

Knowledge Hub Presents:

Supporting the health of survivors of family violence:

Kids Club and Moms Empowerment - a health promotion program for children exposed to family violence in New Brunswick



Public Health
Agency of Canada

Agence de la santé
publique du Canada

LAND ACKNOWLEDGMENT

We acknowledge that the land on which The Courage Centre and Southeastern New Brunswick is located is the traditional unceded territory of the Wolastoqiyik and Mi'kmaq Peoples. May we learn to live with respect on this land and live in peace and friendship with its people.



- **Introduction**
- **KCME Program - What is Kids' Club and Moms' Empowerment?**
- **10 Week Program**
- **Testimonials**
- **Data Analysis**
- **Funding & Sustainability**
- **Challenges, Successes & Community Impacts**
- **Q & A**

Introduction:

Due to the COVID-19 pandemic and the new construction of the trauma centre of excellence, the Courage Centre experienced a large increase in both children residing in one of our housing programs as well as child witnesses of IPV needing counselling services in our catchment area.

We applied for a multi-year grant from the Public Health Agency of Canada to pilot and evaluate the KCME program in the Shediac and Fredericton region of N.B.

36 month project - April 1, 2022 to March 31, 2025

What is Kids' Club and Moms' Empowerment?

- **An evidence-based intervention program for children aged 6 to 12 years who are, or have been, exposed to family violence.**
- **KC is designed to help children emotionally regulate and to challenge their belief in the acceptability of violence.**
- **ME program helps to build mother's empowerment and improve parenting skills to support their child.**
- **Developed by Dr. Sandra Graham-Bermann, Professor of Psychology at the University of Michigan. Dr. Graham-Bermann's area of research explores the impact of family violence on children, using ecological theory, trauma theory, and relationship theory.**

KC Program goals:

- Reduce children's internalizing and externalizing behavioral adjustment problems
- Reduce children's harmful attitudes and beliefs about the acceptability of violence
- Enhance children's ability to cope with violence by learning safety skills, additional conflict resolution skills and enhanced ability to identify and regulate emotions related to violence

ME Program goals:

- Reduce the level of mothers' traumatic stress and violence exposure
- Enhance mothers' safety and ability to parent under stress
- Provide support and resources in a group setting

Services included with our pilot program:

- KCME group program (Kids and Moms)
- Childcare for other siblings onsite
- Transportation assistance (in the form of Gas card/gift certificate)
- Honorariums for data collection completion

Program delivery:

Original grant application forecasted 6 groups to be delivered during the implementation phase. Group should be small (5-7 participants)

The project delivered 7 groups: - 3 in Shediac, 3 in Fredericton and 1 in Moncton, N.B.

Geographic reach:

Shediac, Cap-Acadie, Memramcook, and Port-Elgin communities with combined population size of 23,565

Fredericton will include the catchment areas of the greater Fredericton region including Boiestown, Chipman, Cambridge narrows, Gagetown, Fredericton junction, Oromocto, and Harvey for a total population size of 144,994 people.

Offered one additional group in Greater Moncton region which would have included Moncton, Riverview and Dieppe.

Homework component:

- The pilot KCME did not include any homework component

Primary Audience:

- Rural francophone minority community of Shediac and Cap-Acadie.
- Urban anglophone in the Fredericton & Moncton regions
- Newcomer population from either rural or urban region depending on location of greatest demand.

Participants:

- Moms: 24*
- Children: 37*
- *can include repeat participants
- Average age of moms: 36.91 (37)
- Average age of children: 8.29 (8)

Training for piloted KCME facilitators:

- One day training delivered by Sandra Graham-Bermann, which provided an overview of the sessions.

Materials include:

- KCME implementation manuals (Kids' Club Manual and Moms' Empowerment manual), and Kids' Workbook.

Pre-implementation materials:

- There were no pre-implementation materials to measure organizational or provider readiness for KCME

Fidelity measures:

- There were no fidelity measures with the pilot KCME research on program implementation prior to pilot.
- There was no formal research on how to implement the KCME program, however, outcome-based research had been conducted.

Developed materials by the KCME staff for implementation of the pilot program:

- Intake and Referral forms
- Moms' Empowerment Handbook
- Facilitator Training manual (Organization specific)
- Feedback form
- Progress and Activity form
- Parent Communication form
- Translation of all manuals into French as well as translation of some of the newly developed materials that had been created.

Resources required for pilot KCME:

- A physical location to deliver the children's program
- A physical location to deliver the moms' program
- A physical location for childminding services if provided

Suggested program supplies:

List of supplies for each session are included in the manual, depending on activities

Research:

Mixed-method longitudinal design (research analysis conducted by MMFF)

10 WEEK PROGRAM



KIDS' CLUB 10 SESSIONS

Session 1- Introductions and Cohesion Building

- Introductions- children introduces themselves to the group
- Setting rules for the Kid's Club, create a sense of safety
- Activity/drawing what children like and dislike

Session 2- Identifying Feelings in general and Feelings about Violence

- Generate a list of feeling words
- Talk about when they feel one of several emotions
- Safe, respectful and supportive space
- Activity to talk about different emotions

Session 3- Guilt and Establishing Responsibility for Violence

- Group evolved story telling
- Watch videos (cartoons) of conflict situations and have group answer questions about the situation and who was to blame and why
- Create poster- It's Never The Kids' Fault When the Parents Fight

Session 4- Fear Past and Present, Fears about Violence in the Family

- Draw pictures of what kids are afraid of and share that with the group, it's normal to have fears
- Have children share what things they used to be afraid of, but aren't any longer

Session 5- Safety Planning and New Ways to Resolve Conflicts

- Identify situations where kids don't feel safe
- Activity on interpersonal conflict
- Explore other ways to resolve conflict

KIDS' CLUB 10 SESSIONS

Session 6 - *Gender Roles

- Build and strengthen positive associations regarding their own gender
- Kids draw communal mural of who they would like to be when they grow up, imagining positive gender roles for themselves in the future

Session 7- Family Relationship

- Help children imagine future positive families
- Kinetic Family drawing of family as it is now, and as family in the future if it could be any way the child desired
- Discuss drawings with each child

Session 8 - Healthy and Unhealthy Conflict Resolution

- Children hear a story about conflict, then suggest story endings that provide positive models for resolving conflict
- Children watch facilitators perform puppet play of adults arguing. Kids are asked to provide suggestions for how to resolve the conflict and what the puppets are feeling

Session 9 - Review: The Kids Club News

- Fill in the Workbook and interview one another to review previous sessions and topics

Session 10 - Saying Goodbye

- To celebrate their gains and achievements
- Processing saying goodbye, like and disliked about the program, what will be missed
- Complete the Kids Club Workbooks, Party and final "Graduation" party

MOMS' EMPOWERMENT 10 SESSIONS

Session 1- Becoming a Group

- Introductions- Discuss the goals & rules of the group
- Create a supportive group environment
- Discuss alcohol abuse policy and CPS policies
- Time to share your story
- Share information on Kids Club sessions (weekly sessions)

Session 2- Fears & Worries, Parenting under Stress

- Discuss the Power and Control wheel
- Talk about the various worries and stresses violence and control places on a woman and parenting
- Introduce and share "Momspirations"

Session 3- Child Development- what's usual, what's not?

- Discuss usual/unusual behaviours throughout childhood years
- Discuss mom's expectations for their child's behaviours
- Raise awareness and discuss the effects of DV in child social, emotional and cognitive development

Session 4- Communicating about Family Violence

- Discuss Parenting concerns
- Discuss issues that are raised about problems they have communicating with their child
- Discuss how to talk to children about domestic violence

Session 5- Family of Origin

- Discuss how the women were parented as children
- Discuss substance abuse problems in relation to domestic violence
- Discuss power and control aspect of domestic violence

MOMS' EMPOWERMENT 10 SESSIONS

Session 6 - Discipline Strategies What works?

- Discuss strategies that moms have already tried that worked for them in the past
- Create a list of positive parenting strategies
- Discuss what hasn't worked in the past and why
- Make a list of what got in the way and barriers to success

Session 7- Safety Plans, Community Responses & Resources

- Moms are asked to identify the areas of threats or harm they may experience
- Discuss services and resources, Identify barriers to resources
- Create a Safety Plan

Session 8 - Stress Management for moms and kids

- Create a list of stressful events and elements
- Create a list of what is stressful in the lives of their children
- Identify healthy stress reducers

Session 9 - Mom time and having fun with their kids

- Discuss positive reinforcements, create parenting behaviour plans
- Share information about affordable resources that are available to moms and children

Session 10 - Closure and saying Goodbye

- Review experience in the group
- Discuss any future needs
- What was liked most /least and what will be missed
- Attend "Graduation" ceremony of their children

PARTICIPANTS TESTIMONIALS

“What KCME has done for me and my son in time of need was Amazing! It was a safe space for myself and my little man to go to and not feel like we were the only ones going through the traumas we did! Myself and my son always looked forward to going to our sessions weekly!

We met some other moms and kids from the community who were going through similar situations and gave me courage to do things I may have not done if I did not partake in this program! I would recommend this to any mom going through similar situations as spreading awareness is key for me!”

PARTICIPANTS TESTIMONIALS

“The Kids Club and Moms Empowerment group was a good opportunity to open up and tell my story with other women who understood what I had gone through.

It also helped me open my eyes and see some of the things that I experienced were actually abuse, it allowed me to start healing.”

PARTICIPANTS TESTIMONIALS

“I found the KCME extremely beneficial to both my daughter & I. The program helped to provide insights and support to help us navigate through an extremely painful separation and divorce. We gained friendships from others going through similar challenges in their lives and it helped us to realize we are not alone in this trial. My daughter still asks when we are going again.

If there is a relaunch to this program, I would love for my 12- year-old son to be part of it too to give him the support from other peers to know he is not alone and has a safe place to process his fears, hurts, anger, etc.

I highly recommend this program and hope to see it back again so it can help us others in the community. I also want to thank the team for the gas gift cards that were an extreme help when finances were low and in the depths of debt. It was a great help. Thankful for this amazing pilot program and hope to see it relaunched again in the near future for the benefit of many. Thanks again”

RESEARCH

**Muriel McQueen Fergusson Centre for Family Violence Research
University of New Brunswick, Fredericton, NB**

Dr. Cathy Holtmann

Dr. Holtmann's research focuses on gender and religion, family violence and social action. She is the academic lead on the Religion and Violence Research Team at the Muriel McQueen Fergusson Centre for Family Violence Research.

She is a co-investigator with the Canadian research team on the project Violence Against Women Migrants and Refugees: Analyzing Causes and Effective Policy Response (GBV-MIG Canada Research Program | Saint Mary's University) and is a member of the Expert Advisory Panel for the Canadian Femicide Observatory for Justice and Accountability.

Cathy uses quantitative and qualitative research methods. She has taught undergraduate courses for twenty-five years and teaches an online course in the Family Violence Issues Certificate Program.

Intervention Research:

Data collection involved both outcome measurements for parents as well as children.

Children:

- Alabama Parenting Questionnaire
- Attitudes Towards Family Violence

Mothers:

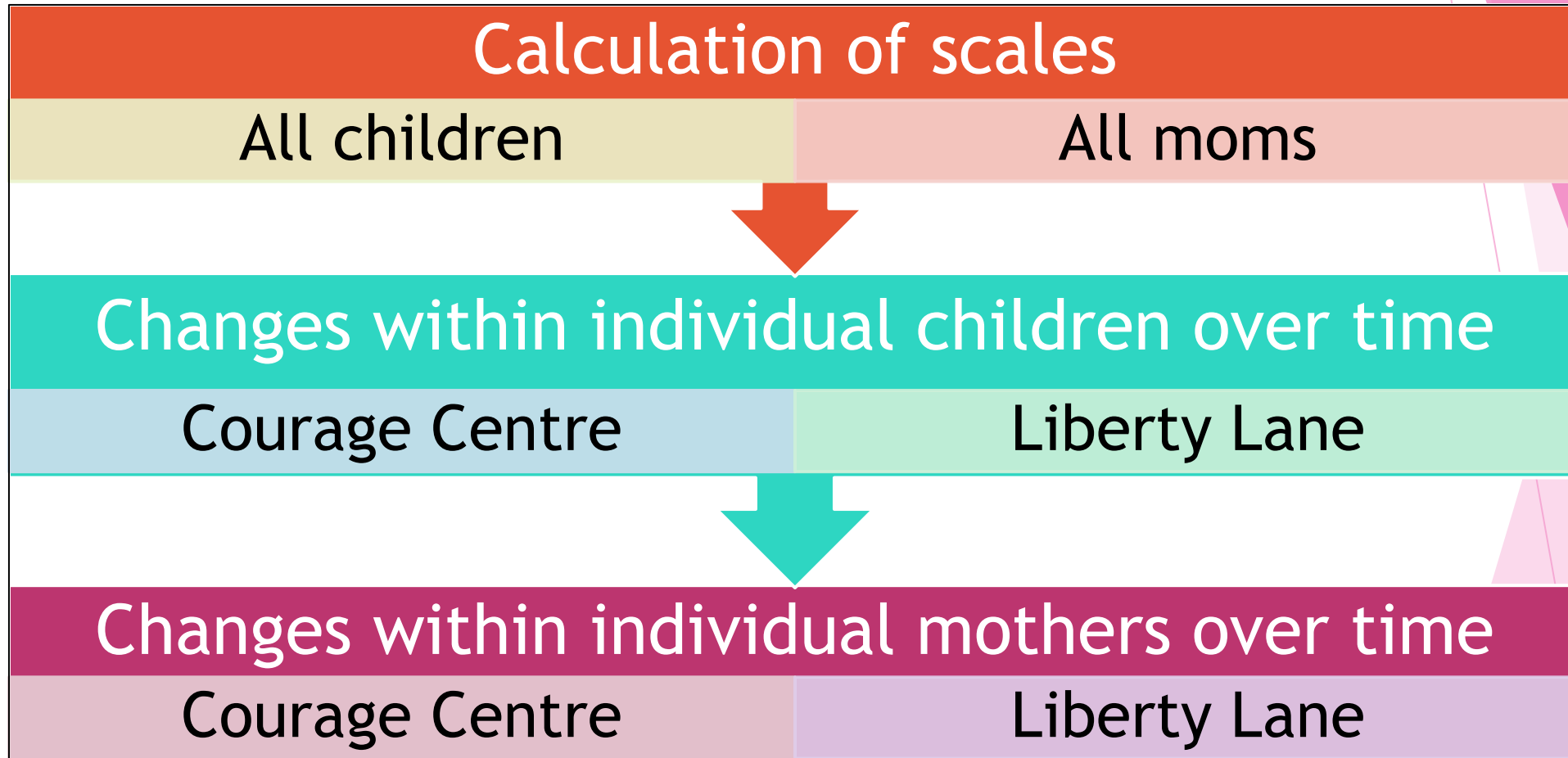
- Alabama Parenting Questionnaire
- Child Behaviour Checklist
- Composite Abuse Scale Revised - Short Form

These were administered at baseline, at program completion, and at 6-month follow-up to measure program outcomes for both parents and children.

Facilitators and the research assistant collected the data from participants which was then reviewed by the Research Assistant at UNB.

Due to challenges in ongoing communications with victims of family violence, the project team had to offer flexibility in order to increase uptake of completing evaluation outcomes which included a mix of in-person outcome measure questionnaires as well as by phone as well as via email. While one method of correspondence would have been preferred, the team adapted in order to ensure that items were completed rather than be particular on method of communication to collect data.

Analytical Approach



Intervention Research:

Discussion of Findings:

The Courage Centre and Liberty Lane mothers had diverse experiences of DIPV, including emotional, physical and sexual violence, prior to starting the ME Program, with a little overall change in IPV experiences during the course of the evaluation.

This finding was expected, given that the women were recruited through each shelter's programming, including residential services for mothers and children leaving violent relationships. Research shows that experiences of DIPV have physical, mental, emotional and psychological impacts on survivors which take time to identify, process and heal from. The impacts of DIPV also have an impact on survivors' parenting practices. The mothers in the pilot were at an early stage in the process of dealing with the consequences of DIPV.

Intervention Research:

Research on children exposed to DIPV highlights that it contributes to externalizing behaviours, such as conflicts with others, risk taking, and aggression and to experiencing difficult emotions (anxiety, withdrawal, and depression) or internalizing behaviours.

The evaluation found that mothers reported an overall slight decrease in their children's conflicts with others, rule breaking, and aggression (externalizing behaviours) at both locations over six months. This likely reflects the mothers' heightened awareness of and empathy for the influence of exposure to DIPV on their children's behaviours as well as changes in their ways of responding to their children's externalizing behaviours. The findings for mothers' reports of their children's internalizing behaviours such as anxiety, withdrawal, and depression were mixed. Some mothers reported that their children's internalizing behaviours decreased while others reported increases with no overall net change for both groups.

It takes time and support for children to learn to recognize their emotions and to learn that they have choices in how to respond to them. Some mothers will be more skilled at supporting their children in emotional regulation than others.

Intervention Research:

Parenting is often negatively impacted by mothers' experiences of DIPV, although there is evidence that some mothers pay more attention to their parenting practices to compensate for the chaos in children's lives created by DIPV. It is common in research to find differences between children's perceptions of their mothers' parenting practices and mothers' experiences of parenting.

At both the Courage Centre and Liberty Lane, the children's experiences of parental involvement were mixed – some experienced increased involvement of their mothers in their daily activities while others experienced decreased involvement. The Courage Centre mothers reported that their involvement in their children's lives decreased while Liberty Lane mothers reported increased involvement with their children over the study period.

The children who participated in the KC program at the Courage Centre reported a slight decrease in their experiences of positive parenting over the study period, while their mothers reported little change in positive parenting practices such as giving their children positive feedback, praise and physical signs of affection. Liberty Lane children reported little change in positive parenting, while their mothers reported a slight increase in their positive parenting practices over six months.

Intervention Research:

All children reported a decrease in poor parental supervision which is a positive outcome – they perceived their mothers paying more attention to them. The Courage Centre mothers reported that their poor supervision remained stable, while the Liberty Lane mothers' poor supervision increased during the study period, in other words they reported paying less attention to their children over the course of the evaluation. The outcomes for Liberty Lane might be related to several of the children from the pilot being in foster care.

Participation in KC and ME programs ensured regular contact between the children and their mothers which might have influenced children's perceptions that their mothers' supervision had improved. However, some of the mothers whose children were in foster care may have been influenced by getting to know mothers whose children lived with them, thus reporting their supervision of their children negatively.

Intervention Research:

Research indicates that the use of corporal punishment by parents (spanking, slapping, hitting) increases in situations of DIPV and can become abusive.

Overall, the children's negative attitudes towards family violence increased over the time of the study. This finding highlights the prevalence of negative attitudes towards family violence in New Brunswick society and perhaps the normalization of violence in the lives of the children.

This evaluation outcome also raises the question of the relationship between children's negative attitudes towards family violence and the lack of overall change in the children's internalizing behaviours associated with anxiety, withdrawal and depression. While we know that it is a positive experience for children to meet and socialize with other children who share experiences of DIPV in their families, this doesn't mean that the emotional impacts of exposure are resolved for individuals.

Intervention Research:

The evaluation results show small differences between the two sites of the KC and ME program pilot and even slight improvements or declines in behaviours and attitudes must be interpreted with caution given the differences in sample sizes between the Courage Centre and the Liberty Lane data. Thus, the evaluation results do not show substantive differences in the KC and ME program interventions between participants from the rural, Francophone region compared to those from the urban, Anglophone region.

To our knowledge, this is the first evaluation of an intervention program for children exposed to DIPV in New Brunswick.

We recommend that if the KC and ME program continues to be used by the Courage Centre, Liberty Lane and other organizations in the province, data collection should be part of the interventions to increase the size of samples for analytical and comparative purposes

FUNDING & PROGRAM SUSTAINABILITY

Next steps:

- (1) Work/Consult with Dr Sandra Graham-Bermann to determine possible program modifications to content or accompanying guides**
- (2) Create Fidelity measures to assess the quality of the intervention and ensure its' consistency (i.e. training, quality improvement, data collection, etc...)**
- (3) Create/redesign pre-implementation materials.**
- (4) Create new enhanced training and implementation plan for provincial roll-out of KCME.**
- (5) Create program adaptability based on budget and resources in each community.**

There are several factors that both influence the project positively and negatively during the reporting period as well as impacting sustainability.

One of the main challenges was participant retention during the program delivery year of KCME which impacted participant numbers as well as the intervention research component of the project. While referrals and recruitment efforts yielded healthy participant numbers for each cohort, participant retention was an issue which is a challenge shared by other project recipient based on learnings from the Community of Practice.

Mothers who are victims of violence who have children exposed to abuse/trauma, are all at varying phases in their life post-abuse. For several victims, the perpetrator continued to exert power and control over the relationship by utilizing the children as manipulation tactics. Further, mothers were dealing with several societal and socioeconomic pressures daily which may lead to reduction in attendance if they felt too overwhelmed to attend.

This begs to question if a hybrid delivery with booster type sessions to keep moms and kids on track and to be able to return to group when they can.

Further, the project team has identified early challenges with data collection since many victims must frequently change their contact numbers for their safety.

One clear strength of this project are the sustainability plans and early conversations with the Province of N.B. (Social Development and Women's Equality) who are open to exploring future funding based on the data gleamed from the project's Knowledge Symposium.

One of the main challenges will be to strike the right balance between wanting to ensure provincial buy-in but at the same time being honest about the resources needed to respect the integrity of the program.

Leading up to the Knowledge Symposium, that was held in November 2024, the project team and the advisory committee were looking at various delivery options in order to attempt to maintain program integrity while at the same time balancing what is anticipated to be a limited budget.

The Courage Centre believes in working with the provincial government as much as possible in order to continue to expand, and to demonstrate the need and the gaps met as a result of the program in order to continue to advocate for core and reliable funding.

While there are many learnings to be shared surrounding the planning, intervention, and evaluation of Kids Club and Moms' Empowerment, there are a few key factors that will be taken into consideration during sustainability planning for existing sites as well as provincial program expansion.

1. Screening and Intake: One factor that was clearly evident is that mothers and children who have been exposed to family violence have unique realities and life experiences that must be taken into consideration. As a result, women who were in more of the acute crisis phase, often residing in an emergency shelter, were not always at the ideal place in their healing journey. Victims and their children in the acute crisis phase often failed to complete the program and, would often be in crisis during the Mom's Empowerment group.

While these victims are in desperate need of services, this need to tend to the more acute crisis that mom was presenting often lead facilitators to have to tend to issue of the moment which would, in turn, lead to a more disruptive group for the other moms who wanted to focus on content. Therefore, the Courage Centre will need to determine if KCME should be offered to victims in this acute crisis phase with an increase in resources to address possible triggers during groups, or perhaps moms would attend after the acute crisis phase had passed.

2. Program delivery: It is clear that a multi-faceted approach must be utilized when working with vulnerable populations such as victims of family violence and their children. Participant retention was a clear issue no matter the location and cohort. While the project team is still analyzing which strategies will improve program retention, one approach would be to offer booster sessions for moms and children who have had to miss sessions due to a variety of life challenges and factors.

More specifically, this could involve booking a concurrent individual session with mom and the ME facilitator and the child with the KC facilitator. This would allow for the mom and child to be able to stay on track with the rest of their cohort and not feel the guilt and shame that women with lived experience often exhibit due to missing appointments.

3. Intervention research: Facilitators shared that the evaluative piece would be stronger if held on site and at the organization delivering the program. Staff shared issues with booking moms, completing the questionnaires, etc...

COMMUNITY IMPACTS:

While there are a number of touching stories that could be shared surrounding the successes of KCME, there is nothing more compelling than two mothers who were able to get custody of their children back who were in care at the time of program delivery.

One mom spoke of the system's failures to protect her children and that she was blamed for putting the children in harms way despite the reality that she was a victim of family violence herself attempting to break free from their abusive father. This notion of "failure to protect" that is peppered in the literature on the impacts of family violence on children was evident with most mothers accessing KCME, but the example for this mom was profound.

Child Protective Services within the Department of Social Development had removed her child due to exposure to family violence. Prior to KCME, there was no evidence-based intervention program in New Brunswick to help mothers and their children heal from trauma and to lead safe and independent lives.

COMMUNITY IMPACTS:

However, through this project, the mom was referred to the program with the caveat that if she participated and learned concrete tools from the program for herself and her children, that reunification was the goal. The mom participated at every session and was able to create a bond with fellow participants, she learned that she was not blame for the violence that she and her child was subjected to and developed critical communication skills to help her children heal, cope with the trauma in an effective and resilient manner, and help reinforce to the child that what happens in the home is “never the child’s fault”.

She remains in touch with the other moms in her cohort through social gatherings and she reported that her child is better able to communicate their emotions and feel safer which has been demonstrated in all facets of the child’s life at home, at school, and at play. She shared that her child is always asking: “when can we go back to Kids Club”.

This program has changed their relationship, their ability to feel safe expressing emotion, and to move forward. ***And most importantly, the child, for the first time, can finally “be a kid”.***

THANK YOU

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