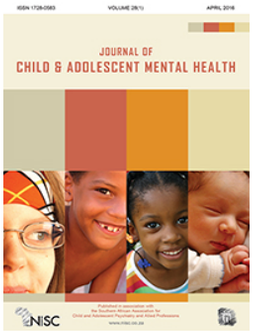

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Battered women and parenting: acceptability of an evidence-based parenting programme to women in shelters

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Objective: **This study investigated the opinions of mothers living in battered women's shelters about the acceptability of programme materials, preferences for delivery methods, and barriers to use of the Positive Parenting Programme (Triple P).**
Method: **Thirty-two mothers of three- to eight-year-olds were recruited from three shelters in Cape Town, South Africa. These mothers received Triple P tip-sheets and watched a Triple P DVD which described the strategies used by the programme. Thereafter, they completed a questionnaire and participated in a focus group discussion. Basic descriptive statistics were obtained from the questionnaire data while qualitative data were analysed using template analysis.**
Results: **Participants typically viewed the Triple P strategies, materials and delivery methods as acceptable. Time constraints and living within a shelter were emphasised as the greatest barriers to implementing strategies; no Internet access and financial cost were considered the most significant barriers to programme access. Participants liked both self-directed and group-based formats.**
Conclusions: **Mothers in shelters are eager for parenting support and shelters provide an ideal opportunity for delivering such support to this high-risk population. This study shows that the strategies taught in such programmes, and the delivery methods used, are acceptable to mothers living in these settings.**

Introduction

Levels of intimate partner violence (IPV) in South Africa are unacceptably high (Jewkes, Levin and Penn-Kekana, 2002). Mothers exposed to IPV are more likely to use harsh parenting (Gustafsson & Cox 2012), which increases their children's risk for negative outcomes (Chang, Schwartz, Dodge, & McBride-Chang, 2003), including problem behaviour (Kitzmann, Gaylord, Holt, & Kenny, 2003) and later victimisation or perpetration of violence (Whitfield, Anda, Dube, & Felitti, 2003). Evidence-based parenting programmes, which are available mainly in high-income countries (Knerr, Gardner, & Cluver, 2013), have been shown to improve children's emotional and behavioural adjustment (Barlow, Smailagic, Ferriter, Bennett, & Jones, 2010), and may therefore be useful in shelters (Levendosky & Graham-Bermann, 2001).

In South Africa, very few shelters offer evidence-based parent training that provides parents with tangible strategies to strengthen their relationships with their children and to manage misbehaviour (Wessels & Ward, 2015). If parenting programmes are to be implemented in shelters in South Africa, it is critical to determine their "fit" (including acceptability of content and delivery methods) within this setting. Cultural norms and socio-economic context may be different from the setting for which programmes were originally developed and this may have an impact on effectiveness (Kumpfer, Pinyuchon, Teixeira de Melo, & Whiteside, 2008; Lau, 2006).

This study explored the opinions of mothers living in shelters of the programme content and delivery methods used by the Positive Parenting Programme (Triple P) developed in Australia (Sanders 1999; see Table 1). While there has been debate on whether evidence-based programmes

can be transported from one context to another, there is now promising evidence to suggest these programmes may, in fact, be transportable (Gardner, Montgomery, & Knerr, 2015). Triple P was selected for this study as it has substantial evidence of effectiveness and cross-cultural suitability (Nowak & Heinrichs, 2008), including among Japanese parents living in Australia (Matsumoto, Sofronoff, & Sanders, 2007), culturally diverse parents living in Australia (Morawska et al., 2011) and parents in Panama (Mejia, Calam, & Sanders, 2015).

Methods

Participants

Thirty-two mothers were recruited by convenience sampling from three battered women's shelters in Cape Town. Women were included if they were over 18 years old, had a basic proficiency in English, had at least one child between the ages of 3 and 8 years, and if they volunteered for the study and provided informed consent. Participant demographics are outlined in Table 2. This study was approved by the Psychology Research Ethics Committee at the University of Cape Town.

Materials

The Triple P *Every Parent's Survival Guide* DVD (Sanders, Markie-Dadds, & Turner, 2005), which describes the 17 parenting strategies used by Triple P and 4 Triple P tip-sheets, were used. The tip-sheets provide information on positive ways of handling various situations that parents may face

Table 1: Parenting strategies used by Triple P

Goal	Strategy	Description*
Developing positive relationships	Spending quality time with children	Spending regular, short amounts of time involved in activities enjoyed by the child
	Talking to children	Talking to the child about their activities or interests
	Showing affection	Giving the child physical affection
Encouraging desirable behaviour	Using descriptive praise	Encouraging the child by describing the behaviour that is appreciated
	Giving attention	Giving the child positive non-verbal attention
	Providing engaging activities	Providing the child with interesting, engaging and age-appropriate activities
	Setting a good example	Modeling the behaviours that you want the child to learn
Teaching new skills and behaviours	Using incidental teaching	Using questions and prompts to respond to child-initiated interactions and promote learning
	Using Ask, Say, Do	Using verbal, gestural and manual prompts to teach the child new skills
	Using behaviour charts	Using a chart to set goals and reinforce skill development for the child
Managing misbehaviour	Ground rules	Setting fair, specific and enforceable rules
	Directed discussion	Identifying and rehearsing the correct behaviour following rule-breaking
	Planned ignoring	Intentionally ignoring a problem behaviour instead of reacting or giving negative attention to the child
	Clear, calm instructions	Giving a clear instruction to start a new task, or to stop a problem behaviour and start the appropriate behaviour
	Logical consequences	Giving a specific consequence which involves the removal of an activity or privilege from the child or the child from an activity for a set time
	Quiet time	Removing a child from an activity in which a problem has occurred and having them sit on the edge of the activity for a set time
	Time out	Removing a child to an area away from others for a set time

*Descriptions based on those presented in Table 2 in Sanders, Mazzucchelli, and Studman (2004)

with their children (Morawska et al., 2011), and we used those dealing with tantrums, lying, tidying up and mealtime problems. Materials were available in English only.

Measures

Measures included a questionnaire and a focus group interview schedule. The questionnaire used by Morawska et al. (2011) in their study of the acceptability of Triple P in Australia formed the basis of all sections of the current study's questionnaire. It was available in English, Afrikaans, and isiXhosa (translations were checked by back-translation and then pilot testing). Participants completed the questionnaire for their youngest child between the ages of 3 and 8 years old (Morawska et al., 2011). The focus group discussion aimed to explore issues raised in the questionnaire in more depth.

The first section of the questionnaire included the *Family Background Questionnaire*, which assessed participant demographics and parenting. Participants rated, using a 5-point scale (1 = not at all; 5 = extremely), the extent to which they found parenting fulfilling, demanding, stressful and depressing. This section also included the *Parenting Scale*, a 30-item measure of 3 dysfunctional discipline styles, namely laxness, over-reactivity and verbosity (Arnold, O'Leary, Wolff, & Acker, 1993). In this sample, the laxness and overreactivity subscales as well as the total score had adequate internal consistency for a small sample (Cronbach's $\alpha = 0.65$, 0.74 and 0.59 respectively; Spiliotopoulou, 2009). However, the verbosity subscale had an extremely low internal consistency (Cronbach's $\alpha = 0.14$) and therefore was not used.

The second section required participants to rate the acceptability, usefulness, likelihood of use and current use of each of the strategies shown on the DVD on a 10-point scale (1 = not at all; 10 = extremely), and then to indicate whether there were barriers to using each strategy. After viewing a strategy, participants discussed their opinions of it in a focus group before moving to the next strategy on the DVD. Questions included "Did you find this strategy easy to follow?", "Is it useful?", "Could you see yourself using this strategy?", and "What are the barriers to using this strategy?"

Next, participants rated the acceptability of the programme materials and delivery methods and potential barriers to programme access. Participants then rated, from 1 (not at all) to 10 (extremely), whether they found the DVD and tip-sheets helpful and culturally appropriate. Using the same scale, participants indicated the extent to which they would find different delivery methods useful, the likelihood of accessing Triple P if their child developed problems and how interested they were in the possibility of joining a Triple P programme in the future. Finally, participants selected, from a list of potential barriers to accessing Triple P, any that may apply to them.

Table 2: Demographic characteristics of parents ($N = 32$)

Characteristic	No. of parents (%)	Characteristic	No. of parents (%)
Parent age (years)	$M = 29.63$ (SD = 5.34)	Marital status	
		Single	16 (50%)
Home language		Married	9 (28%)
Afrikaans	17 (53%)	Separated	5 (16%)
English	14 (44%)	Widowed	2 (6%)
isiXhosa	1 (3%)	Employment	
Education level		Full-time	1 (3%)
Some primary	3 (9%)	Part-time	7 (22%)
Grade 7	5 (16%)	Unemployed	22 (69%)
Some high	14 (44%)	Student	2 (6%)
Grade 12	7 (22%)	No. of children living	$M = 2.25$
Tertiary	3 (9%)	with parent	(SD = 1.91)
Target child age (yr)	$M = 4.34$ (SD = 1.81)		
Target child sex			
Female	19 (59%)		
Male	13 (41%)		

After completing this part of the questionnaire, participants discussed the tip-sheets (one of which was read aloud to participants), DVD and the delivery methods used by Triple P. Discussion was initiated by asking: "Would you find the tip-sheets helpful?" and "How would you prefer to receive the parenting material and why?" Participants then discussed potential barriers to accessing Triple P.

Procedure

Participants were given the tip-sheets to read before the group meeting. The first author conducted four group sessions (questionnaire and focus group discussion; $M = 8$ participants per group) at the shelters. To assist participants with low literacy, she read the questionnaire aloud, section by section. Group discussion was audio-recorded and transcribed verbatim by the first author.

Data analysis

Basic descriptive statistics were used to analyse the quantitative data, and qualitative data from the group discussions were analysed using template analysis (Crabtree & Miller, 1999). Qualitative analysis began with a set of *a priori* codes that identified themes discussed in the literature, present in the group discussion material. Additional themes in the discussion material were then arrived at inductively. The first author conducted the analyses, discussed them with the second author and differences were resolved by consensus.

Results

Parenting behaviour

Participants found parenting to be moderately to very fulfilling ($M = 3.91$, SD = 1.25), and slightly to moderately depressing ($M = 2.25$, SD = 1.22), demanding ($M = 2.97$, SD = 1.38) and stressful ($M = 2.91$, SD = 1.12). They felt moderately to very confident ($M = 3.63$, SD = 1.16) in fulfilling their parenting responsibilities. Many participants scored above the means obtained in the original Parenting Scale validation study (Arnold et al., 1993), and thus in what is recognised as the clinical range (e.g., Morawska et al., 2011): for laxness ($n = 14$; 44%), over-reactivity ($n = 17$; 53%), and ineffective parenting ($n = 29$; 91%) .

Eleven participants (34%) had sought help from a professional (social worker, doctor, counsellor or teacher) for a social, emotional or behavioural problem experienced by their child. Sixteen participants (50%) had previously participated in parenting programmes, but these typically focussed on parent–infant attachment.

Acceptability of strategies

Parents generally found the strategies to be acceptable and useful, and many were likely to implement them (see Table 3). Giving attention and setting a good example were considered the most acceptable and useful strategies, while quiet time and time out were seen as the least so. Quiet time and time out were also the least actually, and the least likely to be, used strategies. Discussion revealed that most participants were not familiar with these two strategies (along with "Ask, say, do" and behaviour charts); those who were familiar with them had learned about these strategies from popular television shows, like *Supernanny*, or from family members who had lived abroad:

> *I didn't know about time out where you can put them in another spot, until my aunty that lives in the UK for 10 years that I am staying with said "close the door and leave her there until… you go sit down and you watch your movie 'til it's finished and then you see what she is going to do." When that movie is finished, you go into the toilet and you will explain to her why you did that. It was very hard for me, but I did it, and it actually worked (*Participant 27).

Parents who endorsed specific strategies were often implementing them incorrectly. For example, Participant 27 left her child in time out for the duration of a movie, when in fact a couple of minutes is sufficient and more might distress a child unduly. Similarly, Participant 23 used to lock her child in the garage until she could "hear no more crying".

Table 3: Acceptability, usefulness, likelihood of use and current use of strategies ($N = 32$)

Strategy	Missing	Acceptability *M* (SD)	Usefulness *M* (SD)	Likelihood of use *M* (SD)	Current use *M* (SD)
Quality time	1	8.16 (2.41)	8.52 (1.98)	7.35 (2.36)	7.32 (1.90)
Talking	1	8.13 (2.54)	8.29 (2.28)	8.26 (1.83)	7.39 (1.93)
Affection	1	8.16 (2.60)	8.61 (2.11)	8.26 (2.29)	8.06 (2.10)
Praise	1	8.84 (1.66)	8.55 (2.01)	8.32 (1.89)	8.10 (2.34)
Attention	1	9.03 (1.43)	9.23 (1.20)	8.06 (2.02)	7.68 (1.92)
Engaging activities	1	8.52 (1.82)	8.42 (1.65)	7.61 (1.56)	6.65 (1.82)
Set good example	1	8.94 (1.63)	8.81 (1.80)	8.48 (1.61)	7.94 (1.75)
Incidental teaching	1	8.26 (2.57)	8.77 (1.50)	7.84 (1.92)	7.13 (2.01)
Ask, say, do	1	8.06 (2.76)	8.55 (1.88)	7.97 (1.84)	6.84 (2.07)
Behaviour charts	1	7.97 (2.28)	8.10 (1.94)	7.60 (2.14)	5.77 (3.20)
Ground rules	1	8.52 (1.88)	8.13 (2.91)	8.42 (2.32)	7.13 (2.19)
Directed discussion	2	7.63 (2.76)	8.07 (2.07)	7.67 (2.34)	6.87 (2.08)
Planned ignoring	2	8.43 (1.75)	7.79 (1.97)	7.04 (2.24)	8.07 (2.19)
Instructions	2	8.13 (2.40)	8.70 (1.75)	7.97 (2.03)	6.70 (1.88)
Consequences	2	7.90 (2.33)	8.30 (1.88)	7.47 (2.65)	6.03 (2.55)
Quiet time	2	7.30 (3.05)	7.73 (2.43)	7.03 (2.85)	4.73 (3.23)
Time out	2	6.83 (3.65)	7.48 (3.11)	6.55 (3.49)	4.90 (3.54)

Values are mean scores on a 10-point scale (1 = not at all; 10 = extremely). Table format based on Table 2 in Morawska et al. (2011)

Barriers to strategy use

Participants were most likely to see barriers to implementing quality time, quiet time, behaviour charts and engaging activities (see Table 4). Planned ignoring had the fewest perceived barriers. The most common barrier related to a particular strategy was that it would take too much time to implement, while the least likely were cultural barriers and lack of support (see Table 5).

Time constraints were the greatest barrier to strategy use, especially for talking to one's child, quality time and providing engaging activities. This appeared to be particular to the shelter — many participants commented that a busy shelter schedule, combined with dealing with personal problems and seeking employment, left them with little time for their children:

Table 4: Per cent and frequency of parents who reported barriers to strategy use ($N = 30$)

Strategy	Number of parents reporting barrier (%)
Quality time	15 (50%)
Quiet time	13 (43%)
Behaviour charts	12 (40%)
Engaging activities	12 (39%)
Talking	11 (35%)
Time out	11 (37%)
Affection	10 (32%)
Attention	10 (32%)
Ask, say, do	9 (29%)
Directed discussion	9 (30%)
Instructions	9 (30%)
Consequences	9 (30%)
Set good example	9 (29%)
Ground rules	8 (26%)
Praise	8 (26%)
Incidental teaching	7 (23%)
Planned ignoring	6 (20%)

Table format based on Table 4 in Morawska et al. (2011)

Table 5: Number of parents who identified specific barriers to strategy use ($N = 30$)

Strategy	Takes too much time	Won't work	Lack confidence	Family opposition	Lack support	Culture
Quality time	12	5	5	5	4	2
Talking	6	7	5	3	2	2
Affection	8	6	5	3	4	2
Praise	7	5	4	3	3	3
Attention	7	5	4	3	3	3
Engaging activities	8	6	4	2	2	2
Set good example	6	6	5	4	3	3
Incidental teaching	6	4	2	2	2	2
Ask, say, do	8	7	4	2	2	2
Behaviour charts	9	5	7	3	3	3
Ground rules	6	5	4	2	2	3
Directed discussion	5	4	3	3	2	2
Planned ignoring	5	4	3	2	2	2
Instructions	6	4	3	4	3	2
Consequence	5	4	3	3	2	2
Quiet time	8	9	7	6	4	5
Time out	4	5	6	5	4	3
Mean total	6.82	5.35	4.35	3.24	2.76	2.53

Note: Table format based on Table 5 in Morawska et al. (2011)

> *It is just once again the time here, they don't allow us, or myself to engage in activities that we would normally do outside* (Participant 15).

A lack of recreational spaces at shelters where participants could spend quality time with their children was seen as another barrier to strategy use, and time was also an issue in this regard:

> *There are no activities on these premises where… parks is quite few and hours are extremely important here as well. Time going to take your kid to the park for example, coming back is the same, so you actually don't have time for your kids as much as you would like to give them (*Participant 10).

Participants believed parenting to be more demanding in shelters than in their own homes and found it challenging to adapt to the new rules and norms. This was also found by Cosgrove and Flynn (2005) in their work with mothers living in shelters in the United States. Participants emphasised that having many other mothers and children in close proximity, some even sharing rooms, would make it difficult to implement Triple P strategies.

> *For us here in the shelter, other people will think why don't you do anything* [using planned ignoring] (Participant 6).

> *Maybe if we aren't living here, at your own house maybe, then, because here, if your child is standing there and her child comes in they will stand together. It [quiet-time] is not going to work (*Participant 22).

> *Since being in here, it's more that you actually have to talk to them or try to discipline them because the environment is completely different from where we came from. It's just a bit harder and more demanding, but I also try to make time* (Participant 25).

Cosgrove and Flynn (2005) also found that parents in shelters experienced parenting as extremely difficult because of the tension between one's previous parenting rules and the shelter's rules.

Some participants mentioned that before moving to the shelter their partner had been responsible for disciplining children. In addition to adjusting to shelter life, mothers had to adopt this responsibility:

> *It is very hard because my husband he was always the firm one, who puts the rules, so he knows not to overstep* (Participant 7).

Some participants had children who lived elsewhere during the week and were with them only on weekends. This was considered a barrier to using Triple P strategies as different discipline styles were used in each setting:

> *Daddy will have his own rules that side, and when he comes back to me I implement my own rules, so it is a bit challenging* (Participant 20).

Participants often lacked the energy to spend quality time with their children. Although many parents find parenting tiring, the experience of participants' fatigue may be heightened by the busy shelter schedule, personal stresses and concerns about the future:

> *If you have the time, then you feel tired and are like, "No man, go to bed, I am tired"* (Participant 4).

One unemployed participant highlighted how financial cost can be a barrier to providing engaging activities:

> *Most of us don't have a sustainable income even, or enough to buy our children puzzles and things like that, and it is actually frustrating as well, because they get bored and the only thing that they can do is play outdoors, unless we are educated to be able to give them things to do and things like that. So with me, I feel sad sometimes because I don't have things to busy them with* (Participant 22).

Participants reported lacking confidence in implementing Triple P strategies, which may be compounded by their own personal problems:

> *I sometimes struggle 'cause I don't know what to speak about. I don't know how to start a conversation… I don't know how to speak with them* (Participant 10).

> *I don't always praise him. It is hard for me, but I do try, now more than ever I try, but it isn't always easy. Sometimes you have your own problems, and you can't still praise, you know what I am saying, so, but you should, it's a good thing* (Participant 27).

Preferences towards delivery methods

Delivery via a self-directed programme with telephone assistance was the most preferred method (see Table 6). Participants liked the idea of being able to "call on a friend", and Participant #15 stated that over the phone "*people can be more compassionate, and they can actually surprise you, and they listen to your problems*".

Television-based delivery had the second highest rating. In contrast to quantitative findings, discussion revealed that participants seemed to prefer group-based formats. They commented that they would be able to learn from one another and that it would be "like therapy":

> *Each and everyone has an idea that can teach another one, where she didn't do it, she could pick up and do it* (Participant 6).

Table 6: Ranked parental preferences towards Triple P delivery methods ($N = 30$)

Delivery method	*M* (SD)
Self-directed programme with telephone assistance	9.10 (1.30)
Television programme	9.03 (1.27)
Self-directed programme	8.70 (1.6)
Parent seminar	8.67 (2.32)
Group programme	8.63 (1.59)
Radio segment	8.37 (2.21)
Individually tailored programme	8.30 (2.07)
Newspaper article	8.27 (2.18)
Workplace access	8.03 (2.28)
Web based programme	6.87 (3.04)

Values are mean scores on a 10-point scale (1 = not at all useful, 10 = extremely useful)
Table format based on Table 6 in Morawska et al. (2011)

Especially in the communities where we come from, people they tend to be in their shell. There aren't a lot of people that would share their things with others, they feel ashamed or they feel shy or traumatised, you know, so this is a good thing (Participant 24).

Although delivery via radio and newspaper had lower rankings, participants still liked these methods, especially since they could be accessed in the privacy of one's room. While most participants were unemployed, they said that workplace access would be useful if they were to be employed. Web-based delivery was the least preferred method.

Barriers to Triple P access

No Internet access was the greatest perceived barrier to accessing Triple P (see Table 7). Since 69% of participants were unemployed, it is not surprising that financial cost was identified as a barrier by 67% of them. Transport difficulties, the third highest ranked barrier, could also be related to cost. Four participants (13%) felt uncomfortable accessing a parenting programme, with the same number identifying (in the questionnaire) cultural barriers and culturally inappropriate strategies as barriers. Interestingly, these barriers did not emerge during discussion.

Acceptability of materials

Quantitative data showed that participants found the tip-sheets relevant ($M = 8.13$, $SD = 2.90$), useful ($M = 8.43$, $SD = 2.43$), culturally appropriate ($M = 8.00$, $SD = 2.40$) and that they were likely to use them ($M = 8.21$, $SD = 2.40$). However, some participants said that they would not have time to read them or that they did not enjoy reading. These participants preferred the idea of observing how to implement strategies, for example, via a DVD or in a group session:

I know myself, you give me this papers and I put it away, you know, that's me… We like to see how the things are done, you know, we like to see how the children are being disciplined, so we can have a picture of how to do it with our own children (Participant 27).

Participants found the DVD extremely helpful ($M = 9.23$, $SD = 1.07$), and viewed the examples and language to be very culturally appropriate ($M = 8.83$, $SD = 1.37$ and $M = 8.73$, $SD = 1.89$ respectively).

Table 7: Perceived barriers to accessing Triple P *(N = 30)*

Barrier	Number of parents who viewed this as a barrier (%)
No Internet	21 (70%)
Financial cost	20 (67%)
Transport difficulties	18 (60%)
Location of services	14 (47%)
Timing of services	13 (43%)
Access to childcare	12 (40%)
Unsupportive family members	9 (30%)
Language barriers	9 (30%)
No telephone	8 (27%)
No radio	7 (23%)
No television	7 (23%)
Competing work commitments	6 (20%)
Culturally inappropriate strategies	4 (13%)
Cultural barriers	4 (13%)
Uncomfortable accessing a parenting programme	4 (13%)

Table format based on Table 7 in Morawska et al. (2011)

Discussion

This is one of the first studies investigating the acceptability of an evidence-based parenting programme in South Africa. Results indicate that participants viewed Triple P strategies, materials and delivery methods as acceptable. Participants indicated that they were likely to implement the strategies, and many were currently using some of them.

All delivery methods, except web-based delivery, were ranked highly. Preference towards a self-directed programme with telephone assistance aligns with findings from Mejia et al. (2015), who investigated the acceptability of Triple P in Panama. Telephone assistance is becoming increasingly feasible in South Africa due to growing rates of cellphone ownership (Pew Research Centre, 2015). Participants also rated delivery via television and group formats highly, as did Australian parents (Morawska et al., 2011). If Triple P were to be implemented in shelters, group formats would likely be the most cost-effective and best suited to their structured schedules. This format may also increase parents' sense of social support (Taylor, Schmidt, Pepler, & Hodgins, 1998).

Time constraints were considered the greatest barrier to implementing Triple P strategies. This finding is consistent with numerous studies that identify time constraints as a barrier to parenting programme access and participation in general (e.g., Spoth et al. 1996), but might be particularly so in shelters, because of their strict schedules. Programme facilitators could assist parents in finding ways of navigating this barrier — for example, scheduling "quality time" — as a matter of shelter routine. Another barrier in shelters is that other residents or staff may not understand what a parent is doing when they are implementing positive parenting strategies, which may undermine their efforts. To address this and increase the sustainability of this parenting approach, all staff and residents should be trained in the programme so that they can support one another.

The most prominent barriers to access — no internet access, financial cost and transport — could be overcome by delivering programmes at shelters at no cost to parents. Although some participants selected cultural barriers as a barrier to accessing and implementing Triple P, this did not emerge during group discussion. Future research should explore parents' perceptions of these barriers.

This study is not without its limitations. A major limitation is the small sample size, which prevents findings from being generalisable beyond this group of mothers. In addition, some participants had very low literacy levels and struggled to complete the questionnaire independently, which may have influenced their responses. Lastly, the Parenting Scale has not been normed in South Africa and so findings must be interpreted with caution.

Despite these limitations, this study shows that the strategies taught in evidence-based parenting programmes are acceptable to mothers in battered women's shelters. Women in these settings are eager for parenting support and shelters provide an ideal opportunity for delivering such support.

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