



Safe and Understood

Child Development Institute

September 1, 2015
September 30, 2020

Financial contribution from the Public Health Agency of Canada
Supporting the Health of Survivors of Family Violence



Safe and Understood: Intervening with families to promote healthy child outcomes and prevent abuse recurrence for young child victims of domestic violence exposure

September 2015 – September 2020

Financial contribution from



Public Health
Agency of Canada

Agence de la santé
publique du Canada



INTRODUCTION

Child Development Institute

Child Development Institute (CDI) is an accredited children’s mental health agency in Toronto, Ontario. Built on a legacy of more than 100 years, the organization offers evidence-based programs for children ages 0-12 and youth ages 13-18, and their families. CDI is a highly collaborative organization that shares research, knowledge, and expertise through partnerships and collaborations, training, consultation and publications. For more information visit: <https://www.childdevelop.ca/>

Acknowledgements

Production of this document has been made possible through a financial contribution from Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of Public Health Agency of Canada.

Funding for this project, at the Child Development Institute, has been made possible through a contribution from the Public Health Agency of Canada. The Public Health Agency of Canada provided **\$1, 794, 267 from September 1st 2015 to September 30th 2020** through the Supporting the Health of Survivors of Family Violence Investment.

We would like to acknowledge the partnership, collaboration, and in-kind contributions provided by the following organizations:

- Centre de Ressources et de Crises Familiales Beauséjour
- Changing Ways London Inc.
- Children’s Aid Society of Toronto
- L’Accord Mauricie
- Maison Pour Femmes Immigrantes
- Muslim Resource Centre for Social Support and Integration
- Native Child and Family Services of Toronto
- Université de Moncton
- University of Toronto
- University of Calgary
- Université Laval
- Western University
- Wood’s Homes

Safe and Understood

Safe and Understood was a 5-year, multi-province project (i.e., Alberta, New Brunswick, Ontario, and Quebec). The main objective was to improve outcomes for young children (ages 0-4) at-risk because of domestic violence (DV) exposure by enhancing the reach of two existing programs—Mothers in Mind and Caring Dads—that focus on the reduction of impairment, and prevention of DV reoccurrence. Any questions regarding this project can be sent to Dr. Angélique Jenney, via email angelique.jenney@ucalgary.ca and Katreena Scott at kscot47@uwo.ca.

Programs

Mothers in Mind is a 10-week mother and child program designed to meet the parenting needs of mothers who have experienced family violence, childhood abuse, neglect or sexual assault, and have children under the age of four. The program focuses on the needs of mothers who find that these hurtful experiences are making parenting difficult. For more information visit: <https://www.childdevelop.ca/mothersinmind/home>

Caring Dads is a 17-week group program for men who have abused, neglected, or exposed their children to DV. The intervention works with fathers to change patterns of abuse, increase fathers’ awareness and application of child-centered fathering, and to promote respectful co-parenting with children’s mothers. For more information visit: <https://caringdads.org/>

Target Populations

Young Children (ages 0 to 4) who were exposed to DV (as substantiated by child protective services). One quarter of children investigated for direct exposure to DV are between 1-3 years of age, and a further 10% of DV exposed children are under the age of one year (Trocmé et al., 2008).

Mother victims of DV.

Studies on childhood adversity show that the strongest protective factor mitigating the impact of adversity is a strong relationship with a primary caregiver, who can provide emotional containment and support to their child (Holt et al., 2008). Such protection is complicated for young child victims of exposure to DV because in the vast majority of cases mothers are identified as victims of DV and are themselves dealing with the impact of victimization and experiences of abuse that may interfere with parenting (Buchanan, Power, & Verity, 2014).

Fathers who have perpetrated DV.

A popular misconception is that, following the identification of DV, children stop having contact with the perpetrator and are thereby protected from further DV exposure. In fact, even within the population of children whose exposure to DV has been substantiated by child protective services, many continue to live with their mothers and fathers and the vast majority of others continue to have contact in supervised, unsupervised, formal, and informal access arrangements (Forsell & Cater, 2015). Risk for ongoing DV perpetration is high in the context of these changing relationships (Statistics Canada, 2013).

Child protection workers, who regularly encounter young child victims of DV exposure.

Traditionally, services for victims of DV have focused primarily on older children and adults—ignoring or minimizing the opportunity to promote, prevent and treat the social, emotional and developmental health needs of infants and toddlers (Royal College of Physicians and Surgeons of Canada, 2014). Problems recognizing and responding to the needs of young child victims of DV extend into the child protection field, where lack of training in infant trauma and the absence of systematic coordination and communication between child protection and child health promotion services means that children and families often do not receive timely and appropriate referrals for intervention (Osofsky & Lieberman, 2011).

KEY PROJECT OUTPUTS

A. National Scan

A Canadian scan of provincial treatment and intervention services for children aged 0 to 4 years who have been exposed to domestic violence was conducted and compares and contrasts policy standards, practice frameworks and services for young child victims of exposure to DV across Canada. Important findings include:

- Provincial and Territorial action plans rarely included a focus on children
- Most commonly available services were for general mental health and provided therapeutic intervention for a variety of issues including DV. Few indicated capacity to see children under 4.
- Child Advocacy Centres or Child and Youth Advocacy Centres were available; however, few served children under 4 and largely specialized in child sexual and physical abuse.
- The Violence Against Women (VAW) sector often provided education and support for mothers and many have programs for mothers and children over 4.
- At the time of National Scan, MIM was one of the few programs serving mothers who had experienced DV with children under 4 years old

The National Scan can be found here:

http://kh-cdc.ca/en/project-profiles/pdfs/Safe_Understood_National_Scan_Report.pdf

B. Program Facilitator Training

From 2016 to 2019, program experts trained organization staff interested in becoming program facilitators. The breakdown is as follows:

| | Alberta | Ontario | Quebec | New Brunswick | Total Number of Training Sessions | Total Number of People Trained |
|------------------------|---------|---------|--------|---------------|-----------------------------------|--------------------------------|
| Mothers in Mind | 2 | 8 | 3 | 2 | 17 | 340 |
| Caring Dads | - | 8 | 3 | 2 | 15 | 210 |

C. Programs Embedded at Selected Sites

From 2016 to 2019, MIM and CD were embedded at selected sites. The breakdown is as follows:

| | Alberta | Ontario | Quebec | New Brunswick | Total Number of Groups |
|------------------------|---------|---------|--------|---------------|------------------------|
| Mothers in Mind | 2 | 20 | 3 | 0* | 25 |
| Caring Dads | 0** | 18 | 4 | 0* | 2 |

**We specifically wanted to offer services in rural areas to understand the challenges and benefits of implementation within these contexts. We learned that areas with lower population numbers and larger geographic spread posed unique challenges to offering services within group formats. Instead, trained facilitators in these locations used the skills from MIM and CD training to offer more individualized services to families on a one-to-one basis.*

***While MIM expanded into Alberta with solid relationships with community partners there, CD responded to the need for ethno-specific programming for the Muslim community and supported this program adaptation in Ontario.*

D. MIM and CD Impact

| Target Population | Number of People |
|-------------------|------------------|
| Fathers | 178 |
| Mothers | 120 |
| Children | 760 |

E. Knowledge Dissemination

| Conference | Reach (Number of people) |
|---|--------------------------|
| Annual Knowledge Hub Presentations (London, Ontario) | 40 |
| European Conference on Domestic Violence (Porto, Portugal) | 15 |
| BASCPAN 10th International Congress (Warwick, England) | 20 |
| International Domestic Violence and Health Conference (Melbourne, Australia) | 25 |
| Safe and Understood: Intervention Model (Montreal, Quebec) | 20 |
| University of Toronto APHD Research Gala (Toronto, Ontario) | 70 |
| Prairie Child Welfare Consortium: Future of Child Welfare in Canada (Calgary, Alberta) | 30 |
| Alberta Association of Infant Mental Health (AAIMH) Annual General Meeting (Calgary, Alberta) https://static1.squarespace.com/static/5b98037e4eddec69a965abb9/t/5bc51971e4966bab7a2bee2e/1539643785455/Mother+in+Mind+AAIMH+Presentation+September+24+2018.pdf | 75 |
| Quebec Partnership Meeting (Trois Riviere, Quebec) | 30 |
| European Conference on Domestic Violence (Oslo, Norway) | 20 |

| Conference | Reach (Number of people) |
|---|--------------------------|
| Caring Dads—Arabic Adaptation Launch (Toronto, Ontario) | 80 |
| Canadian Domestic Violence Conference (Halifax, Nova Scotia) | 60 |
| Roundtable: Caring Dads in the Context of Indigenous Populations (Winnipeg, Manitoba) | 20 |
| International Federation of Social Workers 2020 Conference, (Virtual, Global attendance) Jenney, A. & Lawrence, A. & Scott, K. <i>Connections and Mothers in Mind: Examining the Benefits and Challenges of Differing Forms of Parenting Intervention (psycho-educational vs parent-child) for Women Experiencing Intimate Partner Violence and Their Young Children.</i> IFSW 2020 Conference (online). https://www.youtube.com/watch?v=XyAR0jx8taU&feature=youtu.be Posted July 14, 2020 with 97 views to date. | 166 |
| Jenney, A. & Scott, K. <i>The provision of specialty DV parenting intervention within child protection settings: outcomes and practice applications.</i> IFSW 2020 Conference (online). https://www.youtube.com/watch?v=qxpyxP4z9fs&feature=youtu.be Posted July 15, 2020 with 69 views to date. | |
| CDI Presentation: Safe and Understood | 26 |
| Knowledge Hub: Safe and Understood Short Webinar https://www.youtube.com/watch?v=kDfHp_N4vjc | 332 |
| TOTAL | 1,029 |

PROJECT OUTCOMES

A. Program Evaluation at Children’s Aid Society

| | Moms (N= 65) | Dads (N= 89) |
|---|---|--|
| Positive Program Evaluation Outcomes | <p>Statistically significant change in the following areas:</p> <ul style="list-style-type: none"> • Increase in parenting self-efficacy • Increase in parenting knowledge • Decrease in parenting depression and anxiety <p>Non-significant shifts in positive directions, in:</p> <ul style="list-style-type: none"> • Mothers’ sense of impact on their child • Self compassion • Trauma symptoms • Warmth and positive involvement <p>Mothers reported low levels of hostility both before and after group.</p> <p>Shifts in a negative direction</p> <ul style="list-style-type: none"> • None | <p>Statistically significant change in the following areas:</p> <ul style="list-style-type: none"> • Increase in fathers’ child-centred involvement • Increase in parenting warmth • Decrease in negative emotions • Decrease in anger • Decrease in partner undermining • Decreased exposure of child to adult conflict <p>Non-significant shifts in positive directions in:</p> <ul style="list-style-type: none"> • Fathers’ level of over-reactivity • Sense of impact on their child • Co-parenting communication <p>Shifts in a negative direction</p> <ul style="list-style-type: none"> • None |

| | Moms (N= 65) | Dads (N= 89) |
|---|---|--|
| Program Satisfaction Statistics | <p>73% were extremely satisfied with their MIM experience, while the remaining 27% were either somewhat satisfied or neutral</p> <ul style="list-style-type: none"> • 100% completed all (58%) or some (42%) of the goals they identified at the start of the program | <ul style="list-style-type: none"> • 97% would recommend CD to another father in a similar situation • 81% agreed that attending CD helped improve their relationship with their child's mother • 95% said that attending the program made them a better parent to their child. |
| Themes From Interviews with Program Participants | | |
| Programs at CAST | <ul style="list-style-type: none"> • Worried about surveillance, until they realized that workers were on their side • Seen as a support and additional visit for mothers who did not have custody • Increased access to child protection worker | <ul style="list-style-type: none"> • Convenient because then they could also talk to their child protection worker |
| Important Individual Changes | <ul style="list-style-type: none"> • Gained self-confidence in their parenting and felt a stronger bond with their children • Altered their behaviours accordingly (i.e., adapting expectations to development and incorporating new rituals, like bedtime and reading baby books). | <ul style="list-style-type: none"> • Able to differentiate between parent- and child-centered approaches. • Learned about developmentally appropriate expectations for their children. |

B. Cluster Randomized Control Trial (CRCT): Professional Development Training Results

- One hundred and twenty child protection workers were assigned to one of four conditions (i.e., Service as Usual, Embedded Mothers in Mind, Embedded Caring Dads, and Combined)
- Each condition (except Service as Usual) received the appropriate training, coaching, consultation and priority access to their respective program.
- Child protection workers were highly satisfied with the professional development training sessions and resources provided in both conditions (i.e., MIM-focused and CD-focused)
- Providing DV training and resources increased child protection workers' capacity to identify risks and needs of mothers experiencing DV and increased their self-efficacy for practice with mother survivors of DV, but not fathers
- More likely for families to be referred to service after a few months of ongoing service.
- Rates of referral were lower at the point of transfer, which is where intervention was primarily targeted.
- Successful service largely dependent on the relationship of families with their workers
- Few actions were taken to reduce DV-related risk, if cases were not referred to a program
- Ongoing research on CRCT outcomes

| Facilitating Factors | Challenging Factors |
|--|---|
| Training Resources <ul style="list-style-type: none"> • Websites and Online Program portals • Ongoing coaching and consultation by program experts | Staffing <ul style="list-style-type: none"> • Employee turnover • Need for funded positions • Need for internally hired program coordinators |
| Institutional Resources | Environments of Implementation <ul style="list-style-type: none"> • Urban: Diversity (i.e., need for interpreters) and locations • Rural: Recruitment issues (i.e., not enough eligible cases) and relationships between participants • Language-Specific: French sites faced challenges in accessing appropriate children’s books |
| Alignment of programs philosophy with agency mandates and practice | |

C. Program Implementation in Different Contexts (Rural, Indigenous, and French communities)

NEXT STEPS

A. Project Takeaways

- Both programs lead to beneficial outcomes consistent with each program’s logic model
- Mothers and fathers that attend MIM and CD have high levels of program satisfaction
- Facilitators for both programs use trauma-informed approaches
- There is a strong need for DV- and trauma-informed parenting programs, like MIM and CD, as reflected by the high level of interest in facilitator training
- Program implementation in different contexts requires access to adequate resources (i.e., funding, internal staff, language-specific program materials)
- MIM and CD can be successfully offered within child protection agencies, using a collaborative model
- More work is necessary to address the ongoing CPS case challenges that are a result of the complex needs of families, and differing DV conceptualizations at the level of investigation
- The relationship between DV and CPS services and workers and their clients is critical to successfully engaging and retaining mothers and fathers in each program

B. Sustained Project Activities

- Multiple agencies continue to offer MIM and CD
- Child Welfare Institute continues to work collaboratively with the University of Toronto for ongoing research related to Safe and Understood. Specifically, a two-year follow up file review at CWI-CAS, which consists of pulling relevant qualitative data from each file. This file review will examine: 1) Why some individuals got to group (MIM or CD), while others did not; and 2) Outcome differences between individuals who attended group (MIM or CD), versus those who did not attend group.
- Web based resources and online communities of practice, developed with PHAC support, remain vibrant
- Project publications and presentations are available for access here: <http://kh-cdc.ca/en/project-profiles/safe-understood.html>