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Funded by :



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

賽馬會



Project Evaluation Studies on
the Jockey Club Project Smart Kids



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August, 2023

R E S E A R C H R E P O R T



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Executive Summary

The Jockey Club Project Smart Kids is a multi-component, psychosocial support program to promote positive parenting of parents, enhance psychosocial wellbeing of children, and to raise awareness of domestic violence in the community initiated by the Harmony House. The community-wide program composed of public talks, workshops for parents and children, professional training, and therapeutic for children and parents. The program included components that were designed based upon the principle of positive parenting, expressive arts, and self-compassion.

The initiative is one of its kind in Hong Kong to offer psychosocial support to parents and families by means of the integrative use of expressive arts, positive parenting tactics, and self-compassion. Evaluative measures were adopted to assess the potential contributions of the program components included in this community-wide initiative. Cross-sectional surveys and evaluative study adapting quasi-experimental study designs were deployed to explore the potential impacts of the program components in achieving the objectives to educate the public, enhance professional's knowledge and competency in supporting families with risks of domestic violence, encourage positive parenting tactics, and improve children's well-being.

Cross-sectional surveys indicated the potential impacts of the workshops were feasible and practical in promoting changes in parents, children, and professionals. First of all, the school-based emotional empowerment and education programs for kindergarten children were found to be practical and relevant to the needs of the young school children, as most of them reported they acquired better understanding of their emotions (95.0%) and have learnt ways to better management their emotions (91.0%). Similar findings were also reported in emotional empowerment and education programs for primary school children, in which 81.7% and 77.9% of the participants reported improvement in knowledge about emotion, and in mood management. In total, we had surveyed 2,734 participants for children program.

Second, the parents' seminars were found helpful in equipping parents with their know-hows and knowledge in positive parenting. Positive parenting talks (N = 762) were positively received by the parents: the talks were perceived as informative (96.7%), practical (94.9%), and were believed to be able to facilitate behavioural change (98.0%) among the attendees. Parents explicitly indicated that the talks have enhanced their knowledge and skills in positive parenting and have improved their efficacy in relating to their children.

Furthermore, to further support the parents and to provide the experience of positive communications with their children, Parent-Child workshops were offered by the team at Harmony House. A total of 278 family dyads had participated in the survey. Participants of the parent-child activities shared that the parent-child experiential workshops were enjoyable and had helped facilitating parent-child communication in a way that is playful, joyful, and safe (around 96%). The workshops also provided the parents with a platform to broaden their social network (82.5%), and to enhance personal well-being (94.7%), according to surveys conducted after the parent-child workshops.

Overall speaking, both the parents and the children expressed enjoyment and engagement in the program(s) they have attended. The experiential-based emotional empowerment and education programs were regarded as an acceptable and practical ways to improve well-being of children at different stage of their developmental lifespan.

In addition, professional training workshops delivered as part of this community-wide project. A total of 562 professionals had responded to the end-of-training survey. The workshops regarded as practical and feasible for the training attendees; they shared the training workshop has enhanced their knowledge in domestic violence and its impacts on the children, and openness to work with children who may have witnessed domestic violence.

Therapeutic groups were also delivered to support the nurturance of well-being of school children and to equip parents with practice skills in positive parenting. The evaluative study of a children group (N=55) adopted a single-group, pretest-posttest study design revealed that the therapeutic groups not only reported have positive impacts in children's awareness of emotions, emotional expression, social networks, and sense of joy, but also enhance their awareness and understanding of different forms of domestic violence as well as their willingness to seek help.

A quasi-experimental study with no-intervention control group was designed to assess the effectiveness and potential benefits of a 6-week, positive parenting intervention inspired by the practices of mindfulness and self-compassion. When compared with the control group (N = 48), participants who had participated in the professional-led intervention program (N = 78) was found effective in enhancing positive affect, alleviating negative affect and burnout, as well as reducing the tendency of using corporal punishment and neglect as ways to resolve parent-child conflicts, thus reducing the risks for domestic violence against children. Additional evidence also suggested that the time-limited intervention program seemed to be helpful in cultivating self-compassion, as well as in reducing the tendency of disciplining and psychological aggression towards the children in the parent-child context.

Apart from understanding the efficacy and potential benefits of the community-wide program to support family and in reducing risks for domestic violence, this research initiative also pointed towards the future development of community-based support program for the betterment of the psychosocial well-being of children. Cross-sectional data revealed that although many of the school children reported they are feeling happy in general (75.9%-82.96%), a substantial proportion of them expressed they do not feel confident about themselves (70.3%), and not feeling content about life in general (57.2%). There is a practical need for the teachers, social workers, and other professionals to work collaboratively to develop programs to help school students to enhance their self-confidence and general sense of well-being in the future.

Despite challenges of the COVID-19 pandemic, this multi-component, professional-led, psychosocial support program was found practical, engaging, and impactful in creating the conditions for the betterment of wellbeing of parents, and children, as well as in minimizing risks to domestic violence in the context of parent-child relationships. Further professional training, and additional efforts in practice-based research will contribute to the furtherance of positive parenting programs in Hong Kong, that would in turn help to make homes the havens for caregiving parents and school children.



Background

Intimate partner violence (IPV), a specific type of domestic violence, is having an increasing trend in Hong Kong. The number of battered spouse cases tripped from 1,009 to 3,034 in 2002, and steadily increase to a peak of 7,000 in 2008; and that the population sector composing of young adults and families with younger children have been regarded as at-risk (Bouhours & Broadhurst, 2015). The number would be much higher if other forms of intimate partner violence such as emotional abuses, sexual coercion, and verbal abuses were included. Intimate partner violence not only inflicts physical, social, and psychological harm on the survivors; it also elevates the risk of further domestic violence directed against the children – having the survivors turned into perpetrators (Morley, 2015). Children are affected by domestic violence in many forms; other than becoming the direct target of domestic violence (as in child battering, corporal punishment, insulting, etc.), violence can be experienced by witnessing it, hearing it, and getting caught in the middle of it. The physical, psychological, neuro-developmental, and behavioral impacts of childhood exposure to domestic violence are well documented. Children witnessing domestic violence tend to show lower levels of social competence, higher rates of depression, anxiety, and frustration, and are more likely than other children to develop stress-related disorders. (Bair-Merritt, Blackstone, & Feudtner, 2006; Campbell & Lewandowski, 1997; Choi, Jeong, Polcari, Rohan, & Teicher, 2012; Graham-Bermann & Seng, 2005; Hurt, Malmud, Brodsky, & Giannetta, 2001; Kitzmann, Gaylord, Holt, & Kenny, 2003). How witnessing domestic violence shapes the affected child's life can manifest itself in school problems, trouble establishing meaningful relationship with other people, anger management issues, and the inability to have empathy for others. These vulnerabilities added to the likelihood that children witness of domestic violence may be at greater risk for becoming either a child victim of physical or sexual abuse or an adult perpetrator of domestic violence (Anderson, 2004; Edelson, 2006). For example, low self-esteem, lack of empathy, difficulties in emotion regulation, and toxic shameful feelings towards oneself are among those psychological risk factors for parents who are survivors-turned-perpetrators in domestic violence against children (Morley, 2015); the vulnerabilities are also elevated by the adjustments and challenges of being parents of children approaching adolescence.



Support Services for Children and Parents affected by Intimate Partner Violence

Given the detrimental impacts of witnessing domestic violence for children, there is an ongoing need for evidence-based practice model, or intervention programs to serve and support children and families living with domestic violence. Group-based interventions have been identified as an effective method of working with parents and children who have witnessed domestic violence; and the most commonly adopted forms of group-based therapeutic model for children with traumatic experience is the use of arts, such as storytelling, drama, art, and play (Gil, 1991; Jarman, 2013). The use of arts within a group setting provides an age appropriate, causal, fun, and therapeutic setting with their peers. Arts-based group reduces isolation, promotes corrective emotional experiences, enhances interpersonal skills, and leads to knowledge on how to positively deal with difficult experiences together (Gil, 1991; Wabie, 2009). A small-scale study (N = 21) conducted by the team suggested a brief arts-based group intervention helps improve sense of belongings and showed potential positive impacts on both externalizing and internalizing behavioral problems among children shelter home users witnessing domestic violence (Centre on Behavioral Health, 2021).

Research indicated that working parents, their children, and the family might benefit from positive parenting training delivered in the form of psychoeducation seminars, workshop, and skills training programs (Planalp, Nowak, Tran, Lefever, & Braungart-Rieker, 2022; Rincon et al., 2018). The COVID-19 pandemic – and its associated social distancing policies – have created the condition that might intensified the already tense parent-child relationships in the family (Brown, Doom, Lechuga-Pena, Watmura, & Kippels, 2020). In their cross-sectional study of 362 parents living in the United States revealed that higher level of self-compassion associated with a lower level of parenting stress (Garcia, Born, Carotta, Lavender-Stott, & Liu, 2022), and thus minimizing risks of parent-child conflicts as well as the vulnerabilities to domestic violence in the parent-child context.



Self-Compassion and Parenting

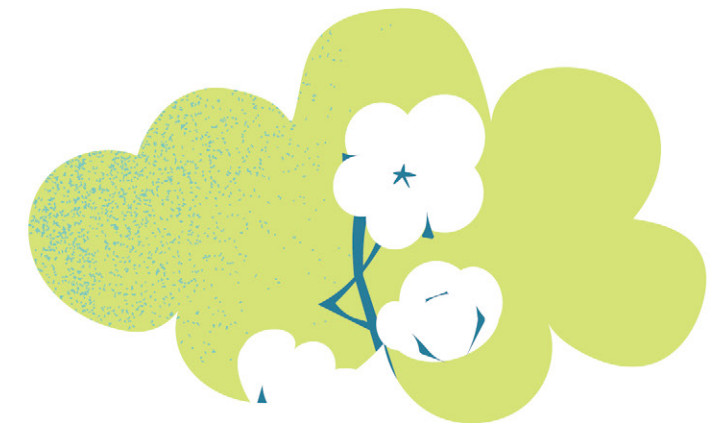
Compassion toward the self (and others) can be defined as caring response to suffering that acknowledges the shared human condition of imperfection, and involves turning toward rather than denying or avoiding pain (Germer & Neff, 2019; Neff & Germer, 2018; Neff & Seppala, in press). Given the relational and the psychogenic nature of domestic violence, research studies pointed towards the value of empowering the parents' emotion regulation in reducing further risks of domestic violence and helping families to cope with the trauma of intimate partner violence. Accumulating research suggested that self-compassion improve mental health by promoting emotion regulation (Inwood & Ferrari, 2018). Indeed, a systematic review and meta-analysis indicated that parenting interventions that include self-compassion components appear to improve parental self-compassion, and depression, anxiety, and stress (Jefferson, Shires, & McAloon, 2020). Evidence also showed that a brief self-compassion program was helpful in improving positive affect, resilience, and subjective happiness, while decreasing negative affect, depression, anxiety and stress among women survivors of domestic violence (Karakasidou & Stalikas, 2017). Self-compassion is generally regarded as a psychological resource that helps alleviate mental health challenges associated with interpersonal traumas.

Furthermore, self-compassion is also regarded as a buffer against parental stress, and interaction patterns conducive to the development of domestic violence in the parent-child relationship. Psychogioiu, Legge, Parry, and Mann (2016) found that parents who are more self-compassion were found to be more likely to attribute the cause of children's behavioral problems to external factors, and they were less criticizing and exhibited fewer distressed reactions in parent-child interventions; thus, reducing the risk factors for exercising corporal punishment and other forms of aggression against the children. In addition, in their study of Israeli mothers, Cohen and Naaman (2023) found that mediates the association between parenting feelings and children's behavior difficulties – self-compassionate mothers were reported to be more understanding, empathetic, and accepting to both internalizing and externalizing behaviors of their children. Additional evidence reported that parental self-compassion showed instrumental impacts on children's adjustment to behavioral and psychological challenges (Cheung, Li, & Ho, 2022).

Previous research suggested that self-compassion is associated with parents' mental health and wellbeing, and emerging evidence also suggested the potential positive impacts of self-compassion on parent-child interaction and the alleviation of risks of domestic violence and interpersonal trauma in the family context. Therefore, it might be beneficial for parents' support groups and programs to integrate components of self-compassion to help parents cope with the challenges of parenting, cultivate resilience, and maintain harmony within the family.

Theoretical Framework

Cultivation of compassion, towards ourselves and others, has been integrated into psychotherapies; and compassion is hypothesized as a transdiagnostic and transtheoretical factor contributing to wellbeing (Germer, in press; Gilbert, 2020). From an evolutionary perspective, compassion emerges from our mammalian caring instinct; and it has evolved into part of the emotion regulation system alongside with the “threat-driven” system and the “needs-driven” system (Gilbert, 2020). Compassion is associated with empathy – our ability to experience the world of another as one's own, while having the *perspective* on the emotional state of another person and the ability to regulate our own empathic distress in order to maintain a compassionate state of mind (Eisenberg & Eggum, 2009). Research on self-compassion and psychological well-being suggested a positive linkage between self-compassion attitude and positive mental health outcomes. One potential hypothesis asserted that the cultivation of compassion activates the parasympathetic branch of the autonomic nervous system contributing to the process of down regulation, as well as pro-social mentality, social connection, and engagement (Kim et al., 2020; Kirby, Kirby, Petrocchi, & Gilbert, 2017; Stellar & Dacher, 2017). And thus, research suggested that self-compassion improves mental health by promoting emotion regulation (Bakker, Cox, Hubley, & Owens, 2019; Berking & Znoj, 2014; Diedrich, Grant, Hofmann, Hiller, & Berking, 2014; Ehret, Joormann, & Berking, 2018; Germer & Siegel, 2012). Emerging evidence suggested that the cultivation of compassion is also linked improvements in self-esteem, resilience, as well as improvement in depression, anxiety, stress among community sample and clinical samples (Eisenberg & Eggum, 2009; Germer, in press; Germer & Neff, 2019; Germer & Siegel, 2012; Inwood & Ferrari, 2018; Neff & Germer, 2018).



Nevertheless, the research on self-compassion, domestic violence, and parenting is in its infancy stage. To date, limited research evidence has been dedicated to exploring how self-compassion might help parents cope with the challenges of parenting and the trauma of domestic violence. In the context of interpersonal trauma recovery, compassion is cited as the antidote to shame and guilt that are commonly found among survivors of interpersonal trauma (Jefferson et al., 2020; Karakasidou & Stalikas, 2017). While limited, there is another line of research which seemed to suggest the buffering effects of self-compassion of mental health challenges among clinically depressed parents (Psychogioiu et al., 2016).



Project Evaluation



Objectives of the project evaluation

The research collaboration aimed to provide an evaluation of the Jockey Club Smart Kids program initiated by Harmony House. The Jockey Club Smart Kids program is a multi-component, community-based support program which aims to empower the children's emotional wellness, provide early identification of at-risk children witnessing domestic violence, enhance family relationship to prevent domestic violence, empower parents when facing adversities, raise public awareness on the impacts of domestic violence on children, and to facilitate community collaboration to help families at-risk of domestic violence. The objective of the proposed research study is to review and evaluate the potential benefits of a multi-components psychosocial support program for families facing the risks and the threats of domestic violence, which composed of community-based psychoeducation workshops and programs, as well as a self-compassion inspired intervention program on positive parenting.

The primary purpose of this project evaluation has two folds: first, to explore and assess feasibility, acceptability, and practicality of the project components in achieving their intended objectives as part of this Jockey Club Project Smart Kids; and second, to specifically to access the potential psycho-social gains of parents who have participated in a self-compassion inspired positive parenting group designed and delivered by the team at the Harmony House. The secondary purpose of this project evaluation is to explore and assess the prevalence and severity of intimate partner violence within families having children aged twelve or below. Table 1 showed the domains, and program components.



2.2 Overview and significance of the project evaluation

To serve the abovementioned purposes, this project evaluation composes of (1) a series of **Program Evaluation for Individual Project Components**, focusing on the various project components included in this Jockey Club Project Smart Kids program, and (2) an **Intervention Study on Therapeutic Group** on positive parenting with self-compassion components. The following program components will be assessed within the framework of the program evaluation: (i) emotional empowerment and education program for kindergarten children, (ii) emotional empowerment and education program for primary schools' children, (iii) positive parenting talks, (iv) parent-child activities, (v) professional training, (vii) therapeutic groups for children, and (viii) positive parenting therapeutic group for parents. Different research methodologies were adopted in assessing the outcomes of the multi-component program: first, the potential outcomes of standalone workshops, seminars, and public talks were assessed by an exit poll (survey); while therapeutic groups were assessed by adopting quasi-experimental study designs. Sections 2.3 and 2.4 described the methodologies for the respective program components.

The proposed study is a pioneer study in the application of self-compassion inspired group intervention for supporting parent in Hong Kong. Findings of the present study will not only yield empirical data regarding the effectiveness of self-compassion inspired positive parenting support program on mental health of parents and parenting style in response to parent-child conflicts, but it also offered preliminary data on the potential contributions of a series of community-based workshops and programs in supporting parents, and the community as a collective. Findings of the present study might help improving psycho-social well-being of parents, and to break the transmission of domestic violence across the generations, especially in the parent-child context. The experience gained through this collaboration, could also contribute to the furtherance of the development of an intervention model using arts as the medium of therapeutic change in Hong Kong.



2.3 Program Evaluation for Individual Program Components

The major objective of the individual program components evaluation is to assess the feasibility, acceptability, and practicality of the various program components in achieving their intended objectives and purposes as laid out by the Harmony House. All once-off and standalone program components were assessed by means of a post-workshop survey, while therapeutic groups for children were assessed adopting a single-group, pretest-posttest experimental study design, while the parents' groups were assessed using a quasi-experimental study design with no-intervention control.

2.3.1 Methodology

To assess the acceptability, feasibility, and practicality of the various project components, a cross-sectional survey study design, using self-report data, will be recommended. A self-constructed, paper-and-pencil (or electronic) questionnaire developed based upon the Kirkpatrick Model in program evaluation. The *Kirkpatrick Model* is a globally recognized method of evaluating the outcomes of training and learning programs, which accesses both formal and informal training methods (Heydari, Taghva, Amini, & Delavari, 2019) – which is a definitive feature of this multi-components project spearheaded by the Harmony House. The Kirkpatrick Model evaluates a training program on four levels of: a) reaction (i.e. acceptability and feasibility), b) learning (i.e. practicality of the training content), c) behavior change (i.e. practicality), and d) results (i.e. practicality). One benefit of the Kirkpatrick Model is that it allows the creation of an actionable measurement plan to clearly define objectives, outcomes, and identify areas of impact and therefore to inform and understand the results of a specific program components. The information generated from each of these surveys will allow the organization to re-adjust plans and correct course throughout the program period (Heydari et al., 2019).

★ 2.3.2 Participants

Eligible participants were direct/ primary beneficiaries of the specific program components. Participants were invited to rate on these domains against a program-specific, customized, and easy-to-understand key performance indicators proposed collaboratively by the research team and Harmony House.

★ 2.3.3 Procedures

All program participants were invited to take part in a survey upon completion of the program components in the form of an exit poll survey. The survey was conducted either using a paper-and-pencil survey questionnaire form, or through an electronic, web-based data collection portal Qualtrics (provided by the Centre on Behavioral Health, HKU). No personal identifying information were collected from the participants.

★ 2.3.4 Measurements

Program-specific, structured, and self-administered questionnaires were constructed collaboratively by the team at the Centre on Behavioral Health, and Harmony House. In general, the survey form assessed the reaction, learning, behavior, and results of the program components against program-specific key performance indicators predetermined by the team. Respondents were invited to rate their level of endorsement on statements reflecting their perceived feasibility, practicality, acceptability of the program components in achieving their intended purpose, and their overall satisfaction with the program.

★ 2.3.5 Data analysis

Descriptive statistics were generated to describe the respondents' perception towards the program components in terms of the program-specific parameters. Percentage distributions were also produced to summarize the overall performance of each of the individual program components.

★ 2.4 Intervention Study on Self-compassion Parent Group

The intervention study explored the effectiveness of a 6-week, professional-led positive parenting intervention group in improving psychological wellness of parents, and in cultivating healthy parent-child conflict strategies. The intervention program was designed and conducted by the staff at the Harmony House and its collaborating mindfulness facilitators who were *independent* to the evaluative research study. The intervention program aimed to help parents develop positive parenting skills and emotion management skills, as well as to cultivate self-compassion. The intervention composed of a 6-week program inspired by the concept of “self-compassion” (Germer & Neff, 2019; Neff & Germer, 2018).

★ 2.4.1 Study design

An experimental study with pretest-posttest study design, using quantitative data, was adopted to evaluate the potential benefits of a self-compassion inspired positive parenting group on the psychosocial wellbeing of the parent-child dyad offered by the staff at the Harmony House.

★ 2.4.2 Participants and sample size

Eligible participants were adult parents service users of Harmony House (aged 18 or above). Concurrent attendance of other forms of counseling services, and the presence of psychiatric or medical diagnoses that require medical treatment were considered as exclusion criteria. With an estimated effect size of 0.8 and a potential Type I Error at 5%, as well as a dropout rate of 15%, we proposed a sample size of not less than 86 participants (completing both T₀ and T₁ data collection).

★ 2.4.3 Procedures

Eligible participants were invited to participate in the pilot study by the staff at the Harmony House. Written informed consents were obtained prior to all data collection and group participation. Participants were invited to complete a questionnaire packet on domains related to parenting tactics in a parent-child context, mental health, parenting stress, and self-compassion during the study period at baseline (before the intervention, T_0) and post-intervention (after completion of the intervention, T_1).

★ 2.4.4 Measurements

Measurements reflecting the objectives and goals of the intervention protocol were compiled by the team at Centre on Behavioral Health (HKU) and were adopted as outcome measures in the pilot study. Validated measurements of mental health conditions, intimate partner violence, parenting stress, self-compassion, as well as measurements that are available in the Chinese language were recommended to ensure the validity, reliability, and fidelity of the findings.

Self-Compassion Scale, Short-form (SCS-SF). The 12-item short form of Self-Compassion was adopted to index the two dimensions of self-compassion: *self-compassionate attitude* (6 items), and *self-sabotaging (non-compassionate) attitude* (6 items) (Neff, 2003; Raes, Pommier, Neff, & Van Gucht, 2011). The subscales were scored by computing the average scores of the positive items (self-compassion attitude) and the negative items (self-sabotaging attitude) respectively; higher the scores indicated a higher level of adherence to the respective attitude we have towards ourselves. In this study, the two subscales showed acceptable internal reliability (SC: Cronbach's $\alpha = .68$; SS: Cronbach's $\alpha = .67$).

Positive and Negative Affect Schedule (PANAS). Positive and negative affect were measured by the Positive and Negative Affectivity Schedule (PANAS; Waston, Clark & Tellegan, 1988), measuring both the positive and negative affect. The scale consists of 10 items in Positive Activation subscale (PA) and 10 in Negative Activation subscale (NA), rated on a 5-point Likert Scale, ranging from Very Slightly or Not at all (1) to Extremely (5). A higher score indicates more of that affective state one subjectively experienced. The scale showed acceptable to good internal consistency reliability (PA: Cronbach's $\alpha = .81$; NA: $\alpha = .69$).

Parent-Child Conflict Tactics Scale (CTSPC). The Chinese version of the Parent-Child Conflict Tactics Scale (CTSPC) (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998) was adopted to measure parent-child conflicts tactics. For the scope of this study, we adopted the relevant domains of disciplining (5-item), psychological aggression (5-item), corporal punishment (5-item), and neglect (5-item). The subscale scores were scored by adding the midpoints for the response categories chosen by the participant. The midpoints are the same as the response category numbers for categories 0 (Never happened), 1 (Once), and 2 (Twice). For category 3 (3–5 times) the midpoint is 4, for category 4 (6–10 times) it is 8, for category 5 (11–20 times) it is 15, and for category 6 (More than 20 times in the past year) we suggest using 25 as the midpoint. The final category of never happened in the past one month will be coded as zero according to the original authors (citation required). The higher the score of the subscale indicated a higher tendency a parent resorted to the specific parent-child conflict tactics. Most of the subscales showed acceptable internal reliability in this present study, except the subscale on *Neglect* (NVD: Cronbach's $\alpha = .70$; PAG: Cronbach's $\alpha = .70$; COP: Cronbach's $\alpha = .77$; NGT: Cronbach's $\alpha = .61$).

Modified Copenhagen Burnout Inventory – Client-related Burnout Subscale. The client burnout subscale from the Copenhagen Burnout Inventory was adopted to measure parent-perceived caregiving burnout. The scale was indexed on a 5-point scale, including the descriptors of “Always” (100), Often (75), Sometimes/ Somewhat (50), Seldom (25), and Never/ Almost never (0). The scale was calculated by adding the points

for each of the 5 items to form a total score for caregiving-related burnout; higher the scored indicated a higher level of self-perceived burnout in the context of caregiving. The adopted version showed good internal reliability in the present study (Cronbach's $\alpha = .83$).

Demographics. Demographic variables of age, gender, religiosity, family composition and household size, socioeconomic status, and history of physical and mental health service utilization, as well as a parents' and children's prior exposure to various forms of domestic violence were also collected on a self-administered response form developed by the research team.

★ 2.4.5 Data analyses

Data processing. All data will be coded electronically and imported into IBM® SPSS® Statistics (Version 26) for data preparation and statistical analysis. All respondents would be represented by a participant code, and all personal identifying information would be removed for data processing. Internal consistency of the outcome measures was assessed by Cronbach's alpha (α).

Missing data. The data set was screened for missing data before data analysis. For respondents with partial, incomplete data (but within 85% of completion), missing values were replaced by the sample mean of the specific items for calculating the subscale or total scores for data analysis. Respondents with only one data time-point (either T_0 or T_1) were excluded from the final data analysis.

Baseline characteristics. Descriptive statistics were produced for the demographics, while mean scores (and standard deviations) were provided for all major outcome indicators. To explore the homogeneity between the intervention and control group (at baseline), independent sample t-tests (on continuous variables) and

Chi-square tests (on categorical variables) were conducted. Furthermore, *Shapiro-Wilk test* was also considered to test the assumption of normal distribution. Correlation analyses were performed to explore the relationship between the demographics and outcome measures of the study to identify potential covariates to be included in the analysis.

Assessing intervention effectiveness. Repeated measure ANCOVAs with Bonferroni post-hoc adjustments were considered to explore both the within-subject and between-subject differences in outcome measures. For all data analyses, we considered the conventional level of statistical significance of having the *p-value* small or equal to .05. Findings with statistically significant *Time x Group* effect indicated that the intervention has been *effective* in producing the observed changes in either the intervention and control conditions across the pre-test and post-test measurement points; and pairwise comparisons of the Bonferroni post-hoc test were considered to explore potential between-subject differences across the time points. And for those findings in which no statistically significant *Time x Group* effect was reported, pairwise comparisons were considered to explore main effects of time on the outcome measures, and to shed lights on *potential benefits* (i.e. the “potential within-subject” differences that happened in a particular group) for a particular group condition across the measurement time points.



Results

3.1 Overview of the results section

This section presented the survey results of the once-off programs, and workshops conducted for students, parents, and the community. The exit-poll results for the specific program components were summarized in Table 1 to Table 9, while the findings for the evaluative study adopting a pretest-posttest study were presented in Table 10 and 11 respectively. To provide supplementary information about the risk of exposure to domestic violence of the children, the result section also reported the profile of mental health and the self-report of children's exposure to incidents of domestic violence in the family (Section 3.2). Descriptive results of the exit surveys were reported (Section 3.3); and findings of the evaluative study were reported in the final part of the result section (Section 3.4).

3.2

Mental health status and exposure to domestic violence

The following descriptive statistics were generated based on the self-reports on the post-workshop survey completed by the children who have participated in the program components. The descriptive statistics offered a brief sketch of the participants' exposure to domestic violence and their current mental health status.

3.2.1 Mental health profile

For kindergarten school children, 88.8% revealed that happiness is the emotion they have for most of the time; while about one-third of the participants shared that sadness (34.6%), anger (34.8%), and fear (36.1%) were the emotion they felt most of the time.

For children from primary school cohort, "happiness" (75.9%) and "joy" (55.5%) were the emotions states commonly reported by the participants. They also reported that sadness (17.9%), panic and fear (11.3% - 26.7%), and anger (25.8% - 29.1%) were the most common negative emotions they felt respectively. When asked if they felt confident about themselves or felt inadequate (N = 1,139), only 29.7% reported they felt self-confident, and 11.8% felt inadequate. Notably, almost half (42.8%) of the participants shared that they were not content about life in general. Primary school children (N = 1, 883) regarded that family members (50.5%) were the major culprit of their unhappiness in life compared with friends (33.8%) and school (21.9%).

3.2.2 Prevalence of domestic violence

Amongst the kindergarten school children, 41.9% reported that they have experienced family members arguing with each other (Figure 1) and 25.3% have experienced or witnessed family members fighting (physically fighting each other) at home (Figure 2). Furthermore, 45.2% reported that scolding was common within the household (Figure 3), and 35.8% shared that battering was common (Figure 4). Nevertheless, a large majority of the participants also shared that praising (85.2%) and playful moments (89.6%) were common within the family context (Figure 5-6).

Figure 1

Kindergarten School Children Always Experience/ Witness Arguments Between Family Members (N = 1,966)

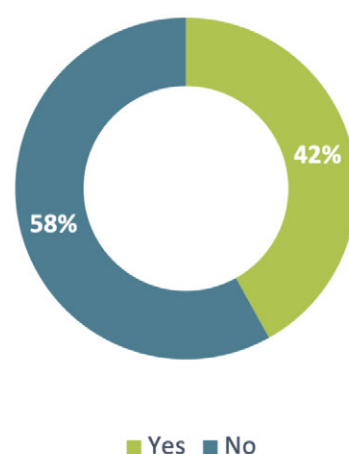


Figure 3

Kindergarten School Children Always Experience/ Witness Family Members Being Scolded by Family Members (N = 1,966)

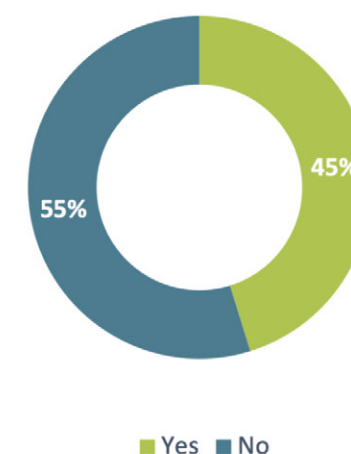


Figure 2

Kindergarten School Children Always Experience/ Witness Family Members Fighting Each Other (N = 1,966)

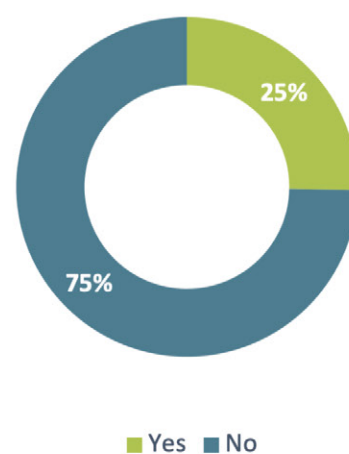


Figure 4

Kindergarten School Children Always Experience/ Witness Family Members being Battered by Other Family Members (N = 1,966)

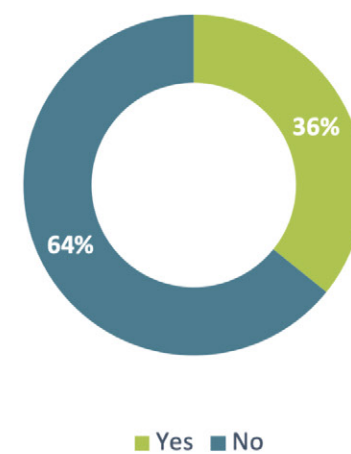


Figure 5

Kindergarten School Children Always Expeirence/ Witness Family Member being Praised by Family Members (N = 1,966)

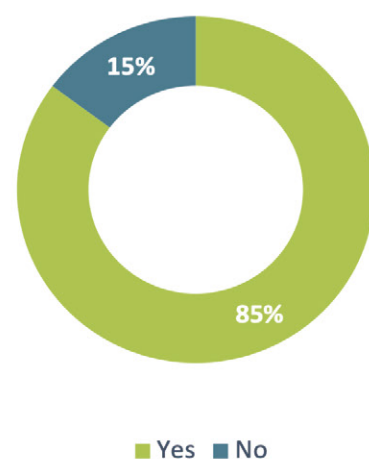
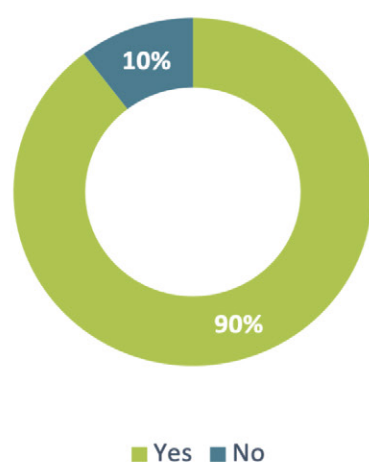


Figure 6

Kindergarten School Children Always Witness/ Experience Family Members Playing with Other Family Members (N = 1,966)



Overall speaking, among the primary school children (N = 2,645), 14.3% and 9.9% of the respondents reported they have frequently experienced or witnessed interpersonal arguments or physical fights respectively (Figure 7-8). About 43.4% expressed that they felt hurtful after witnessing arguments or physical aggression at home (N = 1,853) (Figure 9). About 93.8% of the participants did not perceive their family members would always batter them (Figure 10), and 96.2% perceive that their family members would not always scold them (Figure 11). For those who have presented with the question of whether they would like to talk to their teachers or social workers about their family issues (N = 1,831), 57.9% indicated that they would prefer not to (Figure 12).

Figure 7

Primary School Children Always Experience/ Witness Family Members Arguing with Each Other (N = 2,645)

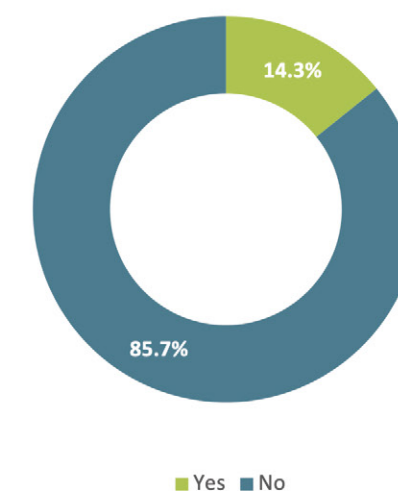


Figure 8

Primary School Children Always Experience/ Witness Family Members Fighting with Each Other (N = 2,609)

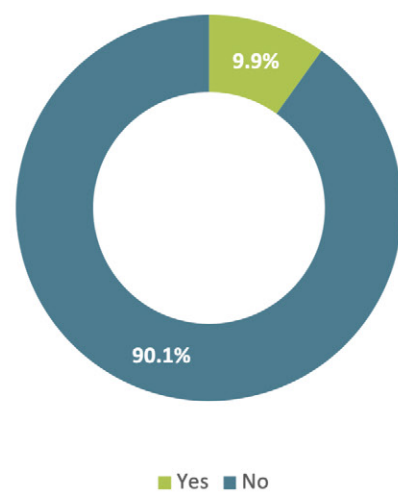


Figure 10

Primary School Children Perceive That My Family Members Would Batter Me Always (N = 1,853)

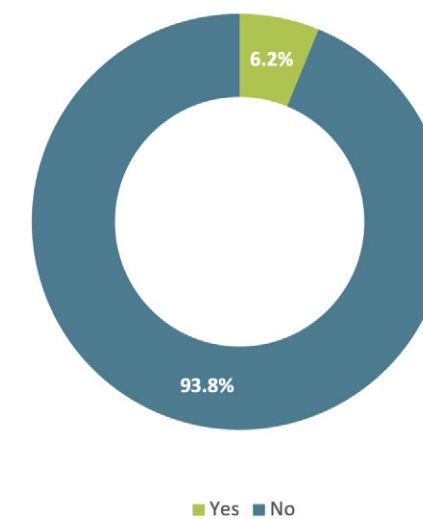


Figure 9

Primary School Children Feeling Hurtful Because Family Members Argue/ Batter Each Other (N = 1,853)

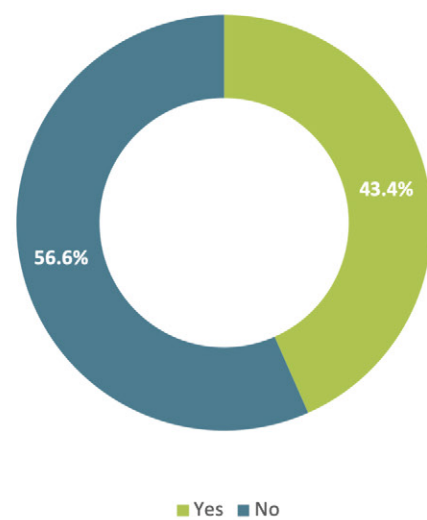


Figure 11

Primary School Children Perceive That My Family Members Would Scold Me Always (N = 1,857)

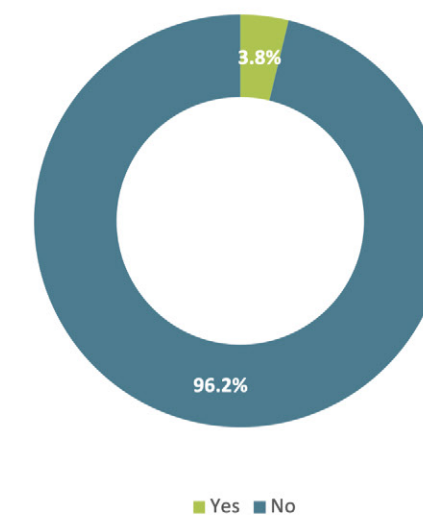
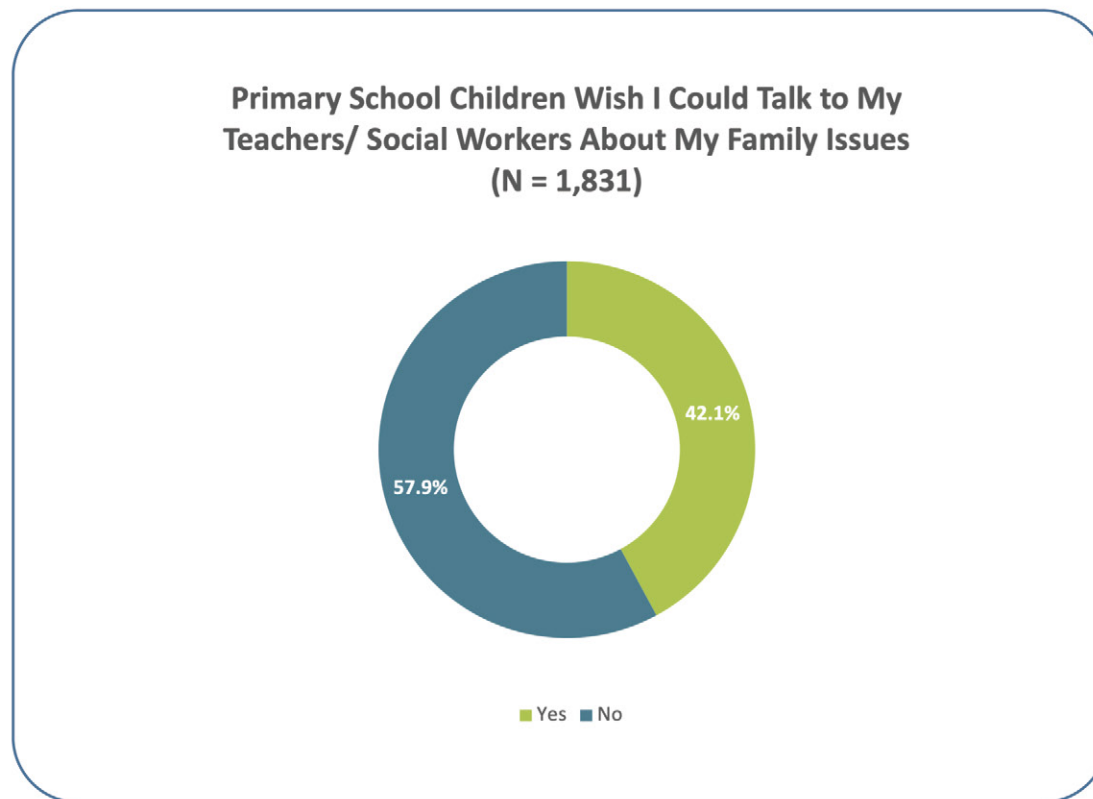


Figure 12



Surveys on individual program components

3.3.1 Findings

Emotional empowerment and education program for kindergarten children.

Table 1. Summarized the results of the post-workshop survey for kindergarten children. An average of 96.0% of the school children reported that they enjoyed the creative arts-based activities. Most of the school children reported they have acquired better understand of their emotions after participating in the activities (95.0%). Over 90% of the school children expressed that they have learnt more adaptive ways in managing their emotions after participating in the creative-arts activities. Amongst the emotions of happiness, sadness, anger, and panic, happiness is regarded as the emotion the school children most often experienced (88.8% of the participants).



Emotional empowerment and education program for primary schools' children.

A total of 1,124 school children participated in the post-workshop survey. To cater to the needs of the targeted school children, three sets of survey forms were adopted by the program team at Harmony House, Table 2, 3 and 4 summarized the findings of post-workshop activities for primary school students.

Over 80% of the participants shared that they have acquired better understanding of their emotions after the workshop (Form A and B: 81.7% and Form C: 85.6); and a similar proportion of the participants further reported that they have learnt more adaptive ways to manage their emotions (Form A and B: 77.9% and Form C: 79.0%). The students, in general, also expressed their willingness to seek help from others when they encountered difficulties (Form A and B: 77.3%, and Form C: 78.5%). The participants explicitly expressed their satisfaction to the workshops they have participated in – overall speaking, the workshop demonstrated a satisfaction level ranging from 84.2% (respondent from Form A and B) to 87.2% (respondent from Form C).



Table 1



Table 2-4

Positive Parenting Talks. A total of 762 parents participated in the positive parenting talks were surveyed by the team. Table 5. summarized the results of their perceived learning, behavioral change, and subjective level of satisfaction towards the talks. About 98.6% of the participants expressed that the talk has enhanced their knowledge in positive parenting (Figure 13), and 95.4% believed that the talks has enhanced their confidence in relating with their children (Figure 14). Most of the attendees shared that they are willing to accept their children's emotions (99.3%) (Figure 15) and are willing to try out positive parenting tactics at home (98.0%) (Figure 16). The talks reported an overall satisfaction rate of 98.3% (Figure 17).



Figure 13

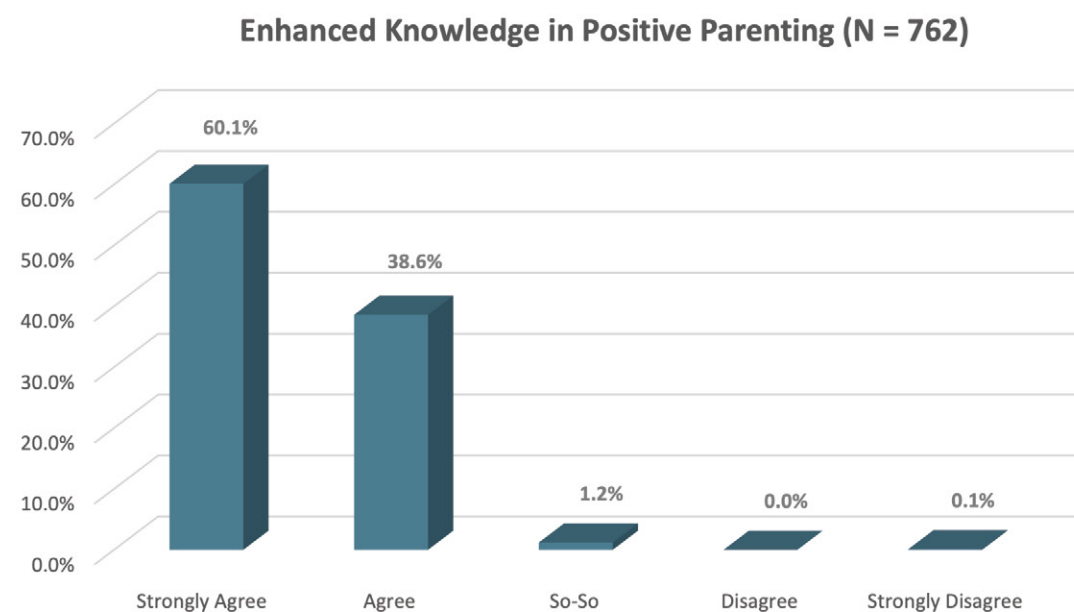


Figure 14

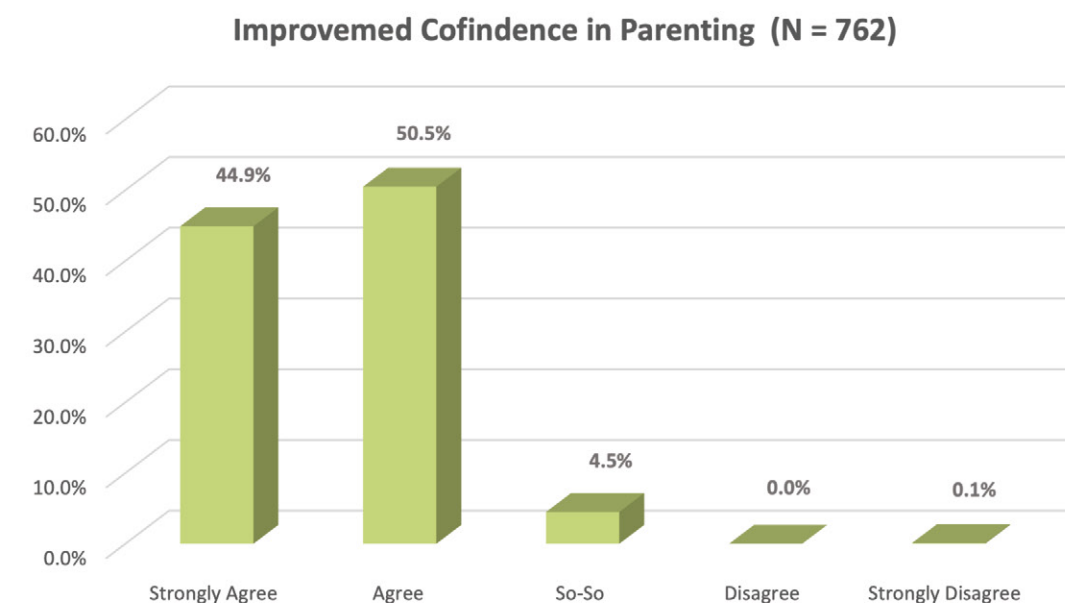


Figure 15

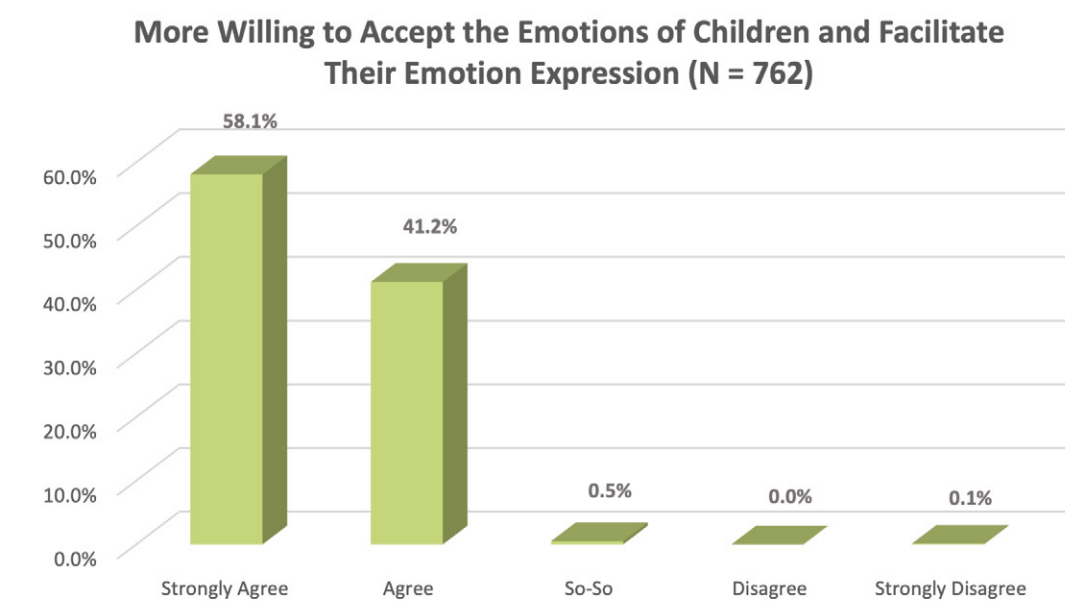


Table 5



Parent-child activities. Creative parent-child activities with creative arts components were offered to enhance parent-child relationships and to foster warm and caring communication. A total of 278 respondents were surveyed using two sets of evaluation forms (Form A: N = 57; Form B: N = 221) and Table 6 and Table 7 reported the descriptives of the post-workshop survey for parent-child activities respectively. Overall speaking, the parent-child workshops reported a general satisfaction of around 96% from the parents (Form A: 94.7% and Form B: 100%) (Figure 18). Above 96% of the parents shared that the workshop had given them the hands-on experience to facilitate emotion expression of their children (Form A: 96.5% and Form B: 96.3%) (Figure 19), and many regarded that they have learnt how to help children sooth their emotions (Form A: 94.7% and Form B: 97.2%) (Figure 20) – indicating the workshops were practical to the parents. Most parents (94.7%) regarded the workshops were relaxing and had broadened their social networks (82.5%). Parents suggested that they became more open to the emotions of their children after the experiential workshop (97.2%), and the workshop sessions were relaxing and joyful (99.4%). Over 98% of the parents shared that the experiential activities had helped cultivated the bonding between them and their children and had enhanced parent-child interactions (Figure 21). Survey findings suggested that the experiential workshops were relevant, enjoyable, and practical for the parents.



Table 6-7

Figure 16

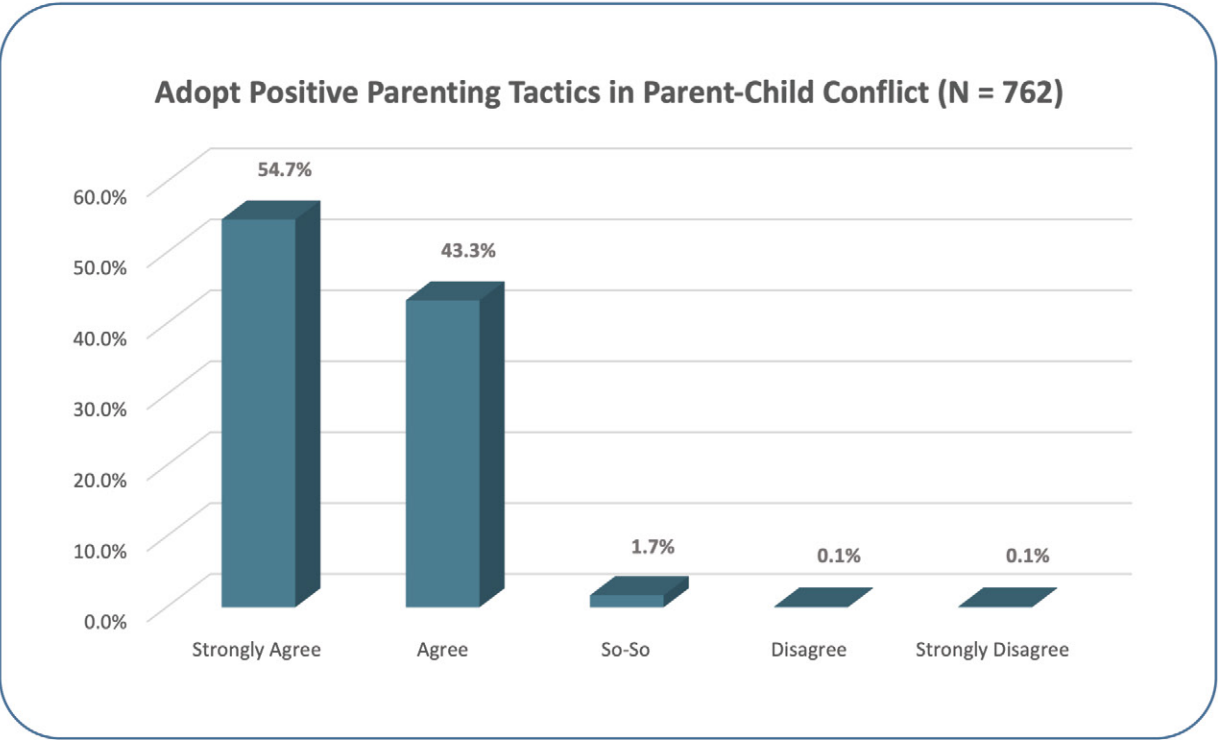


Figure 17

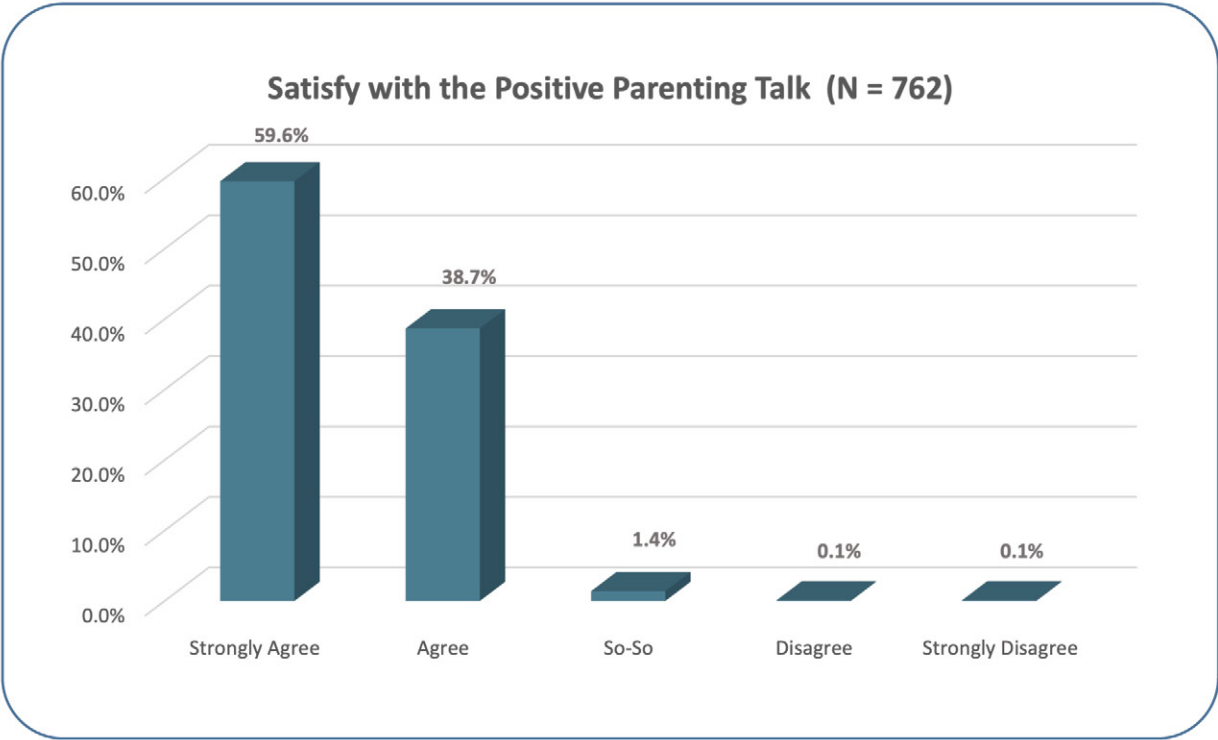


Figure 18

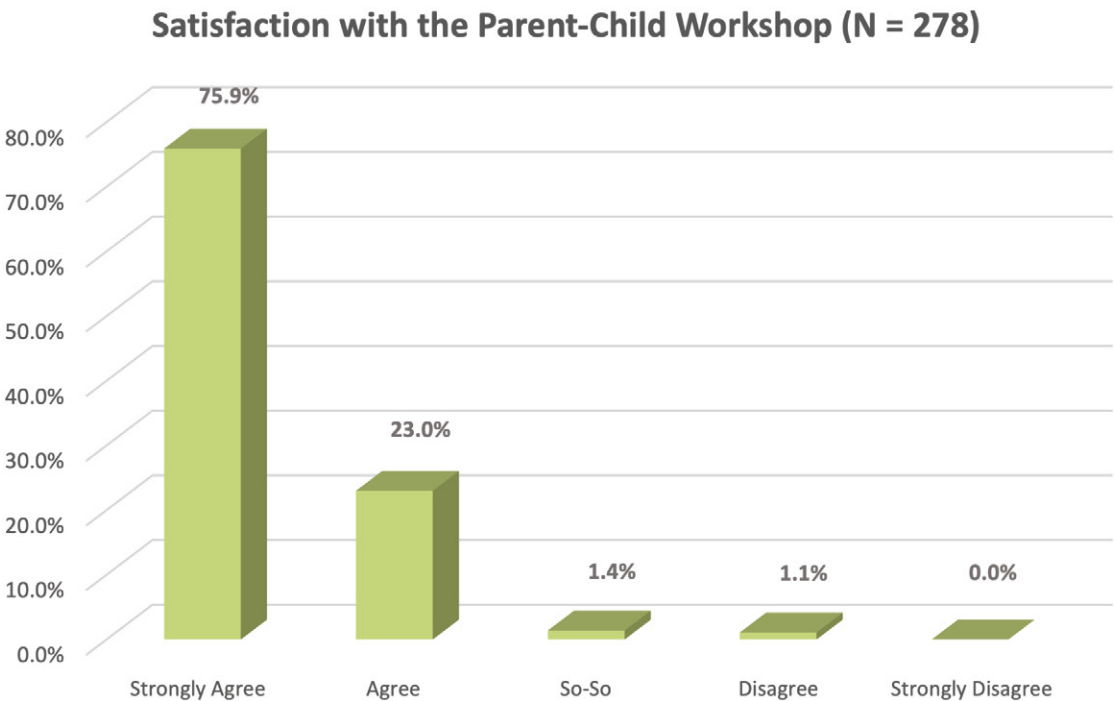


Figure 20

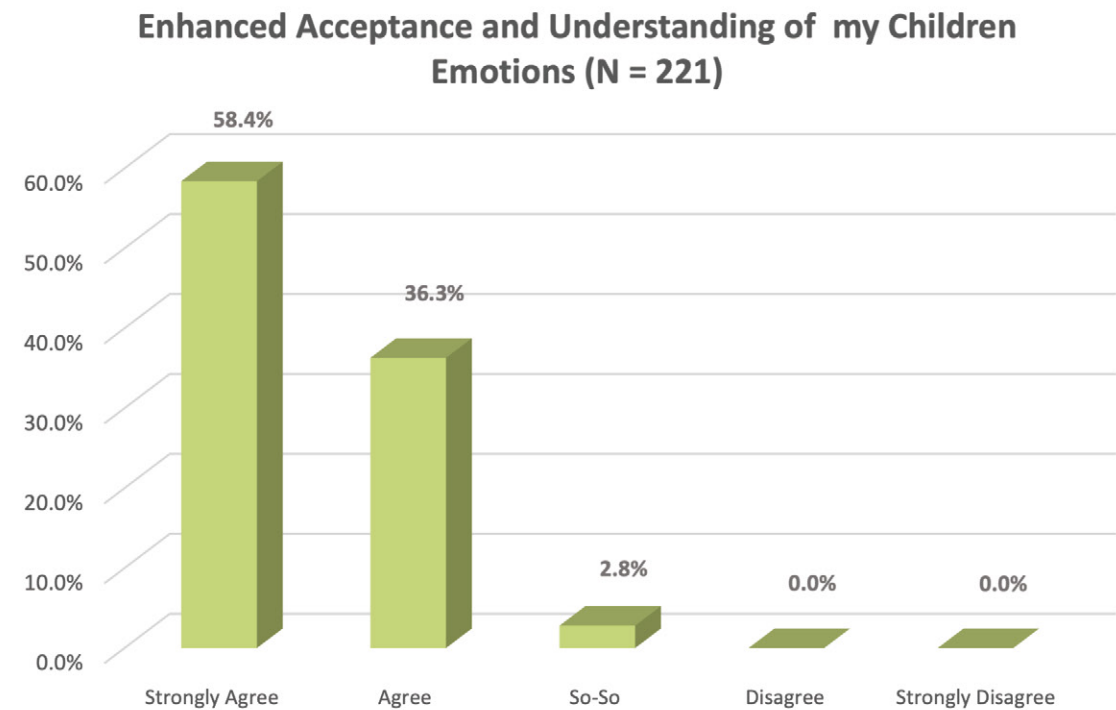


Figure 19

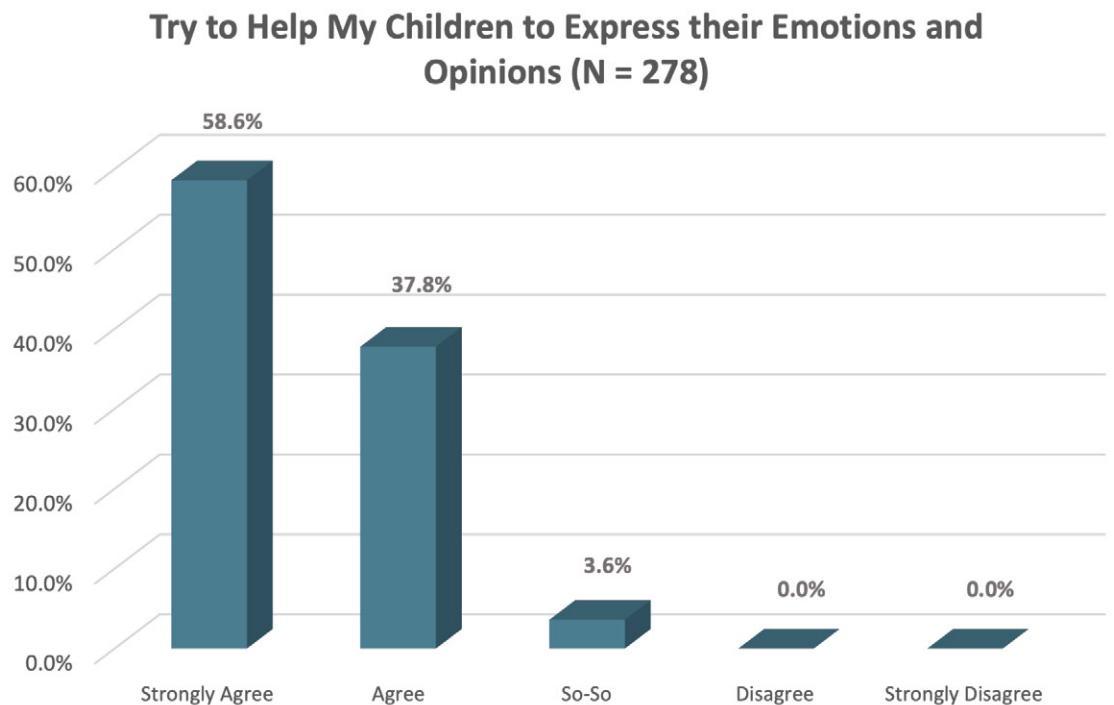
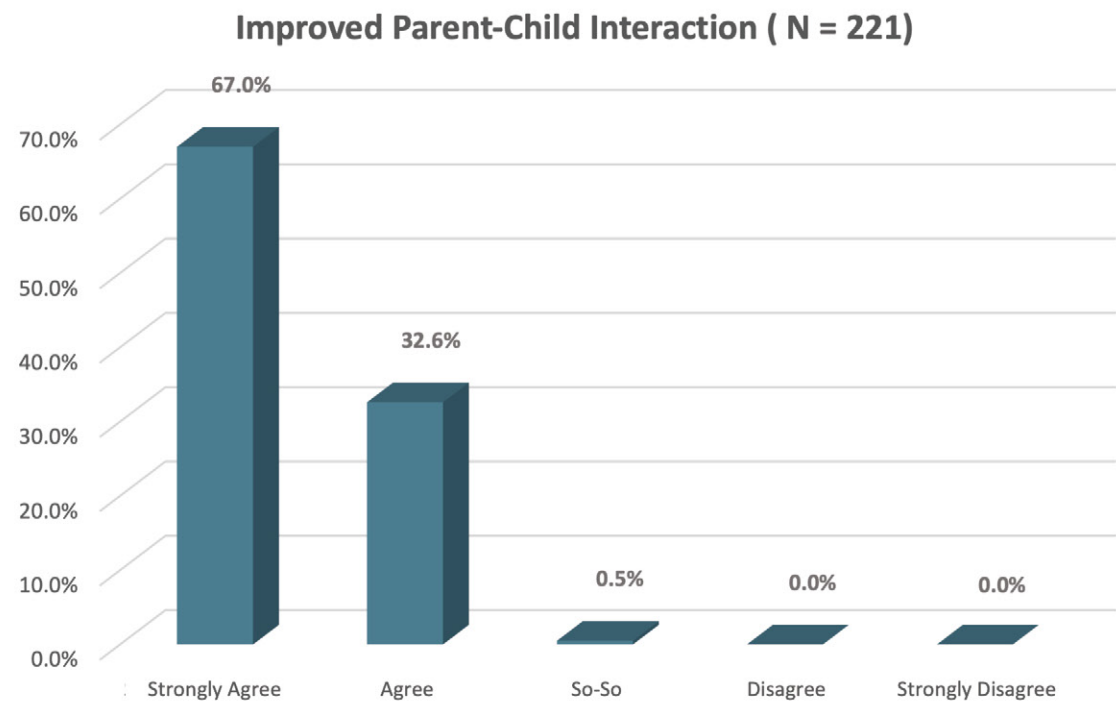


Figure 21



Professional training workshops. Professional training workshops on domestic violence were delivered and have served 562 professionals in the field (Table 8). A total of 84.6% of the participants expressed explicit satisfaction with the workshop (Figure 22). Most of the participating professionals regarded that the workshop has enhanced their knowledge in domestic violence (95.2%) (Figure 23) and its impact on the children (95.9%) (Figure 24). About 92.5% explicitly stated that the workshop has enhanced their skills in working with families influenced by domestic violence (Figure 25), and 94.7% expressed willingness to work with children who have been exposed to domestic violence (Figure 26).



Table 8



Figure 23

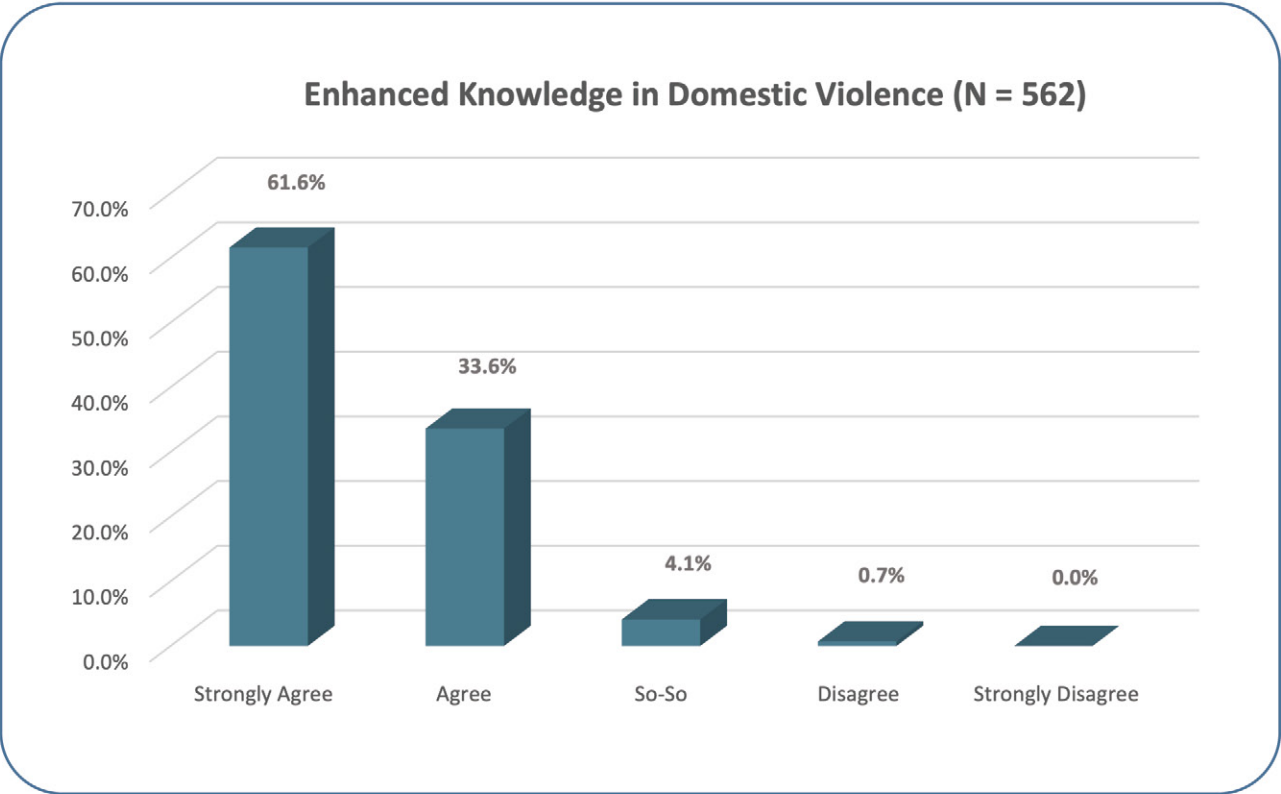


Figure 24

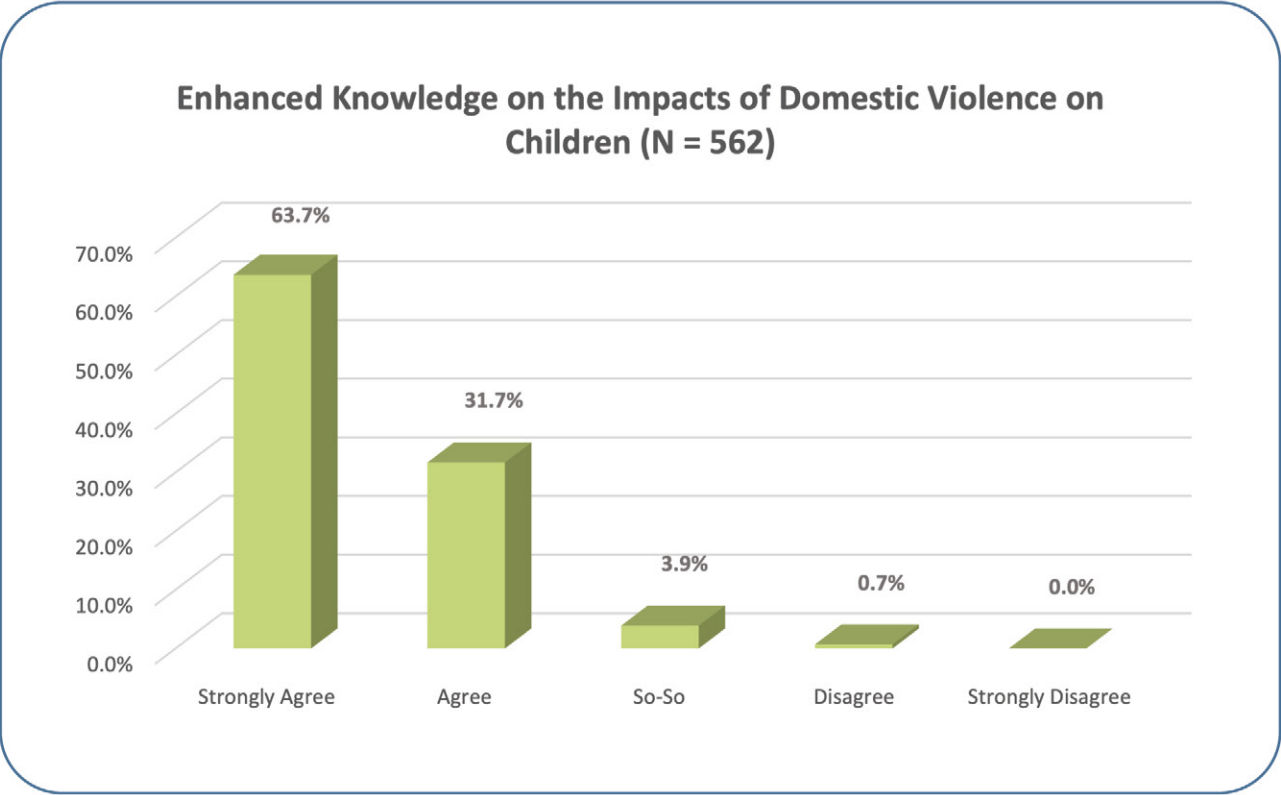


Figure 22

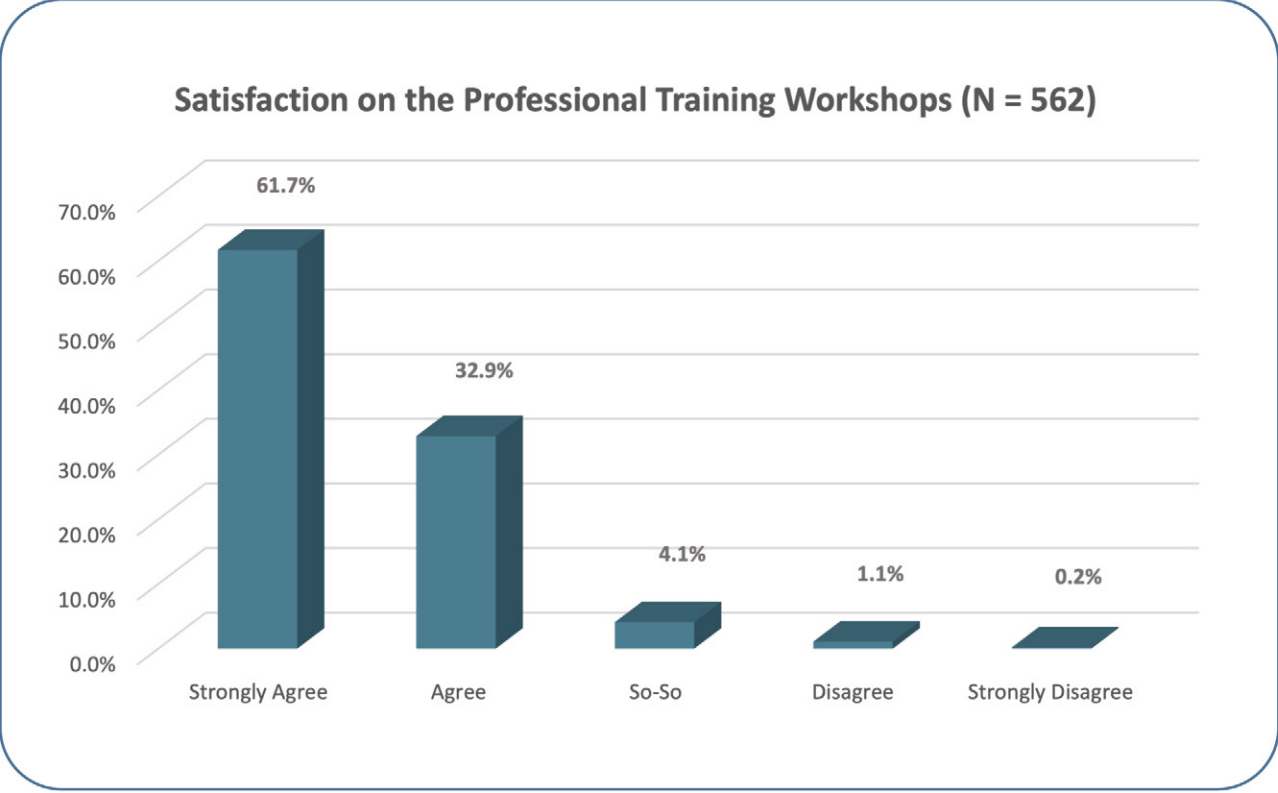
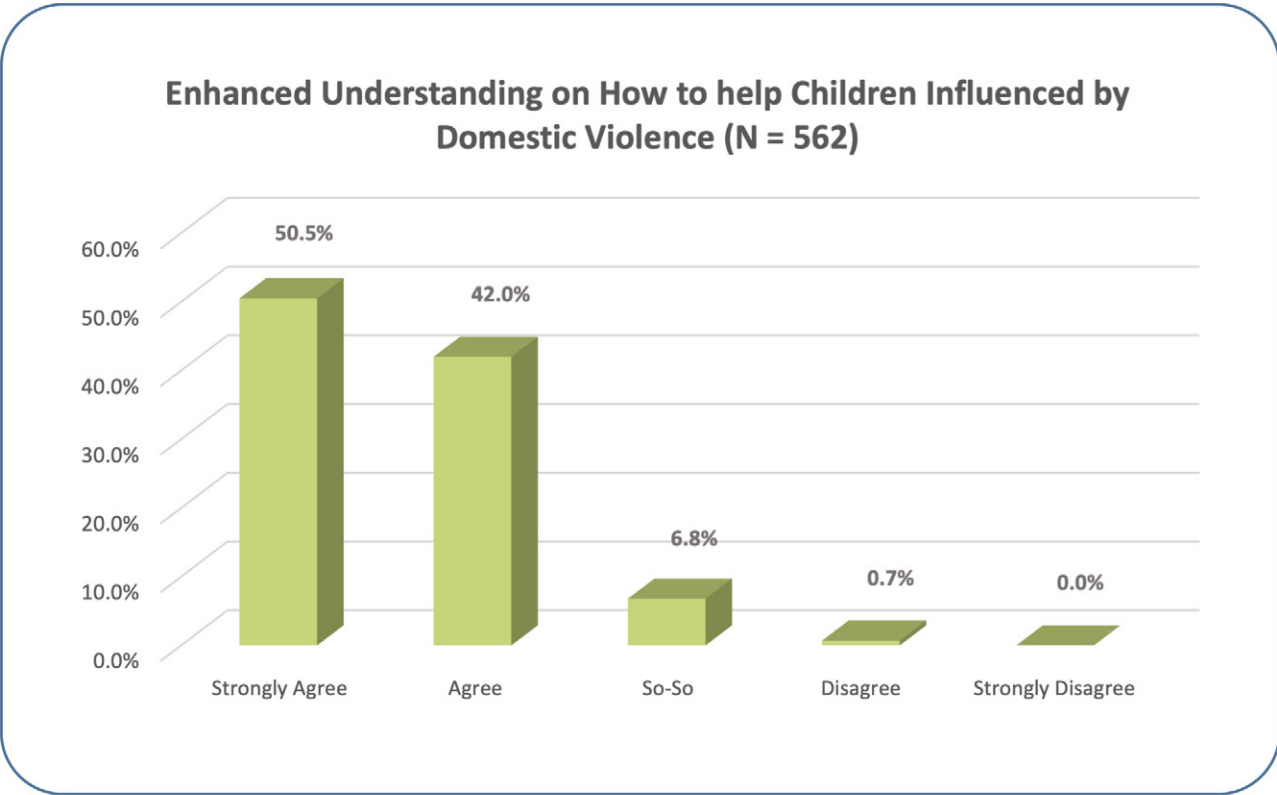


Figure 25



Therapeutic Group for Children. Pretest-posttest comparisons showed statistically significant positive changes on the domains of feeling happy ($t(54) = -3.61, p \leq .01$), knowledge on positive ($t(54) = 5.88, p \leq .01$) and negative emotions ($t(54) = 6.11, p \leq .01$), awareness of positive and negative emotions ($t(54) = 2.82, p \leq .01$), perceived social networks ($t(54) = 2.30, p \leq .05$) (Table 9). Participants also reported less incidents of arguments among the family members and ($t(54) = -17.11, p \leq .05$) (Figure 27) physical aggression directed towards the school children ($t(54) = -2.79, p \leq .01$) (Figure 28). School children also reported statistically significant improvements in terms of their knowledge towards physical aggression ($t(54) = 4.44, p \leq .01$) (Figure 29), psychological aggression ($t(54) = 6.72, p \leq .01$) (Figure 30), and sexual aggression ($t(54) = 5.13, p \leq .01$) (Figure 31). Furthermore, they also expressed a higher tendency to seek help when they are in danger ($t(54) = -4.2, p \leq .01$) (Figure 32), and to share their emotions with others ($t(54) = 3.08, p \leq .01$).

Figure 26

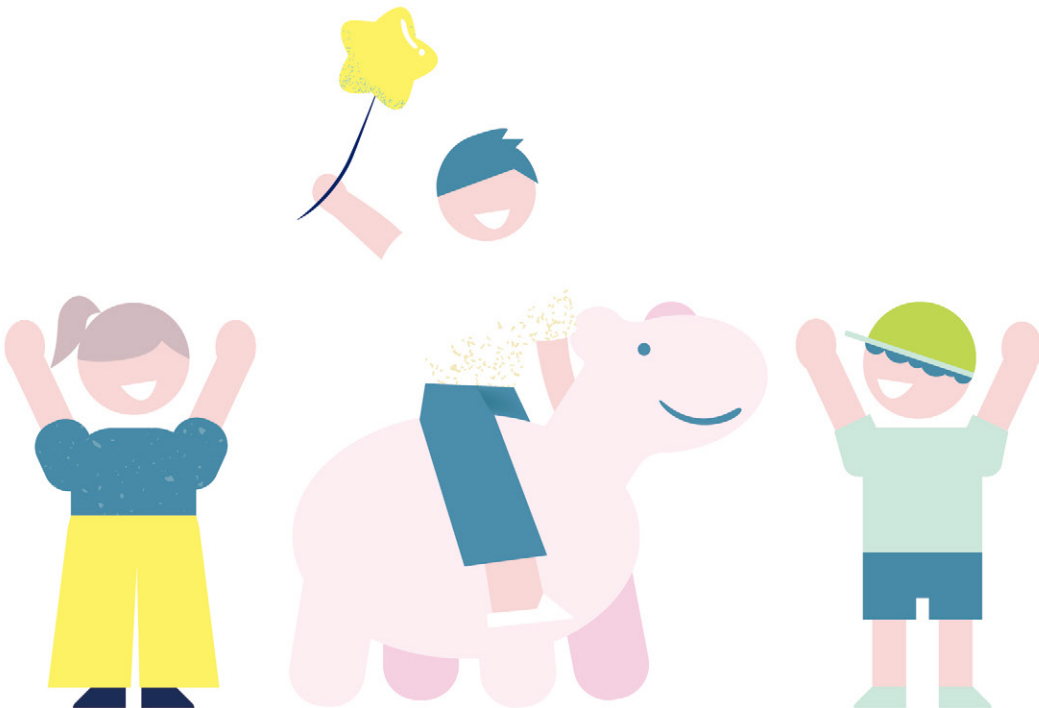
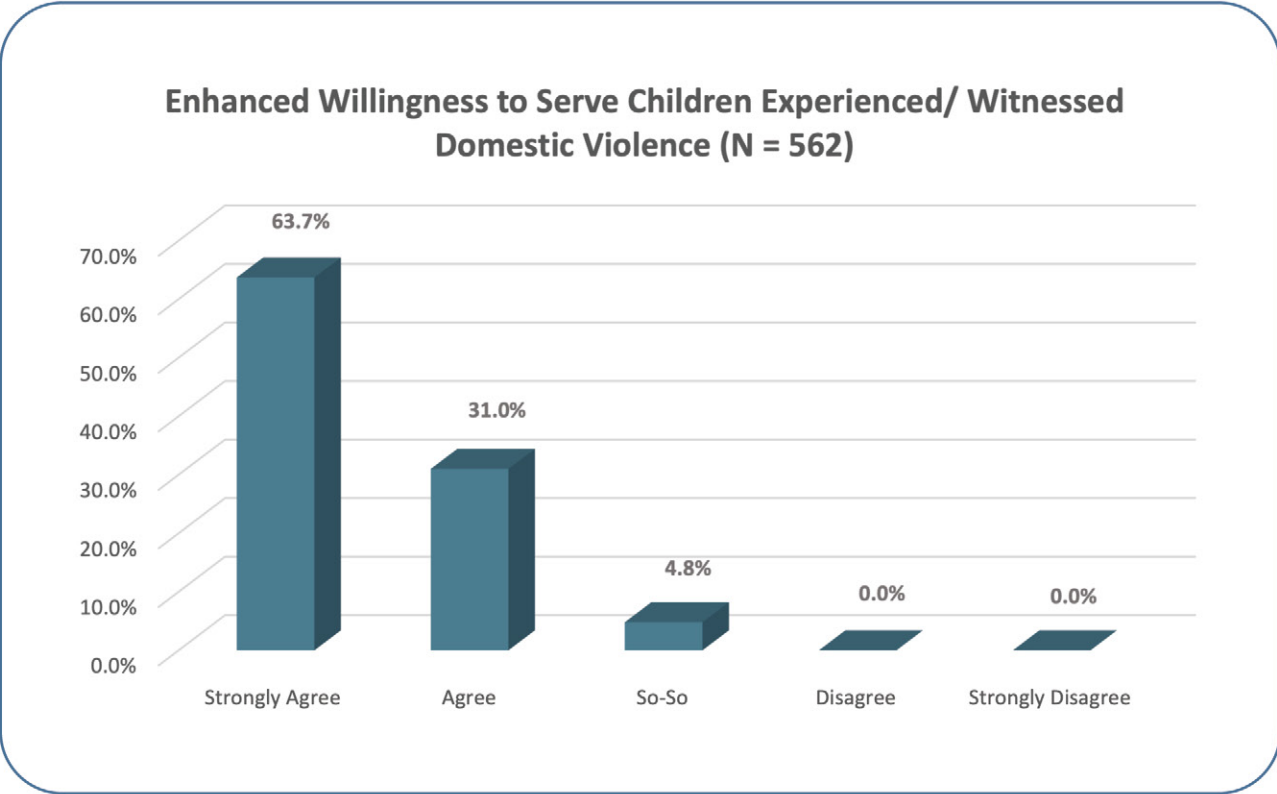


Table 9. Summary of the Results of the Repeated-Measures T-tests on Measured items of Children Group (N=55)

Measured Items	Pre-test Mean (SD)	Post-test Mean (SD)	Mean difference (SD)	Percentage difference	t (df)	p-value	Cohen's d
1. I always feel happy 我經常感到開心	3.41 (1.16)	4.00 (0.84)	0.59 (1.22)	+17.30%	3.61 (54)	.001**	0.48
2. I always feel angry 我經常感到生氣	3.20 (1.16)	2.87 (1.36)	-0.33 (1.39)	-10.31%	-1.76 (54)	.083	0.24
3. I always feel fearful 我經常感到害怕	2.94 (1.27)	2.98 (1.16)	0.03 (1.50)	+1.02%	0.17 (54)	.866	0.02
4. I always feel sad 我經常感到傷心	2.89 (1.36)	2.89 (1.24)	0.00 (1.53)	0.00%	0.02 (54)	.982	0.00
5. I like my family members 我很喜歡我的家人	3.98 (1.11)	4.19 (1.01)	0.21 (1.14)	+5.28%	1.37 (54)	.178	0.18
6. I have a lot of friends 我有很多朋友	3.54 (1.33)	3.91 (1.14)	0.38 (1.22)	+10.73%	2.30 (54)	.025*	0.31
7. I know what positive emotion is 我知道什麼是正面情緒	3.43 (1.42)	4.64 (0.76)	1.21 (1.53)	+35.28%	5.88 (54)	.000**	0.79
8. I know what negative emotion is 我知道什麼是負面情緒	3.11 (1.44)	4.32 (0.82)	1.21 (1.47)	+38.91%	6.11 (54)	.000**	0.82
9. I am aware of my positive and negative emotions 我能察覺自己的正面及負面情緒	3.39 (1.21)	3.94 (0.91)	0.55 (1.44)	+16.22%	2.82 (54)	.007*	0.38
10. I will actively share with others my emotions 我會主動與人分享我的情緒	2.80 (1.35)	3.43 (1.21)	0.63 (1.52)	+22.50%	3.08 (54)	.003*	0.41
11. When I am angry, I will throw temper 憤怒時，我會發脾氣	3.39 (1.28)	3.23 (1.24)	-0.15 (1.53)	-4.42%	-0.75 (54)	.459	0.10
12. I always have nightmare 我常常發惡夢	2.83 (1.40)	2.64 (1.28)	-0.20 (1.62)	-7.07%	-0.89 (54)	.375	0.12

Measured Items	Pre-test Mean (SD)	Post-test Mean (SD)	Mean difference (SD)	Percentage difference	t (df)	p-value	Cohen's d
13. I do not want to go home 我不想回家	1.98 (1.16)	1.79 (1.07)	-0.19 (1.38)	-9.60%	-1.05 (54)	.300	0.14
14. My family members always scold me 家人常常罵我	3.22 (1.18)	2.96 (1.17)	-0.26 (1.39)	-8.07%	-1.41 (54)	.163	0.19
15. My family members always assault me 家人常常打我	2.85 (1.22)	2.38 (1.19)	-0.47 (1.23)	+16.49%	-2.79 (54)	.007**	0.38
16. I always overhear my family members quarrelling 我經常聽到家人吵架	2.98 (1.37)	2.47 (1.27)	-0.51 (1.67)	-17.11%	-2.28 (54)	.027*	0.31
17. I always witness my family members fighting each other 我經常看見家人打架	2.14 (1.35)	1.89 (1.14)	-0.27 (1.54)	-12.62%	-1.23 (54)	.223	0.18
18. I know what physical violence is 我知道什麼是身體暴力	2.57 (1.52)	3.74 (1.33)	1.17 (1.96)	+45.53%	4.44 (54)	.000**	0.60
19. I know what psychological violence is 我知道什麼是精神暴力	2.15 (1.35)	3.91 (1.09)	1.56 (1.73)	+72.56%	6.72 (54)	.000**	0.90
20. I know what sexual violence is 我知道什麼是性暴力	2.17 (1.38)	3.40 (1.40)	1.24 (1.79)	+57.14%	5.13 (54)	.000**	0.69
21. I know we should not resort to violence as problem-solving 我知道任何時候都不應用暴力解決問題	3.67 (1.15)	4.00 (1.19)	0.33 (1.33)	+8.99%	1.85 (54)	.069	0.25
22. When I am in danger, I know how to protect myself 遇到危險時，我懂得保護自己	3.85 (1.09)	4.17 (0.88)	0.32 (1.20)	+8.31%	1.96 (54)	.055	0.27
23. When I am in danger, I would seek help from others 當有危險時，我會向他人求助	3.22 (1.38)	3.96 (1.04)	0.74 (1.30)	+22.98%	4.20 (54)	.000**	0.57

* $p < .05$; ** $p < .01$

Figure 27

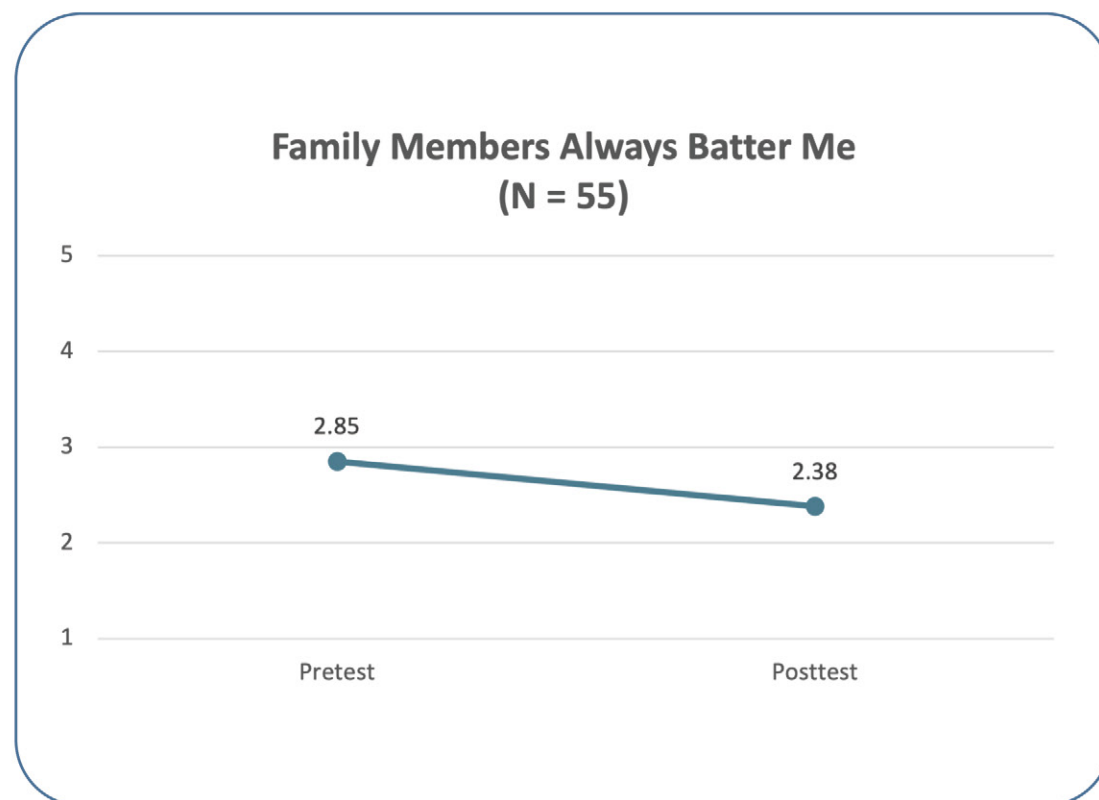


Figure 29

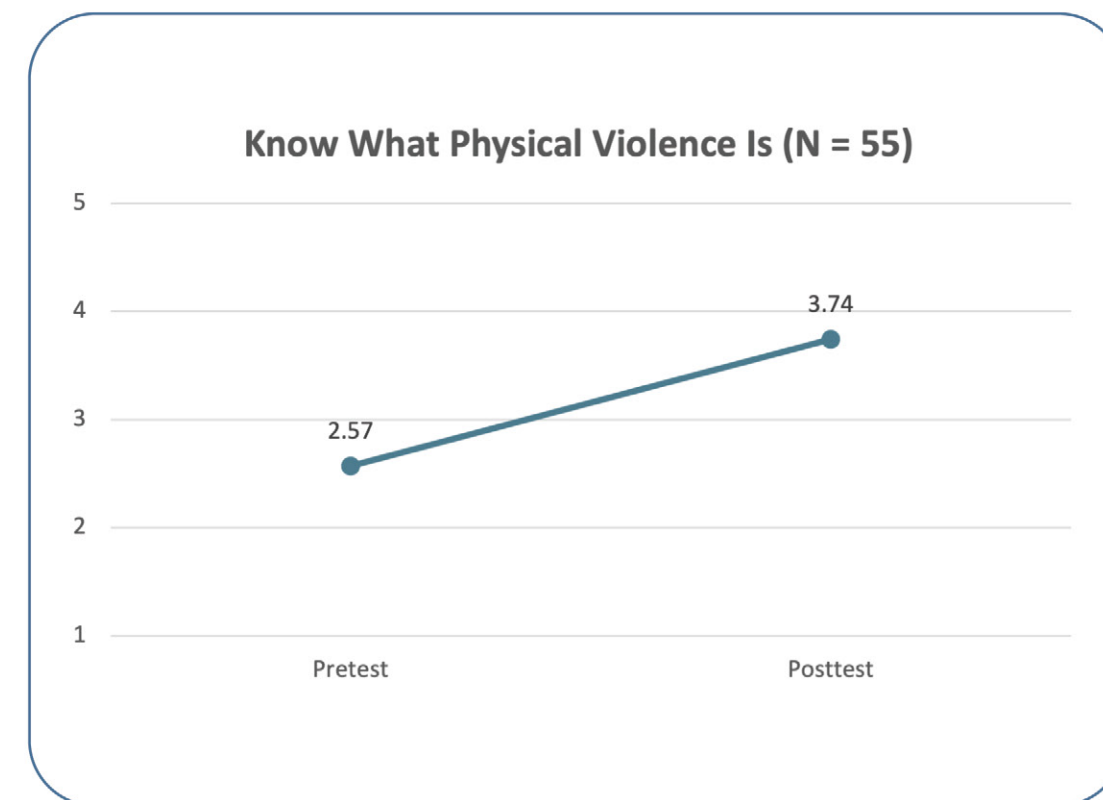


Figure 28

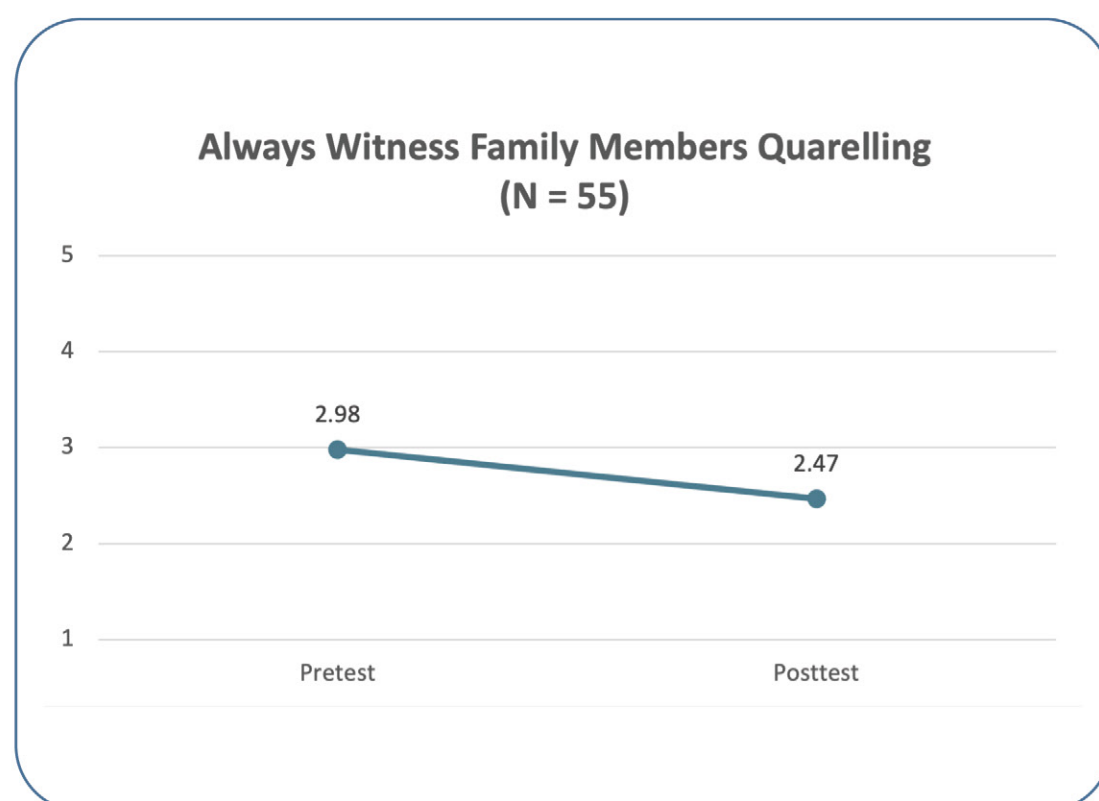


Figure 30

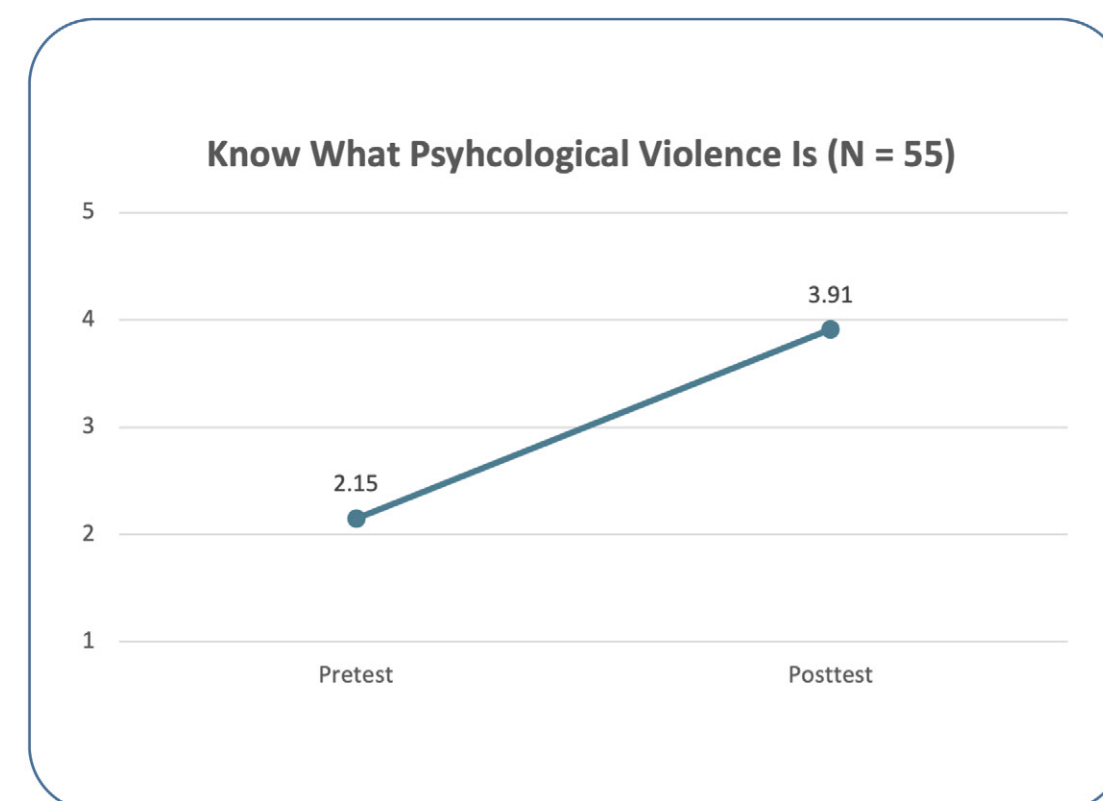


Figure 31

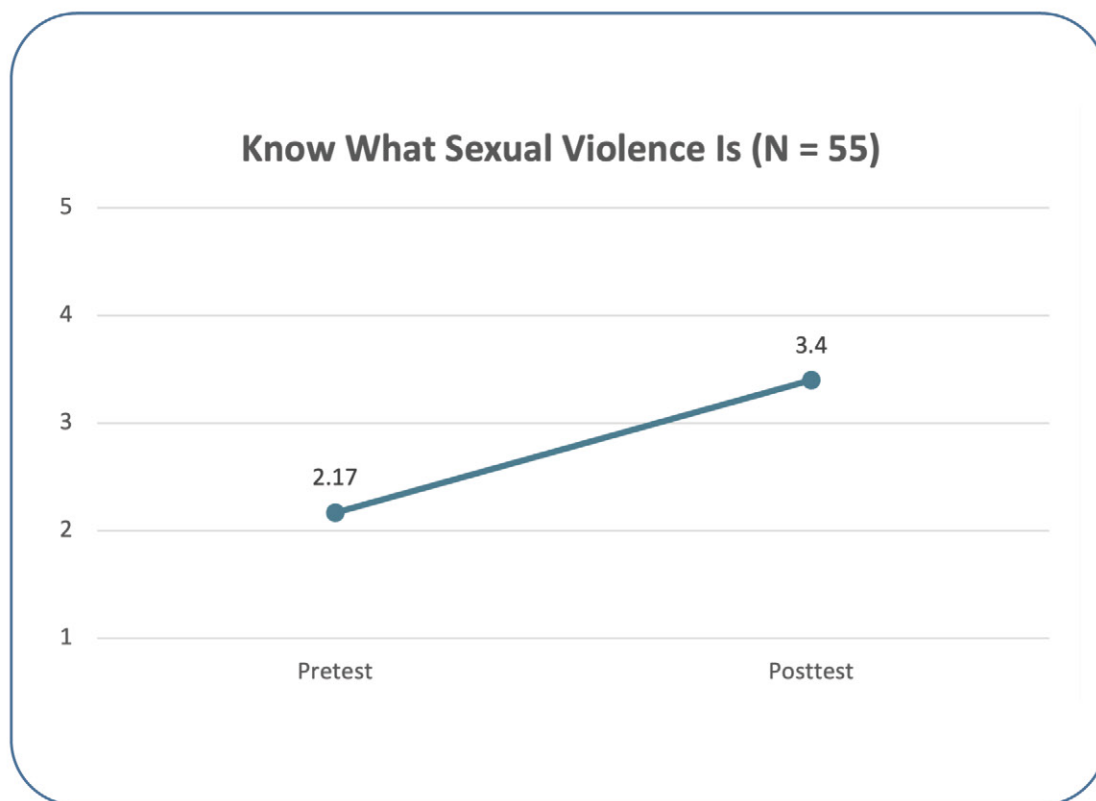
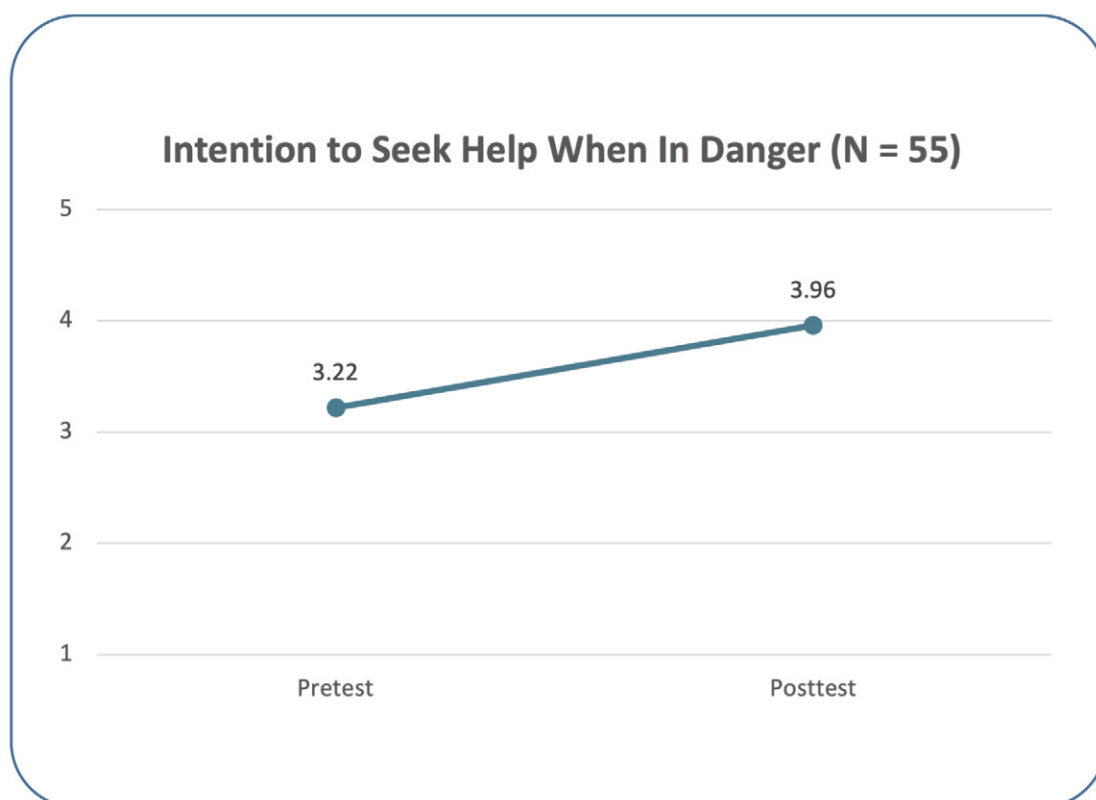


Figure 32



3.4

Evaluative study on Self-compassion Parent Group

3.4.1 Participant profile

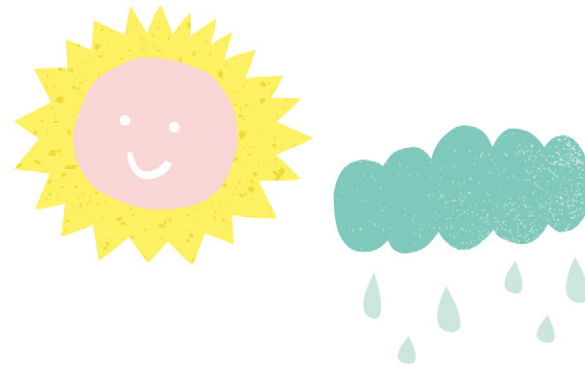
Table 10. summarized the profile of the participants in terms of their demographic variables. Independent sample t-tests and Chi square tests suggested the no statistically significant differences were found between intervention group and control group in terms of their demographic, indicated between-group at baseline. Furthermore, *Shapiro-Wilk test* results suggested that the assumption of normal distribution was supported – and thus parametric approaches to data analyses were performed to explore the effectiveness of the therapeutic group.



Table 10. Demographic characteristics of program participants

	All Participants			Intervention Group (N = 78)			Control Group (N = 47)		
	N	sd	%	N	sd	%	N	sd	%
Age	39.60	8.26		40.26	8.73		38.93	7.35	
Gender									
Female	99		79.2	58		74.4	41		52.6
Male	26		20.8	20		25.6	6		7.7
Education Level									
No formal education	0		0.0	0		0.0	0		0.0
Primary School	1		0.8	0		0.0	1		1.3
Secondary 1 to 3	25		20.0	19		24.4	6		7.7
Secondary 4 to 6	41		32.8	29		37.2	12		15.4
Matriculate	6		4.8	3		3.8	3		3.8
College/ University or above	47		37.6	25		32.1	22		28.2
Other	3		2.4	2		2.6	1		1.3
Monthly Income									
\$0-\$9,999	8		6.4	4		5.1	4		5.1
\$10,000- \$19,999	40		32.0	25		32.1	15		19.2
\$20,000- \$29,999	26		20.8	17		21.8	9		11.5
\$30,000- \$39,999	22		17.6	16		20.5	6		7.7
\$40,000- \$49,999	10		8.0	4		5.1	6		7.7
\$50,000- \$59,999	3		2.4	3		3.8	0		0.0
\$60,000 or above	15		12.0	9		11.5	6		7.7
Marital Status									
Not Married	4		3.2	1		1.3	3		3.8
Cohabitated	0		0.0	0		0.0	0		0.0
Married	103		82.4	66		84.6	37		47.4
Remarried	3		2.4	3		3.8	0		0.0
Separated	4		3.2	4		5.1	0		0.0
Divorced	3		2.4	1		1.3	2		2.6
Others/ Not disclosed	6		4.8	1		1.3	5		6.4
Employment Status									
Full-time employed	17		13.6	8		10.3	9		11.5
Part-time employed	23		18.4	15		19.2	8		10.3
Housewife	74		59.2	48		61.5	26		33.3
Unemployed	5		4.0	3		3.8	2		2.6
Retired	3		2.4	3		3.8	0		0.0
Others/ Not disclosed	3		2.4	1		1.3	2		2.6
Living Status									
Alone	1		0.8	1		1.3	0		0.0
Living with eople unrelated to you (e.g. domestic helper)	4		3.2	1		1.3	3		3.8
Living with friends	0		0.0	0		0.0	0		0.0

	All Participants			Intervention Group (N = 78)			Control Group (N = 47)		
	N	sd	%	N	sd	%	N	sd	%
Living with family members (parents, siblings, children)	103		82.4	66		84.6	37		47.4
Living with spouse	17		13.6	10		0.1	7		9.0
Number of Children	3.62	2.01		1.53	0.60		5.7	0.60	
Number of Family Members	3.92	3.92		3.91	1.21		3.93	1.02	
Current Type of Housing									
Private housing	35		28.0	22		28.2	13		16.7
Public housing	36		28.8	26		33.3	10		12.8
Home ownership scheme	24		19.2	13		16.7	11		14.1
Temporary housing/ Wooden housing	3		2.4	1		1.3	2		2.6
Village housing	21		16.8	13		16.7	8		10.3
Other	7		5.6	3		3.8	4		5.1
Religious Belief									
Christianity	22		17.6	13		16.7	9		11.5
Catholicism	2		1.6	2		2.6	0		0.0
Buddhism	11		8.8	4		5.1	7		9.0
Traditional Chinese beliefs	12		9.6	7		9.0	5		6.4
Other	1		0.8	1		1.3	0		0.0
None	76		60.8	50		64.1	26		33.3
Diagnosis of Physical Illness									
Yes	12		9.6	7		9.0	5		6.4
No	113		90.4	71		91.0	42		53.8
Diagnosis of Psychological/ Emotional Disturbances									
Yes	15		12.0	9		11.5	6		7.7
No	111		88.8	69		88.5	42		53.8
Parent Witnesses									
Family Disputes	14		11.2	10		12.8	4		5.1
Physical conflict/ aggression	5		4.0	4		5.1	1		1.3
Verbal aggression	6		4.8	5		6.4	1		1.3
Other	10		8.0	10		12.8	0		0.0
None	68		54.4	35		44.9	33		42.3
Child Witnesses									
Family Disputes	10		8.0	8		10.3	2		2.6
Physical conflict/ aggression	2		1.6	2		2.6	0		0.0
Verbal aggression	8		6.4	2		2.6	6		7.7
Other	17		13.6	16		20.5	1		1.3
None	63		50.4	36		46.2	27		34.6



3.4.2 Findings

Justification for group homogeneity. A series of independent sample t-tests were conducted to explore sample homogeneity between the intervention and control group. The groups did not show statistically significant differences in terms of their age, positive affect, burnout, and parenting strategies of disciplining, psychological aggression, and neglect; nevertheless, the groups showed statistically significant differences on the outcome measure of negative affect ($t(114) = -2.92, p \leq .05$) and neglect ($t(114) = 2.59, p \leq .05$). The intervention reported higher level of negative affect (Intervention: $M = 29.70, SD = 8.69$; Control: $M = 36.19, SD = 8.43$) and a higher tendency to adopt neglect to resolve parent-child conflict (Intervention: $M = 4.14, SD = 0.86$; Control: $M = 0.06, SD = 1.18$). Further to that, neither group reported statistically significant difference in terms of religiosity; yet they differed in regards of the gender composition. There was a larger proportion of females in the control conditions than in the experimental group ($\chi^2(1) \geq 7.87, p \leq .05$). Taken together, it is plausible to assume homogeneity between the two groups.

Assumption of normality. Shapiro-Wilk test results showed that normal distribution of population was assumed for most outcome measures adopted in this study, except for non-compassion (self-sabotaging) attitude ($p \leq .05$) and neglect ($p \leq .01$). And thus, it is plausible to perform parametric data analyses on this sample.

Potential covariates. Correlation analyses were performed to examine the relationship between demographics and outcome measures. Given that age has positive associations with level of self-compassion (citation required), correlations were also reported between parents' age and burnout ($r = .29, p \leq .05$), positive affect ($r = .10, p \leq .05$), and negative affect ($r = .43, p \leq .01$), age was considered as the covariate of the present study.

Self-compassion. Empirical findings showed no statistically significant *Time x Group* effect ($F = 2.99, p = .09, \eta_p^2 = .03$); nevertheless, statistically significant *Time* effect was reported in the intervention group ($F = 7.75, p \leq .01, \eta_p^2 = .06$) (Figure 33). Similar findings were also reported in the domain of non-compassionate attitude towards the self. No statistically significant *Time x Group* effect ($F = 1.96, p = .16, \eta_p^2 = .02$), however, significant *Time* effect was found in the intervention group ($F = 4.14, p \leq .05, \eta_p^2 = .03$) (Figure 34). In a nutshell, the intervention program showed potential benefits of cultivating self-compassionate attitude and reducing the level of self-sabotaging attitude among the participants in the intervention group, when compared with those in the control conditions.

Positive and negative affectivity. In terms of positive affect, findings showed statistically significant *Time x Group* effect was reported between the intervention and control conditions ($F = 8.33, p \leq .01, \eta_p^2 = .07$). Pairwise comparisons analysis suggested that the intervention group showed statistically significant changes in positive affect, when compared with the control conditions ($F = 9.78, p \leq .01, \eta_p^2 = .08$) (Figure 35). In terms of negative affect, the groups showed statistically significant *Time x Group* effect ($F = 5.29, p \leq .05, \eta_p^2 = .04$). Pairwise comparisons showed that the intervention group demonstrated significant reduction in negative affect at post-intervention, when compared with the control condition ($F = 8.61, p \leq .01, \eta_p^2 = .07$) (Figure 36). The findings indicated the intervention program was effective in improving positive affect, and in alleviating negative affect.

Parent-child conflict. Parent-child conflict is indexed by the self-report frequencies of the adoption of non-violent discipline, psychological aggression, physical assault, and neglect as way to respond to parent-child conflict. Findings suggested that no statistically significant *Time x Group* effects were found between the intervention group and the control group on non-violent discipline ($F = 1.92, p = .17, \eta_p^2 = .02$), and psychological aggression ($F = 2.33, p = .13, \eta_p^2 = .02$). Notably, findings suggested significant *Time* effects were reported in the intervention group for non-violent discipline ($F = 6.65, p \leq .01, \eta_p^2 = .06$) and psychological aggression ($F = 0.12, p \leq .05, \eta_p^2 = .08$). The intervention program showed potential impacts on parents' intention in reducing (non-violent) disciplining and psychological aggression as way of resolving parent-child conflicts (Figure 37-38).

Empirical finding, however, showed statistically significant *Time x Group* effects were reported in the domains of physical assault ($F = 7.45, p \leq .01, \eta_p^2 = .03$), and neglect ($F = 3.70, p \leq .05, \eta_p^2 = .03$) respectively. Contrasting with participants in the control conditions, parents who had attended the intervention program reported reduction in physical aggression ($F = 20.95, p \leq .01, \eta_p^2 = .16$) and neglect ($F = 8.75, p \leq .01, \eta_p^2 = .07$) as way to resolve parent-child conflicts. The intervention program was found effective in producing these positive changes among the parents (Figure 39-40).

Perceived burnout. When compared with the control conditions, the intervention the intervention program was also found effective in buffering against parental burnout ($F = 7.52, p \leq .01, \eta_p^2 = .06$). Pairwise comparisons revealed that statistically significant reduction in burnout at post-intervention time point was only reported by participants in the intervention group ($F = 12.32, p \leq .01, \eta_p^2 = .10$) (Figure 41).

Table 11. summarized the scores of the baseline (T_0), post-intervention (T_1) measurements. Overall speaking, the professional-led, time-limited intervention program based on the principle of self-compassion and positive parenting was found effective in alleviating negative affect, reducing the adaptation of physical aggression, and neglect as way to manage parent-child conflict, as well as buffering against burnout of those parents who had participated in the intervention group compared with those who did not. In addition, findings also suggested the potential benefits of cultivating self-compassionate attitude, increasing positive affective, alleviating self-sabotage attitude, tendency of disciplining and psychological aggression in parent-child relationship.

Table 11. Baseline (T_0), post-program (T_1) differences in outcome variables, after controlling for the effect of age.

	Intervention Group (N = 78)				Control Group (N = 47)				Time x Group	
	T_0 M (SD)	T_1 M (SD)	% change	Time p-value	Effect size (η_p^2)	T_0 M (SD)	T_1 M (SD)	% change	Time p-value	Effect size (η_p^2)
Self-Compassion Scale (SCS)										
<i>Self-compassionate</i>	3.65 (0.74)	3.91 (0.72)	+7.12%	.01*	.06	3.26 (0.13)	3.24 (0.12)	-0.61%	.91	<.00
<i>Non-compassionate</i>	3.30 (0.81)	3.06 (0.89)	-7.27%	.04*	.03	3.83 (1.23)	3.87 (1.10)	4.44%	.80	<.00
Positive and Negative Affect Schedule (PANAS)										
<i>Positive Affect</i>	34.14 (7.99)	36.70 (7.77)	+7.50%	.00[#]	.08	32.43 (10.56)	30.95 (9.07)	-4.56%	.20	.01
<i>Negative Affect</i>	29.70 (8.74)	26.99 (8.01)	-9.12%	.00[#]	.07	36.19 (8.43)	37.05 (9.45)	+2.37%	.48	<.00
Parent-Child Conflict Tactics Scales (CTSPC)										
<i>Nonviolent Discipline</i>	17.64 (2.15)	12.94 (2.07)	-26.64%	.01*	.06	20.02 (2.80)	19.49 (2.70)	-2.65%	.83	<.00
<i>Psychological Aggression</i>	17.80 (1.86)	10.34 (2.07)	-41.91%	.03*	.08	13.33 (2.56)	12.20 (2.83)	-8.48%	.73	<.00
<i>Corporal Punishment</i>	1.70 (1.70)	1.0 (0.25)	-41.18%	.00[#]	.16	1.24 (2.30)	1.28 (0.34)	3.23%	.99	<.00
<i>Neglect</i>	4.14 (0.86)	1.77 (0.48)	-57.25%	.00[#]	.07	0.63 (1.18)	0.90 (0.66)	42.86%	.81	<.00
<i>Copenhagen Burnout Inventory – Chinese Version (CBI-C)</i>	39.00 (19.18)	32.45 (17.24)	-20.19%	.00[#]	.10	31.75 (16.78)	33.83 (18.04)	6.61%	.41	.01

* $p \leq .05$ [#] $p \leq .01$



Figure 33

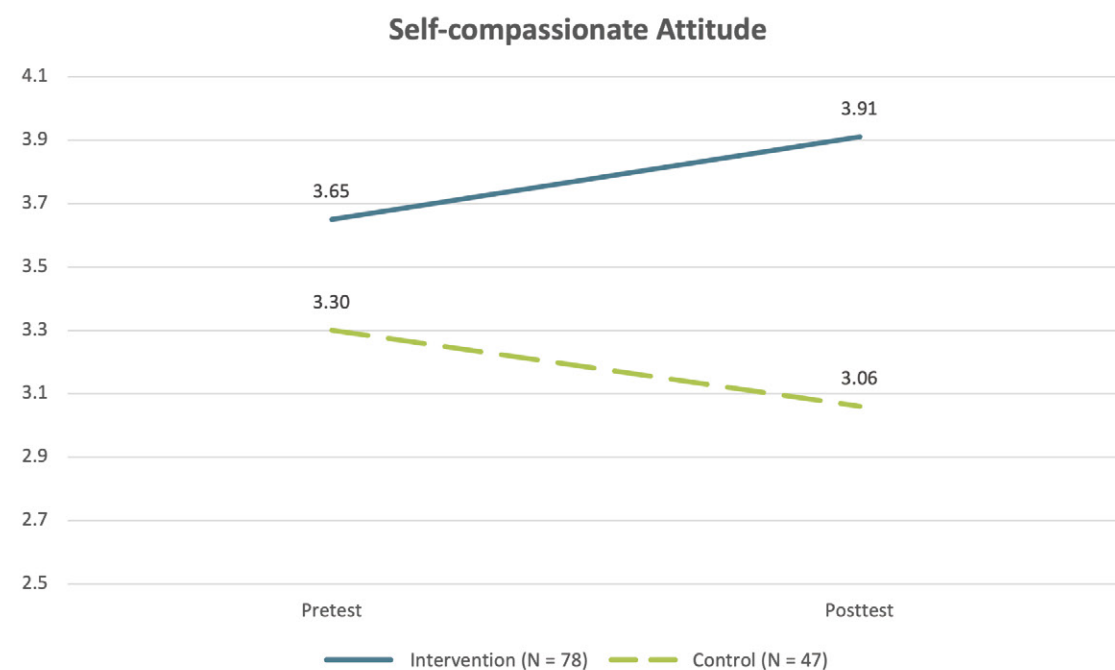


Figure 35

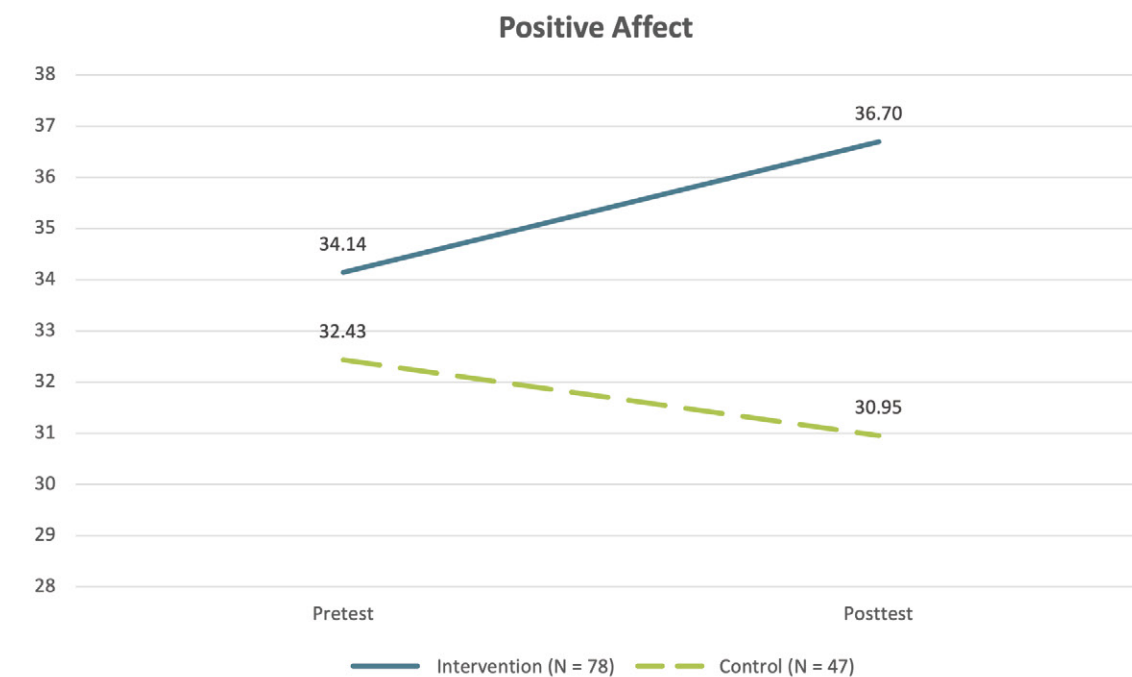


Figure 34

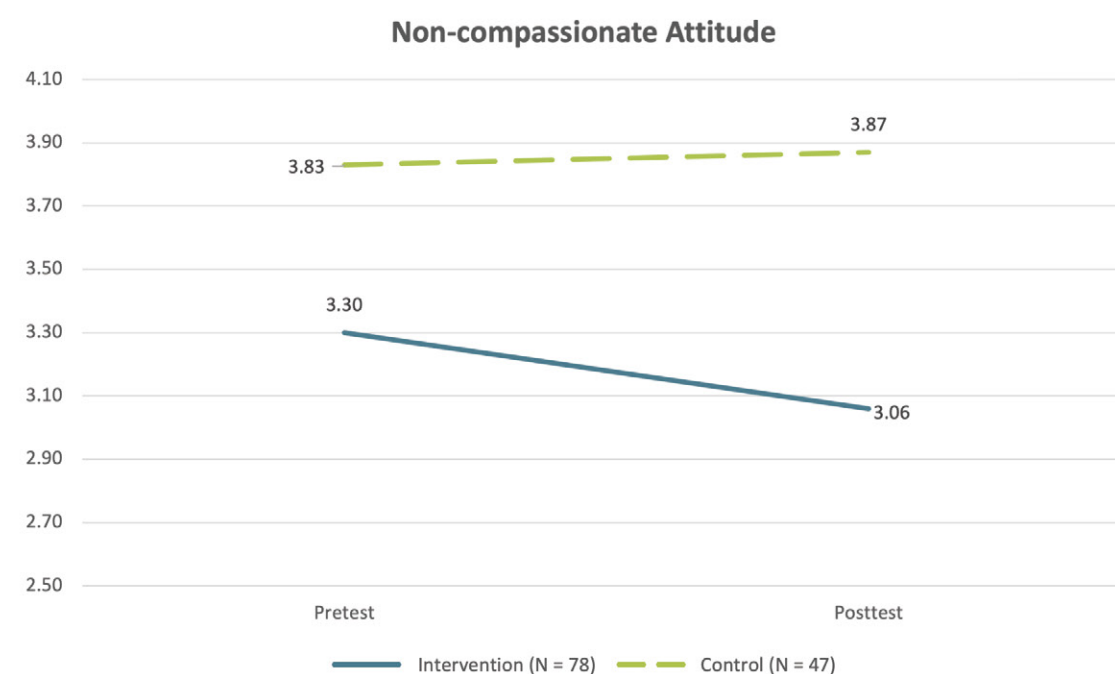


Figure 36

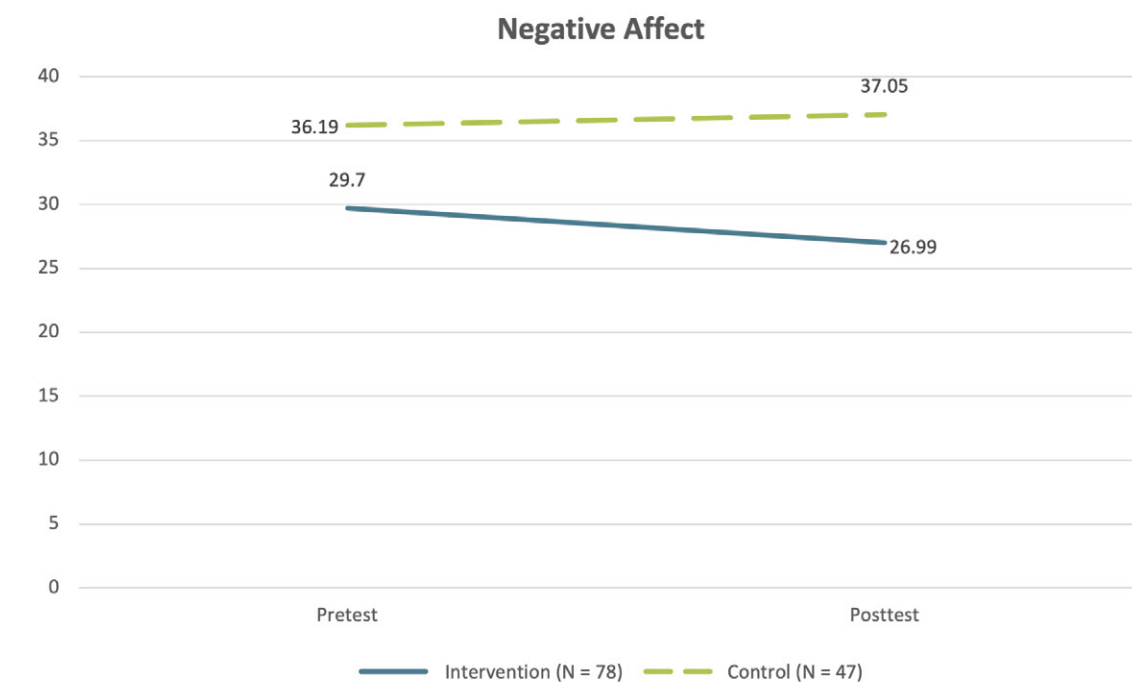


Figure 37

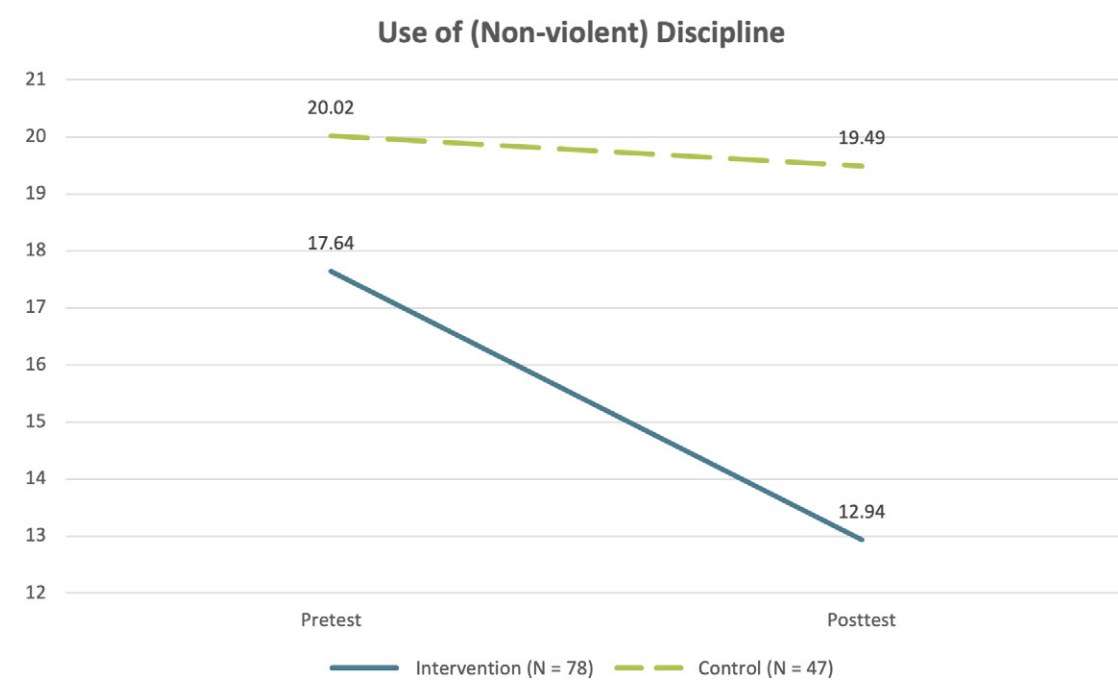


Figure 39

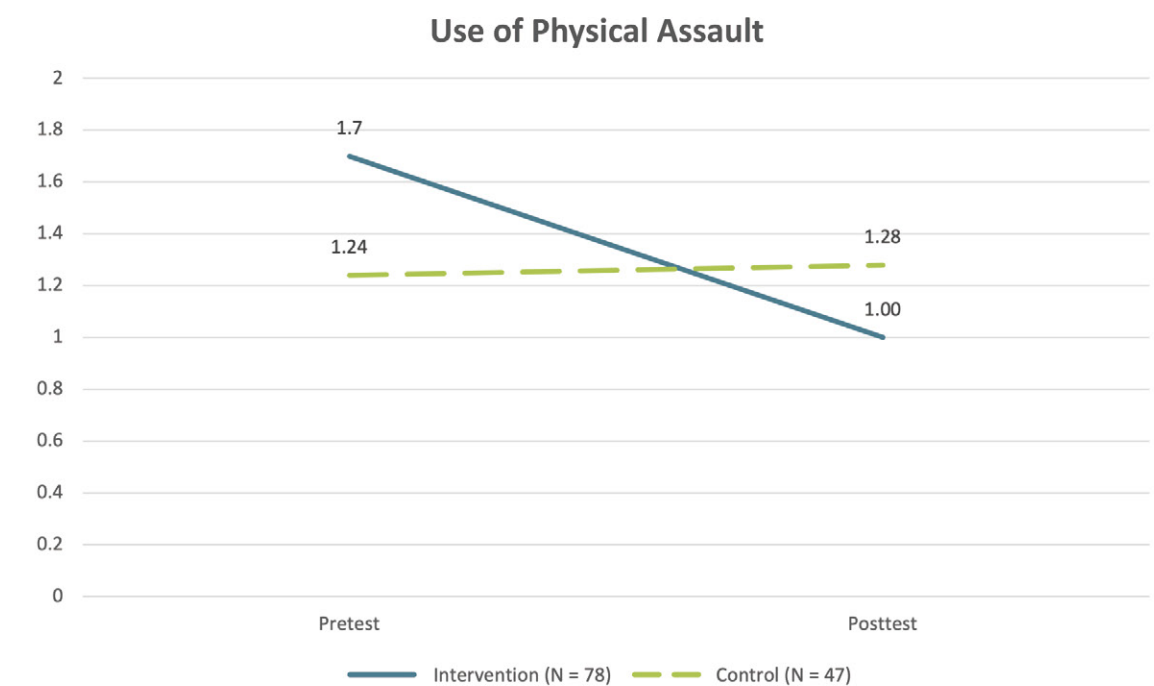


Figure 38

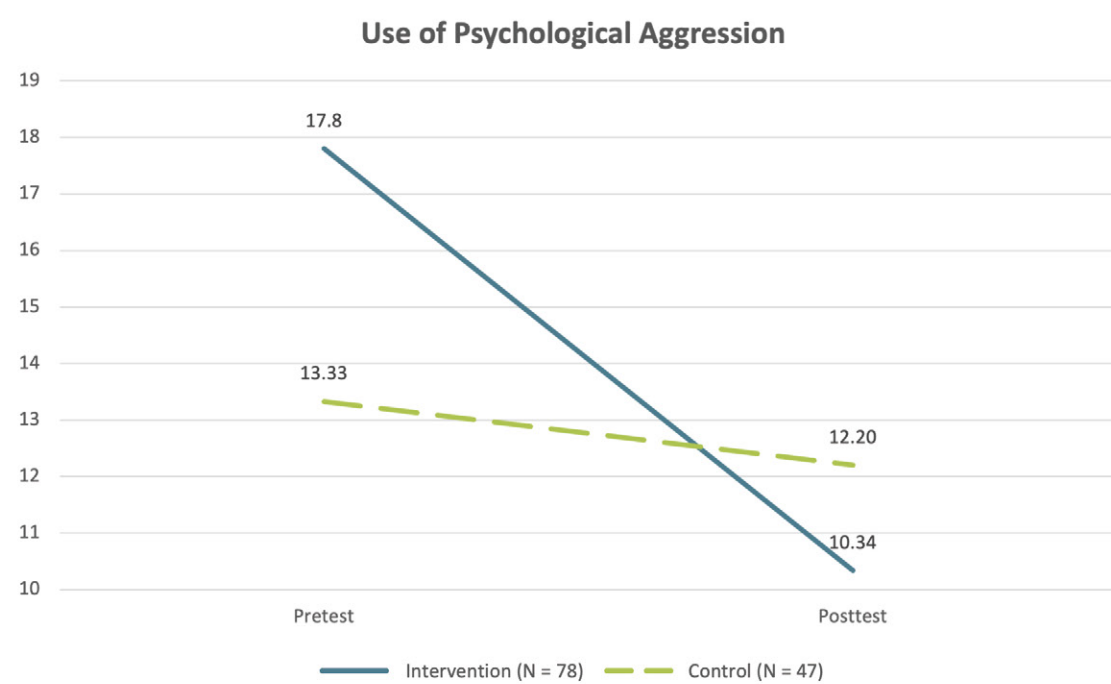


Figure 40

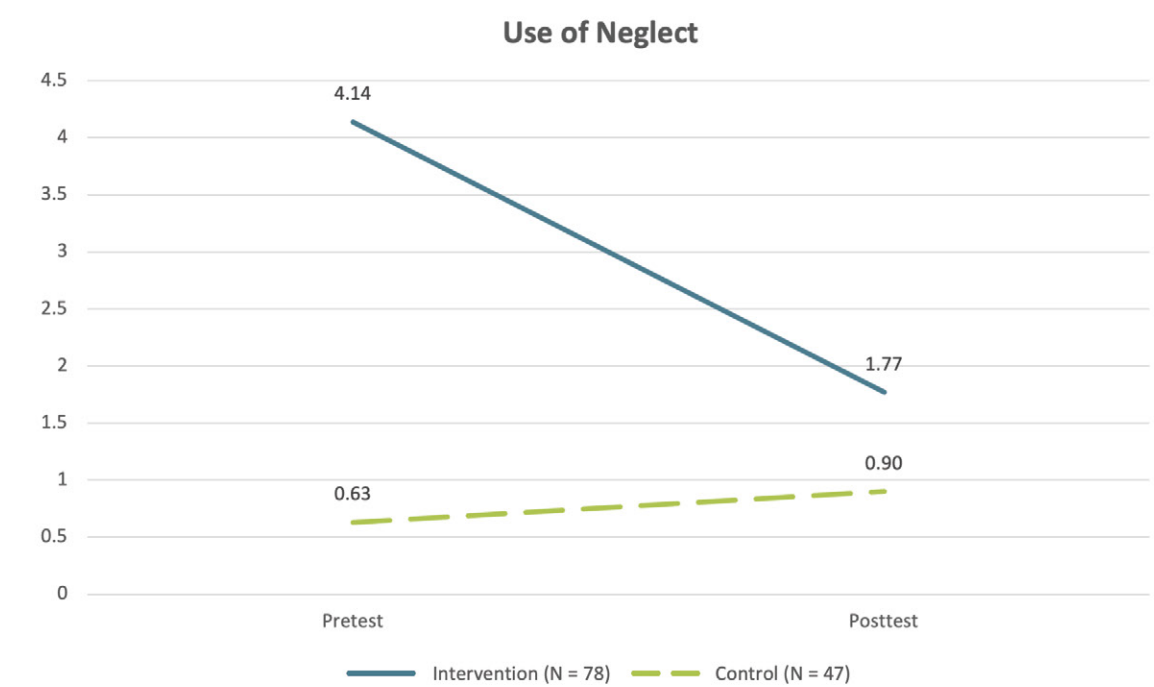
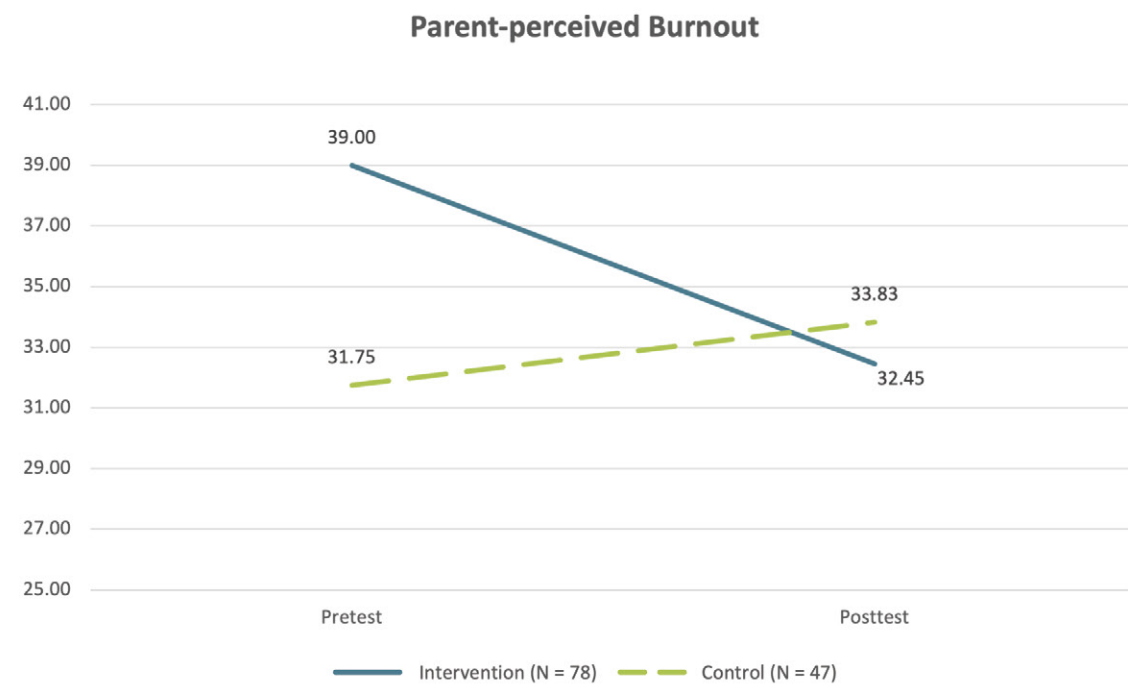


Figure 41



3.4.3 Summary of major findings

Emotional empowerment and education programs for kindergarten children were found to be practical and relevant to the needs of the young school children, as most of them reported they acquired better understanding of their emotions and have learnt ways to better management their emotions. Similar findings were also reported in emotional empowerment and education programs for primary school children. Noteworthy, although many of the school children reported they are feeling happy in general, a substantial proportion of them expressed they do not feel confident about themselves, and not feeling content about life in general. There is an urgent need for the teachers, social workers, and other professionals to work collaboratively to develop programs to help primary school students to enhance their self-confidence and general sense of well-being in the future. The respondents expressed their enjoyment and interest in the program(s) they have attended; suggesting that the experiential-based emotional empowerment and education programs were regarded as an acceptable and practical ways to improve well-being of school children at different stage of their developmental lifespan.

The program also contributed to supporting parents with their know-hows and knowledge in positive parenting. Survey results showed that the positive parenting talks were positively received by the parents. The talks were perceived as informative, practical, and were believed to be able to facilitate behavioral change among the attendees. Parents explicitly indicated that the talks have enhanced their knowledge and skills in positive parenting and have improved their efficacy in relating to their children. To further support the parents and to provide the experience of positive communications with their children, Parent-Child workshops and activities were offered by the team at Harmony House. Participants of the parent-child activities shared that the parent-child experiential workshops were enjoyable and had helped facilitating parent-child communication in a way that is playful, joyful, and safe. The workshops also provided the parents with the platform to broaden their social network, and to enhance personal well-being, according to surveys conducted after the parent-child workshops.

Professional training workshops delivered as part of this community-wide project have surveyed 562 professionals in the field. The workshops regarded as practical and feasible for the training attendees; they shared the training workshop has enhanced their knowledge in domestic violence and its impacts on the children, and willingness to work with children who may have witnessed domestic violence.

Therapeutic groups were also delivered to support the nurturance of well-being of school children and the parents. Adopting a single-group, pretest-posttest study design, children's therapeutic groups were not only reported to have positive impacts in children's awareness of emotions, emotional expression, social networks, and sense of joy, but also enhance their awareness and understanding. Evaluation study using a quasi-experimental study design with a no-intervention control group yielded encouraging findings to support the applicability and potential impacts of a 6-week positive parenting group with self-compassion elements. First, the professional-led program was found effective in alleviating negative affect, reducing burnout and the tendency to adopt parenting style that might escalate parent-child conflicts. Second, empirical evidence was also generated to support the potential benefits of the intervention program in cultivating self-compassionate attitude, increasing positive affect, tendency of disciplining and psychological aggression in parent-child relationship.

Discussions

4.1 Practice implications

Findings of the exit poll surveys showed that the children workshop, parent workshops, parent-child workshops, training for professionals, and children group programs were feasible and potentially effective ways to raise awareness of domestic violence, and to enhance the benefactors the necessary skills in preventing and managing the risks of domestic violence in the family context. In view that about half of the children respondents showed hesitation in discussing family issues with teachers and social workers, there is a need for alternative approaches, such as the use of artistic expression, to help children to thrive through the adversities of witnessing or experiencing domestic violence in the household. Further development of services to support families and the communities might build on this experience, and further invite community engagement through different preventive measures, including workshops, talks, training, and other form of community-engagement initiatives.

The findings from the intervention study suggested that, when compared with the control condition, participants in the intervention group showed significant reduction of negative affect and burnout, as well as maladaptive parent-child communications strategies such as physical aggression and neglect at the follow-up time point (post-intervention). The findings implied that the self-compassion informed, positive parenting intervention could be regarded as a *remedial strategy* that contributes to the mitigation of risk factors towards domestic violence within the parent-child context, for example cold and distancing parent-child communication patterns, perceived burnout, and negativity in everyday life. The findings could encourage the development of positive parenting intervention program embedded with components of self-compassion as a potential psychosocial intervention that offer support and alleviate risks of domestic violence in the parent-child context.

Findings of the present study also shed lights on the potential value of this positive parenting program to serve as a preventive measure that helps preventing domestic violence by means of building resilience for parents. Research indicated that building up psychosocial resources, such as self-compassion, positive affect, empathy, and mutual understanding (citation required) were proactive steps to buffer against risk of escalating parent-child conflicts into domestic violence. Preliminary findings presented the potential of the intervention program in cultivating self-compassionate attitude, buffering against self-sabotaging attitudes, and reducing tendency of resorting to parenting strategies that focus on disciplining and the use of corporal punishment among those who had participated in the program. Disciplining and corporal punishment are two of the definitive features of an authoritarian parenting, which is deeply rooted in the Asian culture of “guǎn jiào” (管教). On the contrary, the cultivation of self-compassion would encourage parents to add interpersonal warmth into the parent-child relationship, which might transform authoritarian parents into authoritative parents – who are also strict but comparatively warmer than their authoritarian counterparts.

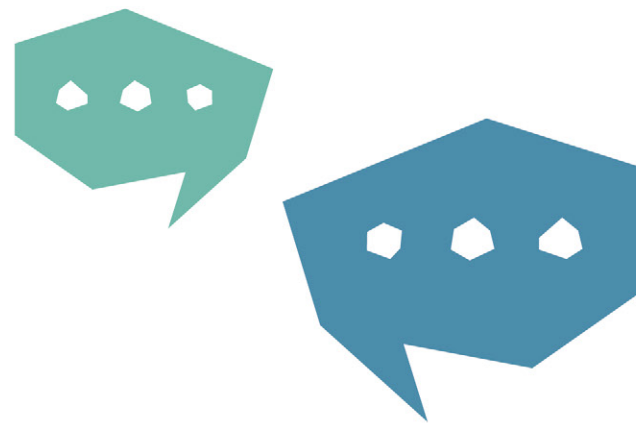
And therefore, the present study has two important implications for future service development. First, findings from the present appeared to support the notion that self-compassion can be acquired through professional-led training (Neff & Germer, 2013); findings from this study suggested the potential impacts of the 6-week, positive parenting program was capable of increasing self-compassionate attitude while alleviating tendency of self-sabotage of parents participated in the group program. Second, the cultivation of self-compassion and positive affect in parents might help elicit healthier parent-child interactions, one that is characterized with being present for the child (vs. neglect) as well as allowing open and empathetic communications (vs. disciplining) in parent-child relationship. Exploratory regression analyses were conducted to explore the hypothetical associations between self-compassion, positive affect, and parenting styles. Results of linear regression analyses showed that self-compassion tendency was negatively associated with corporal punishment ($\beta = -.67, p \leq .01, R^2 = .08$), while positive affect was negative associated with neglect ($\beta = -.11, p \leq .01, R^2 = .06$) and corporal punishment ($\beta = -.05, p \leq .05, R^2 = .04$). Based upon the theoretical underpinning of the Broaden and Build Theory of Positive Emotion (Shosahni & Yaari, 2022), it is plausible to suggest that positive affect mediates the relationship between parent’s self-compassionate attitude and the reduction in physical aggression in parent-child relationship. Nevertheless, the study design and sample size of the present study does not allow further statistical testing of this theoretical postulation, further study would be recommended to shed lights on this hypothesized mechanism.

4.2 Research implications

The present study yielded preliminary empirical evidence to support the effectiveness of a time-limited, professional-led, positive parenting group intervention inspired by the principles and practices of mindful self-compassion. Nevertheless, the findings of the study must be interpreted with caution in view of a few potential limitations. First, the program was attended primarily by the mothers – therefore results generated from the present study may not be generalized to the fathers. Second, the present study adopted a quasi-experimental study design without randomization. Positive changes reported in the intervention group, when compared with the control condition, might be due to the confounding variables such as self-perceived needs, motivation to change, and perceived distress in parenting tasks. Thirdly, baseline differences might also become potential extraneous variables to the findings. Although baseline data analysis suggested that the groups showed some degree of homogeneity across the demographic profile, participants in the intervention were found to more negative affect, higher tendency to use neglect strategy to resolve parent-child conflict, while the control group has a higher female-to-male ratio. Positive changes we observed – that is, the statistically significant *Time x Group* effects, in terms of negative affect and tendency to use neglect to resolve parent-child conflicts might be confounded by the participants' level of distress and their perceived urgency to change. Future study may consider a more robust study design, with matched-pair sample or stratified sampling strategies, might help refine our understanding of the effectiveness of this positive parenting program in promoting positive changes among the parents.

Furthermore, the drop-out rate in the *no-intervention* control group was noteworthy – the present study indicated an attrition rate of 43.37% (47 completed measurements at T_1 out of 83 participants enrolled at T_0), resulting an unequal number of participants in the two study arms which might be attributable to the lack of statistically significant *Time x Group* results in the evaluative study. Participant attrition may be attributable to the COVID-19 pandemic, and lack of incentive for their participation in the study, and incomplete questionnaires at follow-up time point; future study might take into consideration of these potential risk factors to findings validity. In addition, the intervention programs were conducted by facilitators from various training background, ranging from those who were trained in Mindfulness-based Stress Reduction (MBSR) and Mindful Self-Compassion (MSC), for the sake of shortening waiting time, better time management, and effective use of available resources. Further evaluative studies might consider recruiting facilitators with similar training backgrounds, which would add credibility and validity to the findings of the outcome research.

Lastly, there is a lack of tools and inventories to measure the multi-dimensional psychosocial impacts of domestic violence on children as well as parent-child interactions in the local context. To encourage future research and the furtherance of evidence-based practices to support families facing the challenges of domestic violence, there is also an imminent need to develop localized, and culturally relevant inventories for both research and clinical purposes.



Conclusions

Survey data generated from this research project showed that while children were generally happy at home, they identified family issues as the major cause of their unhappiness in life. The children respondents reported that scolding and battering were the most common types of domestic violence they have witnessed or experienced at home, while many of them preferred not to talk about these issues with teachers and social workers at school. This finding suggested that there is an imminent need to equip the parents with positive parenting techniques, and social workers with the practice skills to work with children who were exposed to or vulnerable to domestic violence.

To the best of our knowledge, this is a pioneer effort to incorporate elements of positive parenting, and self-compassion into parent support programs to improve parent-child relationships. The multi-components program was generally well-received by the children, parents, and professionals. Survey results showed that the experiential workshops, community talk, and professional training workshops were feasible and practical strategies in building community resilience to prevent domestic violence. The project components worked to equip the children, parents, and professionals with the knowledge and practical skills in the prevention of domestic violence. Empirical findings of the evaluation study

indicated the effectiveness of the professional-led positive parenting program as a strategy to overcome barriers associated with the risk of unhealthy parent-child relationship, and potential incidents of domestic violence in the parent-child context. Research findings also leaned support to the notion that the positive parenting program has the potential benefits of helping caregiving parents to build psychological strengths that buffer against burnout and facilitating them to transform from authoritarian parents to *authoritative* ones. The present study provided important insights in clinical practice, and further program development. For example, the exploratory data analyses proposed an intervention model inspired by the Broaden-and-Build Theory for further research endeavor in the future.

We genuinely believe that such endeavor would contribute to the furtherance of this self-compassion informed positive parenting group intervention as an evidence-based, and theory-driven preventive psychosocial support strategy to support parents through the cultivation of self-compassion and resilience, as well as to help mitigating risk factors to domestic violence in the context of parent-child relationships.



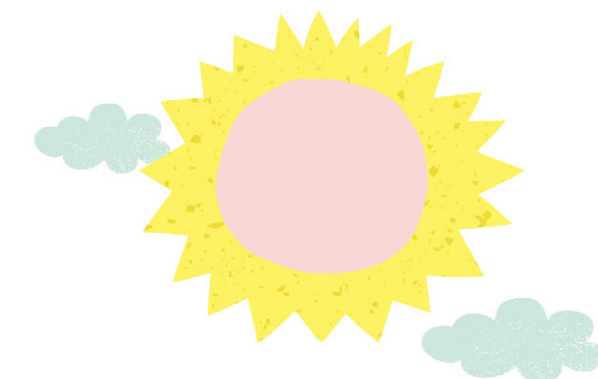


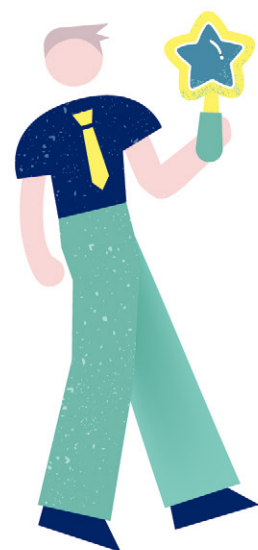
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Publisher Harmony House

Publication Date August 2023



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