers:** This includes through gender-transformative parenting programmes that promote a more equitable division of caregiving among parents and encourage critical reflection on traditional parenting roles.[155] The impacts of men's greater involvement in caregiving on the mental health of both mothers and fathers should be assessed.

- **Consider intersectionality in the lives of parents and caregivers and how this may influence their mental health needs,** including in terms of sexuality/LGBTIQ+ status, disability, refugee status, marital status, and more. It is also important to appreciate the different stressors for parents at different stages of the parenting process (e.g., pronounced mental health risks during the early newborn stage) and tailor programmes accordingly. Further research is needed on how such intersectionalities influence parents' and caregivers' mental health and risks for child maltreatment.

- **Raise awareness on mental health needs and common stressors among parents and caregivers:** For instance, open community dialogues hosted by trusted messengers (such as faith leaders, educators, and health care professionals) could help raise awareness and reduce the stigma surrounding common mental health challenges for parents and caregivers. It is important to better appreciate how societal and community factors can influence parents' mental health, including how more equitable and fluid social and gender norms can support the mental health of both fathers and mothers.

- **Establish referral pathways for additional mental health services and supports, including mental health and psychosocial support (MHPSS):** It is important to raise VAC prevention practitioners' awareness on the relationship between parents' and caregivers' mental health and child maltreatment, symptoms of common mental health problems and how to

respond to mental distress. Frontline staff should be encouraged to understand the limits of their capacity and where and how to refer parents and caregivers to additional support as needed. A key recommendation outlined in a recent brief by the United Nations Children's Fund (UNICEF), Equimundo, and the Prevention Collaborative is to provide time and space for staff and facilitators to consider their own needs and self-care as they interact with parents and identify what parenting programmes can do to support facilitators' mental health and well-being.[156] The World Health Organization and UNICEF 'Caring for the Caregiver' curriculum is an important resource that aims to build facilitators' capacity to support the psychosocial well-being of parents and caregivers. Given the intersections of VAC and IPV, and the ways in which IPV can negatively affect parents' mental health, it is also important for VAC prevention practitioners to be aware of referral processes for parents' experiences of IPV.

- **Measure how violence prevention programmes affect the mental health of parents and caregivers and explore the pathways through which these impacts occur:** These mental health effects might partially explain why VAC prevention programmes are or are not having as large an impact on reducing child maltreatment. Such research could help to better understand the pathways between parents' and caregivers' poor mental health and child maltreatment. VAC prevention programmes should also measure experiences of IPV among parents, given the potential risk for parents' poor mental health (which, in turn, can be a risk for child maltreatment).

- **Conduct more gender-disaggregated research on this topic:** The available evidence on parents' and caregivers' mental health and how it can influence child maltreatment and parenting practices is highly gendered by being skewed towards mothers.[157] While this may be related to a justified interest in maternal mental health and CPMDs, it can also reinforce a bias towards mothers' role as primary caregivers. Future research should aim to understand the various factors influencing child maltreatment by both mothers and fathers, including fathers' poor mental health as a risk factor. There is also a gap in this evidence around other types of parenting and families, including non-heterosexual or polygamous households. More evidence is needed regarding the different risk factors and strategies that may be required to address gendered dynamics impacting maternal and paternal mental health among these families.

- **Address the intersections of IPV and child maltreatment:** Poor mental health is a shared risk factor underlying both VAC and IPV.[158] Indeed, many factors identified in this review that are associated with child maltreatment or poor parental mental health are also risk factors for IPV. It is important to appreciate how poor mental health can be a mediating factor between mothers' exposure to IPV and child maltreatment. The findings ultimately speak to the importance of holistic programmes that aim to prevent IPV and child maltreatment and strengthen the mental health of parents and caregivers, disrupting intergenerational cycles of violence.

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