

Supporting the relationship between mother and child within the context of domestic violence: a pilot parenting programme in Surkhet, Midwestern Nepal

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This paper describes the experience of a group based parenting programme for mothers with past, or ongoing, domestic violence experience in Surkhet district, Midwestern Nepal. Twenty women took part in the programme, with meetings every three weeks over a period of nine months. The results, after data triangulation, showed significant improvements for the majority of caregivers with respect to: (a) increased understanding of children's attitudes, feelings and behaviours; (b) improvements in management of conflict situations within the family; and (c) greater empowerment and self-confidence. Some of the main challenges encountered by the facilitators while running the sessions are discussed. This encouraging experience suggests that a combination of programmes, using behaviour, relationship and psychotherapeutic approaches, can be a source of support to reduce negative parent/child interactions for mothers harmed by violence. Presenting this study provides an opportunity to examine some of the current challenges of supporting parenting skills within violent environments.

Keywords: domestic violence, Nepal, parenting skills

Introduction

Studies on parental practices have stressed that when violence, and particularly domestic violence, has a severe impact on women's wellbeing, this usually also results in mothers having difficulty raising their children (Damant et al., 2010; Lapierre,

Key implications for practice

- Go beyond an educational approach to reinforce mothering skills in a post conflict/domestic violence context.
- A horizontal framework between facilitators and participants and ongoing capacity building training is essential.
- Include characteristics similar to others contexts so operational material can be shared.

2010; Letourneau, Fedick, & Willms, 2007). These difficulties may include: a diminished ability to perceive and interpret their children's behaviour; lower receptiveness to children's needs; greater difficulty channelling and handling irritable states; and displaying a higher degree of verbal or physical aggressiveness towards a child's disruptive behaviour (Huth-Bocks & Hughes, 2008; Levendosky & Graham-Bermann, 2000). Parenting programmes have been recognised as an effective strategy in preventing child maltreatment and strengthening positive rearing practices (Gibbs, Underdown, Stevens, Newbery, & Liabo, 2003; Kaminski, Valle, Filence, & Boyle, 2008; Barlow & Stewart-Brown, 2000). Most of the evidence based programmes are originally from Australia (e.g. *Triple P-Positive Parenting*

Program, Prinz, Sanders, Shapiro, Whitaker & Lutzker, 2009) or North America (e.g. *Incredible Years*, Webster-Stratton, Reid & Hammond, 2004) and appear to be effective when adapted for families with various vulnerabilities (e.g. parent intellectual disability, child developmental disability, etc.) including families who are likely to be at risk of abuse and neglect (Prinz et al., 2009; Webster-Stratton et al., 2004). To the best of our knowledge, only two studies have reported research based parenting programmes specifically tailored for mothers with a history of domestic violence (Jouriles, McDonald, Rosenfield, Stephens, Corbitt-Shindler, & Miller, 2009; Pereira, D'Affonseca, & Williams, 2013). Jouriles and colleagues worked with 66 families, from domestic violence shelters, that received 16 family intervention sessions focused on child management skills and emotional support to mothers. Pereira's three month study focused on weekly home interventions for 17 Brazilian mothers (poorly educated victims of interpersonal violence who are living in extreme poverty). Despite limitations, results of both interventions showed marked improvements in the participant's parenting skills, such as managing children's complicated behaviours and lowering abusive practices.

This article is based on a project conducted in Surkhet district, Midwestern Nepal, between May 2011 and August 2012. The purpose of the study was to pilot a group based parenting programme specifically developed to support mothers with past, or ongoing, experiences of domestic violence. One of the main concerns of the project was to avoid using educational strategies that has been found to be insufficient in dealing with the complex nature of domestic violence (Barudy & Dantagnan, 2010). Instead, the programme is based on establishing meaningful relationships, accompanying caregivers in the processes of healing and elaborating on the consequences of traumatic experiences. It redefines representational

models, especially those that have an impact on upbringing, and empowering mother's resiliency, and finally, creating an affectionate and trusting atmosphere. The pillar to promote resilience is fundamental for acceptance, i.e. accepting the mother as she is, even if we do not accept all of her behaviours, particularly in cases where these behaviours are harmful to their children. If, instead of treating these mothers as women who are inadequate or ill, we suspend judgement and focus instead on developing their capabilities as mothers, this will provide much more mental energy to devote to their children. Therefore, this project was developed with a framework of '*horizontal*' monitoring, where the facilitator sees herself as privileged by being able to accompany the caregivers, and not as a judge pointing out bad practices.

Setting and context

Surkhet Valley, a remote hill district of Midwestern Nepal, had a population of 350,804 in 2011, is majority Hindu and was considered to be one of the most conflict affected areas during the Maoist insurgency. The only research carried out in Surkhet and Dang districts (Saathi/The United Nations Population Fund (UNFPA), 2008) reveals that 81% of women face domestic violence regularly, which included physical and verbal abuse by husbands or other relatives. Early marriage, dowry related violence, sexual abuse in the household, polygamy and marital rape is rife. As is poverty, social inequality and harmful traditional practices, e.g. Chhaupadi (the practice of keeping a menstruating woman in a small shed away from the main house) and persistent accusations of witchcraft (Lamichhane, Puri, Tamang, & Dulalet, 2011; Poudel-Tandukar, Poudel, Yasuoka, Eto, & Jimba, 2008). Since 1999, Aawaaj (*The Voice* in Nepalese) nongovernmental organisation (NGO) has been a pioneer organisation in establishing community support mechanisms against child sexual abuse and gender based violence in Mid and Far Western Nepal (Gautam, 1999).

In May 2011, Aawaaj, with the support of the International Catholic Child Bureau (BICE), launched the 'Promotion of parenting skills and resilient resources' project. Building on experience gained in Spain by EXIL-Center¹ the project proposed to conduct action research in Surkhet involving a cross cultural team, composed of five Aawaaj community workers (facilitators) as the implementation team, a Nepalese researcher from Tribhuvan University and two psychologists from the mothering support programme in EXIL-Center, Barcelona.

Methodology

Understanding the context

A comprehensive background assessment was undertaken, including the review of prior studies, coordination with the local NGO network and several discussion groups. The discussion groups were held with Aawaaj members first, and then with a total of 40 women activists belonging to local community self-support groups, in order to reflect on their maternal conditions and behaviour. Each focus group discussion was transcribed by hand and jointly reviewed by the facilitator and the researcher from Tribhuvan University, who is fluent in both English and Nepali, to confirm the interpretation and clarify issues of wording and meaning. Transcripts were translated from Nepali to English, and a qualitative thematic analysis was conducted. The results were used to adapt the programme's activities to the needs and characteristics of mothers and their situations.

The participants

After group discussions, the project was introduced and several mothers showed interest in joining the programme. However, due to the nature of the programme and its objectives, the number of participants was limited to 20 (two closed groups of 10) to guarantee effective participation and positive interactions. Recruiting criteria

included: mothers who were interested on improving parenting practices, who had dealt with past/present situations of violence, have children under 16 years of age, and do not have a severe mental illness. Prior to participating in the first assessment, mothers completed informed consent documents and provided socio-demographic information regarding marital status, age, number of children, years of education, family experiences as children, as well as their expectations for the parenting programme (see Table 1). All participants lived in Surkhet Region, had participated in community mobilisations and knew Aawaaj's programmes.

The monitoring process

A pre/post test qualitative and quantitative design was elaborated for monitoring purposes. Instruments were specifically designed for this programme to ensure empathic and culturally respectful questions close to the mother's reality, and in line with the mother's reading and writing levels.

Initial interview with mothers A semi-structured interview included 19 questions related to child rearing challenges: eight socioeconomic questions related to poverty, social support, culture, community traditions and family healthy habits; and 11 mother/child interaction questions regarding management of children's behaviour's, perception of children's needs, protection, availability, communication, self-control and education models. Mothers were told to rate, from 0 (never) to 5 (always), how often they face similar situations as described by the items. The items were encoded and frequency analysis was conducted using the 18.0 SPSS statistics programme.

Parenting practices Observational data of mother/child interactions was collected by facilitators' through regular visits to the mother's household and during the monthly community meetings. Each facilitator was asked to classify the mother's parenting practices, on a three level scale for the

Table 1. Socio-demographic characteristics of participants

	N (%)
Average age	26.6
Average number of children	3.4
Average years of education	3.6
Extreme poverty and precarious living conditions during childhood	17 (85%)
Experiences of abuse, neglect or abandonment by their parents	11 (55%)
Experiences of systematic physical and verbal violence by their husbands	18 (90%)
Marital status:	
Separated women currently living alone or with relatives	12 (60%)
Living with their husband in a more protected environment due to family mediation and social pressure	3 (15%)
Living with their abusive husbands	3 (15%)
Remarried	2 (10%)
Daily labourers	19 (95%)

following six dimensions: availability; emotional support; differentiation; discipline; stimulation; and communication. Observations from facilitators were compared and analysed.

Children's interviews A semi-structured interview was conducted with at least one of each woman's children. Selection criteria were to be between ages 8–16 years and to live habitually in the maternal home. Their average age was 10.5 years. The interview included 11 questions about family dynamics in order to explore the same six dimensions as in the parenting practices observation sheets (e.g. *Who in your family is the most calm? Who in your family supports you when you had a problem?*), and six questions concerning leisure time (e.g. *Who in your family likes to play football?*). Answers were transcribed and content frequency analysis was conducted.

All interviews were conducted during two weeks in August 2011. They took place at the mother's home and lasted between 90 and 120 minutes. Monitoring remarks were

made at the end of the programme by means of an informal interview with each mother and their children, in order to evaluate the changes.

The workshop

Based on the parenting programme *Apoyo a la Parentalidad* (Supporting Mothering) (Barudy & Dantagnan, 2010), which was built on the basis of attachment theory, psychodynamic theory and family system theory principles, a manual with two components was developed. Part I: *Theoretical foundations and facilitator training* includes topics such as the effects of violence on mothering, good care, attachment and empathy approaches and the children's needs. Part II: *Programme manual* includes the objectives (see Table 2) and activities for conducting the programme's sessions. The workshop programme encompassed 12 2 hour sessions every three weeks, employing techniques such as group

Table 2 Parenting programme objectives

Overall goal	
Strengthen parental competences and resilient resources of women who have lived through violence, in order to encourage good interaction with their children	
Objectives for facilitators	Objectives for caregivers
1. To increase theoretical and practical knowledge	1. To create an atmosphere of trust and respect to validate the participants' feelings.
2. To reinforce and increase group facilitation strategies.	2. To reinforce self-confidence.
3. To mentor on personal impact.	3. To reflect on the impact of violence.
	4. To promote understanding and empathy regarding children's feelings and needs.
	5. To strengthen self-control and stress management strategies.

discussions, self-reflections, art therapy exercises, role play, and social problem solving training. When comparing the Spanish programme, several terms were replaced in order to be more culturally acceptable. In addition, two sessions on handling conflicts with children were included and the reading and writing activities were replaced by visual arts, such as painting or sculpture and role play. (The manual is available from the authors on request.)

Promoting parenting skills and resilience workshop programme (PPSR) was carried out between November 2011 and August 2012 with two groups of mothers who met every three weeks in the Aawaaj's office. Transport expenses were paid and mothers with young children were offered a crèche service. Two facilitators led the sessions following the manuals, while others transcribed the sessions.

As part of the project, a comprehensive training for facilitators was conducted at the beginning and throughout the programme regarding three domains: (1) the theoretical framework and practical content of the activities; (2) specific facilitation strategies; and (3) the personal impact of working with mothers.

Results from initial assessment

Social norms and traditions

From group discussions we learnt two main points. (1) Parenting responsibility falls mainly on women's shoulders. In their communities women are seen the main child minders, as it is believed that they, by nature, have the skills and sensitivity required to take care of their children and that their husbands *'lack the necessary empathy and abilities'*; and (2) gender role discriminatory issues were commonly reported. Women's social status, including: inheritance rights, access to property and to social services, are strongly affected by a patriarchal culture. Social pressure against women marrying for a second time was strong. For the majority of mothers, all these factors contributed to feelings of extreme vulnerability and dependency.

Main parenting challenges

The main perceived parenting challenges by the mothers were related to: self-control when managing aggressive behaviour of their children, emotional availability and feelings of guilt for not being able to provide better economic and material resources

Table 3 List of parenting challenges mentioned by mothers

Self-control. <i>‘When I am very stressed, I tend to beat my child. I cannot control myself’</i>	50%
Believes <i>‘When I am angry to my child I truly believe he will be like his father’</i>	55%
Understanding children’s behaviours. <i>‘When I see my children misbehaving, I don’t understand why he would do that. I didn’t use to talk to my child about how he feels, or what he thinks about the situation.’</i>	65%
Emotional availability <i>‘When I am suffering from violence, I cannot hold the child. I cannot give love to him. I feel like leaving home? ‘After a violent incident, I cannot answer my children’s requests because I feel very irritated.’</i>	70%
Feelings of guilt <i>‘I worry that I won’t be able to send my child to school so that she can learn not to fight with other children.’</i>	70%
Parenting responsibility <i>‘I am alone, doing all of the tasks of the home. My husband does not collaborate at all, so I don’t have lot of time to play or talk to my children.’</i>	75%

(e.g. school uniforms). For the majority of the women (65%), not being able to understand why their children behaved aggressively, misbehaved or showed signs of recklessness increased their frustration (Table 3).

‘She is 11 years old, but she behaves as if she was 2 or 3 years old. She speaks like a baby and in school she is very far from her friends who are of the same age, she cannot read and did not pass her exams. I don’t understand why she forgets everything that I teach her. She used to ask me ‘Will father also beat you today?’ (M#3)

Observational data gathered by facilitators showed several parenting difficulties shared by all 20 mothers including: reacting to their child’s misbehaviour by yelling, being verbally abusive, neglecting children’s emotional needs and, in a few extreme cases, engaging in aggressive behaviour towards their children. There were no consistent reports or observations to support physical punishment as a frequent form of discipline.

Results after programme intervention

Understanding children’s behaviours and emotional needs

The first sessions focussed on mothers’ perceptions of their children, with the purpose of drawing their attention to how violence affects children and enabling them to understand their children’s behaviour, emotions and learning problems. After programme evaluation, 75% of the mothers reported greater attempts to exchange dialogue during moments of tension, before punishing their children or getting angry at them. When the children had a tantrum, the mothers started to show interest in their children’s feelings, asking about the causes of their frustration or anger rather than becoming nervous and angry. Eighty percent of their children mentioned perceiving better dialogue with, and closeness to, their mothers.

‘The other day we had an incident at home. My child came back from school very angry, scolding and beating her sister. I asked him why you are angry, what is the problem with

you? What do you need? I tried to calm him. I put my child on my lap, put my hands on him and I asked if anybody said anything bad to him. Then he told me he was very angry because he has no school uniform and other children were laughing at him? (M#8)

For three children, the relationship did not improve in this sense as their mothers work many hours away from home and neighbours or relatives cared for the children. The facilitators' remarks matched the statements made by the children.

Association between a history of violence and parenting difficulties

Several sessions focused on the mothers' past experience, often when they were children themselves, and above all, on the experiences that they remembered of stressful situations at home. As a result of these activities, the mothers became more aware of their own (often disproportionate) reactions to their children under certain types of situations, or when their children's actions reminded them of a difficult past experience that they had experienced in the past.

While most of the women (70%) identified how the experiences of violence had influenced the way in which they were bringing up their own children, three mothers displayed strong resistance to talking about their past, or present, and preferred to forget their experiences. The facilitators' position was to respect each participant's space, validating her options and being available for support.

'At the beginning, she had more difficulties getting involved in the conversations and was questioning other women's interventions. Sometimes she said things that had nothing to do with the topic at the time. She frequently slept during sessions and never had any questions. She spoke out of context and sometimes we could not understand her language' (F#4 about M#11).

Self-control and stress management strategies

According to the mothers, self-control during stressful times was one of the hardest aspects of parenting. Their children's challenging or difficult behaviours gave rise to intense feelings in them (often linked to their own traumatic experiences), which were hard to control and often led to aggressive reactions. Collective reflection encouraged the identification of people who have now, or have had in the past, a 'protecting' and 'caring' role for the mothers so that, by analysing these experiences, they were able to identify aspects of good care, which they wanted to reinforce in their relationship with their children. Table 4 shows a list of alternative strategies named by the mothers.

At the end of the programme, 16 mothers (80%) perceived themselves as less irritable and less likely to use physical violence in moments of tension. In ten of these families, the mothers' perception matched their children's statements.

'Previously when I was angry my mother also expressed her anger and shouted a lot, but now when I am in a temper she keeps silent and afterwards she tries to convince me or she keeps silent, goes away and then becomes calmer' (C#12, 11 year old daughter of M#12).

Empowerment and feelings of confidence

In general, the mothers perceived that their behaviour was more caring and affectionate (42%), they are more happy and relaxed (64%), more open when faced with their children's needs and demands (50%), and more tolerant (28%) than before. Twelve mothers reported themselves as the bravest member of the family as they were bringing up their children with almost no support, with only the means of their own efforts and work.

Group cohesion

Most of the women (85%) stated 'feeling at home' in the group. They were mostly

Table 4. Mother's suggested strategies to manage stressful situations with children

To reduce conflicts during interactions with their children:

- Self-affirmations: *'I am not going to get angry. . .'*
- Looking for signs to identify when the child is going to get upset or lose control.
- Taking *'time out'*: separating oneself physically from the situation that is generating stress
- Using humour to re-channel children's obstructive and challenging behaviour, or emotional tantrums.
- Positive thinking: *'my child is out of control; if I, who am the adult, also lose control, there will be no one to help him/her to calm down.'*

thankful for feeling listened to and for the facilitators' sensitivity when they shared situations when they had felt humiliated by their partners and/or relatives. For most of the participants in the group, it was the first time they could share their mothering experiences without being criticised. When asked about an overall evaluation of the programme, 85% of women found the methodology very interesting and challenging, 65% of mothers highlighted the need to extend the programme to younger mothers and 40% suggested including fathers in the sessions.

Impact on the facilitators

Five women, with an average of four years of formal education and long-term experience as community workers, were in charge of group facilitation. All were also mothers with equal exposure to conflict, who lived in the same area as the participants. As expected, during the implementation of the workshop all five facilitators engaged in a process of self-reflection over their own practices as mothers, and most of them

experienced strong feelings of guilt; questioning whether they were *'good or bad mothers'*. At that time, the facilitators frequently felt overwhelmed by the circumstances in which women lived, and had strong feelings of helplessness.

'During the sessions, the mothers share lot of tough experiences. Most of them have experienced extreme situations of violence in their homes at the hands of their husbands, who humiliate them and physically hurt them. I really feel hurt when I listen to all these stories. Sometimes I have nightmares thinking that somebody will come and hurt me, like somebody hurt the mothers. Every woman has somehow managed the situation. . .that encourages me' (F#1).

After one year, the results show that after the activities had been put into practice, the facilitators felt more self-confident and proud of their own skills. This may, in turn, indicate empowerment and more belief in their own abilities as facilitators and as mothers.

Discussion

This paper describes the experiences of a group based parenting programme aimed at supporting women who have lived through violence, in order to encourage better interaction with their children. The pre intervention assessment showed that almost all mothers displayed signs of difficulty, to a greater or lesser extent, in mothering their children, consistent with the reviewed literature (Damant et al., 2001; Lapierre, 2010; Letourneau et al., 2007). Likewise, all mothers reported that the challenge of living with other adversities, as well as domestic violence, such as the lack of access to financial resources, the privation of social rights and other discriminatory social practices. In our experience, it was essential to acknowledge the context of structural violence that mothers were facing, as defined by any action that seeks to control people,

deprive them of their rights, restrict their freedom and destroy their dignity (or honour, as they expressed it). Starting from this recognition, it was easier to validate mother's reactions and to identify ways to modify and prevent cultural elements that were negatively affecting their parenting practices.

Indications from the mother's self-reports, their children and facilitator's observations suggested there were some areas of improvement immediately after the intervention: more empathic awareness of children's needs, improvements in self-control, managing familial conflict situations through non violent strategies and greater feelings of self worth and security. That is to say, the main changes were *'attitudinal'*, occurring in the women's perception of their children and themselves as mothers. As the programme developed, the authors felt that mother's sensitivity increased when they were able to reflect on their own experiences of violence during their youth, and as adults. At these times, when mothers connected with their own suffering, they were able to examine their emotions and their reactions to violence were validated, it was easier for them to understand and respond to their children's needs.

Follow-ups have revealed that, for at least three mothers, it was difficult to connect with the group dynamics, share their life experiences and practise new positive parenting strategies. We may speculate that at least some of the mother's consistent difficulties in interacting with their children were associated with their situation of present violence, as suggested by the literature (Barudy & Dantagnan, 2010; Huth-Bocks & Hughes, 2008). In fact, all of these three women were facing extreme circumstances where they depended financially on their husbands, who continued to exercise verbal and physical violence. Possibly for these mothers, the kind of action proposed by the group was far from their priority of everyday survival.

It is also worth noting that all mothers had 100% attendance, which is an important aspect given that studies designed for high risk families often show low participant adherence to intervention programmes (Kaminski et al., 2008). A strong alliance with the facilitators, measured by qualitative appraisals from the mothers, may have contributed to programme adherence, as suggested by Debiie and the Asia Pacific Regional Network for Early Childhood (2011). Other strategies employed included: monthly phone calls, flexibility about session times and covering travel expenses. Moreover, mothers assessed the programme activities as being visually attractive, helpful and suggested that it might be beneficial to replicate the programme both with younger women and men in their communities.

Finally, the crucial role of facilitators in promoting a trustful environment should be highlighted. In our experience, it was interesting to see during the facilitator trainings, how the facilitator's feelings of frustration, despair and impatience gave rise to feelings of admiration and respect for the mothers. Towards the end of the programme, the sessions had turned into spaces for respect and mutual admiration, which in turn facilitated an exchange and learning of new strategies for healthy child rearing.

Despite these encouraging results, there are several methodological limitations inherent in this study: (a) the absence of standardised and validated instruments; (b) the lack of a randomised control group to compare results; and (c) the absences of clinical measures to monitor children's improvements. Further studies are needed to examine the model, with larger samples and randomised controls. Longitudinal studies may also need to be conducted to evaluate if the improvements in mother/child interactions are consistent.

Recommendations and lessons learnt:

- Invest quality time in building relationships of trust and respect. In our case,

women were familiar with Aawaaj's members and their community commitment, which meant the parenting intervention was easily accepted and assumed as their own.

- Parenting programmes specifically developed for mothers who have lived, or are currently living, in a violent environment seem to benefit from multidimensional approaches that include an educational perspective (such as sharing positive parenting strategies), psychotherapeutic strategies (addressing the history of violence, establishing meaningful relationships and empowering resilient resources), and an ecosystemic approach (considering the caregiver and the social and cultural context they face). In our experience, using only the 'educational approach' can be counterproductive, producing negative emotions as mothers can feel judged and guilty which, in turn, increases their fears and insecurities.
- One of the most appreciated things by mothers was to feel 'like equals' and not to be judged. Group facilitation from a position of equality was crucial to generate a suitable environment for reflection, analysis, changes in attitude and the integration of new practices.
- Group's facilitation was a challenge because mothering is a sensitive subject that can easily give rise to feelings of frustration and impatience. It appears it is essential to ensure comprehensive training and regular follow-ups for facilitators, to enable them to turn these intense feelings into opportunities for reflection and empowerment.

Acknowledgements

The authors would like to thank the team of the Nepali NGO Aawaaj, headed by Irada Gautam for their wonderful work, exploring, adapting and implementing the parenting programme in their local setting, and continually enriching it with new experiences. Special thanks to: Kanti Knadka, Nisha Poudel, Meena Gautam, Laxmi

Thapa, Bishnu Koirala and Prof. Uma Koirala. Finally, we would like to thank BICE-Belgium for supporting the 'Promoting Parenting Skills and Resilient Resources' project.

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- ¹ EXIL-Center was created in 1976 in Brussels, Belgium by a group of South American refugees who had been victims of torture in their country and had to flee with their families. In the year 2000, EXIL opened another centre in Barcelona, Spain, thanks to the initiative of Dr. Jorge Barudy who is the former director. EXIL-Center is now a reference in Spain for the treatment of the consequences of violence and human rights violations, especially amongst women and children.

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