

## **Providing Therapeutic Services to Methamphetamine Users and Children Who have Experienced Intimate Partner Violence during the COVID-19**

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### **Abstract**

World widely, methamphetamine abuse has been associated to intimate partner violence (IPV) and aggression. IPV during COVID-19 became a “pandemic within a pandemic” due to the pressures of economic insecurity, unemployment, and others. However, due to the pandemic, several therapeutic services for children and their parents who had experienced intimate partner violence (IPV) were required to rapidly transition to telehealth. The present study aims to investigate parents' experiences of participating in a parent-child telehealth intervention during the COVID-19 pandemic. In addition, researcher interested to explore counsellors' experiences of delivering the telehealth service. Participants were six fathers who took part in therapeutic service programme in National Anti-Drugs Agency (PUSPEN Melaka, Malaysia and four counsellors who delivered the service in specific regional areas. Semi-structured qualitative interviews were conducted and data were analysed using thematic analysis to determine key themes and sub-themes within the data. Parents acknowledged several benefits of therapeutic services delivered via telehealth including increased client credibility of rehabilitation centre delivered therapeutic service, improved emotion management, and improved paternal relationship. Counsellors acknowledged the significant of telehealth within this context including improved accessibility to the service and therapeutic skills. However, challenges to the telehealth approaches were also noted from parents and counsellors. Physical health problem, technology and child-attention barrier are the key challenge from the parents meanwhile counsellors acknowledge considerations for telehealth within this context including creativity of delivery services and physical health problem. The initial rapid transition to telehealth was described as an acceptable of mod delivery and improved accessibility to the IPV skills in the therapeutic services. Consideration

should be looking into challenges of the telehealth and emphasizes the need for severe evaluations of telehealth services for children exposed to IPV.

**Keywords:** Methamphetamine Abuse, Intimate Partner Violence, Covid-19, Telehealth.

### **Introduction**

The pandemic of COVID-19 witnessed numerous serious issues regarding intimate partner violence (IPV) for women and children (Van Gelder et al., 2020). IPV comprises several behaviours of existing or former intimate relationship which causes physical abuse, sexual violence, stalking, or psychological harm (Breiding et al., 2015). The behaviour that mentioned above referring to the acts of physical and sexual violence, controlling behaviours, and emotional-psychological abuse. U.S. Centres for Disease Control and Prevention (CDC) revealed approximately 1 in 4 women and 1 in 10 men have experienced violence and/or stalking by an intimate partner and subsequently consistent with previous research demonstrating that IPV upsurges during crises and disasters (Fisher, 2010; Parkinson, 2019; Anastario et al., 2009). Obviously, IPV during COVID-19 became a “pandemic within a pandemic” due to the pressures of economic insecurity, unemployment, increased time in quarantine with their abusers, and limited contact with their support networks to curb the infection. Consequently, this has exacerbated mental health complications, aggression, frustration, and deprived coping strategies such as alcohol abuse thus increasing the case of IPV (Campbell, 2020). World widely, methamphetamine has been connected to intimate partner violence (IPV) and aggression. Methamphetamine considered an extremely addictive psychostimulant that related with negative physical, behavioural and psychiatric impacts such as mental illness, violence and sexual risk (Lorvick et al., 2012). In addition, the alcohol and drug use precisely methamphetamine and cocaine are constant risk factors for IPV perpetration (Choenni et al., 2017; Leonard & Quigley, 2017; Cafferky et al., 2018).

In specific, Methamphetamine induces neurophysiological impacts on social and cognitive functioning that more vulnerable to IPV victimisation and perpetrate IPV towards as sex partner. The impacts of methamphetamine abuse in a long-term result are increasing dopamine which produces feelings of hypersexuality, grandiosity, euphoria, increased energy, and disinhibition (Am et al., 2006; Homer et al., 2008). Through the critical using of methamphetamine, it causes cognitive impairment and psychosis (Cruickshank & Dyer, 2009) that producing paranoia, suspicion in relationships and further contribute to IPV. Hence, there are several related factors that make IPV experiences more common among methamphetamine users which individuals experiences disproportionately high rates of additional lifetime traumas related symptomatology (Cohen et al., 2003; Edalati & Krank, 2015) which contributing cyclical association between drug abuse and violence. IPV can increase a child's and women risk of mental health issues such as anxiety depression, post-traumatic stress disorder (PTSD), and behavioural issues (Gartland et al., 2021; Howell, 2011; Vu et al., 2016).

There is a growing body of evidence that therapeutic parent-child interventions can help children heal and rehabilitate after being exposed to IPV (Anderson & Van Ee, 2018). Few therapies have been revealed to minimise traumatic stress symptoms in young children and to heal the relational tie between mothers and their children, which is commonly disturbed by IPV (Hagan et al., 2017; Lieberman et al., 2005). Dual therapies depend largely on age-appropriate play-based dialogues to aid young children and their caregivers in strengthening

their relationship and understanding the child's experience of violence, with the aim of strengthening parent-child relationships (Gomez, 2012; Lieberman et al., 2015). The pandemic of COVID-19 and the resulting social distance limitations have had a substantial influence on the delivery of therapeutic services. Various programmes have quickly migrated interventions to telehealth platforms offering this mode of delivery for the first time, to the continuous care of women and children following IPV (McLean et al., 2021). To certify the acceptance and viability of IPV telehealth interventions for families, it is necessary to record the experience of parents who have participated.

Generally, telehealth platforms have the capability to eradicate barriers to treatment such as childcare challenges, travel time, and transportation problem (Comer et al., 2015; Cunningham & Shapiro, 2018). Several therapies such as acceptance and commitment therapy (ACT) (Herbert et al., 2017), cognitive behavioural therapy (CBT) (Sztejn et al., 2018) and parenting interventions have a robust evidence base (Comer et al., 2015). Nevertheless, the use of telehealth among children and their parents who have endured traumatic events is fewer understood (Racine et al., 2020). The experiences of fathers who involved in telehealth also less documented (Fogarty, 2021). Through use of telehealth among children and their parents who have suffered traumatic events such as violence seems less understood (Racine et al., 2020). Moreover, there is fewer study on the utility of telehealth during community-wide crises where alternative treatment approaches are unavailable. Few interventions that were rapidly moved to telehealth platforms during the COVID-19 pandemic were not planned to be given in this manner (Ippen et al., 2020). Due to the play-based nature of dual therapies and the prominence on caregiver-child interactions, the shift to telehealth is challenging. Furthermore, the expectations and stress associated with quick changes in service delivery are likely to provide barriers for family violence workers who are burnout (Coles et al., 2013) (McLean & McIntosh, 2021). To safeguarding therapy services at this period, telehealth application in family violence settings takes thought, training, and appropriate methods (Racine et al., 2020). Learning on clinicians' practise experiences while delivering telehealth interventions might help inform telehealth implementation and service improvement.

The objective of the present study was to explore parents' experience of taking part in a telehealth delivered parent child dual intervention for healing and recovery from IPV exposure during the COVID-19 pandemic in Malaysia as well as to identify counsellors' experience of delivering the service. Precisely, the current study was to explore parents' insights of the benefits and challenges of the telehealth intervention for them and their children and benefits also challenges of counsellors' experiences delivering the telehealth intervention. Thus, the current study serves as a crucial phase in the review process, collecting evidence to drive the refinement of this service and processes to a thorough assessment.

## **Methods**

### *Setting and Participants*

The study was conducted in government rehabilitation centre namely 'Pusat Pemulihan Penagihan Narkotik (PUSPEN) Tampin, Melaka'. PUSPEN is a drug rehabilitation centre that provides treatment and rehabilitation programs to any individual who has been certified as a drug dependent by any Registered Medical Officers. Any individual who has been confirmed as a drug addict will be recommended by rehabilitation officer to undergo treatment and

rehabilitation at PUSPEN either voluntarily under section 8 (3) (a) of the Drug Addicts (R&P) Act 1983 or by court order under section 6 (1) (a) of the Drug Addicts (R&P) Act 1983. PUSPEN also cater for admission of adolescents under the provisions of section 9 of the Drug Addicts (R&P) Act 1983.

Therapeutic Communities is a dual model of therapeutic support is who have had a recent exposure of IPV has four stages: (1) specialised behaviour management or shaping triage; (2) a brief emotional & psychological management; (3) intellectual and spiritual management; and (4) vocational and survival skills. The primary aim of the therapeutic model is to helping drug addicts from suffering to move towards a better and meaningful life as what is meant by therapeutic conceptual approach. Therapeutic model like many other services, rapidly transitioned to a telehealth model. During interviews, Malaysia had completed at least several weeks of consecutive lockdown. Hence, the major concern of this study is attentive on parents' and counsellors' experience of therapeutic model during the pandemic and via a telehealth platform.

A purposive sampling is typical in qualitative research to find people who have experienced like circumstances so cohesive information can be gathered. For this reason, purposive sampling was used in this study (Palinkas et al., 2015; Etikan et al., 2016). The participants were 4 counsellors and 6 parents who had participated in the Therapeutic Community intervention via telehealth. The main criteria for the clinicians are they have a broad experience in specializing of methamphetamine intervention. Four counsellors were male and had on average 11 years' experience working with families. Meanwhile for the parent, researcher emphasize on the male methamphetamine users in the PUSPEN Tampin, Melaka. Entirely parents who took part in the interviews were male and were aged between 35 and 48 years. Most participants were Malaysian citizen and participants had on average 4 children (range 2–6). Data collection conducted between October and November 2021. Once participants had been selected, an appointment was then arranged with those who agreed to participate.

### *Procedures*

The study's goal was explained to parents who were receiving therapy services by their therapist. Parents who expressed interest in the study had the choice of contacting the research team directly or allowing their counsellor to share their contact information with the research team. The researchers told counsellors about the study, and those who exhibited interest received permission for their contact information to be shared with the research team. A member of the research team went on to explain the study's goal to counsellors and parents gave their informed consent directly. Researchers emphasised that participation was entirely voluntary and counsellors were given the opportunity to participate in a face-to-face in-depth interview. All of the interviews were conducted using Zoom and audio was recorded using a portable recorder. The interviews lasted between one hour. Interviews were transcribed verbatim from audio recordings.

### *Analysis*

The interviews were transcribed and provided to the interviewees so that they could verify that the transcripts were accurate. These were analysed by the study authors, who kept in touch through phone and email and met three times to discuss and obtain consensus on the

data, allowing for easier triangulation of the various sources. Through NVivo Version 12, interview transcripts were analysed using thematic analysis. Thematic analysis is a method of identifying common themes and sub-themes that arise from participant data (Braun & Clarke, 2014). Researchers used Braun & Clarke's (2006) process, in which transcripts are read first to familiarise themselves with the data, then first codes are generated. The elementary codes were then searched for themes, examined, refined, and specified. Throughout the analysis, all of the researchers met on a regular basis to discuss developing themes and sub-themes to address any coding discrepancies. All the research team conferred the final themes and subthemes to determine any inaccuracies in the coding methodology as well as any researcher bias. Parents' and counsellors' data were analysed separately. The study was integrated at the theme level, with similarities and contrasts between the themes examined allowing for triangulation assessment.

## **Result and Discussion**

### *Benefits of Therapeutic Services Delivered via Telehealth*

In the first section, finding revealed the benefits of therapeutic services delivered via telehealth according to the parents and counsellors. From the in-depth interview, several themes emerged from the parents' perception; increased credibility to the rehab centre, improved self-emotion, and upgrading paternal authority. Meanwhile, thematic analysis of counsellor's interview data revealed key themes related improved accessibility of service and improved skills in the therapeutic services. In addition, parents focused on what they and child gained from these therapeutic services and clinicians focused the drastic changes of the therapeutic services. Analysis of the parent interview data will be presented first, followed by analysis of the clinician interview data. Sub-themes and corresponding quotes for separately theme are conferred below.

### **Benefits of Therapeutic Services as Perceived by Parents**

#### *Increased credibility to the rehab institution*

Parents preferred some specific control strategies to cope with new situations of COVID 19 by using telehealth delivery services and it seems low cost respectively. Parents is restricted to going outside to curb the virus infection during movement control order.

*I think if it wasn't rehab centre to apply telehealth delivery, for me the whole family need to spend more money to going to the rehab.*

(Parent 3)

*Telehealth during COVID 19 help me to increased our positive perception to the rehab. Not only to stop the infection, but they alert on our financial situation to going outside.*

(Parent 4)

*Several rehab centres don't notice to the advancement of technology in delivered the therapy and we were anxious about that. For now, current telehealth offered us flexibility to stay inside and saving our money to going outside*

(Parent 5)

Due to the global movement control order, telehealth service delivery increased parents' confidence to stay safety in the pandemic. Hence, they eliminated negative perception to the rehab centre because the counsellors considerate on the patients healthy.

*I found that telehealth delivery system is useful for the patients because the safety is considered in this pandemic*

(Parents 1)

*I have very happy moments along with telehealth application. I am so glad to have the clinician's staff and my self-esteem increased during this pandemic. Now, the fear of pandemic was replaced with happiness and pride*

(Parents 2)

*Sometimes I do afraid to the self-safety in this pandemic. I had a few difficulties to cope with the pandemic situation but with the telehealth I am confident to follow the therapeutic treatment*

(Parents 4)

*I'm saying something to the counsellors that I am safe and my confidence always on the top side Therefore, my confidence to the rehab institution developed well; I can now be calmer.*

(Parents 5)

*I started to think about the delivery of treatment then when they are delivered online, I feel happy and safe*

(Parents 6)

Parents examined themselves in terms of coping with the pandemic and they noticed the telehealth application increased the accessibility to the counsellors.

*Just knowing that they were there too if I did have issues. I know there was one time that I share my opinion regarding how to access the treatment during pandemic. Then the counsellors said online delivery is applicable. Just being able to tell them that actually made me feel a lot better.*

(Parent 1)

*I feel like he's (son) love to stay at home and he calms down a lot quicker, which is really good. It easy to access the treatment delivery by sit in front of the laptop*

(Parent 2)

*Definitely I am satisfied with the telehealth system since it allows us to share what we think and easy to access the information freely.*

(Parents 3)

*I found telehealth system gave me a lot of satisfaction to access the information without any barrier.*

(Parents 5)

Parents noted that the participating in telehealth delivery system support their trustworthiness and confidence to the rehab institution. Specifically, they noted that they developed a consistent positive perception to the credibility of PUSPEN Tampin, Melaka in managing abuse problem and IPV

*My trustworthiness to the PUSPEN Tampin really changed a lot since it is the first time, I went into the private rehab centre. I've become more able to listen and I'm not just trying to control the situation completely and allow them to speak more. Accessibility to the telehealth gave me personal satisfaction to managing my emotion.*

(Parents 1, 2)

*In other rehab institutions, the treatment and care of the patient precedes face to face services or defer till the era of endemic. By the way in PUSPEN Tampin, they tried to use telehealth and it was useful to me. For this reason, I put my trustworthiness to the higher level of this institution.*

(Parents 5)

*In this pandemic situation, I briefly encouraged telehealth application and they (rehab institution) are very alert to the particular situation.*

(Parents 6)

#### *Improved emotion management*

In addition, the concept of strengths-based approach and validation in the therapeutic services build a good emotion management among the parents as well to reduce violence behaviour. Majority of the parents describe the telehealth application reduced their stress level during the pandemic.

*"Drugs makes you aggressive. I'm speaking of my own personal experience. Let's say I had a hit; I'll have an argument with someone. Currently the situation is different, I might use telehealth to sharing my stress to the counsellors*

(Parent 1)

*Now the situation changes, I can reduce my stress to talk with someone in the rehab institution*

(Parent 2)

*Obviously, I build my trust to the clinicians there to sharing my anxiety and upcoming stress in the quarantine period*

(Parent 3)

*Telehealth thought me how to control my anger and stress by talking to the professional*

(Parent 4)

*Telehealth application bring me out from the problem when I spoke to them*

(Parent 5)

*I believe the systematic way to reduce my stress during pandemic is by sharing problem to someone*

(Parent 6)

Meanwhile, parents observed the application of telehealth *boost their self-discipline during the pandemic.*

*'I used to wake up early in the morning to attend the therapeutic session and adjusting my daily scheduled*

(Parent 2)

*The way they (counsellor) spoke and I found they were genuine. They wanted to help and I need to prepare myself every day to ready with the exercise given.*

(Parent 5)

*Obviously, my self-discipline during this pandemic is moderate, due to the telehealth application and part timer job*

(Parent 6)

Parents enlightened that their children appeared to enjoy searching new information that they liked their therapeutic service sessions, with parents expressing that their child had a positive experience.

*Counsellors were showing normal human behaviours. This also caused us to be affected positively seeking new information. When they invited us to the activity groups and communicate, they thought us how to think deeply to solve the games. These normal behaviours have relieved me.*

(Parent 1)

*I am enjoyed the problem-solving games and it was a session that I waiting for*

(Parent 2)

*I love to seeking new information regarding therapeutic session and it taught me how to think positively to solve several problems in daily life*

(Parent 3)

*Seeking new information probably improved my understanding that all the problems in the world couldn't be solved by violence*

(Parent 5)

#### *Upgrading paternal relationship*

Majority of the parents believed during the therapeutic sessions, upgrading paternal relationship is the real outcome that counsellors suggested to them. In upgrading the paternal relationship, parents emphasized to improve family environment and close attachment with children. This solution eliminated their stress and negative emotion in daily life.

*I observed how I can intervene with stress and negative emotions and how I can communicate with my children. At first, I was afraid but I observed that my friend*



*could also do it. I learned that improving family environment approaches is the good solution to curb my violence behavior*

(Parent 1)

*Here, the telehealth outcome taught me how to curb my violence behaviour by applying close attachment with my children. It seems a long way to them to believe my credibility to become a good father*

(Parent 2)

*I'd like to suggest for my self-solution after attending the telehealth application that the bonding with my children need to upgrading from now.*

(Parent 3)

*Telehealth application taught me how to stabilize my emotions with the children by attach more with them*

(Parent 4)

*Undoubtedly, I found two solutions to curb my violence behaviour anyway... as a parent improving family environment and close attachment with the children highly important. Pandemic hit us but don't forget we have our own family and this is the right time to repair our wrongdoing to them...*

(Parent 5 and 6)

### **Benefits of Therapeutic Services as Perceived by Counsellors**

The counsellors stated that psychiatry knowledge or therapy that they perceived was different from other rehab institutions. Whatever they learned at previous rehab was not sufficient practice in their previous workplace. Therefore, several clinicians in study location eager to apply all the knowledge learned because the spirit of the clients to curb the addiction behaviour. Benefits of therapeutic services as perceived by counsellors are representing by the two main theme (1) improving accessibility of treatment and (2) improved skills in the therapeutic services.

#### *Improving accessibility of treatment*

Counsellors consistently talked about how telehealth improved the accessibility of the services by increased their energy levels to meeting frequently with the client. That's mean whenever client interested to meet up in the zoom, counsellors are ready to consult them. Compared to the face-to-face session before, client only interested to meet up only the session in the rehab centre. In addition, no extension question was debated before. The flexible working hours among counsellors provide a bunch of advantage to the client to sharing their problem.

*My clients spoke about their fear of isolation and I think that offering Zoom was really helpful for them because they can share their problem every time. They feel less isolated and brave to share their idea and asking so much question*

(Counsellor 1)

*During face-to-face session majority of the client doesn't have a huge confident to share their problem, anxiety etc... surprisingly in the zoom application they voluntarily show their confidence to speak out*

(Counsellor 2)

*The transition of telehealth via zoom offered us as a positive experience.... they are not shy to spreading the knowledge, suggesting some future plan for their family*

(Counsellor 3)

*The feedback that I received during the face-to-face session in the rehab so complex... by the way in the zoom application it sounds easy to understand because they were at home...I frequent contact them at evening and night as well*

(Counsellor 4)

Counsellors also distinguished that for many families, telehealth was a more accessible and comfortable service. Definitely, telehealth enabled parents to access therapeutic services more frequent and clinicians spending more time with them.

*They don't have to leave the house and going outside. Here, I guess it's a bit more convenient because they're stay at homes, so they can do anything work during the session. The follow up process seems very easy to handle by me and we spend more time; probably 2 hours I've found that most have found it to be okay and to be probably more helpful.*

(Counsellor 1)

*Every parent and child show their interest to proceed the discussion without any specific time. I remembered we spend more than 3 hours to the conflict contingency model during weekend*

(Counsellor 2)

*As a dual therapeutic services, both party (parents and clinicians) are safe when they're in home and not so much busy. The level of accessibility is high to get the therapeutic service here*

(Counsellor 3)

*I felt my idea to curb their addiction and violence behaviour are much appreciated by them. We spending so much time and the happy emotions in them*

(Counsellor 4)

#### *Improving skills in therapeutic services*

Counsellors mentioned the benefits of telehealth application offered consequential changes in the therapeutic process. They noticed the importance of adjusting therapeutic style to engage with clients online and understanding more the nature of family environment into the telehealth space.

*I have become more aware of the client and having to really rely on their tone of voice to be able to gauge how they're feeling...I'm really specific to know about*

*their family environment... the family environment is quite crucial for me to deliver the therapeutic service*

(Counsellor 1)

*The real of the family environment different compared to the face-to-face session previously due to the pandemic.... here is my responsibility to adjust the therapeutic services for the problematic family...*

(Counsellor 3)

Counsellors also stated the telehealth application enforced them to always being prepared to deliver the service. Telehealth also assisted with the assessment of a child and their parents thus offered opportunities for counsellors to practice strategies within their home environment.

*Since the family are interested to attending the telehealth application, I need to consult myself with the practical strategies to prepared the services well*

(Counsellor 1)

*I need to understand and prepare a well strategies to deliver the therapeutic services because they would like to ask some potential solution anytime.*

(Counsellor 2)

*Read online source and having a multiple case study are my preparation to deliver the therapeutic services because they would like to asking some more question the session*

(Counsellor 3)

*Several potential strategies to curb their violence and addiction from their side are very helpful for me to deliver the therapeutic service... I'm very happy to see the improvement in their cognitive; freedom in thinking...*

(Counsellor 4)

### **Challenge of therapeutic services delivered via telehealth**

The challenges of delivering the therapeutic services via telehealth were identified by parents and counsellor. Thematic analysis of parent interview data discovered themes concerning to (a) technology, (b) challenges of client attention, and (c) physical health problem. Meanwhile, thematic analysis of counsellor interview data discovered themes involving upgrading creativity to the therapeutic content and physical health problems. Themes, sub-themes, and corresponding quotes relating to parents will be discussed followed by the counsellors.

### **Challenge of therapeutic services delivered via telehealth perceived by parents**

#### *Technology barriers*

Although parents talked about the delivery of therapeutic services via telehealth offered several advantages but they justified *technology barriers* became a main obstacle to attend the telehealth services. This obstacle contributed to the misunderstanding of the input in telehealth services especially in healthy functioning in the family relationship. In a context of technology barriers, there was often a feeling of frustration when the technology devices are

not enough for the entire family. Both men and child talked about borrowed some devices from the neighbourhood and the problem of internet connecting in geographical area. In addition, several parents mentioned a preference for some face-to-face sessions and may be less tiring and more engaging for children than screen time.

*Probably the big problem that's been about that, in the preparation of devices and having to think about place that have a good internet connection... I need to think twice where I can stay to attend the telehealth session...*

(Parent 1)

*My three children are supposed to attend online classes and we need to share the devices (smartphone)...thanks to God the telehealth session is flexible and I can attend the telehealth session when my children didn't use the devices*

(Parent 2)

*Trying to build up that rapport and that level of engagement, trust probably takes more effort in term of technology... sometimes I need to stay in my aunty residential area to attend the telehealth session due to the low connection in my residential area...*

(Parent 3)

*Honestly, the budget allocation of internet data getting increased from time to time and to prevent this situation, I need to attend the telehealth session in my friend residential area in another district...*

(Parent 4)

*The main obstacle for us is the low connection in our residential area and less devices...need to spend more on devices ahead*

(Parent 5)

*I guess the problematic one's is less technology devices and keep thinking for the next solution*

(Parent 6)

### *Challenges of Client Attention*

Children's experiences of attending therapeutic services via telehealth IPV often occurred in the context of violence by a parent. Multiple children described being pressured physically beaten when they did not comply with their parents' advices. Thus, some of the children didn't focus on the telehealth session or having a problem to stay focused in a long time. For this reason, the children mentioned that communication with the counsellor made them mentally very tired.

*The other week I had a session with the clinicians, me and my child had an argument in the middle of the session because he can't pay attention more and keep watching entertainment programme in other devices...*

(Parent 2)

*Seems my children having a problem to pay more attention to the session due to tiredness in attending online class etc...*

(Parent 4)

*Here, the feedback from my children sometimes is unclearly... seems he can't pay attention to the session especially in the evening...*

(Parent 5)

#### *Physical Health Problem*

In addition, parents noted that telehealth session with clinicians was more challenging thus affected their physical health.

*I got an eye redness when too much watching on the screen not only during the telehealth session but when I searching information in the handphone*

(Parent 1)

*I always looking at my handphone screen for a long time and continued to the telehealth session...directly I got an eye redness, swollen at my eyes*

(Parent 5)

*I got a headache and always sleepy when attending the telehealth session due to much time surfing the internet on my devices*

(Parent 6)

#### **Challenge of Therapeutic Services Delivered via Telehealth Perceived by Counsellors**

##### *Upgrading creativity to the therapeutic content*

For counsellors, the two main challenges of delivery therapeutic services via health are represented by upgrading creativity to the therapeutic content and physical health problems. Counsellors mentioned numerous elements of therapeutic process which were more challenging via telehealth. They needed to implement additional creativity to maintain client attention during the session. They spoke about the importance of developing supplementary creativity such as interactive quiz, communication technic etc. If the perpetrator of IPV was in the home during the session, how the client may react and approaches of checking back in to maintain their interest.

*The work with the children and their parent seems difficult in online setting but that's what I've found to be trickier, sometimes I need to watch YouTube to upgrading the content of therapeutic service... sometimes they are sleeping during the session...*

(Counsellor 1)

*I was to be honest, working in Zoom, is thinking about how I'm going to remain really playful with them... I can't just play a same game and I need to ask them what kind of game attract them to stay listen in the session*

(Counsellor 4)

##### *Physical Health Problems*

Along with the challenges in telehealth session, counsellors discussed that telehealth was more tiring and increase physical health problem such as eye redness, headache, and fatigue.

*Seems the telehealth session much more tiring and I needed to have much more available to me physically around*

(Counsellor 1)

*The other session I got an eye redness, headache, and fatigue.... I felt tiring when spending too much time into the screen*

(Counsellor 2)

*A few physical health problems affected since the introducing of telehealth such as eye redness, headache, and fatigue...I guess the time for us to surfing the internet on the screen need to minimalize...*

(Counsellor 3)

## Discussion

Presently, COVID-19 pandemic has resulted in significant modifications in the therapeutic treatments available to parents and children who have been exposed to IPV. Alternative therapy services swiftly adjusted to the telehealth applications in several rehabilitation centres in line with the COVID 19 pandemic. This current study is sought to explore parents' insights of the benefits and challenges of the telehealth intervention and counsellors' experience delivering the telehealth intervention. Recognizing benefits and challenges of telehealth therapeutic interventions for IPV is an important to acknowledged the level of informant acceptance among families experiencing IPV, overcome the weaknesses of the telehealth delivery system, and develop modern techniques for health service delivery.

Counsellors and parents identified many benefits to the therapeutic service telehealth model delivered during the COVID-19 pandemic. The use of telehealth to enable provision of therapeutic services was highlighted as a benefit to the parent. Definitely, telehealth applications have increased the credibility of rehabilitation centre to provide therapeutic services to informants. Financial affairs are not a core obstacle for parent going to the rehabilitation centre to attending therapeutic service due to the MCO. Furthermore, during pandemic, parents are very concerned about the safety of their children when they are outside. Therefore, the rehabilitation centre has proposed a telehealth application to facilitate access to therapeutic services. Parent acknowledged the importance of therapeutic service since the children under the age of five are exposed to interpersonal traumatic violence that resulted child and the parent attachment relationship disturbances, thus clinical interventions strictly important (Chu & Lieberman, 2010). Overall, parents were very satisfied and increased their trust in PUSPEN Tampin, Melaka because of their consideration along pandemic situation. This benefit is in line with Campo & Tayton (2015) that telehealth has a great potential to provide family violence therapeutic among family that have a less access to the service.

Along with describing telehealth as an acceptable mode of delivery, man reported several outcomes of therapeutic services via telehealth for themselves and their family as well. These outcomes included improved emotion management and upgraded paternal relationship in parenting. In addition, the concept of strengths-based approach in the therapeutic services clearly build a good emotion management among the parents to reduce violence behaviour. Since the session held in a flexible time, parent and children are allowed to sharing their opinion anytime, thus reduce some stress. This outcome is related within family context and telehealth application contribute a respectable self-discipline among parents and children to

acknowledge the essence of therapeutic services. In addition, telehealth application encouraged parents to seeking more information to understand their child behaviour. On top of that, telehealth application upgrading the paternal relationship within the family. The impact of the telehealth application offered parent to improved family environment and close attachment with the children as well. In this study, the impact of telehealth application towards children is notified since evidence-based interventions for children exposed to IPV are lacking (Rizo et al., 2011).

Despite telehealth being preferred by several families, it is crucial to know that telehealth may not be suitable for others. Some of the father in our study mentioned that they would have preferred the option of face-to-face session since they have a main obstacle in the technology devices. Some technology devices such as mobile phone and laptop need to share with the others family members to schooling purpose. Then, a low connection within their geographical area described the obstacle for them to attend the telehealth session. Furthermore, the effectiveness of telehealth may vary depending on the developmental stage of the child with fathers of younger children reporting that it was difficult for their child to continue concentration at times. This situation needs to be improved ahead to identify some potential criteria in ensuring children concentration. In addition, majority of the parents notified a physical health problem such as eye redness and headache while attending the telehealth session because too much eye concentration in the others technology devices. Dual initiative should be considered to prevent the impact of physical health problem because it would affect the psychological well-being of the parent and child.

The initial rapid transition to telehealth was described as an improved accessibility to the service and improved skills in the therapeutic services by several counsellors in this study. Counsellors reported that telehealth provide them more flexibility to provide shorter and more frequent sessions in order to better meet the developmental needs of younger children. However, counsellors highlight the challenges in delivering the telehealth services as they need to improvised and adjusting therapeutic style to be creative within their sessions with children and dual parent-child sessions. Physical health problem such as eye redness, fatigue, and having a sleeping problem also identical to the challenge by parents in this study. State-wide government lockdowns enforce them to stay safety at home and working from home clearly bring challengers to them. Employed therapeutically with parents and children who have been exposed to violence is difficult and can lead to indirect trauma and exhaustion (Cocker & Joss, 2016). These two main challenges are the primary concern among the clinicians and supplementary programme should be implement among counsellors to ensuring their credibility delivering the service. Current findings emphasise to acknowledging limitations in telehealth services to completely the needs of families and counsellors during the pandemic.

### **Strength and Limitations**

Experience in engaging and delivering therapeutic services for families exposed to IPV via telehealth during the COVID-19 pandemic is essential objective in the present study. Researchers acknowledged parent perspective regarding the appropriateness and acceptability of telehealth. Meanwhile counsellors' perspective refers to the valuable practice-based knowledge that may be used to introductory of telehealth and the importance of counsellor's well-being.

However, there are several limitations in this study especially in the sample allocation. The number of parents in our study was limited included parents of children ranging in age from infancy to adolescent. Obviously, it may reduce the breadth of the data gathered. Furthermore, the present study only includes father perspective only and it is possible that others caregivers' perspective who participated in the therapeutic services need to consider. In addition, the location of the current study is based on single location and the implementation of telehealth in other rehabilitation centre are different. Since it was first time many fathers had engaged in telehealth services, the response for the next issue needs to be broad such as how to upgrading the weaknesses of telehealth services etc.

### **Conclusions and Implications**

The primary conclusion reflects the implications for practice and research. For this present study, clearly engrossed to the implementation of telehealth services in delivering therapeutic services to parents and children exposed to IPV are documented. From the practiced based, the appropriateness of telehealth services among parents are acceptable in many dimensions. Parents revealed the significant of telehealth offer advanced credibility to the rehab institution, enhanced emotion management and elevated paternal relationship. Meanwhile, telehealth improved the therapeutic accessibility and therapeutic skills among counsellors. Indirectly, the recent research provides the comparison modes of therapeutic via telehealth and face-to-face services. However, several challenges are notified in the current study for both parties. The area of further research must be considered on how to overcome the technology barrier, child attention barrier, and physical health problems among parents and child. On top of that, additional research is immediately required to determine the effectiveness of family violence therapeutic interventions based on the counsellor's challenge. Supplementary information technology programme should be implemented towards clinicians to improved their credibility delivering the services. The physical and emotional state of counsellors also important to improved their psychological well-being in delivering the therapeutic service. Our findings revealed the telehealth services may reduce the intimate partner violence behaviour if the fathers continued upgraded the paternal relationship and home environment. Overall, our research highlighted the appropriate guidelines of the telehealth with families who have experienced IPV and how telehealth maintains the social safety during pandemic.

### **References**

- Anastario, M., Shehab, N., & Lawry, L. (2009). Increased gender-based violence among women internally displaced in Mississippi 2 years post-Hurricane Katrina. *Disaster Medicine and Public Health Preparedness*, 3(1), 18–26.
- Anderson, K., & Van Ee, E. (2018). Mothers and children exposed to intimate partner violence: A review of treatment interventions. *International Journal of Environmental Research and Public Health*, 15(9), 1955.
- Barr, A. M., Panenka, W. J., MacEwan, G. W., Thornton, A. E., Lang, D. J., Honer, W. G., & Lecomte, T. (2006). The need for speed: an update on methamphetamine addiction. *Journal of psychiatry & neuroscience*.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Braun, V., & Clarke, V. (2014). What can “thematic analysis” offer health and wellbeing researchers?



- Breiding, M., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. R. (2015). Intimate partner violence surveillance: Uniform definitions and recommended data elements. *Version*, 2(0).
- Cafferky, B. M., Mendez, M., Anderson, J. R., & Stith, S. (2018). Substance use and intimate partner violence: A meta-analytic review. *Psychology of Violence* 8(1): 110–31
- Campbell, A. M. (2020). An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: Reports*.
- Campo, M., & Tayton, S. (2015). Domestic and family violence in regional, rural and remote communities. *Melbourne, Australia: Australian Institute of Family Studies*.
- Choenni, V., Hammink, A., & Van de Mheen, D. (2017). Association between substance use and the perpetration of family violence in industrialized countries: A systematic review. *Trauma, Violence and Abuse* 18(1): 37–50
- Chu, A. T., & Lieberman, A. F. (2010). Clinical implications of traumatic stress from birth to age five. *Annual Review of Clinical Psychology*, 6, 469-494.
- Cocker, F., & Joss, N. (2016). Compassion fatigue among healthcare, emergency and community service workers: A systematic review. *International journal of environmental research and public health*, 13(6), 618.
- Cohen, J. B., Dickow, A., Horner, K., Zweben, J. E., Balabis, J., Vandersloot, D., & Reiber, C. (2003). Abuse and violence history of men and women in treatment for methamphetamine dependence. *American Journal on Addictions*, 12(5), 377-385.
- Coles, J., Dartnall, E., & Astbury, J. (2013). "Preventing the pain" when working with family and sexual violence in primary care. *International Journal of Family Medicine*, 2013.
- Comer, J. S., Furr, J. M., Cooper-Vince, C., Madigan, R. J., Chow, C., Chan, P. T., Eyberg, S. M. (2015). Rationale and considerations for the internet-based delivery of parent-child interaction therapy. *Cognitive and Behavioural Practice*, 22(3), 302–316
- Cruickshank, C. C., & Dyer, K. R. (2009). A review of the clinical pharmacology of methamphetamine. *Addiction*, 104(7), 1085-1099.
- Cunningham, J. E., & Shapiro, C. M. (2018). Cognitive Behavioural Therapy for Insomnia (CBT-I) to treat depression: A systematic review. *Journal of Psychosomatic Research*, 106, 1–12. h
- Edalati, H., & Krank, M. (2015). Perceived maltreatment and development of risky personality factors and future orientation: risk for alcohol use during adolescence. *Developmental Psychobiology*, 57(7)
- Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American journal of theoretical and applied statistics*, 5(1), 1-4.
- Fisher, S. (2010). Violence against women and natural disasters: Findings from post-tsunami Sri Lanka. *Violence Against Women*, 16(8), 902–918.
- Fogarty, A., Savopoulos, P., Seymour, M., Cox, A., Williams, K., Petrie, S., & Giallo, R. (2021). Providing therapeutic services to women and children who have experienced intimate partner violence during the COVID-19 pandemic: Challenges and learnings. *Child Abuse & Neglect*, 105365.
- Gartland, D., Conway, L. J., Giallo, R., Mensah, F. K., Cook, F., Hegarty, K., Brown, S. J. (2021). Intimate partner violence and child outcomes at age 10: A pregnancy cohort. *Archives of Disease in Childhood*
- Ippen, G. C., Chu, A., & Lieberman, A. F. (2020). CPP & Telehealth; what we know and how it guides us.

- Gomez, A. (2012). *EMDR therapy adjunct approaches with children: Complex trauma, attachment, and dissociation* ((1st ed.)). New York: Springer Publishing Company.
- Hagan, M. J., Browne, D. T., Sulik, M., Ippen, C. G., Bush, N., & Lieberman, A. F. (2017). Parent and child trauma symptoms during child–parent psychotherapy: A prospective cohort study of dyadic change. *Journal of Traumatic Stress, 30*(6), 690–697
- Herbert, M. S., Afari, N., Liu, L., Heppner, P., Rutledge, T., Williams, K., Bondi, M. (2017). Telehealth versus in-person acceptance and commitment therapy for chronic pain: A randomized noninferiority trial. *The Journal of Pain, 18*(2), 200–211.
- Homer, B. D., Solomon, T. M., Moeller, R. W., Mascia, A., DeRaleau, L., & Halkitis, P. N. (2008). Methamphetamine abuse and impairment of social functioning: a review of the underlying neurophysiological causes and behavioural implications. *Psychological bulletin, 134*(2), 301.
- Howell, K. H. (2011). Resilience and psychopathology in children exposed to family violence. *Aggression and Violent Behaviour, 16*(6), 562–569.
- Leonard, K. E., & Quigley, B. M. (2017). Thirty years of research show alcohol to be a cause of intimate partner violence: Future research needs to identify who to treat and how to treat them. *Drug and Alcohol Review 36*: 7–9
- Lieberman, A. F., Van Horn, P., & Ippen, C. G. (2005). Toward evidence-based treatment: Child-parent psychotherapy with pre-schoolers exposed to marital violence. *Journal of the American Academy of Child & Adolescent Psychiatry, 44*(12), 1241–1248.
- Lorvick, J., Bourgois, P., Wenger, L. D., Arreola, S. G., Lutnick, A., Wechsberg, W. M., & Kral, A. H. (2012). Sexual pleasure and sexual risk among women who use methamphetamine: a mixed methods study. *International Journal of Drug Policy, 23*(5), 385–392.
- McLean, S. A., & McIntosh, J. E. (2021). The mental and physical health of family mental health practitioners during COVID-19: Relationships with family violence and workplace practices. *Australian Journal of Psychology, 1*–10
- McLean, S. A., Booth, A. T., Schnabel, A., Wright, B. J., Painter, F. L., & McIntosh, J. E. (2021). Exploring the efficacy of telehealth for family therapy through systematic, meta-analytic, and qualitative evidence. *Clinical Child and Family Psychology Review, 1*
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and policy in mental health and mental health services research, 42*(5), 533–544.
- Parkinson, D. (2019). Investigating the increase in domestic violence post disaster: An Australian case study. *Journal of Interpersonal Violence, 34*(11), 2333–2362.
- Racine, N., Hartwick, C., Collin-V'ezina, D., & Madigan, S. (2020). Tele mental health for child trauma treatment during and post-COVID-19: Limitations and considerations. *Child Abuse Neglect.*, Article 104698
- Rizo, H., Boyet, M., Blichert-Toft, J., & Rosing, M. (2011). Combined Nd and Hf isotope evidence for deep-seated source of Isua lavas. *Earth and Planetary Science Letters, 312*(3-4), 267–279.
- Sztejn, D. M., Koransky, C. E., Fegan, L., & Himelhoch, S. (2018). Efficacy of cognitive behavioural therapy delivered over the Internet for depressive symptoms: A systematic review and meta-analysis. *Journal of Telemedicine and Telecare, 24*(8), 527–539.
- Van Gelder, N., Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., & Oertelt-Prigione, S. (2020). COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. *Eclinical Medicine, 21*.

Vu, N. L., Jouriles, E. N., McDonald, R., & Rosenfield, D. (2016). Children's exposure to intimate partner violence: A meta-analysis of longitudinal associations with child adjustment problems. *Clinical Psychology Review*, 46, 25–33.