The ACWS Children's Project:

Phase I

ACWS
Alberta Council of Women's Shelters

Acknowledgements

Domestic violence has serious and long-lasting impact on young children. The first five years of life are the most vulnerable developmentally – this is the period of the greatest brain growth and development and impacts of trauma on brain development in the first five years have a lifelong impact. This is also the period of life when prevention works best and intervention is easiest and quickest - small impacts in the preschool years project into large impacts when a lifelong trajectory is considered.

Women's shelters and shelter-related programming provide an opportunity to intervene with those children early on, before trauma impacts become significant and irreparable. The Children's Project helped support the development, integration, and evaluation of promising child support practices in women's shelters and sheltering organizations across Alberta.

Participating organizations contributed their expertise, time and ingenuity to ensure successful project implementation. Along the way many challenges were addressed and overcome to ensure that women and children in Alberta shelters received the best possible support to help them reach their goals. ACWS would like to acknowledge the following members for their consultation, input, participating and feedback:

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- Sherrie Botten, Rowan House
- Mary Ellen Proctor, Unity House
- Jean Dunbar, YWCA of Calgary
- Kerri Potvin, YWCA Harbour House

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- Doris Sweetgrass, Kainai Women's Wellness Lodge
- Rhonda Kent, YWCA of Calgary Sheriff King Home
- Allen Desjardins, YWCA of Calgary Sheriff King Home

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- Central Alberta Women's Emergency Shelter (Red Deer): Ian Wheeliker, Heather Pitt,
- Eagle's Nest (Morley): Nora-Lee Rear, Lana House, Joni Chiniquay[1]
- Kainai Women's Wellness Lodge (Stand Off): Doris Sweetgrass, Heidi Weasel Fat
- Musasa House and Phoenix Safe House (Medicine Hat): Natasha Carvalho, Catherine Ohama, Katrina Barron
- Odyssey House (Grande Prairie): Jasmin Greavett, Lacey Bowers
- Rowan House (High River): Sherri Botten
- Unity House (Fort McMurray): Mary Ellen Proctor, Tracey Lamb, Kelly O'Neill
- Win House (Edmonton): Janine Fraser, Connie Serink, Carolyn Farrell
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Principal Authors
Irene Hoffart M.S.W., Synergy Research Group and
Dr. Kathleen Cairns, PhD

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[1] Joni Chiniquay created twelve beautiful traditional Aboriginal "Moss Bags" for participating shelters

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

APPENDICES

Section I. Project Description

Alberta Council of Women's Shelters

The Alberta Council of Women's Shelters (ACWS) is the unified voice of 43 member sheltering agencies. As a province-wide voluntary organization, the Alberta Council of Women's Shelters supports member agencies and leverages collective knowledge to inform solutions to end domestic violence. The focus of ACWS is on issues of family violence and breaking the cycle of inter-generational violence. To this end ACWS:

- Serves as the unified voice of member organizations;
- Fosters networking and information sharing;
- Assists in acquiring adequate resources for member shelters and ACWS;
- Influences public policy and systems;
- Increases public awareness of issues related to family violence; and
- Fosters professional development within Alberta's sheltering movement.

The ACWS member organizations deliver services using a variety of different types of programs, including residential services provided at emergency and second stage shelters as well as community based services such as outreach and follow-up programs. Most of the ACWS member organizations are registered charities. All member organizations receive funding from various levels of government, many for over 25 years.

The Children's Project

In 2011-2012 Alberta women's shelters provided safe haven to 5,846women and their 5,676children. The report recently produced for the ACWS Practical Frameworks for Change project demonstrated that the children who were admitted to 8 participating shelters were very young: there were 1,235 (67%) children in the shelters of pre-school age. Similar results were obtained in the trend analysis of 10 years of ACWS member data, which showed that over 56% of children in Alberta shelters were under 6 years of age[2].

It is a well-researched fact that the first five years of life are the most vulnerable developmentally – this is the period of the greatest brain growth and development and impacts of trauma on brain development in the first five years have a lifelong physical, cognitive, social and emotional impact. Preschool children display signs of trauma differently than adults and even older children because they don't have the cognitive ability to process events rationally and they don't have the language to express what they do understand. This is also the period of life when prevention works best and intervention is easiest and quickest - small impacts in the preschool years project into large impacts when you consider a lifelong trajectory. Research also confirms that exposure to domestic violence has a traumatic impact on children, especially the very young who are more vulnerable given the rapid brain development that occurs at this stage of life[3].

[2] Hoffart, I. & Cairns, K. (2012). Strength in numbers: A 10-year trend analysis of women's shelters in Alberta. Report prepared for the Alberta Council of Women's Shelters.
[3] Clarke, D. (2011). Children's Project Training Curriculum. Module Two: Early Brain and Child Development. Written for Alberta Council of Women's Shelters.

Women's shelters and shelter-related programs provide an opportunity to intervene with those children early on, before trauma impacts become significant and irreparable. However, most shelters and shelter-related programs have not had resources to support and implement capacity-building activities for child support staff. To this end Alberta Council of Women's Shelters and volunteering shelters decided to undertake a project focused on supporting pre-school children in shelters and in shelter-related programs.

The initial funding for the project was provided in March of 2009 by the Alberta Human Services Ministry (previously Alberta Child and Youth Services) to support building capacity in provision of child support in Alberta Shelters. Additional funding for the project was provided by United Way of Calgary in September of 2010.

Project Goal:

To support the development, integration and evaluation of promising child support practices in shelters and shelter-related programs across Alberta.

Project Objectives

- To strengthen mother/child attachment;
- To reduce child stress as related to exposure to domestic violence;
- To enhance mother's ability to support child's development and resilience;
- To help build program and staff capacity to provide culturally-sensitive services;
- To enhance the knowledge and skills of child support staff to better meet the needs of children and their mothers in shelters and shelter-related programs.

1.1 Project Implementation

The project began in December of 2010 with the planning and preparation phase (see Figure 1). The initial planning stages included a literature review, striking an Children's Project Development Team, developing a Foundational Training Curriculum and implementing Alberta-wide foundational training open to all ACWS members.

Figure 1. Children's Project Development and Implementation Timelines

	Jun-09	Dec-10	Jan-11	Feb-11	Apr-11	May-11	Jun-11	Jul-11	Sep-11	Oct-12	Jan-13
Phase I - Planning and Preparation											
Ad Hoc Shelter Committee Struck											
Literature Review											
Foundational Training Curriculum											
Promising Practice Survey											
Foundational Training											
ACWS Outcomes Conference											
Phase II - Implementation											
Develop Project Framework											
Project Orientation Meeting											
Develop Implementation Protocols											
Children's Project Training											
Data Collection											
Data Analysis and Report											

The literature and the training curriculum informed design of the implementation phase, in which volunteering member organizations invited families to participate in the project. Twelve organizations across Alberta volunteered to participate and signed a Memorandum of Agreement guiding their participation.

Participating organization staff received additional training focusing specifically on the effects of trauma on children, intervention, assessment and evaluation activities that were required to support project implementation on their sites. The staff started to invite families to participate in the project in October of 2011. The pilot concluded a year later – in October of 2012.

The participating organizations included:

- Brenda Strafford Centre for the Prevention of Domestic Violence (Calgary)
- Central Alberta Women's Emergency Shelter (Red Deer)
- Eagle's Nest (Morley)
- Kainai Women's Wellness Lodge (Stand Off)
- Musasa House and Phoenix Safe House (Medicine Hat)
- Odyssey House (Grande Prairie)
- Rowan House (High River)
- Unity House (Fort McMurray)
- Win House (Edmonton)
- Wings of Providence (Edmonton)
- YWCA Harbour House (Lethbridge)
- YWCA of Calgary Sheriff King Home (Calgary)

1.2 Project Parameters

An Ad Hoc Shelter Committee which was struck to support the first project phase and the Project Leadership Team which was comprised of the directors of the participating organizations, developed project parameters for project staffing, resources required, and staff training and support requirements.

The staffing requirements included:

- At least one child support staff who would be available to complete between two and three sessions per week with mother and/or child using the project activities;
- Child support staff with sufficient time to complete the required documentation (e.g., intake, assessment, session documentation, discharge); and,
- Child support staff who have completed training including foundational child development as well training in intervention, assessment and evaluation activities.

Resources that were recommended to support project implementation included:

- Use of multi-cultural images, documentation, and other items such as appropriate music, food etc., to support culturally sensitive practice;[4]
- Childcare play area with appropriate materials including standard play centres, quiet area, gross motor play area and diverse cultural images; and,
- Access to computers so that program implementation could be recorded and analysed.

[4] Kits were provided by ACWS to support the multicultural nature of the intervention and the selected activities. Special thanks to Doris Sweetgrass and Nora-Lee Rear for preparing Aboriginal Kits for participating organizations.

Over the course of the project participating member organizations received several types of support. A clinician was contracted by ACWS to provide consultation to child support workers, which included monthly group teleconference as well as individual support and training as required. ACWS also assisted participating member organizations with database related tasks and provided training to support implementation of various assessment tools.

1.3 Participant Selection and Intervention Activities

The project participants were selected based on the criteria listed below, and those decisions were made by the child support workers, sometimes in discussion with their supervisors. No woman with children in the designated age group was excluded from participation.

The mothers were invited to participate in the project if:

- They were accessing shelters or shelter-related services (i.e., residential emergency or second stage, outreach and follow-up);
- They had at least one child 18 months to 5 years of age (later expanded to include children as old as 8 years of age);
- They were willing to participate in the project;
- Their crisis level was low enough to allow for full participation;
- There was a high likelihood that the family would stay in the shelter or shelter-related program for 2 weeks or longer; and,
- The staff workload did not exceed one or two project participants at a time.

Mothers who were interested in participating received documentation describing the project and signed a consent form giving permission for child support staff to work with their children. The child support staff then met with the mothers and children together or with children or mothers separately. The combination of activities were selected in accordance with availability of staff and resources, time for the family to participate and the child support worker's assessment of family's goals and needs.

(a) The work with mothers could include individual work, work with Elders, group work (e.g., facilitated/peer discussion) or a brief pre-session warm-up leading to the activities including the child. Those activities focused on issues of interest to the particular family and were selected from the training curriculum topics and parenting topics of specific interest to the mother.
(b) Attachment-based activities with both mother and child included gradual transition from worker's demonstration to mother's practice and development of competence in using those activities with the child. The specific activities were selected by the child care worker from the list provided in training and using the information from supplementary documentation, materials and training to support selection and use of each activity. Activities could be repeated across play sessions.
(c) Play is the medium through which child brain development is supported and enhanced. The intervention design used two different types of activities that involved child-led play: children interacting through play with the child support worker; and children playing together with moms in any child-directed play. In implementation of this work it was essential that mothers were supported to be responsive, attuned to and able to validate the child's needs and allow the children to lead or guide the play.
(d) Self-Regulation Activities were also provided for child support workers to use when dealing with child's anger, frustration, temper tantrums, etc., as may arise in the course of attachment-based work or other intervention activities.

Section II. Evaluation Framework

All of the work carried out in the course of the evaluation was grounded in ethical research principles. Possible ethical concerns were identified and addressed and included: confidentiality of women and their children, security of information collected (e.g., using non-identifying case file numbers to record personal information), fully informing the women of everything that will be required of them and ensuring that there are no emotional risks to women and children as a result of the evaluation. To this end a consent form was developed to be completed by women who chose to participate in the program (Appendix A).

An evaluation framework was developed to guide the selection of the project evaluation tools and methods to track both program activities and outcomes (Appendix B). Some of the tools gathered quantitative information (e.g., demographics, assessment data, services provided) which ACWS members entered into a common ACWS member database[5] and ACWS aggregated for reporting purposes. Other tools gathered qualitative information such as staff and client feedback and this information was thematically analyzed for the purposes of this report.

2.1 Tools Measuring Outputs

The purpose of these tools was to collect information about the mother and child, information about services they receive and information about the circumstances of their discharge and reasons for discharge.

- The Intake Form gathered mother's admission information, demographic information and stability factors as well as the pre-school child's demographic information and background/history.
- The Activity Tracking Form was used to describe and record every session attended by mother and/or child in the course of their participation in the program. The information in the form described the date and time of the session, session location, individuals present in the course of the contact and type of session.
- The Discharge Form included information about reasons for discharge, referrals, services provided and family's circumstances at the time of discharge.

2.2 Assessment Tools

The purpose of these tools was to assess women's and children's levels of safety and to identify potential attachment, stress and readiness issues.

The Danger Assessment Tool (Campbell, 1995) was selected as the preferred risk measurement tool for Alberta's shelters and shelter-related programs. The Danger Assessment questionnaire (DA) is a 20-item test with weighted item scoring, designed to assess the likelihood of lethality or near lethality occurring in a case of intimate partner violence (IPV) (Campbell, Webster & Glass, 2008). In addition to the 20-item test, the full Danger Assessment process requires completion of a Danger Assessment Calendar which helps track the frequency and severity of abuse incidents. Most of the participating member organizations were already using the DA and the calendar and have received relevant training and tool administration protocols. Additional training needed to support implementation of the Children's Project was also provided on as-needed basis.

[5] Outcome Tracker is a web-based data management software program that ACWS member organizations chose to replace the discontinued HOMES program. Outcome Tracker was developed and is managed by Vista Share, which was formed in 2001 to serve the data management needs of non-profit organizations across North America.

The Domestic Violence Survivor Assessment (DVSA) was developed by Dr. J. Dienemann in consultation with Dr. J. Campbell in 1995 and in collaboration with three community based domestic violence service agencies (Dienemann, Campbell, Curry & Landenburger, 2002). The DVSA focuses on individuals and their strengths, recognizes the non-linear path of behaviour change and the complexity of the process, and does not dictate specific behaviours. The DVSA examines the stage of change for 13 personal and relationship issues commonly faced by survivors of IPV. These issues are grouped across four areas including Issues about Safety, Issues about Culture, Issues about Health and Issues about Self Strengths and Skills. As with the DA, many of the participating member organizations had already been using the DVSA and had received relevant training and tool administration protocols. Additional training was provided on as-needed basis.

Parenting Stress Index (PSI) is a screening and diagnostic instrument developed by Dr. Richard Abidin on the basis that the total stress a parent experiences is a function of certain salient child characteristics, parent characteristics, and situations that are directly related to the role of being a parent. The PSI is a parent self-report questionnaire that measures the stress in parent/child interactions and it is used for early identification of dysfunctional parent/child interactions. The short form used in the project consists of 36 items and yields a total stress score from 3 subscales: parental distress, parent/child dysfunctional interaction and difficult child. Training related to PSI administration, scoring and interpretation was provided during the Children's Project Training and in the course of project implementation by the clinical therapist on as-needed basis.

2.2 Outcome Measurement Tools

The purpose of these tools was to understand more about the impact the project was making on the mother/child attachment, satisfaction with services and staff capacity to support women with young children in their programs. The tools that helped measure the outcomes of this project included the Observation Checklist, the Children's Project Completion Survey, staff feedback, client interviews and client stories.

(a) Post-training surveys were administered to measure the effectiveness of the formal training provided to ACWS members and participating project staff (Appendix J).

(b) Literature search showed that there was no checklist available that was standardized and that fit the project objectives and parameters. Therefore an Observation Checklist was developed specifically for the Children's project. Its development was informed by relevant literature and tools, by the team members representing some of the participating member organizations as well as the local child development experts. The staff used the Checklist to record their observation of child/mother interaction (Appendix C).

(c) A Children's Project Completion Survey was comprised of seven questions developed by the Children's Project Ad Hoc Committee. The survey was completed by mothers at the time of project discharge and gathered mothers' opinions about project's impact on issues of attachment, stress and parenting (Appendix D).

(d) Participating organizations submitted ten stories reflecting experience of the women and children in the program. The information in the story could be based on a specific family, or could be an amalgamation of typical stories of families in the program. No actual names were used in the stories to protect client confidentiality. The stories included family history, family characteristics, description of family's progress through the program, and the impact the program had on the family, particularly with respect of attachment, child stress and parenting. In this report, the stories were used to illustrate program service delivery and results.

(e) A total of twenty participants, including member organization directors, supervisors and child support staff from all participating programs took part in the staff interview component of the evaluation. The interviews helped gain understanding of staff perceptions about the project implementation process and impact on the organization, staff and clients and helped provide context for the information documented in this report.

(f) Eleven mothers, from four participating organizations and including at least three First Nations women, participated in client interviews. In the interviews the mothers commented on their experience in the program and their perceptions of its impact on their children, and their relationship with them. In appreciation of their time and contribution all interview participants received a gift card.

Section III. Literature Review

This annotated literature review was produced to summarize the effects of domestic violence on children. It was intended to:

1. Provide foundational knowledge about the impact of witnessing domestic violence on children's development, mental health and behaviour, in order to inform program practices intended to assist these children;
2. Provide the basis for a training project that will improve staff members' capacity to provide effective services to children during their stays in either emergency, second-stage shelters or participation in outreach or follow-up programs;
3. Support the development of a funding proposal to evaluate the effectiveness of the interventions with children in shelters or shelter-related programs by identifying appropriate methodologies, assessment and outcome measures, and data collection strategies.

The annotated bibliography was also produced listing quantitative research studies, qualitative research studies, and literature reviews, useful resources for staff training and further literature searches; and promising practices identified from the literature. Where possible, items within sections are organized by year of publication, beginning with the most recent sources. Most of the items included were publications from 2005 to 2010. Earlier publications were included only if they are cited in important subsequent work (Appendix E).

Recommendations for project design and instrumentation provided in the literature review are included below. Bibliography items that may be considered as part of a staff reading list are also identified in the accompanying tables. Copies of these articles are available on line.

3.1 Project Design

The information and recommendations below are derived from the literature review and focus on areas for assessment and intervention that are strongly supported by research evidence as critical components of interventions to reduce the impact of domestic violence on children. The ACWS project is intended to focus on the well-being of children from infancy to age 6 who accompany their mothers into emergency or second-stage domestic violence shelters or outreach and follow-up programs. The young age of target children is intended to maximize staff's opportunities to provide assessment and preventive services at early developmental stages so that the long-term impact of trauma may be reduced.

The initial focus of the children's project was on developing a curriculum for staff to prepare them to provide informed services to this population. This process includes four components:

1. Educating staff about the impact of exposure to domestic violence on children's neurological and psychosocial development;
2. Educating staff about how these impacts are produced, and how they may affect a child's attachment to the parent and the child's future psychosocial functioning;
3. Educating staff about the importance of: a) appropriate assessment tools for child and parent assessment as a component of developing an intervention plan, and b) identifying referral options for children and their mothers; and
4. Educating staff about initial interventions for use in their work with mothers and children to support children's resilience and future psychosocial well-being.

Emergency shelter staff members have a maximum of three weeks in which to assess and work with mothers and their children during any single stay at the shelter. There are many demands on staff time during this period, and only a limited number of intervention sessions can be completed with any one mother and child. The work of emergency shelter staff should therefore be focused on assessment of mother and child, offering time-limited early intervention activities, and provision of referrals to appropriate community resources for more systematic intervention (e.g. second-stage shelters, mental health clinics, parent support programs).

For the purposes of the initial project in the emergency shelters, assessment of children should include instruments that are psychometrically well supported and have been used in previous research and/or evaluation projects. The recommended instruments for use with children aged 0 – 5 years include:

1. Ages and Stages Questionnaire – 3rd edition (ASQ-3) for developmental screening;
2. The Brief Infant-Toddler Social and Emotional Assessment: Screening for Social-Emotional Problems and Delays in Competence (BITSEA); and/or
3. Pre-school Child Behaviour Checklist (CBCL1½ - 5) – for measuring externalizing and internalizing problems, which tend to be the most frequently used variables in the literature.

Recommended assessment tools for use with mothers and/or staff/teachers, etc. include:

1. Parenting Relationship Questionnaire (PRQ)
2. Parenting Stress Index (PSI) or Parenting Stress Index – Short Form (PSI-SF)

Brief descriptions of these instruments are provided in the attached tables and in hardcopies provided as an attachment to the report.

3.2 Intervention Design

The intervention carried out by staff should focus on:

1. Assessment as above to promote accurate referral, case planning and management and continuity of services offered across repeat visits to emergency shelter or during second-stage shelter or outreach service provision;
2. The use of appropriate promising practice activities where parenting and/or child psychosocial problems are identified. Note that most promising practices are intended for use over a longer period, often at least several months, and are therefore impractical in the emergency shelter setting. However, staff can be trained to use components of promising practices that are associated in the literature with improvements in parent-child interaction and with positive impact on children's social/emotional competencies.

   The most frequently identified components of effective intervention include coaching mothers to:
   a. Improve their awareness of the impact of exposure to domestic violence on children's neurologic and psychosocial development;
   b. Correct mothers' potentially faulty perceptions about a child's motivations by clarifying their assumptions; and
   c. Assisting mothers to identify children's needs and respond effectively to them through empathic response and emotional receptivity.

These early interventions are intended to remove the frequently identified resistance of mothers to encouraging their children to talk about their experience of domestic violence and the feelings and thoughts around it.

Section IV. Project Development and Implementation

4.1 ACWS Member Inclusion and Consultation

Representatives of the ACWS member organizations had a key role in project development and implementation. At project outset, in 2009, an Ad Hoc Committee was struck to provide input and consultation to ACWS with respect to the following (see Appendix F for Committee Terms of Reference):

- best ways to use the funding dollars allocated to the project;
- proposed project plan;
- feedback with respect to the literature review;
- input to support the development of the foundational training curriculum; and,
- development of the promising practice shelter survey to gather suggestions regarding promising practices in supporting young children in shelters or shelter-related programs.

ACWS member organizations were invited to contribute ideas for the project by completing the Promising Practices Survey. The survey was distributed to all ACWS members on February 9th, 2010 and helped draw upon expertise of the members with respect to activities or programmes and reading materials or websites that reflected promising practices in working with children in domestic violence shelters or in outreach or follow-up programs (see Appendix G). Eight member organizations responded with their suggestions which were then incorporated into the literature review and the training curriculum.

In January 2011 an Ad Hoc Child Support Training project committee was struck to guide planning and implementation of the Foundational Training that was available to all ACWS members' staff. This committee provided recommendations and rationale for conference trainer selection and helped develop the contents of the training.

Interested ACWS members were also invited to attend a project orientation meeting, where the project parameters and implementation plans were presented and discussed. This meeting provided an opportunity to interested members to determine whether the project represented a good fit with their programming needs and plans.

Finally, in June of 2011, a Leadership Team was struck to guide project implementation. This group was comprised of the directors or their designates of the twelve member organizations that volunteered to formally pilot and evaluate the interventions by collecting client and process data. The group developed Memorandum of Understanding to guide member participation in the project which included the expectations for member participation and the commitment from ACWS with respect to project training, support and leadership (see Appendix H). The Leadership Team met on a monthly basis to provide project leadership, to address any challenges that arose and to ensure smooth communications processes.

4.2 ACWS Role and Contributions

Alberta Council of Women's Shelters (ACWS) had the overall responsibility for the project. It provided fiscal management and was therefore responsible for all issues related to project accountability and reporting. ACWS:

- Provided project management including organizing, chairing and reporting on project meetings;
- Provided project leadership, including oversight of all project implementation components;

- Partnered with Mount Royal University, Centre for Child Well-Being to write a foundational training curriculum;
- Commissioned a literature review;
- Recruited a clinical therapist to provide support and supervision to child support workers;
- Contracted for the external evaluation of the project;
- Provided ongoing project support with respect to implementation and monitoring including database use, assessment and project implementation;
- Developed a website for participating organizations to access various resources, exchange comments or suggestions, post questions or provide answers to support each other in the course of project implementation;
- Developed a poster for the organizations to display for recruitment purposes;
- Supported and organized two staff training events;
- Resourced production and development of project materials such as posters, documentation and moss bags;
- Provided updates and recommendations to the member organization Directors and the ACWS Board with respect to services for children in Alberta shelters and shelter-related organizations;
- Communicated with other community stakeholders and funders on behalf of ACWS to apprise them of the project developments and to gather information from them that is relevant to the project; and,
- Disseminated project results at the Prairie Child Welfare Consortium Conference , in Edmonton on May 28 – 30, 2012, titled Reinvesting in Families: Securing a Brighter Future; Canadian Network of Women's Shelters and Transition Houses Conference – September 2012; and,
- Ensured that the project deliverables are satisfactory and completed on time.

4.3 Foundational Training Curriculum

ACWS partnered with Mount Royal University, Centre for Child Well-Being to write a foundational training curriculum. The curriculum was based on extensive research available to the Centre, the literature review commissioned earlier by ACWS, the promising practices shared by the members in the promising practices survey, consultation with Aboriginal Elders at Eagle's Nest Shelter to inform cultural relevance and discussions and input of the Ad Hoc Committee members. The purpose of the curriculum was to provide those working in first and second stage shelters with preschool children and their mothers, background information and strategies in three major areas: attachment, early brain development, and the impact of trauma. The curriculum included both a facilitator and a participant manual. There were two main assumptions underlying this framework.

1. All activities with children in the curriculum will be play-based. Child support workers are not trained play therapists; however, children learn best and heal through play. Play is the way that children make sense of their world, work through difficulties and fears, and create sensory experiences that support healthy development in all domains (physical, cognitive, social, emotional, and spiritual) and most especially brain development.
2. Working with preschool children (and their mothers) in shelters and shelter-related programs requires a strength-based resilience focus. This means that all interactions, activities, and suggestions need to work from apparent strengths, rather than deficits. Children in these situations are already acutely aware of the deficits in their families and most specifically in themselves. Child support workers need to focus on the positives and strengths that every child and mom brings with them.

The curriculum is available upon request.

4.4 Formal Training Events

Two formal training events took place over the course of project planning and implementation, including Foundational Child Development Training on April 15th 2011 that was available to staff from all ACWS member organizations and the Children's Project Training on September 19th and 20th 2011 that was available to the staff from the member organizations that volunteered to pilot the interventions.

Foundation Child Development Training

Staff training in foundational child development took place at the ACWS Outcome Measurement Conference on April 15, 2011. The training lasted about 6 hours and was based on the training curriculum developed in partnership with the Centre for Child Well-Being, the literature review, consultation with Elders, promising practices feedback from the ACWS members and Ad Hoc Shelter Committee feedback. The focus of training was on building foundational knowledge about attachment, trauma and child development in a way that reflected the full diversity of ACWS member organizations from the perspective of their staffing, levels of expertise and access to resources. The trainers were selected based on Ad Hoc Committee recommendations, as follows:

- Individuals currently working within Alberta shelters or shelter-related programs;
- Individuals who have had significant training experience related to the focus of this project, both internally within their programs as well as externally in the community;
- Individuals who have direct experience working with children in shelters and shelter-related programs;
- Individuals representing member organizations that have implemented some type of promising practice work for children in shelters and shelter-related programs; and
- Two individuals representing a larger and a smaller organization, including if possible, representation of the Aboriginal perspective.

This training was open to any ACWS member staff. A total of 30 staff representing 24 ACWS member organizations attended the Children's Training Day and the training was professionally videotaped. The staff completed post-session evaluation and provided excellent reviews of their experience as summarized below[6]:

- 83% agreed that, as a result of the workshop they had more information about the impact of domestic violence on early brain development;
- 94% agreed that the skills they learned to support children's brain development will be useful in their work with children and their mothers in their programs;
- 95% agreed that as a result of the workshop they had more information about the impact of domestic violence on attachment;
- 100% agreed that the skills they learned to help mothers support their children's attachment will be useful in their work with children and their mothers;
- 83% agreed that as a result of the workshop they had more information about the impact of domestic violence on trauma in children;
- 94% agreed that the skills they learned to address trauma in children will be useful in their work with children and their mothers; and,
- Overall, 94% felt confident in using the information and exercises related to early brain and child development, attachment and trauma to help children and mothers in their program.

[6] Based on responses from 18 participants

The comment from a participant below summarizes the importance of the foundational training as a background to the Children's Project work:

- *That training was fantastic…you could not ask for anything more in terms of learning, experiential activities, videos…Content was very well written and we were guided by that and learned a tremendous amount…We are very thankful and particularly enjoyed Bruce Perry's neurosequential model – how trauma impacts brain and understanding why sometime it is not feasible to work with some families*

Children's Project Training

Twenty seven program staff participated in two-day Children's Project Training that took place on September 19th and 20th, 2011. The training was available to the staff from the member organizations that volunteered to pilot the interventions. The training agenda focused on attachment-based intervention, with a substantial portion devoted to attachment from an Aboriginal perspective. The training used an experiential approach: focusing on specific skills, activities and interventions that the child support workers could use in their work with children and their mothers. The training also included a portion related to evaluation, data collection and database management (see Training Agenda Appendix I). Various materials that were distributed in the course of this training included:

- Activities kit (cotton balls, bubbles, tin foil, small toys, lotion, measuring tape, recipe for play do, snacks, and newspaper);
- Instructions on how to equip a playroom;
- Assessment materials (Parenting Stress Index, Danger Assessment, Domestic Violence Survivor Assessment);
- Blackfoot and Cree teachings binders;
- Blackfoot kit (drum and stick, 7 teachings with puppets)
- Outcome Tracker data entry manual, and;
- Relevant articles and research.

A total of 27 staff representing 12 member organizations attended the training. All four sessions were formally evaluated – the participants completed a post-session evaluation form (Appendix J). Depending on a session, between 17 and 23 participants per session completed evaluation forms. As shown in the summary below, participants were very satisfied with the training they received:

- 96% thought that the goals of the training have been met;
- 80% thought that they had enough information to begin working with women and children in their program; and,
- 96% were generally satisfied with all aspects of the training event.

In all instances, between 84% and 96% of the respondents were satisfied with specific aspects of the sessions as itemized in the survey. The respondents were most likely to be satisfied with the facilitators – between 89% and 96% thought that the facilitators were knowledgeable about the topic, well prepared for the session and answered questions in a complete and clear manner.

As illustrated in the comments below the staff particularly appreciated the experiential nature of the training, an opportunity to become comfortable with the interventions and confident in their roles, and to gain better understanding about the impact of domestic violence on young children:

- *When they were telling me that I'll be part of the project, I was a bit hesitant because I never really worked with families exposed to domestic violence...Once I got the training and understood why they were doing the Children's Project I became more comfortable and once I got into it I saw that it was right in my area. The activities were all pretty basic... I thought it was going to be a lot of reporting [to Child Welfare] and it was not like that at all.*
- *The training really useful and inspiring – for myself I'm pretty visual and the activities were really helpful for me; we learned how important the play aspect was*
- *I kind of really liked when we actually did some of the activities...like the puff ball on my face to get an understanding of what the kids would be going through;*
- *The child led play was not so easy to do, not easy to teach a mom how to do that with a child, because it's a totally different way of playing with the child... I really liked the training [because it helped learn how to help moms engage in child directed play]*
- *I really enjoyed it...I did not know much about child directed play and theraplay and would now like to pursue later on in terms of school*

The child support staff also commented about the importance of the materials distributed during the training, to support implementation as well as for the staff who were not able to attend, particularly emphasizing the documentation describing interventions from the Aboriginal perspective. They liked both the documentation and the equipment and resources that were distributed. Some staff also commented that they would have liked to receive all of the materials at the beginning of the project (e.g., posters, moss bags).

- *The materials and the books were really helpful*
- *They already did the children's project training, so I missed that...the information... was really easy to understand once I went through the whole binder*
- *The fact that we got a box to take home to the shelter was really helpful, most of the stuff [needed for the kit] we had here ...and we just kept reusing and refilling the box*
- *The Children's Project book even had the Blackfoot activities, they were perfect, we used the [cultural activities], we played with the finger puppets and made the story out of it, explained the reasons why we had Eagle the Bear*
- *During the training we were told they were going to receive some resources – but we did not receive those (e.g., did not receive the posters)... would have been helpful to have those* [note: those posters were available for purchase]

4.5 On-Going Training and Support

In addition to formal training events the project participants also received individualized training and support that was provided over the course of the project implementation.

Clinical Support

The clinical therapist contracted by ACWS provided support and consultation to child support workers. The therapist held monthly group teleconference meetings and contacted workers on individual basis. Individual calls were made to child support staff to inquire about their participation in the project and to answer any clinical questions they might have had. Sometimes the questions involved certain cases or the therapist would discuss further ideas with the workers to help with implementation. In total the therapist documented almost 50 individual conversations over the course of the project – including between two and five contacts with the workers at each of the participating organizations.

From February until September 2012 the therapist held nine monthly teleconferences. The teleconferences provided the workers with an opportunity to share ideas and challenges in a supportive environment. This venue seemed to offer support and opportunity to share unique ways the project had been successful in different organizations. The teleconferences helped address challenges individual child support workers experienced in engaging or working with families, reinforced that they were not alone, provided more information about how suggested project activities should be implemented, helped identify instances in which child protection should be contacted, and reinforced successes and implementation consistent with the original intent.

The therapist also provided additional training during on-site visits. This included one-on-one training at two sites and three on-site training opportunities attended by representatives of five different participating organizations. Depending on the needs of the organization, the training included overall coverage of the goals of the project, its parameters, the neurosequential model of brain development, Child Centered Therapy and Attachment-Based interventions. Those trainings helped establish clear understanding of the interventions and various ways that they could be conducted, provided ample opportunities for questions and role playing, helped provide clarity and confidence to the child support workers and established a climate conducive to continued clinical support during the project.

As illustrated in their comments below, child support staff described the clinical support opportunities as extremely useful – they valued the teleconferences which provided an opportunity to share program experiences, appreciated that the clinician was always available for one-on-one support and consultation and described individualized support and training as important in helping address some of the unique organizational challenges and needs.

- *It was very important to talk about things that were going on in other shelters… we could incorporate something that someone else was using to adapt it for our shelter*
- *It was good to hear …that [other staff] were also struggling…it could have easily felt like a …failure…but we did not feel that…we understood the limits of shelter work and limits of our clients*
- *It was helpful to touch base with the other shelters, for problem solving, identifying challenges, successes, hearing that others experienced the same challenges as we did*
- *If we ever run into anything we could go to her for support, I felt she was always ready for us*
- *The one on one help was so invaluable…to be able to listen and then try it with her…this is a touchy feely business and we learned how to get through to the child in a better manner*

<u>Assessment Training</u>

ACWS also contracted with a consultant to provide additional training with respect to administration and use of various assessment tools, including, in particular the Danger Assessment Tool (Campbell, 1995) and the Domestic Violence Survivor Assessment Tool (Dienneman, 1995). Many of the ACWS member organizations now use both of these tools as part of their core service provision and the project provided an opportunity for additional capacity building with respect to the use and administration of these assessment tools. All of the assessment tools are described in further detail in Section 2.2.

Some of this training took place during the ACWS Outcomes Conference, and it was also provided on individual basis to the staff from the organizations participating in the project. Five such trainings took place over the course of the project implementation and 38 staff from nine participating organizations took advantage of those opportunities. The value of this training is summarized in the comment below provided by one participant:

- *I was able to get DV and DVSA training and I thought that it was excellent, it gave me the experience and training to understand what these mothers go through – the violence and emotions and thoughts and how you would talk with them; when I went through the Danger Assessment one on one [with the clients], they would really open up to me and would feel comfortable in talking to me…then it made the DVSA easier to go through*
- *[One staff member] is the only one here who's had training on DVSA and it would be good training for all of our staff*

Data Management Support

Once all of the assessment, evaluation and tracking tools were created, their content had to be reflected in Outcome Tracker – the ACWS member database. ACWS consultant worked to design Outcome Tracker sites to enable easy and quick data entry process for child support staff.

The ACWS consultant and staff also provided support to child support workers to answer any questions they may have had about Outcome Tracker use and data entry. Data collection processes were reviewed and examined twice over the course of the project when all of the information was aggregated and analyzed. These data pulls took place in May and October of 2012 and much of the individual support provided to the workers occurred in relation to those tasks. Also queries and reports had to be created in Outcome Tracker to aggregate data. The ACWS consultant and staff then followed up with child support workers regarding missing or incorrect data.

The support most often took the form of telephone calls, but in some instances, the ACWS consultant and staff provided site visits to those programs that expressed a preference for individual on-site support. As illustrated in their comments below, child support staff described this support as extremely valuable, both in ensuring that the data for Children's project was correctly recorded and entered, but also to help them become more comfortable with the use of the Outcome Tracker as their organization's computerized database.

- *For me it was [Outcome Tracker] that was the greatest support…[we had] a lot of questions…they were prompt with emailing back…we talked to them quite often;*
- *We struggled with [the database] anyways, it was very good that [ACWS staff] continued to remind us about things she needed… [ACWS staff] did a fabulous job – we did get an answer immediately…working with computers is great, the more practice the better you get*
- *Benefits of the [computerized data entry] are fantastic… I like the fact that we can pull up the information right away and see, verses it being a guessing game about who has been in the shelter*

4.6 Tool Administration and Use

Several data collection tools were used in this project to document implementation, guide intervention and report on outcomes. Those tools are described elsewhere in this document (see Sections 2.2 and 6.3). Some of those tools (e.g., Danger Assessment, Domestic Violence Survivor Assessment, Activity Tracking) have, in many member organizations, become part of their core service delivery. Other tools, such as the Parenting Stress Index and the Observation Checklist were introduced specifically for the purposes of the Children's Project, to support parenting assessment and to track project impact through behavioural observations.

In general staff thought that all of the tools were valuable to inform their service delivery, although they did describe them as time consuming and challenging to complete in a timely fashion within a crisis-oriented shelter environment. As illustrated in the comments below, child support staff found the Parenting Stress Index particularly useful - it helped them understand the mothers' perspectives, support development of a service plan and engage mothers in conversations about parenting and impact of abuse.

- *We found PSI quite useful...it was a revelation in some cases...[in one example] mother was aloof...and we thought that she was not wanting to answer questions or did not want to deal with us, but the stress index showed us that she was quite stressed...it gave us a new way of looking at it – [we realized that] she just can't put it together because she is so stressed out, so now we have to rethink [our approach], it made us handle her a little bit differently*
- *PSI was extremely valuable, [helped us gather] a lot of information and [provide an opportunity] to debrief with the moms their strengths and their weaknesses*
- *I really like that tool...it makes them be honest ...I can assess [their stress] a little better...in the past we just asked questions...watch them...but PSI is easier and quicker*
- *When I did the PSI with them it opened their eyes about how abuse resulted in their stress*

The child support staff also thought that continued use of both DA and DVSA was important from the perspective of the Children's Project, to help the workers understand mother's readiness and levels of danger she is experiencing. They also made suggestions for revisions or administration processes:

- adding to the DVSA items related to parenting so that mother's readiness in this area can also be assessed;
- revising the DVSA to reflect perspectives of Aboriginal and immigrant families;
- determining a best process for completion of DA and DVSA in a second stage shelter after the woman has already completed them in the emergency shelter

Section V. Project Participation

The project's intent was to support pre-school children and their mothers in shelters or shelter-related programs. The mothers were invited to participate if:

- They had a child or children accessing shelter-related services (i.e., residential emergency or second stage, outreach and follow-up);
- Their child or children were 18 months to 5 years of age (later expanded to include eight year-olds);
- They were willing to participate in the project;
- Their crisis level was low enough to allow for full participation;
- If there was a high likelihood that the family will stay in the shelter or shelter-related program for 2 weeks or longer; and,
- Staff workload did not exceed one or two project participants at a time.

Although anticipated number of participants was not explicitly stated, the project participants expected between 10 and 30 families per program, depending on the organization size and type.

5.1 Participation Tracking

As described in the section above, twelve organizations volunteered to participate in the project. While all of the organizations participated in training, received support and materials and attended project meetings, nine of them were able to formally engage families in the project. All organizations, including those that did not have any formal project participants, reported that they used at least some of the activities, exercises and materials contained in the Children's Project training.

The programs began to invite families to participate in the project in October of 2011. It became clear, part way through the project, that the number of participants would be lower than originally anticipated. A participation tracking process was put in place to track reasons behind low participation. This process helped quantify the total number of eligible families, number of families who were asked to participate, reasons why some were not asked and reasons why mothers chose not to participate in the project.

Figure 2 summarizes the participation tracking numbers. Between April 1st 2012 and September 30th, 2012 eight organizations recorded a total of 162 women whose children's ages would qualify them for the project[7] and 53 of those women were asked to participate in the project. Both of those numbers were doubled in the figure below in order to extrapolate to the first 6 months of the project, and to demonstrate the full scope of impact that this project could have made if not for the resource and other barriers that were present. The extrapolated numbers in the figure suggest that, of the total 324 families with children of eligible age, 106 or about 32% were asked to participate in the project and 38 families (about 12% of the total) formally agreed to participate.

[7] This information was gathered by eight out of nine participating shelters. One shelter did not need to track this information as high caseload was a primary barrier for lower than expected client participation.

Figure 2. Family Participation Tracking

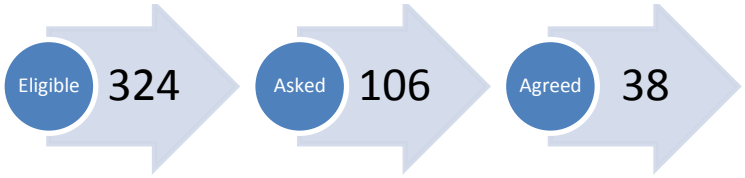
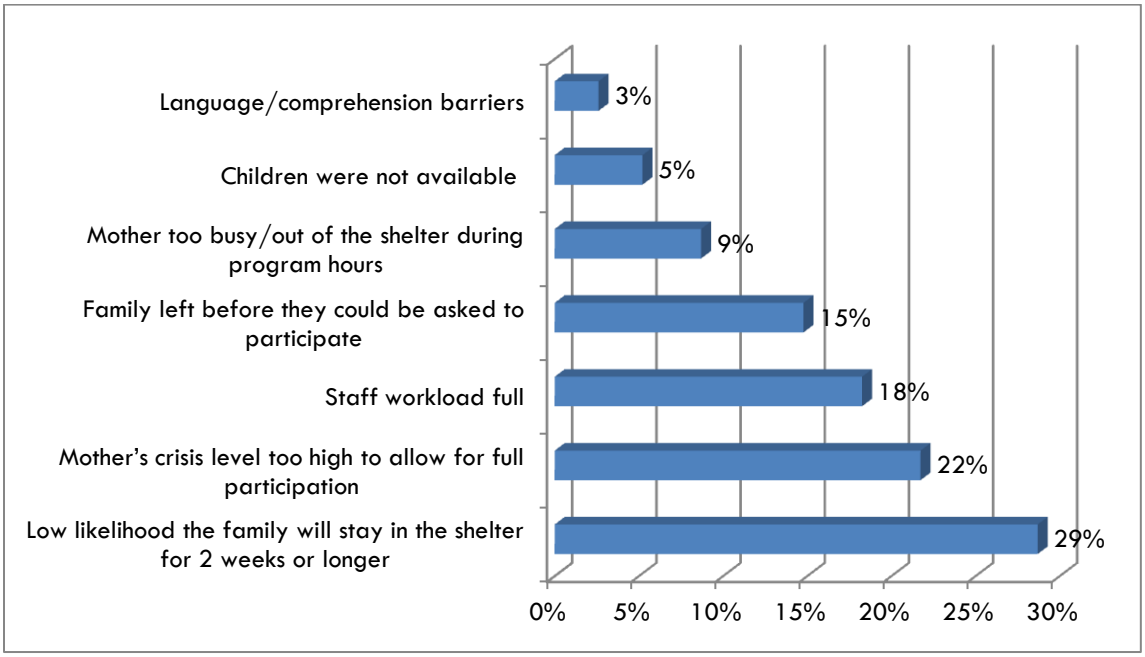


Figure 3 below illustrates reasons why staff chose not to ask mothers to participate in the project. Low likelihood that the family would remain in the program for the two weeks or longer that was necessary for successful intervention was the most frequently occurring reason (29%). Mother's level of crisis was the next most often identified reason (22%), followed by staff workload issues and families leaving the program before they could be asked to participate (18%).

Figure 3. Reason Mothers were not Asked to Participate



Mothers who were asked to participate but chose not to indicated that they were either too busy to participate, did not think that they needed the services or that they were not ready to do so emotionally or physically. Some mothers who could not participate still thought that the Children's project activities were valuable and wanted their children to participate in some activities without them.

Ultimately, nine organizations supported 80 participants including 38 mothers and 42 children in their 14 emergency and second stage shelters or outreach/follow-up programs (Table 1), as defined below:

- Emergency Domestic Violence Shelters provide short-term, secure, temporary and supportive accommodation in a communal living environment.
- Second-Stage Domestic Violence Shelters provide secure apartment accommodation for six months or more.
- Outreach/Follow-up Programs work with women and children who do not live at the shelter, providing safety planning, general support, advocacy, referrals, and basic needs support.

In most instances one child in each family was involved in the project, although many mothers had other children who were in the participating program but who could not be involved in the Children's Project, usually because they were either younger or older than the project target age. Also, number of mothers at each type of program varied substantially, with second stage shelters engaging more families (between 1 and 10 or an average of about 4 per shelter) than emergency shelters (between 1 and 4 or an average of about 3 families per shelter) or outreach (between 1 and 3 or an average of about 2 families per program). Longer engagement in second stage shelters or outreach programs provides better opportunities for participant engagement as discussed in the next section.

Table 1. Project Participants

Program Type	Number of Programs	Number of Participating Mothers	Number of Participating Children	Total Number of Participants
Emergency	7	18	21	39
Second Stage	3	13	14	27
Outreach	4	7	7	14
Total	14	38	42	80

5.2 Participant Recruitment Challenges

Much discussion has taken place over the course of the project in order to understand the challenges associated with recruiting clients for project participation. Staff feedback that was gathered in the interviews and in meetings is summarized below to further contextualize quantitative results reported above.

<u>Challenges for Emergency Shelter Residents</u>

Women and children come to the emergency shelters to escape an abusive situation and have much to accomplish in a relatively short period of time. They focus on obtaining employment, housing, education, school or childcare, and addressing legal considerations and multiple other concerns. Those activities keep them extremely busy and leave them with little time in their day in which to engage in anything else. In an emergency shelter a project such as a Children's Project is not their priority.

- *I found that the project was not a high priority for women in emergency shelter, their stress was so high…their priority was basic needs and case management – this was not something that they were able to do*
- *Short stay [in an emergency shelter] is a big challenge – getting housing and finances was a lot more important to them*
- *It's a time factor for the mothers – they need to decompress and then their main focus is– 'how do I carry on from here' and they think of very little else; even moms who are working say I've got to get out and get a place to live*
- *They have to get housing, unemployment, Alberta Works support...It's not a lot of time especially if they have to go to court etc…and…here you have to sit with them and have the waiver signed – seemed like a lot on their plate.*
- *Moms don't come out because they are always busy…in the community…and sometimes they forget that their family comes first and relatives come second*
- *Moms were interested, but all of the forms – they did not want to sit down and do it*

Women come to the emergency shelters in a state of crisis and often traumatized by their experiences. They need to take the time to reflect and deal with the trauma before engaging in any shelter activities. Considering this, child support workers sometimes wait to approach the mothers to invite them to participate, but there is not enough time available in an emergency shelter and mothers leave before they can learn about the project. Some women are simply not emotionally ready to participate as illustrated in the quotes and the story below.

- *I would give women one or two days to get more comfortable in the shelter, but maybe it was too long of a wait because some would be gone before I got the chance to connect;*
- *When they come here [to a second stage shelter] it's like a new start… people can still be in trauma mode for almost a month… we are not introducing them to new things, but first introduce the [shelter routine] and, after a month we introduce the Children's Project*
- *It takes time for some moms to get used to it, sometimes we need to give them almost a week, I know when somebody is holding back and by that point they are already into … 'we've got to find a house'…even those who said yes I want to participate…they seem to avoid us*
- *We also had clients who really wanted [to participate], but could not function at the level …that could really allow them to do it, we were able to get the information to them, but then they needed to get their basic needs met and struggled to meet their children's needs, and just knowing that …caused them stress*
- *Finding a participant …who was in a right state of mind, not too high crisis [was a challenge]… we get so many women experiencing so much trauma, and this is just asking [for something] extra…their heads are just not in it*

When mom first arrived at the shelter she was disengaged from her children and was very emotionally unavailable. Child Support staff introduced the children's project to mom and asked if she was interested. At first, mom stated she would have no time for this because she needed to find housing. Child support staff explained to her that sessions would only take 30 minutes and we would try and do 2 sessions a week. Mom agreed and said she would try one session. Child support staff and mom completed the parent stress intake, and at the time of this intake mom did not seem to be engaging in completing it and did not seem to be interested.

Child support staff reported that women sometimes worried about the impact their participation in the project might have. They were concerned that they might be labelled, criticized or singled out as poor parents or that their information might be shared with Child Welfare and they needed time to develop a sense of trust with the child support workers.

- *There is an apprehension on the part of the moms to participate in anything that others are not doing…they might feel singled out. It takes a lot of conversation for them to feel comfortable…They are not comfortable taking risks, and there is a discomfort around them being observed*
- *Most of these moms are coming from places where they were accused of not being a good mother*
- *Some mothers avoided me – I think they were so wrapped up in their own trauma, emotion, their own thoughts, maybe they did not trust or did not want to share*
- *They asked questions about child welfare involvement and police involvement and I explained that it was confidential*

- *When they hear attachment, they hear attachment disorder – changing the language to bonding helped women to be more open to accepting the services*
- *Mom allowed me to take the first step [after a few days in the shelter]…because [at first] I think [she thought] that we were criticizing her*

Challenges for Child Support Staff in Shelters

Shelters often operate on a tight budget and staff are very busy trying to address all of the needs as they arise. Most shelters have only one or at most two staff dedicated to child support work and much of this work includes childcare for young children in shelter. When the shelter becomes busy or when it is short-staffed due to illness or holiday, child support staff are often called on to take on whatever tasks that need to be done, leaving little time for implementation of the Children's Project.

- *We have to be staffed right, I'm alone today because my co-workers are sick, we are full house, this means that you've got to fill in wherever you've got to fill in – making supper, answering the phone..*
- *There were many suitable clients and then it came down to staffing…other shelter tasks [had a priority]*
- *[We have] a small child support team, I was the only person running the whole team by myself, I could not even think about the Children's Project*
- *It's just the time that it takes from the other shelter tasks, there are so many other things that we are responsible for in the run of the day and what it would take to facilitate [this project] and follow-up took away from the other tasks… we were not able to be on the floor to support others because we had to look after the Children's Project*

5.3 Addressing Participant Recruitment Challenges

Over the course of the project several different solutions were implemented by the participating programs to address the recruitment challenges, as listed below.

- Participation tracking process was designed and implemented to track reasons why eligible families did not participate in the project, so that those reasons could be better understood and addressed.

- The original project parameters specified the age of the participating children to be between 18 months and 5 years of age. The age of children eligible for the project was expanded to include 6 to 8 year-olds, as the proposed interventions are appropriate to use with those children as well.

- The project was to continue until May of 2012. It was extended until October 2012 to provide an opportunity for more families to benefit from the project.

- It was made clear that the workers could choose from any or all of the different project activities as appropriate for a particular family. For example, for some families where mom may be too busy to attend, the intervention may include activities with the child only or child playing separately from mom. In other instances, moms may already be attending parenting groups or other related activities in the participating program and those could be counted and documented as part of the project.

- Several programs implemented a group for moms, where they could come together to discuss parenting and related issues or where they could try some of the attachment-based activities with their children. In some programs, the groups provided an opportunity to introduce the project to the mothers, and in others the groups became a compulsory component for mothers with children. After participating in these groups mothers could request one-on-one sessions with the child support workers.

- ACWS developed project posters that were used by the programs to describe the project and invite participation.

- Some organizations that originally limited the Children's Project to their residential program expanded the program offerings to children in other related programs such as outreach and housing first.

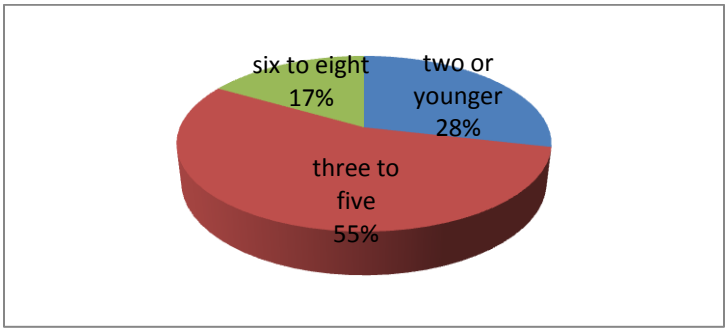
- Some programs integrated the project consent/invitation processes into their admission forms and processes.

Section VI. Description of Participating Families

6.1 Participants' Demographic Characteristics and Background

Consistent with the original project focus, a large majority of children were of preschool age (83%, Figure 4). There were older children who were over six years of age, reflecting the expansion of the allowable age range in the project up to 8. In some instances those children were the older siblings of the children already in the project. Slightly over half of the children were female (55% or n=23).

Figure 4. Age of Participating Children



The demographic characteristics of mothers who took part in the project were generally similar to those documented in other ACWS projects (i.e., Strength in Numbers, Making Amends, Helping Hands Report, Practical Frameworks for Change, and the Danger Assessment Report)[8], specifically:

- Mothers were between 19 and 46 years of age and, consistent with the project focus on younger children, the mothers were younger than the general shelter population. Half of the mothers (53%) were 30 years of age or younger and they were, on average, 30 years of age as compared to an average age of about 31 to 33 in other ACWS samples.
- 55% of those whose cultural background was known were Aboriginal (20 out of 36) and one client self-identified as a member of a visible minority. This proportion of Aboriginal women is comparable to about 50% to 58% documented in Alberta shelters although the proportion of visible minority women is lower than the 8% to 11% reported previously.
- Five mothers (or about 13% of all women in the study) self reported some type of mental health/mental wellness concerns often including depression and panic attacks. This is a substantial underestimate when compared to the 44% documented in other ACWS studies and 64% women in violent relationships with PTSD and rates as high as 92% of women seeking help at shelters and domestic violence agencies.[9]

[8] Hoffart, I. & Cairns, K. (2012). Strength in numbers: A 10-year trend analysis of women's shelters in Alberta. Report prepared for the Alberta Council of Women's Shelters.
Gendron, A. (2012). Making Amends: Supporting Survivors of Domestic Violence in Rural Alberta. Final Report for Civil Forfeiture. Written for Alberta Council of Women's Shelters.
Gendron, A. (2012). Helping Hands: Final Report for the Stollery Foundation. Written for Alberta Council of Women's Shelters.
Hoffart, Irene (2011). Practical Frameworks for Change: Supporting Women and Children in Alberta Emergency Shelters. Report prepared for the Alberta Council of Women's Shelters.;
Cairns, K. & Hoffart, I. (2009). Keeping Women Alive – Assessing the Danger. Report prepared for the Alberta Council of Women's Shelters, June 2009.
[9] Liska, A. (2010). Position Paper on Health. Written for Alberta Council of Women's Shelters, October 2010.

- Eight mothers or 32% of those with health information self reported some type of physical concern, including abuse related injuries and chronic pain issues. This is comparable, although somewhat lower than the 37% to 41% of women in other ACWS studies reporting physical health concerns. This, as well as other ACWS studies underestimate the health concerns of women in abusive relationships of whom 82% had at least one active medical diagnosis[10]
- There was also one child with mental health/mental wellness concerns and 4 had physical concerns (e.g., allergies, asthma, kidney problems); and,
- Three of the mothers were pregnant at the time of admission.

6.2 Family Circumstances at Admission

All of the mothers and children who participated in the project came to the shelters and shelter-related programs to escape a domestic violence situation, as illustrated in the story below.

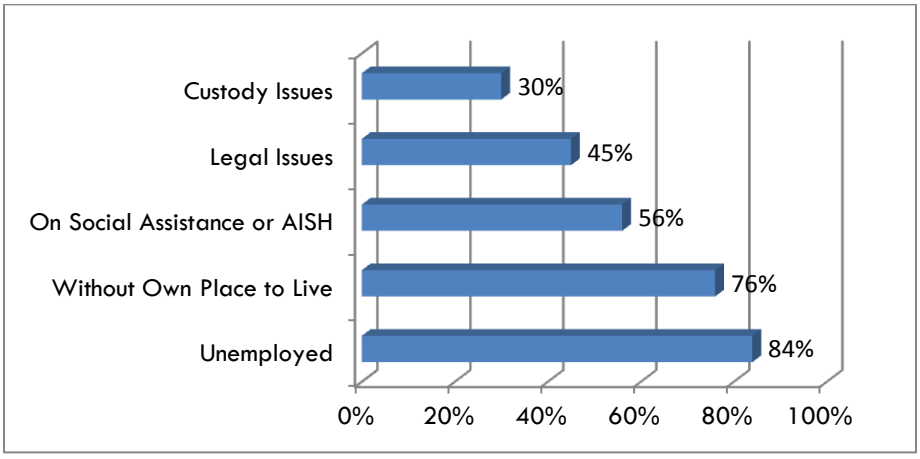
> Mom was referred to our shelter by a worker at an emergency shelter. She was leaving a very dangerous, physically abusive relationship. Her abuser has ties to the Hell's Angels and was heavily into drugs. He was also financially abusive as he stole all of her assets (vehicle, savings). She was a victim of emotional abuse, stalking her when she has tried to flee previously. He would also threaten her. Mom witnessed abuse by her stepfather and was abused herself. Mom has 2 children. Her youngest is a girl that was 2.5 years old when she started the project. She does have a 12 year old son that comes for visits on the weekend. He lives with his dad and stepmom. The youngest child is the biological child of the abuser and her son has a different father. Both kids have witnessed the abuse towards mom. Her son remembers when they were in the bathroom and the abuser was screaming, threatening all of them and trying to kick in the door.

The experience of domestic violence leads to a multitude of other issues that mothers in shelters and shelter-related programs have to address. In particular, women using the shelter system have always had a much higher rate of unemployment than is common in the general population of women. The woman who comes to the shelter or shelter-related program is in a relationship where the abuser attempts to control her activities, making it less likely that she will work. Physical injury and traumatisation also prevent women from working. Those women who have pre-school age children also have challenges managing child care and employment responsibilities. Furthermore, women who are employed prior to shelter admission may be dismissed from their jobs as a result of abuse and associated issues. In addition women see a significant drop in income once they leave their abuser.

The circumstances of the mothers in this study were similar to other women in shelters. Most of them were unemployed and relied on Social Assistance, many had on-going legal and child custody issues or concerns and many of them were homeless or living with family or friends (Figure 5). Often it was the need to address these issues that made it difficult for mothers in the emergency shelters to fully engage with the project.

[10] Ibid.

Figure 5. Family Circumstances at Admission



- Almost all mothers (32 out of 36 or 84%) were unemployed at the time of their admission to the Children's Project, and 6 of them were unable to work;
- Many mothers (15 out 32) relied on Social Assistance from Alberta Works or INAC as their primary source of income. Many mothers also identified Child Tax Credit as one of their sources of income (n=9). Three mothers used Student Funding and 3 mothers were on Assured Income for Severely Handicapped;
- Seventeen mothers identified issues requiring legal support, including access/custody issues (as illustrated in the story below), child financial support and maintenance enforcement, property issues and separation;
- Seven mothers had some type of protection order in place at the time of admission or as obtained in the course of their shelter stay or program participation;
- Of 33 women for whom this information was available, prior to their program admission only 8 had their own residence and the rest had lived with their abuser (n=13), with family or friends (n=8) or were in the shelter or homeless (n=4).
- Over 30% of these mothers have had to address custody issues, at least 13 children had some type of child protection involvement either present or past.

This mom stayed with us for about 6 weeks. During this time, the children were apprehended by CFSA due to addiction issues. Fran left and went into treatment but did not compete the program. Fran returned to the shelter for support and encouragement to follow through with all the recommendations from CFSA. During her stay Child Support approached Fran with the Child Project information. Fran wanted to have a better relationship with daughter so she enrolled in the Children's Project after she had left the shelter. Fran and children had supervised visits at the shelter once a week until Fran had finished following through with recommendation from CFSA.

6.3 Assessment Results

Mothers who participated in the Children's Project completed three different assessment tools (see detailed description in Section III), including the Danger Assessment questionnaire (DA), Domestic Violence Survivor Assessment (DVSA) and the Parenting Stress Index (PSI).

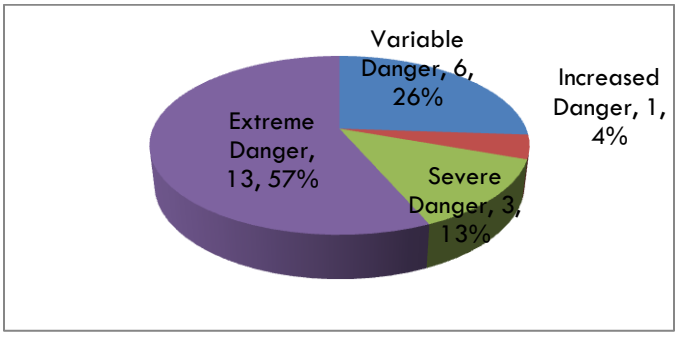
Danger Assessment Questionnaire

The Danger Assessment questionnaire (DA) is a 20-item test designed to assess the likelihood of lethality or near lethality occurring in a case of intimate partner violence. Twenty three mothers (12 participating in the Children's Project in emergency, 9 in second stage and 2 in outreach programs) completed this questionnaire.

As can be seen in Figure 6, over half of all women completing Danger Assessment were in extreme danger of femicide (n=13, 57%) and additional 3 women (13%) were in severe danger. This is comparable to results in other ACWS studies, where the proportion of women in shelters in extreme or severe danger ranges from 66% to 74%[11].

Women in second stage shelters had much higher Danger Assessment scores – 92% of them were in severe or extreme danger of femicide as compared to 40% of women with severe or extreme danger scores in the emergency shelters. Similar results were obtained in other ACWS research – where 78% of the women in the second stage shelters and 52% of women in emergency shelters were in extreme or severe danger of femicide[12]. This difference in risk levels is not surprising, as higher levels of risk are used as one of the criteria when accepting women into second stage shelters. Note that both women who completed the DA in outreach programs also were in extreme danger of femicide.

Figure 6. Danger Assessment Scores



In addition to the 20-item test, the full Danger Assessment process requires completion of a Danger Assessment Calendar. This tool was developed to provide women with an opportunity to reflect on the seriousness and frequency of the abuse her and her children experience. Calendar results are not included here because only one client completed the Calendar for the Children's project. Challenges with completion of the Calendar have also been noted in previous ACWS research suggesting a need for continued discussion about the tool and its use.

[11] Hoffart, Irene (2011). Practical Frameworks for Change: Supporting Women and Children in Alberta Emergency Shelters. Report prepared for the Alberta Council of Women's Shelters.;
Cairns, K. & Hoffart, I. (2009). Keeping Women Alive – Assessing the Danger. Report prepared for the Alberta Council of Women's Shelters, June 2009.

[12] Cairns, K. & Hoffart, I. (2009). Keeping Women Alive – Assessing the Danger. Report prepared for the Alberta Council of Women's Shelters, June 2009.

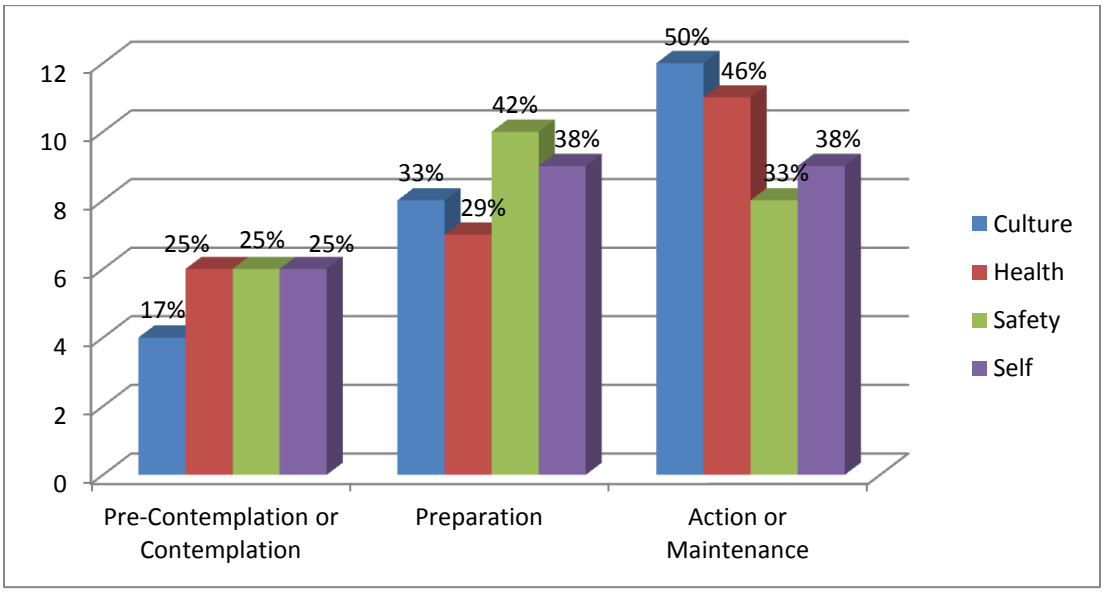
Domestic Violence Survivor Assessment

Child support staff also completed the Domestic Violence Survivor Assessment (DVSA) based on their observations and interactions with the mothers. The DVSA examines the stages of change for 13 personal and relationship issues commonly faced by survivors of intimate partner violence, grouped across issues of safety, culture, health and self-strengths and skills. At present, the DVSA does not include parenting issues and this was described by some staff in this project as a limitation that the tool developers may need to consider.

DVSA has been developed as a case management tool and there are no scoring procedures available to inform aggregation of this information for the purposes of research or evaluation. Scoring procedures were developed specifically for this report, so that an overall picture could be provided to describe mothers' level of readiness as well as identify any differences in readiness scores of mothers in different types of programs.[13]

The staff completed DVSA for 24 women, including 14 in emergency, 6 in second stage and 4 in outreach programs. As shown in Figure 7, women were most ready to address issues related to their views about relationships, loyalty and attachment (labelled as culture in the DVSA) (12 or 50% of them were in action or maintenance stage), followed by issues related to health (11 or 46%), self strengths and skills (9 or 38%), safety (8 or 33%). There were some differences between this sample and women who participated in the previous ACWS research which included emergency shelters only[14]. Women participating in the Children's Project were more likely to be in the action or maintenance stage with respect to the issues of culture, health, self-strengths and skills than the women in the PFC study (respectively 50% vs. 46% , 46% vs. 36% and 38% vs. 34%), but were slightly less ready to address the issue of safety (33% as compared to 38% in the PFC study).

Figure 7. Domestic Violence Survivor Assessment Scores



[13] Average readiness scores were calculated for each woman and each issue – culture, health, safety and self – producing a total number of women scoring within each stage and for each of the four issues.
[14] Hoffart, Irene (2011). Practical Frameworks for Change: Supporting Women and Children in Alberta Emergency Shelters. Report prepared for the Alberta Council of Women's Shelters.

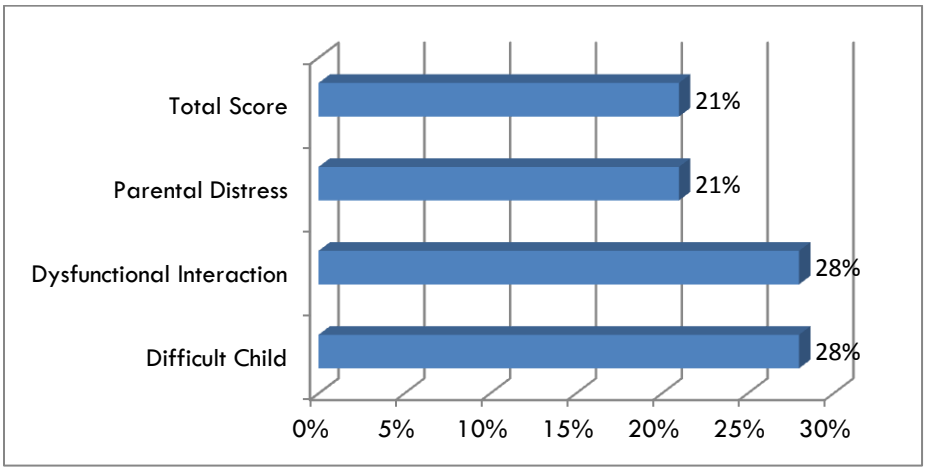
The scores of the women in second stage shelters and outreach suggested that they exhibited less readiness in general. Women in emergency shelters had higher readiness scores in all areas - 36%, 64%, 57% and 42% were in action or maintenance stage with respect to safety, culture, health and self respectively, as compared to 25%, 25% 50% and 25% of women in outreach programs and 33%, 33%, 17% and 33% of women in second stage shelters. However, these findings should be interpreted with caution as there were only 4 women in outreach programs and 6 women in second stage shelters completing DVSA as compared to 14 women in emergency shelters.

Parenting Stress Index

The Parenting Stress Index (PSI) is a parent self-report questionnaire that measures the stress in parent/child interactions and it is used for early identification of dysfunctional parent/child interactions. This tool was described as particularly helpful to child support workers primarily because it helped identify instances in or a degree to which parenting stress was present and helped support service planning.

Twenty nine mothers completed the PSIs, including 18 in emergency, 5 in second stage and 6 in outreach programs. As shown in the Figure 8 below, about 20% of mothers experienced significant issues in their parenting role, requiring professional consultation. The percentage of women who experienced different types of parenting stress varied from 21% to 28%. About 21% experienced significant stress due to personal factors that may affect parenting (Parental Distress), 28% experienced significant issues related to interaction with their child as evidenced through parental rejection and alienation (Dysfunctional Interaction) and 28% also experienced significant issues with regards to managing their child's behaviour (Difficult Child).

Figure 8. Parenting Stress Index Scores



In general, women in outreach experienced a higher level of parenting stress, followed by women in second stage shelters and women in emergency shelters (average scores of 83, 70 and 65 respectively). However, women in second stage were more likely to experience parental distress than the women in other types of programs (40% as compared to 33% in outreach and 11% in emergency shelters).

These results (confirmed by other ACWS research) suggest that, at the time of their admission to the shelter, women in second stage shelters experience more challenges than the women in emergency shelters Their risk for femicide is higher, their readiness to address issues is lower and their stress related to parenting is higher than that of women in emergency shelters. Second stage shelters provide these women

with an opportunity to take time to reduce their levels of stress and crisis and to address some of those issues in a safe and secure environment. Particularly with respect to their children, second stage shelters provide an opportunity for longer-term, regular attachment and child support work that is necessary for long-lasting change.

The results were similar for women in outreach programs, however their numbers were too few and there is no research available about women in outreach programs, making it difficult to make any conclusions. However, these results suggest that further research is needed to understand the circumstances of women in outreach programs.

Section VII. Project Activities

7.1 Children's Project Activities

Mothers and children who were in the project could participate in a combination of different activities – those that included individual or group discussions with mothers only, attachment-based activities including both mother and the child and child-led play activities that could include the child and child support worker or the mother and child. The selection of the activities depended on the availability of child support staff and resources, time available to the family to participate and on the child care worker's assessment of family's goals and needs.

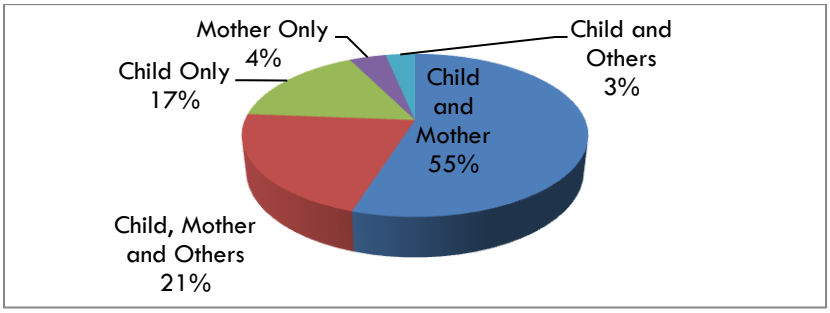
- The work with the mothers could include individual work, work with Elders, group work (e.g., facilitated/peer discussion) or a brief pre-session warm-up leading to the activities including the child. These activities focused on issues of interest to the particular family and selected from a list provided in project materials.

- Attachment-based activities included a gradual transition from worker's demonstration of approaches of working with the child to mother's practice and development of competence in using those activities with the child. The specific activities were selected by the child care worker from a list provided and using the information from supplementary documentation, materials and training to support selection and use of each activity. Oftentimes activities were repeated across play sessions.

- Play is the medium through which child brain development is supported and enhanced. The intervention design used two different types of activities that involve child-led play: children interacting through play with a child support worker while mom was in discussions with child support staff or others and children playing together with moms in any child-directed play. In implementation of this work mothers were supported to be responsive, attuned to and able to validate the child's needs and allow the children to lead or guide the play. Again, a list of possible activities was included in project resources and materials.

Over about a period of a year a total of 122 sessions were recorded with 45 participants with most of these sessions taking place at the shelter (101 out 122 or 83%) and the rest in the client's home (n=7) or at the program office (n=13). Most of those sessions included both mother and child alone (55%) or with others[15] (21%). Children were without their mothers in about 20% of the sessions (Figure 9). The types of activities also varied among participating programs in accordance with their internal processes.

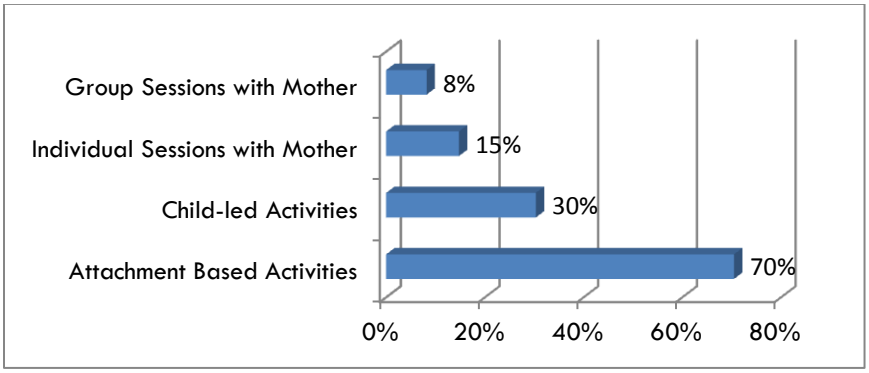
Figure 9. Individuals Present in the Course of Contact



[15] Included other shelter staff, professionals who were invited to participate, child's siblings, or other mothers with their children

The session often included more than one type of activity as illustrated below. Attachment Based Activities were documented most frequently (in 70% or 86 sessions), followed by child-led activities (in 30% or 37 sessions), individual sessions including the worker and the mother (in15% or 18 sessions) and group sessions in which mothers took part (in 8% or 10 sessions). As discussed earlier in the document, going forward, most programs plan to use the group session format more frequently. They found this format very useful in supporting mothers' engagement and helping them overcome some of the barriers, particularly concerns with being criticized as well as the general trust issues. The two stories below are examples of the different types of sessions that took place in one shelter.

Figure 10. Types of Sessions



Story 1. The mother indicated that she wanted to spend more one on one time with her children, particularly one 6 year old girl. During the several sessions that were held, basic activities were selected, including coloring together, rubbing lotion on one another's hands, and finding hurts, as well as the Treasure Map activity, some stacking challenges, and the cotton ball blow challenge. Other activities that were facilitated included: lazy eights, Hand Stack, Feeding, Cotton Ball Soothe, etc. During these activities, it was clear how much the child valued and soaked up the genuine moments and attention of the mom since the mom was not always able to have one on one time with all of her children.

Story 2. While at our shelter this Mom participated fully in our comprehensive program. Part of the program is that the Mom's of preschoolers are involved in a Mom/Tot group, a weekly parenting group and involved in the Child Care as a helper monthly. The Child Care helper has a chance to learn parenting strategies by the role modeling of the Child Care staff. They can also ask questions and receive information regarding their child and managing their child's behavior. They also meet with a VON nurse who helps in regards to child health and expectations in regards to child development.

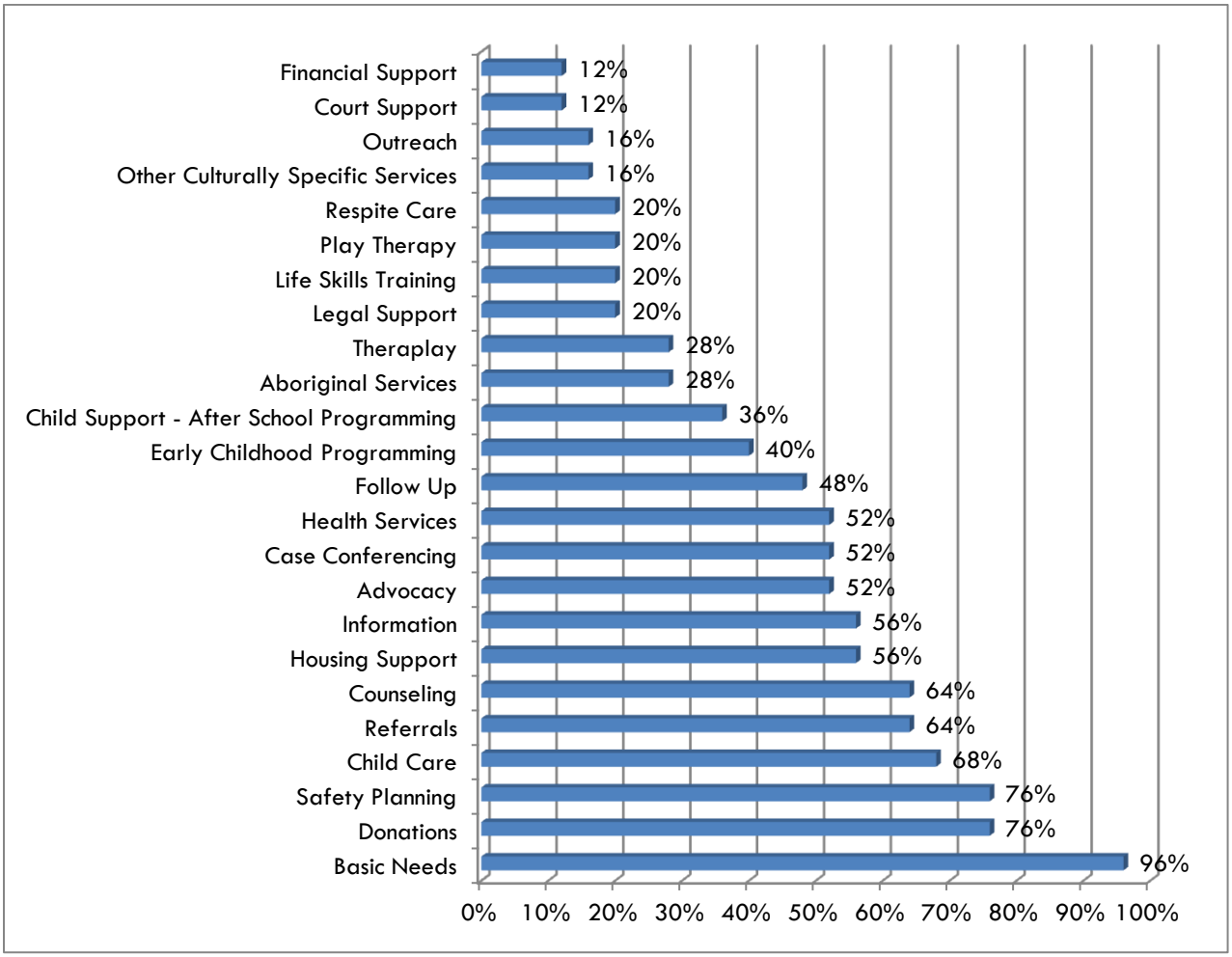
The differences between the program types with respect to the total number of sessions per family illustrate the challenges related to the brief shelter stay in emergency shelters. Of the total 122 sessions that took place over the course of the project, 52 or 43% took place in seven emergency shelters, 49 or 40% occurred in three second stage shelters and 21 or 17% involved families in four outreach programs. Almost all families in emergency shelters participated in one or two sessions (79%) and 21% had three or more sessions. By comparison, 45% of second stage and 60% of outreach families had three or more sessions.

7.2 Other Services and Referrals

As illustrated in Figure 11, in addition to Children's Project services the project participants received multiple other services while at the shelter or participating in the shelter-related program. Twenty four different services were recorded for 25 families[16] and almost all of these families received basic needs supports (96%), donations (76%) or safety planning services (76%) illustrating again, that basic needs and safety are the two major issues that are addressed in the participating sheltering organizations.

Over half of the families also received child care, referrals, counselling, housing supports, information, advocacy, case conference support and health services (between 52% and 68% each.) It is important to note also that a substantial proportion of Children's Project families received other types of services for children, including child care (68%), early childhood programming (40%), after school programming (36%), theraplay (28%), play therapy (20%) and respite care (20%). It is unclear, however, whether those services were intended to represent Children's Project activities or were meant to track other services provided for children.

Figure 11. Other Services Provided



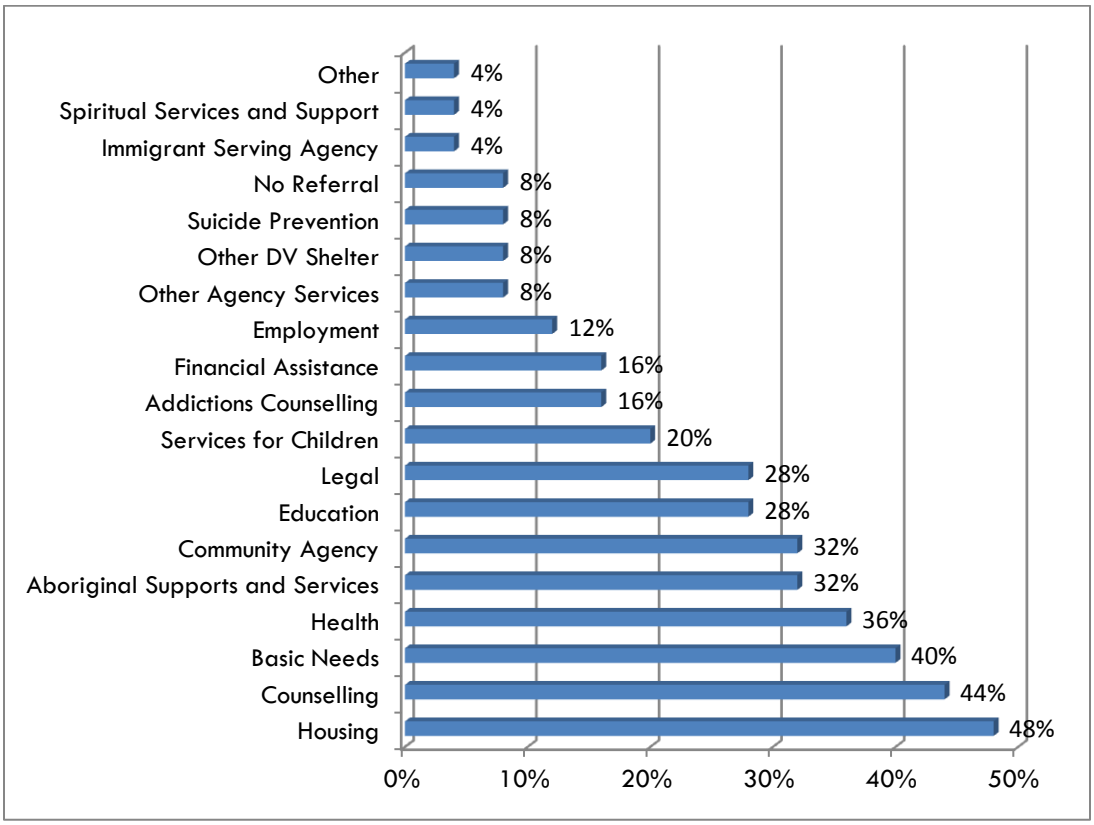
[16] Note that service provision is only recorded at discharge, so the information in the chart does not include services provided to those families that were not yet discharged at the time of project completion.

The participating organizations also linked families in the project with multiple community services. Eighteen different types of referrals were documented as having been provided to 25 families in the Children's Project (Figure 12). Basic needs and related concerns figured prominently among the top referrals (almost 48% of the families were referred to housing services and 40% to basic needs agencies and 16% also received referrals for financial assistance). The story below from one of the programs provides an example of a family struggling with basic needs issues.

> Child Support staff met with mom to complete a parenting intake, and mom disclosed the abuse that the children were put through during mom's relationship with her partner. Mom stated that partner would often buy alcohol and cigarettes with the money he had, and only if there was money remaining would he provide food for the children. Sometimes this would result in both children eating dog food because there was nothing else in the house for them to eat. This would also result in the children not having enough clothing or basic needs.

A large number of families also received referrals to counselling (44%) and health services (36%) and 16% of the families were referred to services for children. In some instances those were cases which were more complex than the project or the program could address – often involving significant mental health or behavioural issues.

Figure 12. Referrals Provided



7.3 Service Delivery Context

Conversations with child support staff over the course of the project and in the end of project interviews helped provide context for service provision data. Several themes document challenges that staff identified with respect to project implementation and some of the ways that those challenges were addressed.

Implementation Challenges

Short time available to spend with families in an emergency shelter created recruitment challenges as well as implementation challenges. Once families agreed to participate, emergency shelter staff could not spend as much time as they would have liked with those families because the mothers were too busy and because they only could stay in the shelter for a few weeks. Children's Project activities appeared to be most effective when they could be implemented regularly and over a long period of time, with an opportunity built-in for mothers and children to practice on their own time.

- *I never had a lot of time to explore mom's worries, moms that I did have were not here very long…you could plan something and then they are gone*
- *Predetermined program don't always work in the shelter – especially when we are working with higher need families…they aren't as structured…There are also scheduling concerns, e.g., 3:30 in the afternoon older siblings are home from school, there are appointments that they have outside the building, they have a lot on their plate, there has to be a lot of flexibility and a lot of chasing them down, once they miss a week, they lose that continuity and you have to get the buy in again…it takes a lot to keep them invested, and that's just the nature of where they are at – they are in survival mode*
- *In an emergency shelter it's so short term – we are looking to meet with them for several sessions… With outreach clients – we meet once a week so that they can practice at home and come back and then use the tools again…it becomes a long-term part of their routine*
- *The attachment and bonding stuff is not an overnight thing…in three weeks there would be some results that moms would see [but] over a long time they would see a more significant improvement and [mothers in an emergency shelters] may not feel that it's worth to put time into it*

Staff workload was also an issue in both participant engagement and program implementation. As illustrated in the comments below, time was needed to follow-up to ensure that families attended the planned activities, to provide team supervision and support (in programs that had larger child support teams), to support mothers who had more than one child and to gather and enter project data.

- *Once we did get someone on board it was hard to follow-up...there was only 21 days stay, and the relationship piece is not the first priority… education around attachment and relationship and how that helps with trauma helps a lot…but we did not get a chance to do this… it's a huge thing to do on your own [when there is only one staff member in the shelter]*
- *It takes a huge focus of the team [to get] on the same page and attend to the same goals, and the same priority*
- *I could not give a lot of support to my team*
- *As far as the getting into the system and getting all of the required data filled out – sometimes it's hard… sometimes you miss certain things*

- *The data base piece and entering information was eating up a lot of the front line worker time, [child support staff] also has parenting classes,…child development work, child care …and on top of that data entry…[we're] looking for data entry person*
- *[We had] a mom with 5 children and needed someone to facilitate the session and then others for childcare with the other children*
- *Child development specialist are supposed to facilitate child care for all [children in the shelter]…it's very difficult for me to schedule sessions with moms if she has more than one child…I would then have to access [the other child support staff]…and if there is no staff it defeats the purposes*

Shelter and program space was also described as an important issue to consider in Children's Project service delivery. Some shelters simply did not have sufficient space available to accommodate the project, and highlighted in particular a need for larger playrooms with age appropriate toys. Even when shelters had appropriate playrooms, they were not always available, particularly when shelters became full. Because there was not a way for the shelters to predict how busy they will be, activities that were planned for Children's Project were often postponed or cancelled.

- *We never know what we are going to get day to day, we might think we have an appointment with mom and then we have a full playroom and then there's weeks when there is no one around*
- *Our shelter was full and so we could not physically work with moms*
- *Being a shelter we have crisis all the time, a lot of times something is planned for the child development room and then plans change – I like the idea of the travelling kit, but don't know where to go*
- *It's a challenge - you're utilizing every little bit of space…having a portable program [would help]… sometimes child support staff is pulled in to deal with crisis or do the cooking, even if they plan to do the program it has to be cancelled*
- *Having a daycare environment helps connect with women…once they saw the daycare room, it's their own little room, they looked forward to coming to the daycare room*
- *We don't have a lot of space in our shelter that is not over-stimulating, quiet and easily accessible… we have a tiny family room that is shared with other clients in the shelter…we also have child care centre.. no counselling room – all of our spaces are shared*

<u>Addressing the Challenges</u>

Children's Project was conceptualized as a structured project, with activities that included the consent/invitation processes, data collection tools and specific intervention with mothers and children. As discussed elsewhere in this document, although seen as very valuable for the families, a structured project such as this does not appear to work well in emergency shelters. To address this, child support staff has come up with a number of different ideas to integrate the Children's Project activities in a way that would be consistent with how shelters operate. They included integrating the Children's Project consent/permission processes into regular shelter admission form and processes, they started to meet with moms and children for brief periods of time when they were available, and they met with children alone when moms were too busy to participate.

Gathering mothers and/or families together as a group was one of the most effective ways to address some of the challenges described above. Programs had to be creative in determining an optimal format for this activity and this varied in accordance with individual program needs. In some instances programs made those group gatherings mandatory and used them as a start-up activity in a Children's Project, in others it was an opportunity to complete paperwork, elsewhere the groups were used to introduce the Children's Project. The types of group activities also differed and included parenting-related discussions, child-directed play, attachment-based activities or recreational activities such as picnics, cooking or sewing.

- *Mothers wanted to spend time with their kids, but just did not know how to incorporate it with the other stuff that's going on…My team integrated a group called 'all the places you could go' using activities that were designed for mom and child…[the groups included] baking activities, group painting…both our staff and the parents were present and we all try to make sure that everyone has a good time*
- *Part of my job was talking to moms about [the project] and getting them to do the PSI… it was like herding cats… they felt uncomfortable…it feels threatening and they feel singled out…[I like the idea] of making it part of the process and …do it as a group*
- *We were looking for other ways – e.g., meet with moms after mom and tot group, they are already there its harder to run out; or even implement it at the mom and tot group, and maybe not have a full blown session to introduce some activities; once they have that exposure and find it very positive then they might want more one on one support*

The story below illustrates how one program used the group approach to engage mothers and children in the Children's Project.

At the beginning stages of the children's project it was a little slower and we had some difficulty having moms commit to individualized times and/or they would leave before their scheduled appointment. We wanted to have more success so we designed a slightly different approach to the project that would better suit our shelter's flow. So myself and two other workers got together to organize a Children's Project/ Play therapy Class which we facilitate every Thursday from 4-5pm. We welcomed all ages of children so we did have some who did not fit the age range, however, I still believe the theraplay activities beneficial to all ages and types of children and mothers. With the group dynamics of the Class we incorporated some group theraplay activities, making sure mom was doing the activities with her children. We also took some of our classes outside to the park and had a picnic after our activities were done. This seemed to work very well with our shelter…and we consistently had participants who continue to be interested and attending our weekly Children' Project classes.

Although formal participation numbers were lower than originally anticipated and the participating families received fewer sessions than was expected, the organizations used the learning that they had received in the course of the Children's Project to support other children and mothers in their programs. They used the exercises and activities with children attending childcare, they raised the attachment and related topics in the parenting groups and whenever possible, they worked with mothers and children to model some of the attachment-based activities and child-directed play. The bigger challenge in those instances appeared to be how to document those activities that are often spontaneous and informal so that they could be accurately quantified.

Section VIII. Project Impact

The overall project goal was to support the development, integration and evaluation of promising child support practices in shelters and shelter-related organizations across Alberta. Those practices have been selected based on a thorough literature review and discussions with child development experts. Consistent with the promising practices, the project was to address the following objectives:

1. To strengthen mother/child attachment;
2. To reduce child stress;
3. To enhance mother's ability to support child's development and resilience;
4. To help build program and staff capacity to provide culturally-sensitive services;
5. To enhance the knowledge and skills of child support staff to better meet the needs of children and their mothers in shelters and shelter-related programs.

8.1 Project Impact on Staff

Child support staff had primary responsibility for project implementation, and training and support activities were put in place to ensure that they had the information and tools to assist them in this task. There are other staff in the shelter or in the outreach program with different responsibilities but who also interact with children and their mothers on the daily basis and who support families when child support staff are not in the available. It was considered important that those other staff also have at least some knowledge, understanding and skills related to supporting mothers and children in the program.

Participating organizations used several different methods to share the information about the Children's Project with other program staff. Staff meetings and case conferences represented the primary vehicle for this, and provided an opportunity to discuss the project and to share updates about family issues and progress. Some programs also invited other staff to the Children's Project client information sessions and others were involved by helping out in parenting or family groups or with childcare.

While the project did not have this type of impact in every program, there were a number of organizations where the project made a difference for the organization as a whole. As illustrated in their comments below, child support staff described improved communication and teamwork between child support and other staff, increased knowledge among other staff related to children's trauma and attachment, heightened respect and support for the work of the child support staff and perception among other program staff as an important support option for their clients.

- *[Other program] staff are [now] more knowledgeable about trauma and how big stresses and little stresses affect the bond between mom and child*
- *Project has given us ammunition to teach the other people about trauma impact on kids, why it's so incredibly important… and change their views of children and how they are impacted – it has validated and made our work in the shelter a lot easier*
- *[The project] helped the rest of the shelter understand what kids go through – it's tough to be a kid and be here with all of the rules, they don't necessarily understand why they do what they do, we want to buffer that and all the trauma and make their stay here positive and friendly*
- *The child development has been often referred to as child care by the other staff, now the rest of the staff are seeing the program as a more serious program, less than as child care, but [as a program that] teaches moms and kids to interact*

- *[The other] staff were able to understand our work…yes we might be sitting on the floor and making a puzzle but that puzzle is what's telling a story [referring to the fact that it is through play that children express their worries and concerns]*
- *We're working closer together – we now have something else specific to be able to introduce, the counselling team has also been exposed to some training about attachment and activities*
- *There's more communication now about what is specifically happening in [child support program]… we are saying this is what mom needs – together as a team we identify needs for family and then we determine how we'll help the family and who is doing what*
- *They saw this as something they could refer their clients to, most of my work came from the other programs – outreach, second stage and housing first, they saw this as another intervention for their clients*
- *[There was] never anything for children [like this program], it was just a shelter and that's it…[the child care room] was an old storage place… once I set it up and made it available for the mothers, I felt that [the crisis workers] appreciated it and that it was a need that needed to be addressed for the shelter; that there was a place for the children to go*

Each program dedicated one or more child support staff to the Children's Project. Those staff participated in the initial project training, attended monthly meetings with the child support staff from the other organizations, and worked with the ACWS clinical therapist to address specific questions they had. Without exception all of these child support staff described the project as very valuable for their own personal learning and skill development. In particular, they gained a more thorough understanding about the experience of children exposed to domestic violence and how to better support them and their mothers.

- *I learned…just how important it is for mothers to pay attention to their children*
- *I now have better understanding of where they were coming from, especially when I would work with the mother and child one on one and explain why we were doing the children's project…I would always tell them I'm not here to judge and tell you that your parenting is wrong, I'm only here to observe the attachment*
- *I always knew that attachment was important… but as a mother I guess you don't realize what you are doing …now I see it all the time, and pick up on what mother is doing…not only with the moms here, but also outside and how I react with my own children*
- *When I see a child from difficult circumstances, I always do the child centred play even if this is not a project child - I find it really good with kids that are really vocal; it lets them have a voice in how they are feeling, how it affected them and go from there*
- *It's refreshing to know that research and the support is present in terms of working with traumatized children in shelter – it was not always there… and [it informs] the way that we view children and how trauma can impact them*
- *I did not understand that domestic violence would have such a great impact on the child…now…I've seen it – I've seen children act it out and my heart would break*
- *I really wish I'd known about this when I was a single mom going through domestic violence… it would have been such an advantage [to help me] bond with my kids*

The child support staff also highlighted the value of exercises and activities that were provided in the course of the Children's Project.

- *I learned how to be more connected and hands on with what I was doing*
- *A lot of these activities can be used in our everyday environment with the kids – we've put them into play in the shelter, in the kids' room*
- *Coming from the counsellor perspective I thought that bonding and attachment work needed therapy, but really it [can be accomplished] through [simple] activities*
- *It's nice to have different types of interventions, [in the past I did not work so much] with toddlers and did not have as much information [about how to work with them] – the project helped me get tools I needed to work with younger kids*
- *We invite moms in the playroom to come in for 10 - 15 minutes and spend that time with them in the playroom, we definitely use some of the techniques and activities that we pass on to them*

Many child support workers also described their work in the Children's Project as rewarding. They could immediately observe the positive impact of their work, and had a feeling of accomplishment which they did not experience as often in the past.

- *Once it got going it was really nice, you feel like you've done mothers and children a big favor… they do the simple activities… and they are really happy*
- *In the shelter you often don't get to see the results of your work, they leave before this can happen…you don't see any real rewards or outcomes... it's often just the person next in line. Children's project was an opportunity to actually see the benefit of the program – for both the mom and the child*
- *It's simple and it's immediate, you can see someone who does not want to do it that actually tries it and then has a positive experience with it. I just love that part – it's always great to see moms enjoy their children. The project gave us real concrete things and things for mom and children to do at home*
- *I really enjoyed it…it's really different than what I usually do, I saw more positive changes*
- *As a worker it is very rewarding to be a part of and to organize such activities only to witness such playful, energetic responses*

8.2 Project Impact on Mothers and Children

Notwithstanding the participation and implementation challenges, the impact of the project on the participating families was very positive. This section examines how the project impacted families from several different perspectives. Analysis of the session observation measure helped quantify the degree of change that took place over the course the project. Feedback from child support staff and the stories they wrote helped illustrate their perceptions of project outcomes. Interviews with mothers and their feedback using the program completion survey described how they experienced the project.

Session Observation Results

The Session Observation tool is comprised of two sections - observations of mother's behaviour and observations of children's behaviour with ten items in each section. Each time the staff met with the mother and/or the child they marked the behaviours as observed 'rarely', 'some of the time' or 'most of the time'.

Session observation measure was administered in 110 sessions with 43 children and/or mothers. There were twenty two families for whom only one observation was documented. All of those instances were in emergency shelters and depicted a situation when mothers left shelters early or could no longer participate due to their life circumstances. Eight families had two observations documented and 13 families had three or more and the results of the observations with those 21 families are depicted below.

Figures 13 and 14 illustrate the changes over time in the number of mother's desired behaviours that were marked as observed 'most of the time' in a particular session. Figure 13 illustrates the progress for thirteen mothers who had three or more sessions and Figure 14 shows the change for eight mothers who had two sessions. On average the sessions took place about a week apart (median of 7 days, minimum 1 and maximum 72 days).

Figure 13. Mother's Behaviours - Number of "Most of the Time" Observations (3+ sessions)

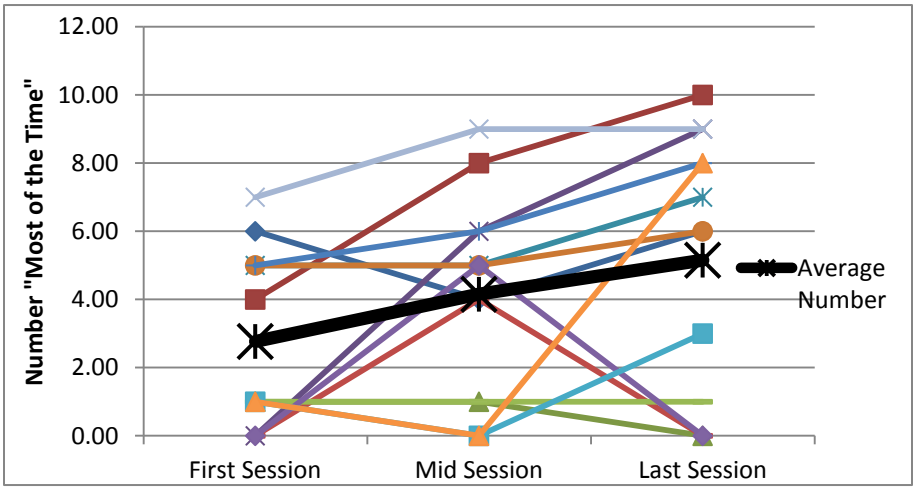
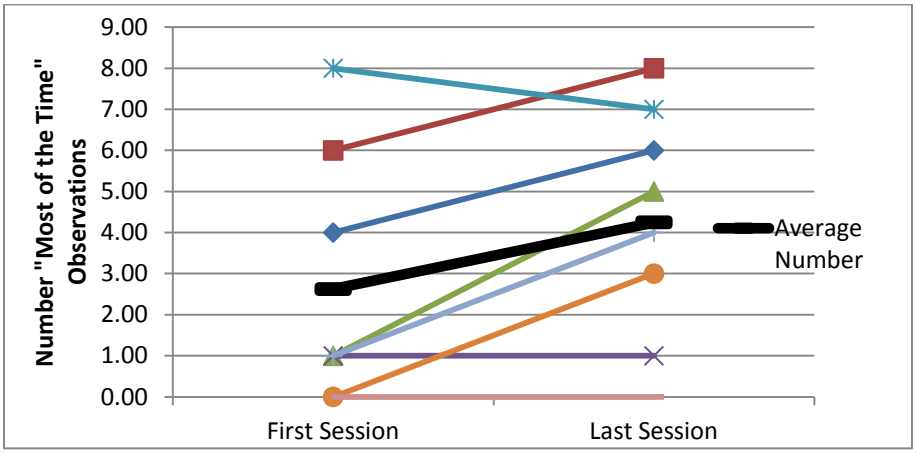


Figure 14. Mother's Behaviours - Number of "Most of the Time" Observations (2 sessions)



As can be noted from the charts, there are some individual variations and for a few mothers there was little or no improvement. According to child support staff these results may indicate higher crisis levels, higher complexity of needs, or just simply not being ready. Nevertheless, both figures illustrate an overall positive trend and an increase in the number of desired behaviours observed over the course of the intervention.

Although mothers who only had two sessions also showed improvement, the figures show that higher number of sessions produces better result. The number of desired behaviours that were observed when mothers attended 3 or more sessions increased from an average of 2.77 to an average of 5.15 as compared to 2.63 to 4.25 for mothers who attended only two sessions.

Similar results were noted in observation of children's behaviours. As can be seen from the Figures 15 and 16, the average number of positive behaviours observed increased from 2.23 to 5.08 in those instances when children had three or more sessions and from 2.5 to 3.13 when they had two sessions.

Figure 15. Child's Behaviours - Number of "Most of the Time" Observations (3+ sessions)

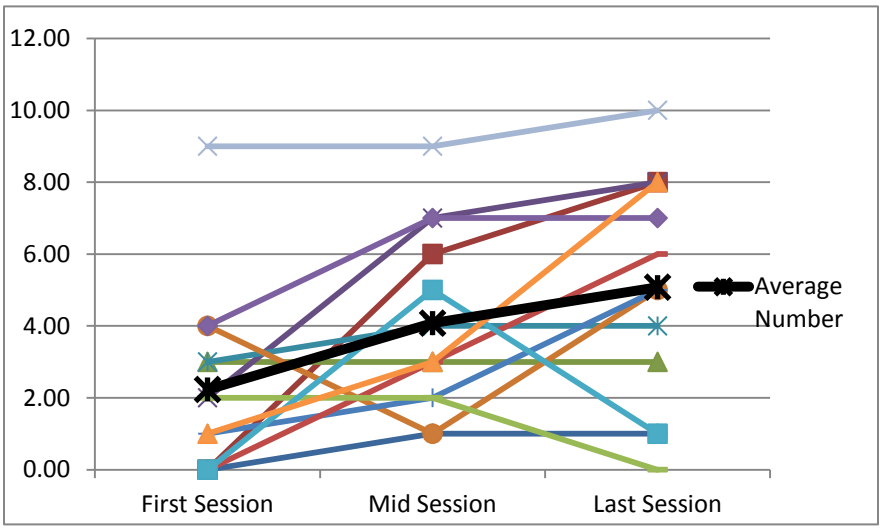
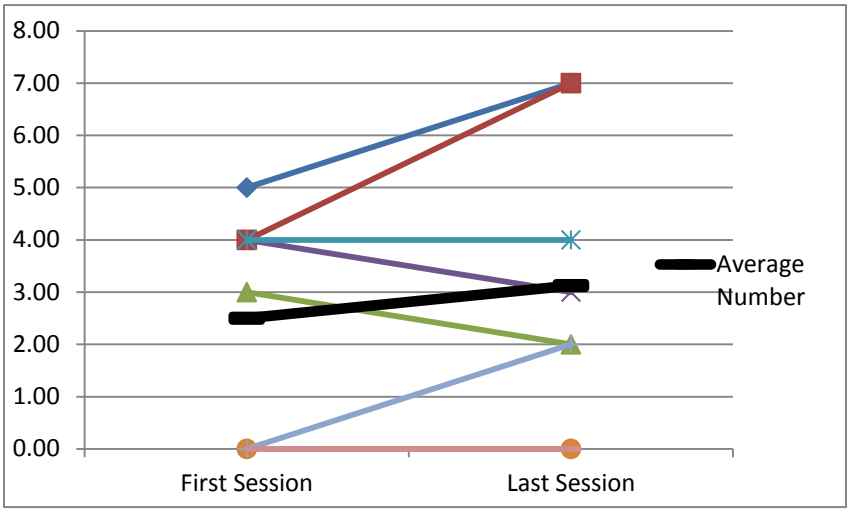


Figure 16. Child's Behaviours - Number of "Most of the Time" Observations (2 sessions)



The importance of frequent, regular and long-term supports is illustrated in the story below.

> Mom and son both initially engaged meaningfully in all attachment based activities and child led play for the first 3 – 4 sessions and mom reported that she saw significant improvements in her son's behaviours, in her relationship with her son and a dramatic decrease in her level of parenting stress. Due to the dynamics of the cycle of abuse and the ongoing domestic abuse that the family was experiencing the mother cancelled several appointments and disengaged from rebooking with writer to complete the project. After several weeks this mother reconnected with writer and reported that since she and her son had discontinued this project her son was acting out again and she was becoming stressed out and overwhelmed. Writer met with this family and completed the ACWS Children's Project and the family got connected with the local Mental Health agency to continue accessing supports for bonding and attachment long term. At the completion of the project this mother identified that the ACWS Children's Project was extremely valuable to her and her family and she stated that she planned to follow through with practicing the attachment based activities in her home and rebuild her relationship with her son.

<u>Staff Perceptions</u>

When describing the impact that they had made, staff again emphasized that they were not able to engage as many families as they would have liked or to achieve lasting success with every family they worked with. They highlighted short shelter stays, having to deal with crisis and basic needs, staff workloads as well as mothers' addictions and/or mental health issues as barriers to engagement or intervention success. Nevertheless, they described the project as very successful particularly for those families that could participate in multiple and regular sessions. They provided numerous examples illustrating the progress that the families in the project were able to make.

- Mothers were able to better understand how their children were impacted by the abuse and address those behaviours in a supportive and effective manner.

- *The time spent during our sessions gave mom opportunity to ask questions about things she struggled with. Mom shared that giving her child a bath was a huge battle, with her child crying and screaming and fighting to get out. After talking with mom and asking questions, mom realized and shared that when her and partner would be fighting, her child found refuge in the bathtub. Together we came up with a way to slowly introduce her bath so bath time could once again be a fun time. Over time she was successful and extremely overjoyed and thankful.*
- *[Some of the moms that I worked with] understood the impact and importance of spending time together, one mother goes to the library with the child on a regular basis, her daughter is into reading now*
- *I found there is more connectivity, more listening to what the child was saying, more responding than reacting*

- The sessions helped facilitate changes in mothers' behaviours, particularly helping them focus their attention on the children and ultimately leading to increased attachment between mom and child. As the sessions progressed the workers described mothers as more likely to acknowledge their children's feelings, become more affectionate, have more physical contact with children (e.g., hugging, touching and stroking) and making eye contact with their child, as illustrated in the story below.

    - *When I started the attachment sessions, mom was doing more talking than listening or engaging with her child. The activity would begin, then mom would start talking to me, then the child would start running around the room, as mom was still talking to me. I was the one to stop the daughter and redirect her. I had to sit mom down before a session and remind her what this is about and if she has any other concerns, we can talk at the end of the session. She got better as more sessions went on. She would still talk, but it wasn't always directed at me. She would talk with her daughter, make eye contact, and give her encouragement when doing an activity. There were times where her daughter would start running around the room, and I didn't have to step in. Mom was there, stopping her, and engaging in the activity again. The child was much more willing to complete an activity when it was mom that stopped her. Mom was becoming in tune with her daughter's feelings and would acknowledge them. Mom was also saying that she was doing a lot of these activities at home, and feels a greater attachment with her daughter than before.*

- Child Support staff found the Parenting Stress Index particularly useful in helping mothers understand and acknowledge their parenting struggles.

    - *When I would go through the PSI with the mothers it was kind of an awakening for them – they would say 'I do struggle with parenting' and I'd say we all struggle as parents, and I would encourage them to keep going*
    - *For me it was the PSI that had a biggest impact, to show moms where they are frustrated, I could see it but it's good to have it on paper and open their eyes*

- Some mothers were able to apply the knowledge that they gained in the sessions to support their children when they were exposed again to the abusive situation.

- *Over the following weekend mom decided to leave the shelter and go back to partner. Then she returned to the shelter and stated the abuse was worse. Mom approached child support staff and stated that when the verbal abuse escalated, both children would hide together in the 10 year olds bedroom. When the yelling would stop she would go find her kids and use certain techniques from the attachment based programming on both her children to bring them back down to a calmer level. Mom asked child support staff if we had time to complete 1 or 2 more session with her and her son, and child support staff agreed. Mom completed 2 more sessions during her second stay at the shelter, and child support staff recognized a significant change in mom and the children.*

- The child support workers also noticed changes in the children's behaviour. Oftentimes exercises and activities helped calm children down, and there was less yelling and hitting.

    - *Nadia is a 19 month old toddler who came into our shelter literally swinging her tiny fists hoping to connect to anyone who crossed her path. For the first 10 to 14 days of Nadia's stay in shelter, Child Support would try to give her a 15 second time out whenever she was caught hitting and punching. After her 15 second penance, came the demonstration of rocking and singing a soft lullaby to a doll. Nadia soon learnt that we did not hit or punch in the playroom and would run and get the doll to rock whenever she perceived she would get a time out.*

- The sessions also provided an opportunity for children to begin to deal with the trauma they experienced as a result of their witnessing the abuse.

    - *The shelter provides a positive non judgemental outlet to process some of the things, give them voice, calm them down…this little guy witnessed assault – next day he was playing out that experience, was retelling the story of how he was protecting mom…if they speak to their trauma through their play, then it does not seem to impact them as much*

- Some of the children showed increased independence as a result of participating in the Children's Project.

    - *When I started doing the child directed sessions with child, I noticed that she wouldn't pick up any toys that fell on the floor or help clean up when it was time to go. She would demand that I clean up. The child would not do anything for herself, such as pulling out a bucket of toys that was easily accessible for her. Again, she would demand that I get it for her. After a few sessions of this, with me not picking up after her, she started to realize that I never was going to do that. She soon started picking up items that fell on the floor. When it came to clean up time, I would clean up half and she would clean the rest. Now she just cleans it all. As for trying to open things, or get things out of toy buckets, she just automatically tries first. Mom has noticed at home that she is more willing to help clean, and not as demanding as she once was. Mom also has said that she likes to play by herself more, not always needing mom to play with her.*

- Children started trusting their mothers more and reaching out to them when they needed help.

    - *From the kids point of view that they can relax a little bit more and count on mom a little bit more*
    - *[As a result of these sessions] there is a little more trust with mom, which is a huge thing because trust has been broken between mom and child…now child goes to mom more, thinking 'if I go to mom I'll get a positive response'[whereas] before they would go to child care staff*
    - *This was a good opportunity for children to have the one to one time…to make sure that each child has their own special time…these activities helped reduce stress and have them trust their parents*
    - *The child seemed much happier, would reach out to Mom and accept Mom's efforts to calm her when she was upset.*

- Both moms and children really enjoyed the sessions, were excited to return, and just simply had fun spending time and playing together.

    - *Children were very excited that they were going to do activities in the child development room – and moms were very excited to go also…there was actual enthusiasm – which was new*
    - *You see the children and the moms light up – those genuine moments of love for each other – those little moments that they can hold on to – you can really see how the little children crave the time with their moms*
    - *Once mothers did those activities they would light up when the children were giggling and sharing stories… [Instead of what usually happens]… the child is telling me the story and I'm cooking and cleaning – attachment based activities were definitely helpful for bonding*
    - *Mom was seen to enjoy her child - to play with her and laugh with her. Mom shared positive feelings in regards to spending time with her daughter.*
    - *One mom…had an older son who was 10 who observed the sessions, and he said I would like to do that with my mom*
    - *The Children's Project has proven time and time again to have brought mothers and children together with laughter, smiles and comfort. When we have a room full of children and mothers working with their children it is almost as though fireworks go off and everybody is happy. The children really seem to embrace the positive attention directed at them and seem very engaged in the activities.*

<u>Mothers' Perceptions</u>

Mothers shared their perceptions about the project in telephone interviews and in a program completion survey. Almost all of these mothers thought that the Children's Project was very valuable in helping them understand more about the impact of the abuse on their children and their role as parents, help strengthen their relationship with their children, and learn about different activities that they could do to help their children relax and have fun.

Ten program completion surveys were completed and seven of those were completed in second stage shelters. All mothers who completed the surveys were satisfied with the services they received and agreed or strongly agreed that, as a result of the project they had more fun playing with their children and that

the project helped them understand their children better. All but one mother also agreed or strongly agreed that they knew more about where to go if they need more information and support for their children, that their children had become more relaxed and that the services they received were sensitive to their culture and traditions. All but three respondents agreed or strongly agreed that they were more comfortable dealing with their child's anger, frustration and temper tantrums.

The telephone interviews took place over the course of May and September of 2012. Eleven women from four programs took part, including at least three First Nations women. The summary below illustrates their comments and feedback.

- Mothers gained a better understanding of the impact abuse has on children
    - *Moms noticed that their children were "closing up", "shy" and seemed withdrawn or were angry and easily frustrated.*
    - *Moms did not realize before their involvement in the project how much abuse affected their children. Some thought that because they left the abusive relationship their children would be fine. Some moms did not realize that their children would be impacted if they witnessed and did not experience abuse. Some thought that young children don't remember the abuse and so are not impacted by what is happening to them.*
    - *One mom learned that children are impacted in many ways and that they show this in different ways. One of her sons was lashing out in anger and the other kept everything inside.*
    - *Moms are now understanding how abuse can frighten and impact children and realize that the abuse can have an impact "down the road".*
    - *One mom said that she did not learn anything about the impact of abuse from the worker assigned to the project, but did from the other counsellors at the shelter.*

- Mothers gained a better understanding of their children's behaviours and of their role as parents
    - *Project helped moms "understand children's behaviours better" and know that some of "acting out behaviour is a result of the abuse children witness" (e.g., anger, temper tantrums and yelling).*
    - *Moms are also reporting that the project helped them learn how to discipline their children in a "healthy way". They take time to observe their children so that they can see the signs that the children might be upset.*
    - *Moms understand the importance to let children "go at their own rhythm" and are now "more patient" with their children.*
    - *Moms now understand the importance of spending time together and to give their children the attention they need*
    - *Some moms now understand the importance of routines and consistency in their communication with children and are incorporating structure into their days with their children.*
    - *A weekly play group that was part of the project helped one mom feel more confident about her role as a parent and understand that "isolating herself and her child is not a good thing to do".*

- The project helped develop closer, more trusting relationship between mother and child
    - *Participation in project created "more bonding"; the "connection" between mother and child is stronger.*

- *There is "more trust" between the mother and child; children learn that mom will always be there "to catch them" and that "mom is on their side".*
- *The sessions helped lower the stress between mom and child.*
- *Mother and children have fun together, mothers "enjoy their children more", and "enjoy playing games together".*
- *One mom thought that as a result of her daughter's participation in the Children's Project her daughter is more comfortable being away from her for short periods of time.*
- *Some moms (n=3) did not think the project has had an impact on the relationship with their children because "they had always been close", but one of them stated that "you can never be too close to your child".*

- Mothers thought that the project changed their children's behaviours from anger, frustration and withdrawal to active and positive participation
    - *Impact of the sessions was immediate – mothers observed changes in behaviour very quickly.*
    - *Mothers see less anger and frustration in their children. In one family, prior to their involvement in the Children's Project the children tended to hit a lot. They now clench their fists and then are usually able to talk about what is upsetting them.*
    - *Children are communicating their feelings to their mothers more often (e.g., feeling cards helpful in this regard) "it is neat to see him use words to describe his emotions" and are able to "ask for what they want or do not want using words".*
    - *Children are "no longer hiding", they are starting to talk, interact with other people, and do better in school.*
    - *The project helped the child become "more responsible, cooperative and less demanding", responding better when there are limits set.*

- Mothers described the play activities that they learned as valuable to help them engage positively with their children
    - *Moms and children all had several favourite activities that they could identify. After engaging in those activities they realized how important it was to have focused time with their children.*
    - *One mom emphasized the value of imaginary play: they now engage in imaginary play and have lots of fun doing that together.*
    - *One mom said that she now understands better the kinds of play they like. She knows better what fun things they like to do.*
    - *Both mothers and children looked forward to their weekly program sessions.*
    - *All mothers who were interviewed identified several activities that they are already using when alone with their children.*

- All mothers were able to identify several play activities that they liked the most and did on their own with their child. Many tended to like the blowing bubbles and blowing of cotton games, but there were many others as well that they liked, particularly those involving touching, such as the lotion, paint brush and writing on back.
    - *Mom pretends to paint son's face with a paint brush and names different colors as she is doing this. They also play blowing of cotton balls back and forth. They also rip paper together. She gives him the newspaper to rip up and this seems to help lower his frustration level.*
    - *Mom and child blow bubbles together and play the hand stacking game at home, also play the balloon game.*

- *Mom and her children enjoy "writing on the back" game.*
- *Mom uses the lotion with her son at home as well as the feeling flash cards that the child support staff gave her.*
- *Mom measures her daughter using fruit roll up, puts lotion on her after her bath, rolls soap on her in the bath - putting hearts all over her body.*
- *Mom and her child play ball, and enjoy blowing the cotton ball back and forth.*
- *Mom plays a game that she made up called "Banana Boat" – the kids sit on her lap and she gives them rides by moving up and down. They also enjoy "popping balloons" and punching newspapers.*
- *Mom and daughter are blowing bubbles, playing ball and coloring.*
- *Mom and her daughter blow bubbles, play with the fuzz balls and play husha husha together.*

- Mothers highlighted several project elements that needed to continue as well as some areas for improvement
    - *Some mothers did not understand the purpose of the project and why they and their children were involved. They would have liked more information.*
    - *One mother would have preferred for shelter staff "who had a history with her" rather than a child support worker she did not know to work with her and her child.*
    - *Some mothers highlighted the importance of having the activities that are well-planned and to have a snack during the play session.*
    - *One mom suggested adding activities that are soothing and calming for those children who are "very spirited".*
    - *Some moms thought that the activities in the playroom were better suited for older children (two and half years and up).*
    - *One mom thought that the project could teach more to children about values and manners – that there should be more skill building.*
    - *Some moms would like to see more variety in the activities, so that they don't have to "do the same thing every week" (although the same mother indicated that the routine of the activities might also be beneficial)*
    - *The Children's Project may have less impact in cases where children come with additional concerns, e.g., ADHD, FASD or a more complicated situation. In those instances it is important that the family is linked with external mental health supports or a child therapist.*

- In general, mothers thought that the Children's Project was very valuable for children who have been exposed to domestic violence
    - *Mothers thought that any child that has been impacted by abuse would benefit from participating in the Children's project and that the project should be offered to all women and children in the shelter.*
    - *Mothers now understand that it is "important to heal the children so that they will get better"*
    - *"The staff are doing an excellent job".*
    - *"I would recommend the Children's Project for anyone that wants to have a closer bond with their child …it really works".*

Section IX. Summary and Next Steps

The evaluation and discussions with project stakeholders helped identify several key results and next steps for the ACWS and its member organizations with respect to services for women and children. This section examines the results and the suggested next steps arising out of the Children's Project together with the results and the next steps arising out of the Helping Hands project which took place in a similar time frame and targeted a similar client group. The discussion is intended to support ACWS and its members' future development of children's programming in women's shelters and shelter-related organizations.

9.1 The Helping Hands Project[17]

Helping Hands was a two-year project funded by the Stollery Foundation and carried out by the Alberta Council of Women's Shelters in partnership with the Edmonton Family Centre and four ACWS members – two emergency and two second stage shelters in the Edmonton-area. The goal of the project was to provide an enhanced level of support for young children in shelters (zero to four years of age) in order to build their resilience after exposure to domestic violence.

Therapeutic interventions were based on three treatment packages:

1. International Child Development Program (ICDP) aims at providing human care by activating empathy and education of both parents/caregivers and their children. The aim of the program is to promote the optimum psychosocial development of children by improving the interaction between children and their caregivers. The program is geared towards sensitizing caregivers to gradually develop a strong emotional attachment to their children which again strengthens their sensitivity to the children's needs and initiatives.
2. Mediated Learning Experience (MLE)also known as the MISC (Mediational Interactions for Sensitizing Caregivers) program is a conscious attempt of an adult interposing him/herself between the child and the environment. The MISC program is a developmental approach to early intervention involving the identification and the attempt to enhance the mediational components in a caregiver-child interaction in a developmentally appropriate manner. It aims at improving the quality of caregiver-child interaction without any specificity in language, content or materials employed in the interactions.
3. Child-parent relationship therapy (CPRT) is an approach to train parents to be therapeutic agents with their own children. They are taught basic child-centered play therapy principles and skills including reflective listening, recognizing and responding to children's feelings, therapeutic limit setting, building children's self-esteem and structuring required weekly play sessions with their children using a special kit of selected toys. Through CPRT, the parent-child relationship is enhanced thus facilitating personal growth and change for both child and parent.

The project took place over a period of two years, from September 2010 to September 2012. Although the goal of the project was similar to the goal of the Children's Project, the services for the project were provided by an externally contracted Edmonton Family Centre child psychologist rather than by the shelter's child support staff with support from a clinician as was done in the course of the Children's Project.

[17] Gendron, A. (2012). Helping Hands: Final Report for the Stollery Foundation. Written for Alberta Council of Women's Shelters. (Full report available upon request)

The Helping Hands psychologist conducted three-hour weekly visits to each shelter, provided attachment-based interventions to participating mothers and children and mentored child support workers to assess and support children exposed to domestic violence.

One of the Children's Project participants also took part in the Helping Hands project. Generally, they referred higher need clients to the Helping Hands project because the psychologist could also provide individual therapy to the mothers (e.g., family of origin concerns).

9.2 Project Highlights Summary

Children's Project Results

- Organizational participation and inclusion was one of the key project elements as participating member organizations were consulted regarding all project components, including planning, training, project design and implementation.
- Project design was based on promising practices summarized in a literature review and reflected in the Foundational Training Curriculum.
- In the course of project implementation ACWS provided formal training and specialized training opportunities along with on-going clinical and database support. All of these forms of training and support were described by child support staff as essential and extremely valuable.
- The project participants represented the intended target group: mothers with pre-school or elementary school children who have been traumatized by domestic violence. In total, 80 mothers and children from twelve ACWS member organizations took part in the project.
- The project implemented several different processes in order to address recruitment challenges, including participation tracking, expanding the age of eligible children, extending project timelines, reinforcing flexibility in intervention design, implementing parenting groups, developing posters, and developing processes for integration of project into daily project operations.
- Preliminary data analysis suggest that women in second stage shelters (and possibly outreach programs as well) experienced higher levels of risk, exhibited less readiness for action and experienced higher parenting stress than the women in emergency shelters did.
- The project participants received a number of different services and supports. A total of 122 sessions were provided over a course of the eleven month project implementation period. Three quarters of those instances included both mother and child. Attachment based activities were provided in majority of those sessions and a third of the session included child-led activities. As part of regular shelter or outreach programming the families also received an array of other services including basic needs support and donations, safety planning, child care, referrals, counselling and housing support.
- Almost all mothers who participated in the project thought that the Children's Project was valuable in helping them understand more about the impact of the abuse on their children and their role as parents, strengthen their relationship with their children, and learn about different activities that they could do to help their children relax and have fun.
- As a result of their participation, both mothers and children showed an increase in the number of observed desired behaviours related to attachment and stress reduction.
- Child support staff described improved communication and teamwork between child support and other program staff, increased knowledge among other staff related to children's trauma and attachment, heightened respect and support for the work of the child support staff and perception among other staff of the child support work as an important support option for their clients.

Helping Hands Project Results

The Helping Hands project showed similar positive results. Staff reported seeing an instantaneous transformation in the relationship between mothers and children that occurred as a result of working with the therapist. Child care staff reported that children's behaviour improved, children were calmer, mothers started initiating activities with their children and interacted differently with their children after the sessions with the therapist. They also reported a significant improvement in communication, play and attachment for mothers and children participating in the project. Most importantly, the therapist was able to help mothers see how domestic violence has affected their children and helped mothers experience what it is like to live a violence-free life with their children.

As in the Children's Project, there was also a positive impact on the staff participating in the Helping Hands Project. The therapist was highly regarded by the staff and her mentoring was described as educational, eye-opening and inspirational. Some highlights of mentoring included helping staff see the big picture, reflect on their work, have 'ah-ha' moments and see how they can work together to better meet the needs of mothers and children. According to some staff feedback, their capacity was increased to quickly and accurately identify children for referral to a therapist, implement effective early interventions and support mothers in addressing their child's exposure to domestic violence.

The Helping Hands project also experienced challenges that were similar to those in the Children's' Project:

- Regular scheduling was challenging in shelters and particularly in emergency shelters – mothers often cancelled or did not show for appointments.
- In both types of shelters families were not ready to engage in the project due to their levels of crisis, because they had to address their immediate basic needs, or because they did not accept or understand the impact of domestic violence on their children.
- Short length of stay made timely assessment, comprehensive intervention and complete data collection particularly challenging in emergency shelters.
- The opportunities for the therapist to mentor child care staff in emergency shelters were limited to those instances when child care staff were on duty and working with children actively, with staff often not being able to engage fully in mentoring work. Staff in second stage shelters also found it difficult to find time for case conferencing to discuss clients' progress with the therapist.
- Lack of child care created a challenge for mothers with more than one child who were forced to find child care for some children while attending sessions with other children.

9.3 Lessons Learned and Next Steps

Providing a Continuum of Services to Support Attachment Work

The Children's and Helping Hands Projects demonstrated the importance of the attachment-based activities involving both the mother and the child in shelters. Particularly important was the notion that enhanced child support work should be part of services provided by all types of shelters and sheltering organizations. As was demonstrated in both projects, even in emergency shelters, child support work can have a significant impact, by using the short time that they have available with the families to introduce the concepts of attachment and child-directed play. They can then link the family with other shelter programs such as second stage shelters, shelter outreach or housing first programs or other community resources that have the necessary expertise and programming for longer-term attachment work.

Second stage shelters that provide supported housing services, in particular, provide an opportunity for longer-term, regular attachment and child support work that is necessary for long-lasting change. The study showed that this opportunity for longer-term engagement of families in second stage shelters produces better results in reducing trauma and stress and increasing attachment than do shorter term emergency shelters.

Providing Clinical Support

The key distinction between the two projects centred on the service delivery staff. Child support staff (with support from the ACWS contracted clinician) carried primary responsibility for Children's Project service delivery, while the Helping Hands clinical psychologist visited the shelters on a regular basis, delivered interventions to the families and provided mentoring to child support staff.

Child support staff participating in both projects thought that the support provided by the clinician and the psychologist was extremely valuable and they would like this support to continue. Both projects encouraged skill development capacity among child support staff and the Helping Hands psychologist also helped address some of the workload challenges – the staff did not have to take time away from their other duties in order to support children in their shelter.

Clearly, continuation of some type of external clinical support is necessary to assist in the work with young children in shelters and shelter-related programs. However, while the Helping Hands model addressed the workload challenges within the shelter, it was also more costly than the Children's Project model and was, by definition, an external, rather than an integrated program as it relied on an external partner to provide the psychologist. The Helping Hands model may prove to be too costly for the members to maintain and may delay the integration of child support work in shelters or shelter-related organizations. If the members choose the Children's Project model, then additional resources would be necessary to fund child support positions dedicated to the attachment and trauma-related work with children, as discussed in the next section.

Advocating for Additional Resources

Shelters and shelter-related programs often operate on a tight budget and staff are very busy trying to address all of the needs as they arise. Most programs have only one or at most two staff dedicated to child support work and much of this work includes childcare for young children in the program. When a shelter becomes busy or when it is short-staffed due to illness or holiday, child support staff are often called on to take on whatever tasks that need to be done, leaving little time for implementation of the other projects such as the Helping Hands or the Children's Project. Information gathered in these two projects suggests that child support activities, particularly those that seek to engage families in attachment-based work require additional dedicated staff as well as clinical consultation to support this type of work. Although specific requirements differ from program to program, child support staff suggested that additional staff are needed to:

- Step in when shelters are really busy (e.g., over the summer);
- Work with families in the evenings;
- Be dedicated to delivering attachment-based and related activities;
- Support the work of engagement and follow-through with the mothers;
- Support child care so that child support staff could devote more of their time to attachment-based and related activities;
- Support information gathering and data entry; and,

- Bring the child support contingent to at least three.

Shelter or program space was also described as an important issue to consider in both the Helping Hands and the Children's Project service delivery. Some shelters simply did not have sufficient space available to accommodate the projects, and highlighted, in particular, a need for larger playrooms with age appropriate toys. Even when shelters had appropriate playrooms, they were not always available, particularly when shelters became full. Because there was not a way for the shelters to predict how busy they will be, activities that were planned for Children's Project were often postponed or cancelled and the Helping Hands therapist had to meet with some women in the shelter eating area. Availability of space and age appropriate toys and materials are necessary in order to support mothers and children in the shelter.

Supporting Aboriginal Families in Alberta Shelters and Shelter-Related Programs

Most of the women and children in Alberta shelters and sheltering organizations are Aboriginal[18] – in Alberta they make up more than half of the shelter population and this proportion rises to almost 70% in northern shelters[19]. The proportion of Aboriginal women in shelters is growing – from 48% in 2003 to about 55% in 2010[20]. This data suggests that supports are essential to ensure that shelter staff training, intervention approaches and materials support cultural competence and facilitate staff work with women from all backgrounds and particularly for Aboriginal women and children.

Inclusion of Aboriginal perspective to ensure cultural sensitivity was one of the criteria for project design and two on-reserve member organizations volunteered to participate in the project. Over half of the project families were Aboriginal and several mothers of Aboriginal background participated in client interviews and shared positive feedback about the project. Staff training included a presentation about supporting Aboriginal women and children in shelters and shelter-related organizations and materials were developed containing images, documentation, and other items as appropriate to support culturally sensitive practice. Several participating programs reported using culturally relevant approaches – for example, obtaining Tipis for their playrooms, using the Blackfoot kit in their work with the families and inviting Elders to their sessions.

A process was also put in place to provide on-going support and consultation specific to the cultural considerations of the Aboriginal women and children. However the full extent to which those supports were available or accessed and practices that were actually integrated in Children's Project services over the course of the project implementation is unclear.

The importance of this work cannot be underestimated. In order to make sure that services in all shelters and shelter-related programs are culturally relevant, ACWS should consider recruiting a staff person to support implementation of culturally sensitive practices and Aboriginal perspectives within all member organizations and across all programs, including those focused on children. It should also continue to consult with the on-reserve organizations and the urban Aboriginal shelter and seek to include those organizations in future ACWS projects.

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[18] http://www.statcan.gc.ca/bsolc/olc-cel/olc-cel?lang=eng&catno=89-503-X
http://www.statcan.gc.ca/pub/85-002-x/2011001/article/11439-eng.pdf
http://www.socialservices.gov.sk.ca/Default.aspx?DN=fca175f3-dbe2-4b82-aa41-6398d27c7779

[19] Hoffart, I. & Cairns, K. (2012). Strength in numbers: A 10-year trend analysis of women's shelters in Alberta. Report prepared for the Alberta Council of Women's Shelters.

[20] Ibid

Meeting Families' Basic Needs

Financial stressors and not having their basic needs met was one of the main challenges for the families participating in both Children's and the Helping Hands projects. Those needs were many, including safe and stable housing, financial assistance, transportation, clothing, health and food. Mothers and children cannot participate effectively in therapy when they are hungry or sick or have no place to sleep.

Provision of basic needs was the most frequently documented service that the families received in the course of the Children's Project. However, in many instances participating programs just did not have resources to address the needs of some of the families. Future projects could explore new ways of supporting those needs. One possible solution is to advocate that a program similar to the Making Amends[21] project become available to all sheltering organizations in Alberta. This project was supported through Government of Alberta's Ministry of Justice and Attorney General Civil Forfeiture funds and helped compensate victims of domestic violence in rural Alberta by increasing availability of instrumental supports for women resident in rural shelters.

Continued Research and Data Collection

Although formal participation numbers were lower than originally anticipated and the participating families received fewer sessions than was expected, the participating organizations used the learning that they had received in the course of the Children's Project to support other children and mothers in their programs. They used the exercises and activities with children attending childcare, they raised the attachment and related topics in the parenting groups and whenever possible, they worked with mothers and children to model some of the attachment-based activities and child-directed play. The bigger challenge appeared to be the integration of child support activities in daily program operations and accurately quantifying those activities and outcomes that are often spontaneous and informal.

Notwithstanding the challenges, all participating programs found the project beneficial and expressed interest in continuing the project and data collection so that all eligible families could benefit and so that more information documenting project activities and outcomes could be gathered. More research in this area is needed, both as continuation of the Children's Project as well as to address other related topics such as developing service continuum for children exposed to domestic violence, supporting older children in shelters, developing service delivery standards, and supporting policy development. The benefits of continued research and data collection include:

- demonstrated efficacy of service provision across service continuum for children in Alberta's shelters and sheltering organizations;
- updated manuals and training curriculum to support effective service delivery and staff training;
- strengthened primary prevention efforts to stop the cycle of domestic violence;
- strengthened local advocacy efforts to support enhancements to children's shelter services;
- informed policy work with the project funders; and,
- informed collaborative efforts at local, provincial and national level.

[21] Gendron, A. (2012). Making Amends: Supporting Survivors of Domestic Violence in Rural Alberta. Final Report for Civil Forfeiture. Written for Alberta Council of Women's Shelters.

Providing Training and Developing Materials

Child support staff in both projects thought that on-going training accompanied by current materials, manuals and documentation, was necessary in order to continue providing effective services to women and children in shelters and shelter-related organizations, to accommodate staff turn-over and stay current with new and emerging practices and methods. They thought that this training should be provided on a regular basis (every 6 months or every year), should target both child support staff and other program staff and focus on the following elements:

- Gather and share, possibly via a website or other social media methods, new activities and exercises that the child support workers could use with their families;
- For program staff who do not have child support responsibilities provide training focusing on the importance of the child support work, and impact of trauma on children;
- Provide a regular opportunity for child support workers across the province to connect, network and share experiences and ideas;
- Provide training on the use of assessment, activity tracking and outcome measurement tools in shelters and shelter-related organizations (particularly DA, DVSA, PSI and the observation form);
- In cases when an external therapist is contracted to deliver services, ensure that interdisciplinary training sessions are held to acquaint the therapist and the program staff with their respective work and to establish mutual appreciation and shared understanding of each others' work;
- Gather research and provide training and materials that the child support staff could use to support older children in their programs;
- Develop and train to standards to reflect the needs of the children and their mothers in shelters and shelter-related programs as well as the associated program resource requirements;
- Provide continued Outcome Tracker training and support;
- Explore whether and how fathers could be involved in building the attachment and supporting their children; and,
- Provide materials, support and guidance to integrate into family support activities cultural considerations, particularly as relevant to the First Nations and immigrant families (e.g., Elder involvement, exposure to cultural activities etc.).

The work suggested by the child support staff is similar to the ACWS "Children who Witness" initiative that took place in 2003. This was a significant training initiative led by Dr's. Peter Jaffe and Linda Baker for ACWS member organizations, their staff and community partners. In the course of the initiative, original materials were designed to meet the psycho-educational and therapeutic needs of children who had experienced or witnessed family violence whether accessing services in shelter or in the community.

The original ACWS trainers are no longer in place and training materials are outdated. Those materials could be combined with the curriculum developed in the course of the Children's Project to produce "Intervention Curriculum" guiding child support work in Alberta shelters and sheltering organizations.

Supporting Families in Shelter Environment

Women and children come to the emergency shelters to escape an abusive situation and have much to accomplish in a relatively short period of time. They focus on obtaining employment, housing, education, school or childcare, addressing legal considerations and multiple other concerns. They also need to take the time to reflect on and deal with trauma and crisis that they have experienced before engaging in any formal shelter activities. Those activities keep them extremely busy and leave them with little time in their day in which to engage in anything else. Much of the work in emergency shelter is done on an informal and on as-needed basis.

The Children's and the Helping Hands Projects demonstrated the importance of supporting children and their mothers who are in shelters and the positive impact that this support can have on their stress, behaviour and attachment. While an emergency shelter stay will not be sufficient to ensure long-lasting change, it can represent a starting point for the change process.

Clearly, each shelter context is different and a 'one size fits all' model is not appropriate for early childhood interventions. A model must be flexible in order to be effectively integrated into service delivery. Programs can select from a number of different interventions and determine what combination of activities would fit best in their individual context. The child support workers offered a number of different ideas in this regard, as listed below:

- Using an Informal and Flexible Approach

The experience of the Helping Hands project showed that the therapist could engage best with families when she connected with them informally, at least at the start. For example, in one shelter the therapist was physically present in the dining room where women came to have their meals and feed their children. Informal conversations took place and some women either made appointments for the coming week or requested to go to the confidential room for more formal therapy.

Children's Project child support staff similarly reported that many mothers were open to conversations and support if done informally and when they would bring their child to the play room. Minimally, this would provide an opportunity for child-directed play with children when mothers dropped them off for childcare. In some instances mothers would also engage in conversations and informal attachment-based or child-directed activities, which would then lead to further engagement and support.

In order to accomplish this most effectively, shelters need appropriate space, well-equipped, age appropriate playrooms, as well as sufficient staffing to support the one-on-one work with some children and families work while providing childcare to other children in the room. Both of these issues are discussed below.

- Using Group Format to Engage and Support Families

Gathering mothers and/or families together as a group was one of the most effective ways to address some of the challenges described above. Organizations had to be creative in determining an optimal format for this activity and this varied in accordance with individual program needs. In some instances programs made those group gatherings mandatory and used them as a start-up activity in a Children's Project, in others it was an opportunity for the mothers to complete project paperwork, elsewhere the groups were used to introduce the Children's Project. The types of group activities also differed and included parenting-related discussions, child-directed play attachment-based activities or recreational activities such as picnics, cooking or sewing.

The majority of shelters and shelter-related programs involved in the Children's Project plan to use the group format. It helps address some of the concerns mothers may have with feeling singled out or criticized and allows mothers to take the initiative to get help.

APPENDIX A
CHILDREN'S PROJECT
CONSENT FORM

Dear Shelter Resident/Program Participant:

The *(Name of Women's shelter and program)* is participating with the Alberta Council of Women's Shelters in a Children's Project that will focus on ways to improve the shelters' services to women and their children across Alberta. The primary purpose of the Children's Project is to assist women whose young children have been exposed to domestic violence to support their child(ren's) recovery from trauma.

Your participation in this project is voluntary and you may withdraw at any time. If you choose not to participate, your decision will not affect the services provided to you and your children.

All information that you provide during your stay at the shelter is confidential. If you agree to participate in the Children's Project, you will be asked to complete some additional questionnaires about your experiences related to abuse and parenting. You will also be asked to complete a form that provides your feedback about your stay in the shelter and participation in the Children's Project. The information you provide will be used to help staff understand how best to support women who are staying in Alberta's shelters *(or participating in the program*).

The final Children's Project report will summarize all the participants' responses to the questionnaires. The report will not contain any information that could be used to identify you or your children. The questionnaires and other information you provided will be kept in secure locked storage and will be destroyed within one year after the project is completed.

We hope that you will participate in this project. Your experiences and opinions will help shelters in Alberta to know what things are working and what can be done to improve our shelters' services.

If you agree to participate in the Children's Project and would like a copy of the final project report, please leave a forwarding address with the shelter staff.

If you have any questions, please direct them to the shelter director/manager or _____ *(name of individual at the shelter),* at _____ *(individual's telephone number).*

CONSENT FORM SUMMARY

- I understand that the information I provide about myself and my children will be used for program evaluation purposes (Children's Project).
- I understand that reports or publications of any information collected will not identify me or my children and will include a summary of all research participants' responses only.
- I understand that participation in project activities is voluntary and that I can refuse participation or withdraw from the project at any time.
- By signing below, I acknowledge that I have had the opportunity to read this form and ask questions, and I have received a signed copy of this form.

_____ _____

Resident Signature Witness

_____ _____

Date Date

APPENDIX B
CHILDREN'S PROJECT
EVALUATION FRAMEWORK

Table 1: Measuring Outputs for the Children's Project

Activities	Outputs	Measurement tools	Timing of measurement
Intake	• Admission information, mother's and child's demographics and history	• Intake form	• Within 48 to 72 hours after admission to shelter or shelter-related service
Assessment	• Mother's level of danger • Mother's readiness levels • Levels of stress in mother/child interaction	• Danger Assessment questionnaire and calendar (DA) • Domestic Violence Survivor Assessment • Parenting Stress Index (PSI)	• Within 48 to 72 hours after admission to shelter or shelter-related service • Within 72 hours of admission to the Children's program
Work with mothers	• # of groups attended by mothers • # and length of individual sessions with mothers	• Activity tracking form	• On-going
Attachment-based activities	• # of attachment based activities • Length of a session that included attachment based activities • # of session participants and their relationship to child	• Activity tracking form	• On-going
Child-led activities	• # of child-led activities • Length of a session that included child-led activities • # and type of participants	• Activity tracking form	• On-going
Discharge	• Services provided and referrals made in the course of service • Reasons for service conclusion • Housing and living arrangements after service conclusion • Reasons for return to partner (If applicable after return to partner)	• Discharge form	• Upon service conclusion

Table 2: Measuring Participant Outcomes for the Children's Project – Logic Model

Outcomes	Indicators	Measurement tools	Timing of measurement
Maternal/child attachment is strengthened	• Observation of child/mother interaction documents behaviours reflective of increased levels of attachment between mother and child	• Observation checklist • Parenting Stress Index[22] • Client case study • Interviews/surveys with shelter staff	• At least twice – at service start-up and conclusion • At service start up and conclusion • On-going • Upon project completion
Child stress is reduced	• Observation of child's behaviour during play or interaction with mother documents behaviours reflective of reductions in child's level of stress	• Observation checklist: child only section • Parenting Stress Index • Client case study • Interviews/surveys with shelter staff	• At least twice – at service start-up and conclusion • At service start up and conclusion • On-going • Upon project completion
Mother's ability to support child's development and resilience is enhanced	• Mother reports that the program helped enhance her knowledge of her child's needs • Mother reports that the program helped her enhance her ability to support her child • When observed, mother's behavior demonstrates increased understanding and ability to support her child	• Children's Project Completion Survey: question 1 • Children's Project Completion Survey: questions 2, 4,5 • Observation checklist: 10 items in mother only section • Client case study • Interviews/surveys with shelter staff	• Children's Project Completion Survey administered at service conclusion • At least twice – at service start-up and conclusion • On-going • Upon project completion
The knowledge and skills of child care staff in meeting the needs of children and their mothers are enhanced	• Staff report that they have gained more knowledge about child development • Staff report that they have gained new skills required to support children exposed to domestic violence	• Evaluation of staff training • Interviews and/or surveys with program staff • Referrals made by child care staff	• Evaluation forms administered following training sessions on September 19th and 20th • Upon project completion • On-going
The program and staff capacity to provide culturally-sensitive services is enhanced.	• Aboriginal mothers or mothers from other cultures report that the services they received integrated their culture and traditions • Shelter staff report that their and their program capacity to provide culturally-sensitive services is enhanced.	• Children's Project Completion Survey: question 7 • Interviews/surveys with shelter staff • Client case study	• At service conclusion • Upon project completion • On-going

[22] Only applicable to services that can accommodate at least 6 sessions with mother and/or child

APPENDIX C
SESSION OBSERVATION MEASURE
CHILDREN'S PROJECT
DRAFT @ JULY 22, 2011

Client: _____ (mother) Client: _____ (child)

Date: _____ Time: _____to_____

Location of session: _____

Activities Used: (see list of activities on reverse)

Activity 1: _____

Activity 2: _____

Activity 3: _____

(please add more activities if necessary)

Mother/Child Interaction	Rarely	Some of the time	Most of the time
1. Maintains good eye contact with child			
2. Keeps child engaged with planned activity			
3. Communications to child are appropriate (words, voice, tone)			
4. Helps child become aware of feelings			
5. Minimizes use of questions			
6. Makes positive physical contact with child			
7. Provides positive feedback to child for appropriate play			
8. Encourages sensory play			
9. Plays without forcing responses			
10. Shows empathy/understanding of child's needs			
Child Only	Rarely	Some of the time	Most of the time
1. Seeks physical contact with adult			
2. Uses words to communicate feelings			
3. Engages in sensory play			
4. Shows aggressive play/acting out			
5. Is emotionally expressive			
6. Shows ability to focus on play activities			
7. Prefers to isolate self in play situations			
8. Cooperates in play with others			
9. Leads play when allowed to do so			
10. Responsive to mother's requests			

APPENDIX D
PROGRAM COMPLETION SURVEY

Please complete these questions in relation to your participation in the Children's Program.

1. The children's program helped me better understand my child.
   ○ Strongly Disagree ○ Disagree ○ Agree ○ Strongly Agree ○ Not Applicable

2. As a result of the children's program I'm more comfortable playing with my child
   ○ Strongly Disagree ○ Disagree ○ Agree ○ Strongly Agree ○ Not Applicable

3. As a result of the children's program my child appears to be more relaxed.
   ○ Strongly Disagree ○ Disagree ○ Agree ○ Strongly Agree ○ Not Applicable

4. As a result of the children's program I am more comfortable dealing with my child's anger, frustration and temper tantrums.
   ○ Strongly Disagree ○ Disagree ○ Agree ○ Strongly Agree ○ Not Applicable

5. As a result of the children's program, I know more about where to go if I need more information and support for my child.
   ○ Strongly Disagree ○ Disagree ○ Agree ○ Strongly Agree ○ Not Applicable

6. I am satisfied with the services I received during the children's program.
   ○ Strongly Disagree ○ Disagree ○ Agree ○ Strongly Agree ○ Not Applicable

7. The services I received during my participation in the program were sensitive to my culture and traditions.
   ○ Strongly Disagree ○ Disagree ○ Agree ○ Strongly Agree ○ Not Applicable

APPENDIX E
ANNOTATED BIBLIOGRAPHY

TABLE 1: Effects of Domestic Violence on Children: Quantitative Studies

Date	Author/Source	Method	Measures	Population	Findings
2010	Cyr et al. Attachment security and disorganization in maltreating and high-risk families: A series of meta-analyses. Development and Psychopathology 22: 87-108.	Meta-analysis	Effect sizes for socioeconomic risks on attachment style	4336 non-maltreated children 456 maltreated children	• Examined the differential impact of maltreatment and various socioeconomic risks on attachment security and disorganization. Fifty-five studies with 4,792 children were traced, yielding 59 samples with non-maltreated high-risk children (*n* = 4,336) and 10 samples with maltreated children (*n* = 456). Tested whether proportions of secure versus insecure (avoidant, resistant, and disorganized) and organized versus disorganized attachments varied as a function of risks. • Results: children living under high-risk conditions (including maltreatment studies) showed fewer secure (*d* = 0.67) and more disorganized (*d* = 0.77) attachments than children living in low-risk families. Maltreated children were less secure (*d* = 2.10) and more disorganized (*d* = 2.19) than other high-risk children (*d* = 0.48 and *d* = 0.48, respectively). However, children exposed to five socioeconomic risks (*k* = 8 studies, *d* = 1.20) were not significantly less likely to be disorganized than maltreated children. • Overall, these meta-analyses show the destructive impact of maltreatment for attachment security as well as disorganization, but the accumulation of socioeconomic risks appears to have a similar impact on attachment disorganization.
2010	Sturge-Apple, M L.; Davies, P T.; Cicchetti, D; Manning, LG. Mothers' Parenting Practices as Explanatory Mechanisms in Associations Between Inter-parental Violence and Child Adjustment. Partner Abuse, 1, 45-60(16).	Survey	Maternal surveys Maternal behaviour coding for mother's responsiveness, hostility and disengagement	201 toddlers and their mothers	• Examines maternal parenting behaviors as mediators of associations between inter-parental violence and young children's internalizing and externalizing symptomatology. • Results indicated that mothers' responsiveness and disengagement mediated associations between inter-parental violence and children's internalizing (e.g., withdrawn, inhibited, anxious, depressed behaviors) and externalizing (e.g., aggressive behaviors, attentional difficulties) symptoms.

TABLE 1: (continued) Effects of Domestic Violence on Children: Quantitative Studies

Date	Author/Source	Method	Measures	Population	Findings
2010	Fearon, P., et al The Significance of Insecure Attachment and Disorganization in the Development of Children's Externalizing Behavior: A Meta-Analytic Study. Child Development: 81,435-456.	Meta analysis	Effect sizes for attachment measures in predicting externalizing behaviors	69 samples (N = 5,947),	• Addresses the extent to which insecure and disorganized attachments increase risk for externalizing problems using meta-analysis. The association between insecurity and externalizing problems was significant, *d* = 0.31 (95% CI: 0.23, 0.40). Larger effects were found for boys (*d* = 0.35), clinical samples (*d* = 0.49), and from observation-based outcome assessments (*d* = 0.58). Larger effects were found for attachment assessments other than the Strange Situation. Overall, disorganized children appeared at elevated risk (*d* = 0.34, 95% CI: 0.18, 0.50), with weaker effects for avoidance (*d* = 0.12, 95% CI: 0.03, 0.21) and resistance (*d* = 0.11, 95% CI: −0.04, 0.26). The results are discussed in terms of the potential significance of attachment for mental health.
2010	Smeekens, S. et al. The predictive value of different infant attachment measures for socio-emotional development at age 5 years. Infant Mental Health Journal: 30, 366-383	Quasi experimental	Infant attachment, using the Attachment Q-Set and a shortened version of the Strange Situation Procedure (SSSP). Three attachment measures were used as predictors: AQS security, SSSP security, and SSSP attachment disorganization	A community-based sample of 111 healthy children (59 boys, 52 girls).	• The predictive value of different infant attachment measures was examined. Children assessed at age 15 months – socio-emotional development at age 5 years. • AQS security and SSSP security jointly predicted the security of the children's attachment representation at age 5. • SSSP attachment disorganization was a better predictor of the children's later socio-emotional development than were the other two early attachment measures. • Attachment disorganization was the only measure to predict the children's later ego-resiliency, school adjustment, and dissociation. Socio-emotional measures at age 5 were related to AQS or SSSP security (i.e., peer social competence and externalizing problems).

TABLE 1: (continued) Effects of Domestic Violence on Children: Quantitative Studies

Date	Author/Source	Method	Measures	Population	Findings
2010	Postmus & Merritt. When child abuse overlaps with domestic violence: The factors that influence child protection workers' beliefs. Children and Youth Services Review: 32, 309-317.	Survey based	Beliefs and attitudes about domestic violence and child abuse Training levels in DV, Experience with DV	64 workers from a CPS system in a Midwestern state	Over the past decade, Child Protective Services (CPS) has been challenged with how to adequately respond to families experiencing domestic violence and whether exposure to domestic violence constitutes child abuse. Anonymous and confidential surveys results provide insight into challenges of addressing workers' beliefs about domestic violence and its overlap with child abuse.
2010	Olaya, Lourdes Ezpeleta, Nuria de la Osa, Roser Granero, Josep Maria Doménech Mental health needs of children exposed to intimate partner violence seeking help from mental health services. Children and Youth Services Review: 32, 1004–1011		• CBCL • The Diagnostic Interview for Children and Adolescents (DICA-IV; • The Child and Adolescent Functioning Assessment Scale (CAFAS); • Competence Questionnaire parent completed	520 children aged 8 to 17 years attending mental health clinics, post-referral	• The witnessing of intimate partner violence (IPV), psychopathology, functional impairment, and several individual and family variables were assessed. • Results showed that living with violent parents at home increased the child's risk of posttraumatic stress disorder, dysthymia, self-harming behavior, and functional impairment. • Exposed children's mothers were more likely to overprotect their sons, punish their daughters and report greater psychopathology, whereas fathers who engaged in marital violence displayed greater emotional distress and were more likely to punish and reject their children. • The child's sex moderated the IPV effects on parenting, parental discipline, child's life events and health appraisal. • Given the specific clinical profile of exposed children, mental health services should develop schedules to detect, assess, and treat these cases.

TABLE 1: (continued) Effects of Domestic Violence on Children: Quantitative Studies

Date	Author/Source	Method	Measures	Population	Findings
2010	Kennedy, A., Bybee, D., Sullivan C. & Greeson,M. (2010). The Impact of Family and Community Violence on Children's Depression Trajectories: Examining the Interactions of Violence Exposure, Family Social Support, and Gender. Journal of Family Psychology: 24, 197-207.	Longitudinal	Gender Depression Family social support	100 school-age children	• This longitudinal study used multilevel modeling to examine the relationships between witnessing intimate partner violence (IPV), community and school violence exposure (CSVE), family social support, gender, and depression over 2 years • Found significant between-child differences in both the initial levels of depression and the trajectories of depression; • Depression over time was positively associated with change in witnessing IPV and CSVE and negatively associated with change in support. • Two significant 3-way interactions were found: Gender and initial support, as well as gender and initial witnessing of IPV, both significantly moderated the effect of witnessing IPV on children's depression over time.
2010	Sousa, C et al. Longitudinal Study on the Effects of Child Abuse and Children's Exposure to Domestic Violence, Parent Child Attachments, and Antisocial Behaviour in Adolescence. Journal of Interpersonal Violence, 20 (10), 1-26.	Longitudinal sampling	• IPPA • Self-reported antisocial behavior • Recall of abuse/ DV history • Gender • SES	Sample at mean ages 4, 8 and 18 N=457 About equal for gender Abuse only n=73 DV only n=96 Both n=101 None n=134	• Youth dually exposed to abuse and domestic violence were less attached to parents in adolescence than those who were not exposed • Those who were abused only and those who were exposed only to domestic violence did not differ on level of attachment to parents • Stronger bonds of attachment to parents in adolescence predicted a lower risk of antisocial behaviour independent of exposure status • Strengthening attachments between parents and children after exposure may not be sufficient to counter the negative impact of earlier violence trauma in children • Once gender and SES are taken into account, dual exposure (compared to no exposure) is more consistently predictive of youth behavior than either abuse or domestic violence exposure alone

TABLE 1: (continued) Effects of Domestic Violence on Children: Quantitative Studies

Date	Author/Source	Method	Measures	Population	Findings
2009	Meltzer et al. The mental health of children who witness domestic violence. Child & Family Social Work: 14, 491-501.	Logistic regression analysis to establish the strength of association between witnessing severe domestic violence and childhood disorders	Parent reports Child services data – primarily demographic (age, ethnicity, presence of disability, health status, number of children in family, housing type, marital status of parents, level of family dysfunction).	The biographic, socio-demographic and socio-economic characteristics of 7865 children and their families and measures of traumatic events including witnessing domestic violence	• Presents the socio-demographic correlates of children witnessing domestic violence and its association with childhood mental disorders. About 4% of children had witnessed severe domestic violence according to parent reports. • Factors independently associated with a greater likelihood of a child witnessing domestic violence were: older age group, mixed ethnicity, physical disorder, several children in family, divorced parents, living in rented accommodation, poor neighbourhoods, the mother's emotional state and family dysfunction. • Witnessing severe domestic violence almost tripled the likelihood of children having conduct disorder but was not independently associated with emotional disorders. • There is a growing need for more research on the consequences of witnessing domestic violence to increase the awareness of social workers and policy-makers to identify the needs of children who witness domestic violence.
2009	Fishbein, et al (2009). Differential Relationships Between Personal and Community Stressors and Children's Neuro-cognitive Functioning. Child Maltreatment: 14, 299-315	Quasi-experimental	Completed tasks measuring intelligence, impulsivity, problem solving, cognitive flexibility, decision making, and emotion attributions.	Predominantly Latino children (n = 553) aged 10 to 12 years	• The first study to explore differential relationships between personal stressors (physical and emotional abuse/neglect, school and parental stressors) and community stressors (neighbourhood problems such as neighbourhood violence) and neuro-cognition. • Exposure to personal stressors was associated with relative deficits in at least one neuro-cognitive function. • Community stressors were related to relative deficits in emotion attributions and problem solving. • Neglect was related to misattributions of emotion and IQ deficits, and physical abuse was related to problem solving deficits. • Community stressors were not correlated with neuro-cognition when viewed relative to personal stressors.

TABLE 1: (continued) Effects of Domestic Violence on Children: Quantitative Studies

Date	Author/Source	Method	Measures	Population	Findings
2009	Ireland & Smith Living in Partner-violent Families: Developmental Links to Antisocial Behavior and Relationship Violence. Journal of Youth and Adolescence: 38, 323-339.	Analysis of prospective data	A combination of sources including interviews with parents, interviews with youth, and official records.	Rochester Youth Development Study (RYDS), an ongoing longitudinal investigation of the development of antisocial behavior in a community sample of 1,000 urban youth followed from age 14 to adulthood.	• Links between living in a partner-violent home and subsequent aggressive and antisocial behavior are suggested by the "cycle of violence" hypothesis derived from social learning theory. Although there is some empirical support, to date, findings have been generally limited to cross-sectional studies predominantly of young children, or retrospective studies of adults. • A significant relationship was found between exposure to parental violence and adolescent conduct problems. • The relationship between exposure to parental violence and measures of antisocial behavior and relationship aggression dissipates in early adulthood, however, exposure to severe parental violence is significantly related to early adulthood violent crime, and intimate partner violence. • Results suggest that exposure to severe parental violence during adolescence is consequential for violent interactions in adulthood.
2009	Zerk, Mertin & Proeve, M. Domestic Violence and Maternal Reports of Young Children's Functioning. Journal of Family Violence: 24, 423-432	Quasi-experimental	CBCL Parenting Stress Maternal anxiety and depression	60 pre-school age children and their mothers.	• Investigates trauma responses to living in households where domestic violence was present. • Results suggested that young children displayed a range of post-trauma symptoms. • A significant relationship was found between maternal self-reported levels of distress and parenting stress. Parenting stress was found to be the strongest predictor of children's scores on the CBCL. See abstract.

TABLE 1: (continued) Effects of Domestic Violence on Children: Quantitative Studies

Date	Author/Source	Method	Measures	Population	Findings
2009	Whiteside-Mansell, et al Center-Based Early Head Start and Children Exposed to Family Conflict. Early Education and Development: 20, 942-957.	Experimental	Objective ratings of child negativity to parent in semi structured interactions	305 Children participating in Early Head Start Research and Evaluation study 305 children not receiving services as a control	• Family conflict is known to be associated with poor development for young children, but many children appear resilient. This study examined the extent to which high-quality center care during early childhood protects children from these negative consequences. • Family conflict was positively associated with aggressive behavior as reported by parents for children at 3 and 5 years of age for comparison children but not for children in EHS center-based programs. • However, moderation impacts were not observed for objective ratings of child negativity to parent in semi-structured interactions. • These findings may suggest that attending lesser quality child care and living in a family characterized by conflict is associated with heightened aggressive behavior for children aged 3 and 5, whereas attending high-quality child care such as that provided by EHS may buffer the negative impacts of family conflict on children's psychosocial outcomes.
2009	Wilson, Stover & Berkowitz. Research Review: The relationship between childhood violence exposure and juvenile antisocial behavior: a meta-analytic review. Journal of Child Psychology and Psychiatry: 50, 769-779.	Meta-analysis	An overall effect size (Cohen's d) was calculated for each study, an average for the 18 studies, and averages for subsets of analyses within studies	Provides a quantitative comparison of 18 studies (N = 18,245) assessing the relationship between childhood (before age 12) violence exposure and adolescent antisocial behavior.	• A limited number of studies of the connection between childhood violence exposure and antisocial behavior in adolescence suggest a causal relationship, but little is known about the magnitude of the relationship. • Results indicated a small effect from prospective studies (d = .31) and a large effect from cross-sectional studies (d = .88). The effect for victimization (d = .61) was larger than for witnessing violence (d = .15). • Effect size varied across studies employing different methodologies, populations, and conceptualizations of violence exposure and antisocial behavior. • These findings do not support a simple, direct link from early violence exposure to antisocial behavior but suggest that many factors influence this relationship.

TABLE 1: (continued) Effects of Domestic Violence on Children: Quantitative Studies

Date	Author/Source	Method	Measures	Population	Findings
2009	English, et al. At-Risk and Maltreated Children Exposed to Intimate Partner Aggression Violence: What the Conflict Looks Like and Its Relationship to Child Outcomes. Child Maltreatment, 14: 157.	Longitudinal Studies of Child Abuse and Neglect project (LONGSCAN), prospective study of antecedents & consequences of child maltreatment	Face-to-face interviews occur every 2 years, from child age 4 through 18 Conflict Tactics Scale (CTS CBCL (4-18) Child protection records	554 homes where children identified as at-risk	• Despite increasing research on children's exposure to intimate partner aggression/violence (IPAV), and co-occurrence of IPAV and maltreatment, little is known about IPAV in at-risk and maltreating families. • IPAV primarily took the form of verbal aggression with differences in perpetrator gender for verbal, minor, and severe violence • Significant child behavior problems were found with all types of IPAV
2008	Evans, S., Davies,C. & DiLillo, D. Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. Aggression and Violent Behavior: 13, 131-140	Meta-analysis	Multiple	60 reviewed studies	• This study used meta-analysis to examine the relationship between childhood exposure to domestic violence and children's internalizing, externalizing, and trauma symptoms. • Results revealed mean weighted effect size d-values of .48 and .47 for the relationship between exposure to domestic violence and childhood internalizing and externalizing symptoms, respectively, indicating moderate effects. A larger mean weighted effect size d-value of 1.54 was obtained for the relationship between exposure to domestic violence and childhood trauma symptoms. • Moderator analyses for gender showed that the relationship between exposure to domestic violence and externalizing symptoms was significantly stronger for boys than for girls. • Descriptive information obtained from this meta-analytic review suggests that more recent research within this area is beginning to address some of the significant methodological limitations of past research.

TABLE 1: (continued) Effects of Domestic Violence on Children: Quantitative Studies

Date	Author/Source	Method	Measures	Population	Findings
2008	Bair-Merritt, et al Impact of intimate partner violence on children's well-child care and medical home. Pediatrics:121, E473-E480.	Retrospective cohort study	Interviews, medical chart data	Evaluated data from 209 at-risk families participating in the evaluation of the Healthy Families Alaska program.	• Mothers who disclosed intimate partner violence at the initial interview (n = 62) were significantly less likely to report a regular site for well-child care or a primary paediatric provider. Children of mothers who disclosed intimate partner violence tended to be less likely to have the 5 well-child visits within the first year of life and were significantly less likely to be fully immunized at 2 years of age. • Of mothers who reported a specific primary paediatric provider, those with intimate partner violence histories trusted this provider less and tended to rate paediatric provider communication and the overall quality of the paediatric provider-caregiver relationship less favourably.
2008	Spilsbury, et al Profiles of Behavioral Problems in Children Who Witness Domestic Violence. Violence and Victims, 23, 3-17.	Quasi-experimental	CBCL internalizing and externalizing scales	Sample of 175 school-aged children exposed to domestic violence	• Examined whether profiles of adjustment problems occurred in a community-program-based sample. • Cluster analysis revealed three stable profiles/clusters. • The largest cluster (69%) consisted of children below clinical thresholds for any internalizing or externalizing problem. • Children in the next largest cluster (18%) were characterized as having externalizing problems with or without internalizing problems. • The smallest cluster (13%) consisted of children with internalizing problems only. • Comparison across demographic and violence characteristics revealed that the profiles differed by child gender, mother's education, child's lifetime exposure to violence, and aspects of the event precipitating contact with the community program.

TABLE 1: (continued) Effects of Domestic Violence on Children: Quantitative Studies

Date	Author/Source	Method	Measures	Population	Findings
2008	Malik, N. Exposure to Domestic and Community Violence in a Non-risk Sample: Associations With Child Functioning. Journal of Interpersonal Violence, 23: 490	Quasi-experimental	Child Behavior Checklist (CBCL) Children's Depression Inventory	A multi-ethnic sample of 117 children, aged 8 to 12 years, and their parents and teachers	• Examined relations between children's violence exposure at home and in the community and symptoms of externalizing and internalizing problems. Community violence was related to all measures of children's adjustment, whereas exposure to domestic violence was related only to CBCL externalizing problems.
2006	Anda,R., et al The enduring effects of abuse and related adverse experiences in childhood - A convergence of evidence from neurobiology and epidemiology. European Archives of Psychiatry and Clinical Neuroscience, 256, 174-186.	Meta-analysis	Adverse Childhood Experiences (ACE) scores	The ACE Study included 17,337 adult HMO members and assessed 8 adverse childhood experiences (ACEs) including abuse, witnessing domestic violence, and serious household dysfunction.	• Includes a brief review of the neurobiology of childhood trauma. • The risk of every outcome increased in a graded fashion as the ACE score increased ($P < 0.001$). • The graded relationship of the ACE score to 18 different outcomes in multiple domains theoretically parallels the cumulative exposure of the developing brain to the stress response with resulting impairment in multiple brain structures and functions.
2006	McDonald, Jouriles, & Skopp, NA. Reducing Conduct Problems Among Children Brought to Women's Shelters: Intervention Effects 24 Months Following Termination of Services. Journal of Family Psychology, 20, 127-136.	Longitudinal study of SUPPORT intervention	DSM IV criteria for conduct disorder Demographics Semi-structured interviews CBCL externalizing scale internalizing scale Gesten Health Resource Inventory CTS-R for mother's aggression	Mothers had sought shelter because of domestic violence and had at least one child (4–9 years old) exhibiting clinical levels of conduct problems. Mothers were leaving violent partner 13 families plus 17 usual treatment comparison group	• Long-term effects of Project SUPPORT, an intervention designed to reduce conduct problems among children in domestically violent families. • 2 years post-treatment, 15% of children exhibited clinical levels of conduct problems compared with 53% of those in the existing services condition. • Mothers of children in the Project SUPPORT condition reported their children to be happier, to have better social relationships, and to have lower levels of internalizing problems, relative to children in the comparison condition. • Mothers in the Project SUPPORT condition were less likely to use aggressive child management strategies and were less likely to have returned to their partners during the follow-up period. **Reading list**

TABLE 1: (continued) Effects of Domestic Violence on Children: Quantitative Studies

Date	Author/Source	Method	Measures	Population	Findings
2006.	Bair-Merritt, et al Physical Health Outcomes of Childhood Exposure to Intimate Partner Violence: A Systematic Review. Pediatrics: Vol. 117, pp. 278-290	Meta analysis	Various health related outcomes (present/absent)	From >2000 articles **use**d online abstract and bibliographic information to identify 94 articles meeting inclusion criteria **of** (1) examined a postnatal physical **health** outcome related to IPV exposure and (2) a contemporaneous control group. Review **of** these 94 published studies yielded 22 that met these inclusion criteria.	• Childhood exposure to IPV increases the likelihood of risk-taking behaviors during adolescence and adulthood and is likely associated with under-immunization. Minimal data and study limitations preclude establishing a clear connection between IPV exposure and general **health** and **use of health** services, breastfeeding, or weight gain. • The impact on physical **health** from exposure to IPV during childhood is still uncertain. Future studies should be grounded in a theoretical model that specifies how IPV exposure can affect child **health**, should adjust for confounders adequately, should include a community-based sample, and should be **of** larger scale.
2006	Cyr, Fortin & Lachance Children exposed to domestic violence: Effects of gender and child physical abuse on psychosocial problems. International Journal of Child & Family Welfare: 3, 114-130.	Quasi-experimental	Child Behaviour Checklist (CBCL)	A community sample of 79 children aged 6-12 years and their mothers were divided into three groups: Witness *N* = 34, abused/witness *N* = 20) & comparison (*N* = 25).	• Compares the specific impact on psychological and behavioral problems in children of exposure to domestic violence and of both exposure and physical victimization. These effects are examined as a function of gender. • Results showed that children in the two domestic violence groups presented more symptoms and behavioral problems than did the comparison group. • The abused/witness children obtained significantly higher scores on 5 of the 9 *CBCL* scales. • Girls presented more problems on the delinquent conduct scale.

TABLE 1: (continued) Effects of Domestic Violence on Children: Quantitative Studies

Date	Author/Source	Method	Measures	Population	Findings
2006	Emery, C. Final Technical Report: Consequences of Childhood Exposure to Intimate Partner Violence. USA Department of Justice. Document # 215347	Meta-analysis	Multiple, theoretically derived with allowance for missing data	Made use of data from the Project on Human Development in Chicago Neighbourhoods	• A search on the subject of "domestic violence" from1984-2004 in the Social Science Citation Index and the Science Citation Index produced 2,903 hits. Of these, 114 involved the study of effects of exposure to intimate partner violence on children. • Limited to physical violence or threats of it. • After using rigorous statistical techniques to control for potential selection effects, the research found that intimate partner violence significantly predicts externalizing behavior (acting out), internalizing behavior (e.g. depression), total behavior problems and the use of alcohol among children in the household.
2003	Wolfe, D., Crooks C., Lee, V., McIntyre-Smith, A. & Jaffe, P. The Effects of Children's Exposure to Domestic Violence: A Meta-Analysis and Critique	Meta analysis	Effect size	41 studies	• Forty of these studies indicated that children's exposure to domestic violence was related to emotional and behavioral problems, translating to a small overall effect (*Zr* = .28). • Co-occurrence of child abuse increased the level of emotional and behavioral problems above and beyond exposure alone, based on 4 available studies.
2002 and ff	Belastungen in der Kindheit und Gesundheit im Erwachsenenalter: die Verwandlung von Gold in Blei. Z psychsom Med Psychother 48(4): 359-369.	Epidemiological, retrospective	Demographics, Child abuse (3 categories) Household dysfunction (5 categories)	17,421 adults drawn from 26,000 consecutive adult cases by Centres for Disease Control	• Adverse Childhood Experiences (ACE) Study is a major American research project that poses the question of whether, and how, childhood experiences affect adult health decades later. This question is being answered with the ongoing collaboration of Robert Anda, MD at the Centers for Disease Control (CDC) and the cooperation of adults at Kaiser Permanente's Department of Preventive Medicine in San Diego, California. See abstract and **reading list.**

TABLE 2: Effects of Domestic Violence on Children: Qualitative Studies

Date	Author/Source	Method	Analysis	Findings
2010	Black, S. et al. Practitioner-Recommended Policies and Procedures for Children Exposed to Domestic Violence. Health Promotion Practice, 11: pp. 900-907.	Interviews with 24 expert staff from 14 agencies.	Thematic analysis	• Children exposed to domestic violence experience higher rates of psychosocial, behavioral, and physical problems. • Current policy recommendations are that health care providers offer regular screening and treatment for childhood exposure to domestic violence (CEDV). • Respondents provided practical suggestions for CEDV screening and intervention. Suggestions included refinement of screening tools for maximum validity and reliability, improved integration of DV education into medical training and practice, on-site DV resources in pediatric settings, and establishment of formal partnerships between human service organizations that promoted ongoing collaborative activities. • Next steps are to evaluate outcomes for evidence-based practice.
2010	Dryden, Doherty & Nicolson Accounting for the hero: A critical psycho-discursive approach to children's experience of domestic violence and the construction of masculinities. British Journal of Social Psychology, 49, 189-205(17).	Case study of interview interaction	Analysis based on psycho-discursive theory	• Shows how a highly idealized, dominant form of hegemonic masculinity - `heroic protection discourse' (HPD) - was a major organizing principle framing two brothers' understandings of events. • Significant differences occurred in how each boy identified and made sense of self and others within this discourse. • Findings are discussed in terms of (1) the destructive power of HPD to position sons as responsible for a father's violent behaviour and (2) the utility of the approach for developing a better understanding of *when, if or why* psychological and behavioural problems associated with domestic violence are likely to develop in *a particular child*.
2010	Minze et al. Making Sense of Family Conflict: Intimate Partner Violence and Preschoolers' Externalizing Problems. Journal of Family Psychology: 24, 5-11.	57 mothers and their children aged 4 to 5	Narrative analysis	• Examines relations among parental intimate partner violence (IPV), preschoolers' narrative coherence about family conflict situations, and preschoolers' externalizing problems. • Mothers provided data on IPV and children's externalizing problems. Narrative coherence was coded from children's play narratives in response to story stems from the MacArthur Story Stem Battery. • Results are consistent with theory suggesting that exposure to IPV may adversely affect preschoolers' ability to understand family conflict situations in an organized manner, which in turn may contribute to their externalizing problems.

TABLE 2: (continued) Effects of Domestic Violence on Children: Qualitative Studies

Date	Author/Source	Method	Analysis	Findings
2010	Cyr, Dubois-Comptois, K & Moss, E. Fostering secure attachment in child victims of maltreatment: Comments on van Ijzendoorn and Bakermans-Kranenburg. Encyclopedia of Early Childhood Development, 43-47.	Summary of key principles	Thematic review	Focus of interventions with children and their parents should be: • Target as a priority the proximal variables in the child's development to promote a secure attachment. Although the reported parents show deficits on a number of levels, nonetheless the capacity for protecting the child depends primarily on the quality of the care given by his parent, and this parental capacity can be improved only through intervention in the parent-child relationship; • Promote the parent's capacities of observation, which allow him to stop and better understand what is happening in interactions with his child, and thus better interpret the child's signals and needs and respond to them more appropriately; • Train workers to observe parental behaviours and maltreated children's distress signals, which are often ambiguous. We encourage knowledge transfer and regular supervision in order to ensure the integrity of the programs offered; • Offer sustained interventions, such as regular weekly follow-up, in order to promote the maintenance of what has been learned by the parent and allow the child and the parent to develop a feeling of security with respect to a significant adult. Any turnover of the professionals involved with these families is to be avoided; and • Train workers to orient their interventions toward identifying the parent's strengths and how these strengths can be used to compensate for inappropriate behaviours. By offering the parent a more detailed picture of parental limitations and capacities, it should be easier for the worker representing the child protection legislation to promote a bond of trust with the parent. **Reading list**
2009	Foster, & Brooks-Gunn (2009). Toward a Stress Process Model of Children's Exposure to Physical Family and Community Violence. Clinical Child and Family Psychology Review: 12, 71-94	Theory building	Review of literature to estimate fit with stress process model	• Uses the stress process paradigm to forward an overall conceptual model of ETV (ETV) in childhood and adolescence. Reviews research in four dominant areas of the literature (see abstract): • Highlights the range of interconnected processes through which violence exposures may influence children and suggest opportunities for prevention and intervention. • Identifies needed future research on children's ETV including coping resources as well as research on cumulative contributions of violence exposure, violence exposure modifications, curvilinearity, and timing of exposure.

TABLE 2: (continued) Effects of Domestic Violence on Children: Qualitative Studies

Date	Author/Source	Method	Analysis	Findings
2009	Templeton, Velleman, Hardy & Boon. Young people living with parental alcohol misuse and parental violence: 'No-one has ever asked me how I feel in any of this'. Journal of Substance Use: 14, 139-150.	Interview	Thematic analysis	• Young people are adversely affected by negative family experiences, but there is a gap in knowledge when the commonly co-existing issues of parental alcohol misuse and parental domestic abuse are considered. Research which talks directly to the young people living in such circumstances is therefore needed. • As part of a Europe-wide research study, eight young people aged 12-18 years from five families in England were interviewed about their experiences of living with parental alcohol misuse and violence. • Strong links emerged between parental drinking and domestic abuse, with verbal aggression common, and frequent and physical violence less frequent, but of equal concern. The young people had tried and were trying a range of strategies to try and cope with their home environments, and faced an ongoing battle in working out what to do for the best. • Support from family, friends, and professionals was discussed, but the young people generally had mixed views about what help they had received and the support that they would have liked. • The paper discusses what the findings might mean in terms of the practice and policy response to children living in risky family environments.
2009	Byrne-MacNamee, E. Children as Victims, Children as Clients': Towards a framework of best practice in services for children who experience domestic violence. Master's thesis. 89 pages. Ireland: Dublin Institute of Technology Department of Social Sciences and Law.	Thesis - survey based	Survey results	• Describes existing provision for children by domestic violence services, most of whom are operating as refuges and some of whom are also engaging in outreach work in the community. • A survey questionnaire was employed to capture data on the key aspects of this provision and findings are discussed in terms of what emerges from the literature as recommended models and approaches. • Offers a recommended framework comprising the key elements of assessment, intervention and evaluation, which underpin quality provision for children who experience domestic violence. • The thesis provides a useful summary and bibliography as well as succinct Table of recommended principles and practices for working with children who experience domestic violence. • Also includes a figure illustrating best practice components.

TABLE 2: (continued) Effects of Domestic Violence on Children: Qualitative Studies

Date	Author/Source	Method	Analysis	Findings
2009	Zinzow et al Prevalence and mental health correlates of witnessed parental and community violence in a national sample of adolescents. Journal of Child Psychology and Psychiatry: 50, 441-450.	Telephone interview	Frequencies, demographics	• The purpose of this study was to identify the national prevalence of witnessed parental and community violence and to examine these life stressors as independent risk factors for posttraumatic stress disorder (PTSD) and major depressive episode (MDE) among adolescents. A secondary aim was to determine which characteristics of witnessed violence were associated with mental health outcomes. • Participants were 3,614 adolescents recruited from a 2005 US national household probability sample who completed structured telephone interviews assessing witnessed violence and Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria for PTSD and MDE. • National prevalence of witnessed parental violence and witnessed community violence was estimated to be 9% and 38%, respectively. • Both forms of witnessed violence predicted PTSD and MDE beyond variance accounted for by age, gender, race/ethnicity, income, and other traumatic event history. • Perceptions of threat, repeated violence exposure, location of the violence, and relationship to the victim were associated with psychiatric diagnoses. • Findings suggest that witnessed violence represents a significant public health burden with implications for psychological assessment and prevention efforts.

TABLE 2: (continued) Effects of Domestic Violence on Children: Qualitative Studies

Date	Author/Source	Method	Analysis	Findings
2008	Tarabulsy et al. Attachment-Based Intervention for Maltreating Families. American Journal of Orthopsychiatry: 78, 322-332.	Literature review and Intervention description	Summary and recommendations	• Attachment theory-based intervention strategies to address the core parent-child interaction deficits that characterize homes in which children are exposed to maltreatment. • Outlines the socio-emotional and cognitive outcomes of maltreatment and proposes that although many prevention programs target different parental and family characteristics, few address the core relationship issues that are at stake. • Reviews recent research on attachment-based intervention strategies, aimed at improving the sensitivity and responsiveness of parenting behaviors. • Attachment theory and research are briefly summarized, and the relational and interactional patterns observed in maltreating families, and their link to infant and child developmental outcome, are described. • Research on attachment-based intervention is addressed, with a focus on studies conducted in the context of maltreating or high-risk families. This work is synthesized to present the basic components viewed as critical to effective attachment intervention with maltreating families. • Recommendations aimed at the effective implementation of attachment-based intervention. **Reading list**

TABLE 2: (continued) Effects of Domestic Violence on Children: Qualitative Studies

Date	Author/Source	Method	Analysis	Findings
2007	Gewirtz & Edleson. Young children's exposure to intimate partner violence: Towards a developmental risk and resilience framework for research and intervention. Journal of Family Violence: 22, 151-163.	Theory building	Reviews articles on effects of DV exposure and on development in high-risk environments	• This article employs a developmental risk and resilience framework to examine the impact of exposure to intimate partner violence on young children, particularly those facing economic hardship. • Reviews and weaves together two separate literatures, one on emotional and behavioral development in high-risk settings and the other on children exposed to adult domestic violence. • The article ends by pointing to the need for further research and the promise that early interventions hold for helping children who are exposed to intimate partner violence and living in poverty.
2007	Hogan & O'Reilly. Listening to children: Children's stories of domestic violence. National Children's Strategy Research Series. Ireland	Interview based	Key professionals (n = 22) Mothers (n = 19) Children (n = 22) 13 female, 9 male 7 aged 5-11 12 aged 12 -17 3 aged 18-21	Extensive listing of results is provided in annotated section of report.
2007	Lowe, P., et al Night Terrors: Women's Experiences of (Not) Sleeping Where There Is Domestic Violence. Violence Against Women, 13: 549-563.	Exploratory focus groups	Qualitative thematic analysis Nvivo N=17	• Women's disturbed sleep may also be related to sleep disturbances in their children. Studies have documented sleep disturbances in children while they are living in a household where their mothers are subjected to abuse (e.g., Lemmy, McFarlane, Willson, & Malecha, 2001) but also found that sleep problems may continue after they have been resettled (Mertin & Mohr, 2002).
2006	Humphreys, C. et al. Talking to my Mum. Journal of Social Work, 6: 50-63	Action research in UK shelters	Thematic analysis of interviews and feedback forms	• Domestic violence undermines the relationship between mothers and their children. This paper describes 'the tactics of abuse' that are instrumental in this damaging process and draws on previous research which shows that a conspiracy of silence can ensue, precluding talk of the abuse that women and children have experienced. **Reading list**
2004	Cunningham, A & Baker, L. What About Me? London Ontario family Court Clinic	Literature review and summary, child interviews	Thematic analysis	• Very useful literature review by developmental periods. • Includes qualitative study of children's perceptions and experience with domestic violence. • Available at www.lfcc.on.ca • Excellent teaching/training resource **Reading list**

TABLE 3: Effects of Domestic Violence on Children: Reviews

Date	Author/Source	Findings
2004 to 2010	Centre on the Developing Child, Harvard University	• There is no credible scientific evidence that young children who have been exposed to violence will invariably grow up to be violent adults themselves. Although these children clearly are at greater risk for adverse impacts on brain development and later problems with aggression, they are not doomed to poor outcomes, and they can be helped substantially if provided with early and appropriate treatment, combined with reliable and nurturing relationships with supportive caregivers. **Reading List – also see other recent papers online**
2010	Ravitz, P., Maunder, R., Hunter, J., Sthanklya, B. & Lancee, W. (2010). Adult attachment measures: A 25-year review. Journal of Psychosomatic Research, 69: 419-432.	• 29 instruments were examined with respect to their utility for psychosomatic researchers. Validity, reliability, and feasibility were tabulated. Eleven of the instruments with strong psychometric properties, wide use, or use in psychosomatic research are described. Investigators need to consider relationship focus, attachment constructs, dimensions or categories of interest, and the time required for training, administration, and scoring.
2010	Øverlien, C. Children Exposed to Domestic Violence: Conclusions from the Literature and Challenges Ahead. Journal of Social Work; vol. 10, 1: pp. 80-97.	• Examines the research field of children exposed to domestic violence, presents an overview of this research, discusses its implications, and describes future challenges and contemporary knowledge gaps.
2010	Davidson, G. The Impact of Adversity in Childhood on Outcomes in Adulthood: Research: Lessons and Limitations. Journal of Social Work, vol. 10, 4: pp. 369-390.	• Current UK Government policy is concerned with the possible connections between childhood adversity, social exclusion and negative outcomes in adulthood. Understanding the impact of adverse childhood experiences on outcomes in adulthood is therefore key to informing effective policy and practice. • The research on the impact of childhood adversity on outcomes in adulthood is reviewed in the broad categories of: mental health and social functioning; physical health; offending; service use; and economic impact. • Previous studies have tended to focus on specific forms of adversity, predominantly abuse and neglect. There may be incomplete understanding of the range of adverse experiences in childhood, the processes and the outcomes. • There is an important gap in the research for more interdisciplinary large-scale general population studies that consider the full range of childhood adversity and associated impacts across time and the possible processes involved.
2009	Briere, J. & Jordan, C. Childhood Maltreatment, Intervening Variables, and Adult Psychological Difficulties in Women. Trauma, Violence & Abuse. 10, 375-388.	• Reviews the complex relationship between child maltreatment and later psychosocial difficulties among adult women, considering the various forms of childhood maltreatment, the range of potential long-term psychological outcomes, and important contextual variables that mediate or add to these maltreatment–symptom relationships. • Clinical and research implications are considered. **Reading list**

TABLE 3: (continued) Effects of Domestic Violence on Children: Reviews

Date	Author/Source	Findings
2008	Clements, Oxtoby & Ogle (2008). Methodological issues in assessing psychological adjustment in child witnesses of intimate partner violence. Trauma Violence & Abuse: 9, 114-127.	• This review summarizes a growing number of methodological concerns emerging from research on child witnesses of intimate partner violence (IPY). A brief summary of various psychological, biological, and cognitive impairments associated with witnessing IPV is presented. Directions for future research in this area are explored with particular attention paid to experimental design. Advantages and disadvantages of retrospective, cross-sectional, and longitudinal designs are evaluated. Suggested improvements include the use of multiple informants, behavioral observations, and prospective, longitudinal assessment.
2008	Worrall, Boylan & Roberts, D. Children's and young people's experiences of domestic violence involving adults in a parenting role. Research Briefing. Social Care Institute for Excellence. United Kingdom.	• Research is increasingly recognising the importance of protective factors and coping strategies among children and young people living with domestic violence. • Mothers who are able to maintain their parenting capacities and to model assertive, non-violent responses to abuse, for example, are perceived by their children to be positively supportive of them and are important moderators of the impact of abuse. Children's resilience also seems to be enhanced by mothers with positive mental health and high levels of extended family and community support. Women who are able to curtail the violence by leaving, instigating criminal charges or seeking court orders, are viewed positively by their children. **Reading list**
2008	Holt, Buckley & Whelan. The impact of exposure to domestic violence on children and young people: A review of the literature. Child Abuse & Neglect: 32, 797-810.	• Objective: This article reviews the literature concerning the impact of exposure to domestic violence on the health and developmental well-being of children and young people. Impact is explored across four separate yet inter-related domains (domestic violence exposure and child abuse; impact on parental capacity; impact on child and adolescent development; and exposure to additional adversities), with potential outcomes and key messages concerning best practice responses to children's needs highlighted. See abstract.
2008	Herrenkohl et al. Intersection of Child Abuse and *Children*'s Exposure to *Domestic Violence*. Trauma, Violence, & Abuse, April 2008; vol. 9, 2: pp. 84-99.	• Addresses research on the overlap in physical child abuse and domestic violence, the prediction of child outcomes, and resilience in children exposed to family violence in the context of other risk factors. Evidence suggests considerable overlap, compounding effects, and possible gender differences in outcomes of violence exposure. **Reading list**

TABLE 3: (continued) Effects of Domestic Violence on Children: Reviews

Date	Author/Source	Findings
2007	Bedi, G. & Goddard, C. Intimate partner violence: What are the impacts on children? Australian Psychologist: 42, 66-77	• Evidence suggests that children who live with intimate partner violence between their parents or caregivers are at risk for psychological and behavioural problems. This paper presents an overview of the substantial body of literature now existing in this field. It reports on the prevalence of intimate partner abuse in developed countries and the potentially large population of children who experience conflict of this nature. Rates of co-occurrence of intimate partner violence and directly targeted physical child abuse are reviewed, as well as possible reasons for this overlap. • Impacts of living with intimate partner violence during childhood are summarised. Heightened prevalence of posttraumatic symptomatology, mood difficulties, and behavioural problems have been reported in this population of children, and there are indications that difficulties may persist. Possible mediators and mechanisms of these associations are reviewed. The difficulty of separating the effects of directly targeted child assault from those of living with violence is discussed, as is the apparent similarity in outcomes associated with each type of violence. The paper concludes with comments on implications and recommendations for future research.
2007	Gerwitz, A. & Edelson, J. (2007) Young children's exposure to intimate partner violence: Towards a developmental risk and resilience framework for research and intervention. Journal of Family Violence, 22, 151-163.	• Review of co-occurrence of child abuse and domestic violence exposure.
2006	Adams, C. (2006). The Consequences of Witnessing Family Violence on Children and Implications for Family Counselors. The Family Journal, 14: 334-343.	• The effects of IPV on children who witness it occur across five primary domains: physical or biological functioning; behavior; emotions; cognitive development, and social adjustment. See below for specific impacts in each area. **Reading List**
2006	Rivett et al. 'Watching From the Stairs': Towards an Evidence-Based Practice in Work With Child Witnesses of Domestic Violence. Clinical Child Psychology & Psychiatry, 11, 103.	• Describes the current practice of work with children who have witnessed domestic violence in the UK and North America. It examines this practice in the light of evidence of effectiveness and in the light of research that explains how witnessing domestic violence affects children. Finally it proposes guidelines for an evidenced-based practice which is built on this research. **Reading list**
2006	Perry, Bruce	• Applying Principles of Neurodevelopment to Clinical Work with Maltreated and Traumatized Children: The Neurosequential Model of Therapeutics. In Webb (Ed) Working with traumatized youth in child welfare. Chapter 3 New York: Guilford. See also website www.traumacentral.net for Perry article and other resource list (educational materials) **Reading list**

TABLE 3: (continued) Effects of Domestic Violence on Children: Reviews

Date	Author/Source	Findings
2006	Adams, C. The Consequences of Witnessing Family Violence on Children and Implications for Family Counsellors. The Family Journal, 14, 334.	• Although a large number of children are directly abused, an even larger number may indirectly experience the effects of abuse as witnesses of family violence. • A growing body of research indicates that these children are affected in various domains, including their physical or biological functioning, behavior, emotions, cognitive development, and social adjustment. Clinical implications of these effects, and offers several recommendations for family counselors who work with children affected by violence within the family. **Reading list**
2006	Jaffe & Juodis. Children as victims and witnesses of domestic homicide: Lessons learned from domestic violence death review committees. Juvenile and Family Court Journal: 57,13-28.	• Domestic Violence Death Review (DVDRCs) are interdisciplinary teams dedicated to examining team's domestic homicide and recommending how to prevent future tragedies by comprehensively examining individual cases. This article summarizes the findings of 15 DVDRCs concerning children as victims and witnesses. • The findings reflect that an alarming number of children are victimized by domestic violence. Themes in the recommendations are grouped in relationship to: (1) training and policy development; (2) resource development; (3) coordination of services; (4) legislative reform; and (5) prevention programs. • The recommendations are critical for criminal and civil courts as well as enhancing collaboration between the justice system and community partners in preventing domestic homicide.
2006	Merritt, Blackstone & Feudtner. (2006). Physical health outcomes of childhood exposure to intimate partner violence: A systematic review. Pediatrics: 117, E278-E290	• Children exposed to intimate partner violence (IPV) are at increased risk for adverse mental and behavioral health sequelae, as has been documented by both systematic reviews and meta-analyses. Studies addressing the physical health impact of childhood IPV exposure have not been summarized in a manner that might facilitate additional hypothesis-driven research and accelerate the development of targeted interventions. • A set of articles published since 2000 and examining the association between childhood IPV exposure and physical health, identified 94 articles potentially meeting the inclusion criteria of studies that (1) examined a postnatal physical health outcome related to IPV exposure and (2) had a contemporaneous control group. Thorough review of these 94 published studies yielded 22 that met these inclusion criteria. The data were then abstracted independently by 2 of the authors, and differences were settled with the assistance of a third author. • Childhood exposure to IPV increases the likelihood of risk-taking behaviors during adolescence and adulthood and is likely associated with under-immunization. The impact on physical health from exposure to IPV during childhood is still uncertain. Future studies should be grounded in a theoretical model that specifies how IPV exposure can affect child health, should adjust for confounders adequately, should include a community-based sample, and should be of larger scale.

TABLE 3: (continued) Effects of Domestic Violence on Children: Reviews

Date	Author/Source	Findings
2006	UNICEF. Behind Closed Doors: The Impact of Domestic Violence on Children.	• Results of studies about domestic violence show that children who are exposed to violence in their homes suffer short and long-term consequences. • These children are at greater risk for being victims of child abuse, are at greater risk for behavioral and psychological problems, have increased learning difficulties and more limited social skills, are at greater risk for depression or severe anxiety, and are at greater risk for exhibiting violent, risky, or delinquent behavior. These children are also more likely to continue the cycle of domestic violence into adulthood. • This paper discusses the definition and global scope of domestic violence and examines the factors that increase a woman's risk for being a victim of domestic violence. These factors include the age of the mother, poverty and unemployment, and alcohol and substance abuse. • The paper also discusses what children need to grow up in a home free of domestic violence and what steps policymakers should take to ensure it. These steps include raising awareness of the impact of domestic violence on children, creating public policies and laws that protect children, and enhancing social services that address the impact of violence in the home on children..
2004	Harold,G.T., & Howarth, E.L. (2004). How marital conflict and violence affects children: Theory, research and future directions. In M.C. Calder,G.T. Harold, & E.L. Howarth (Eds.), *Children living with domestic violence: Towards a framework for assessment and intervention* (pp. 56–73). Lyme Regis: Russell House Publishing.	• Useful summary of evaluation protocols for measuring the effectiveness of interventions with child witnesses of domestic violence.

TABLE 4: Effects of Domestic Violence on Children: Listing of Resources

Date	Author/Source	Resource
2010 ongoing	Canadian Institute for Advanced Research (CIFAR)	A not for profit institute supporting complex, inter-disciplinary and international research affiliated with its 12 research programs. Relevant ones include: Experience-Based Brain and Biological Development (EBBD); Social Interactions, Identity and Well-Being (SIIWB); and Successful Societies. The CIFAR **Experience-based Brain and Biological Development Program** explores the core question of how social experiences affect human biology and how the early trajectory for development and health is set. New non-invasive techniques for measuring physiological changes coupled with an explosion of information in genetics, epigenetics, genomics and neuroimaging in human and animal models have converged to provide an unprecedented opportunity to explore these crucial issues. Note that Fraser Mustard is on the advisory committee for this CIFAR research area.
2010	Children's Research Triangle	Children's Research Triangle's (CRT) Trauma Treatment Program (TTP) is an assessment-driven, trauma informed intervention program based in Chicago and Belleville, Illinois. Recently funded as a Community Treatment and Service Center for the National Child Traumatic Stress Network, the TTP provides and evaluates evidenced-based interventions, and educates professionals, caretakers, and other community members about the impact of trauma on youth. The TTP follows the Trauma Assessment Pathway Model, which forms the basis of the screening, assessment, and interventions utilized in the program. The clinicians at Children's Research Triangle have expertise in the assessment and treatment of complex and at-risk children and their families. The educational programs provided by the staff of Children's Research Triangle are designed to strengthen the knowledge and skills of professionals, service providers and those who care for children with a variety of special needs. www.childstudy.org
2010	Canadian Centre of Excellence on Early Childhood Development (CEECD)	Publishes the Encyclopedia of early childhood Development online – includes numerous research, recent reviews and practice-related items for working with children exposed to domestic violence. See also, Centre of Excellence for Child Welfare.
2010	Centre on the Developing Child, Harvard University	Interactive flip chart on "How Early Experiences Get Into the Body: A Bio-developmental Framework." Useful for assisting understanding of how experience, in combination with temperament and other biological predispositions, shapes neurological development. **Reading List – model attached and online (for use in power point)**
2010	Sterne, A &Poole, L. Domestic Violence and Children: A Handbook for Schools and Early Years Settings. New York: Routledge.	Provides guidance and advice on: identifying and responding to signs of distress; helping pupils to talk about and make sense of their experiences: the impact on parenting and how parents can be supported; the needs of young people in refuges and temporary accommodation; pupil safety and government safeguarding guidelines; educating young people and the community about domestic violence, specialist domestic violence services and other agencies that support schools. Draws on the expertise of a wide range of professionals, including specialist domestic violence children's workers and counselors, psychologists, teachers, mentors and family support workers. **Order as resource?**

TABLE 4: Effects of Domestic Violence on Children: Listing of Resources

Date	Author/Source	Resource
2010	*Fox & Rutter.* "The Effects of Early Experience on Development," *Child Development*, 81, Journal of the Society for Research in Child Development, as part of a special section edited by National Scientific Council on the Developing Child	This article offers an integrated, bio-developmental framework to promote greater understanding of the antecedents and causal pathways that lead to disparities in health, learning, and behavior in order to inform the development of enhanced theories of change to drive innovation in policies and programs. **Reading List**
2010	California Evidence-Based Clearinghouse for Child Welfare :Screening and Assessment Tools	Reviews of instruments for use in screening and assessing children ages 10 – 16 for child development and social-emotional health issues. http://www.cebc4cw.org/
2009	Children and Youth Exposed to Domestic Violence (CYEDV). Arlington's Project PEACE	Annotated bibliography for Children and Youth Exposed to Domestic Violence (CYEDV). Divided into studies by age group and other situational variables. Includes abstracts and reviewer comments. jejohnson@arlingtonva.us
2009	Children's Exposure to Violence: A Comprehensive National Survey.	Finkelhor, Turner, Ormrod, Hamby & Kracke. Juvenile Justice Bulletin, an overview of the results from the National Survey of Children's Exposure to Violence. Conducted between January and May 2008, it measured the past-year and lifetime exposure to violence for children age 17 and younger across several major categories: conventional crime, child maltreatment. Online at**: http://www.ncjrs.gov/pdffiles1/ojjdp/227744.pdf**
2009	O'Connor & Braverman. Play therapy theory and practice. New York: John Wiley.	Recent update on play therapy, including research and practice processes and outcomes.
2009	Booth & Jernberg. Theraplay (3rd edition) New York: John Wiley.	Recent compendium of theory and practice information on Theraplay.
2008	Carney & Buttell. Attachment Theory.	Chapter in the Comprehensive Textbook of Social Work and Social Welfare. John Wiley & Sons.
2008	Bernier, A., & Meins, E. A threshold approach to understanding the origins of attachment disorganization. Developmental Psychology: 44, 969-982.	Disorganized attachment in infancy is known to predict a wide range of maladaptive outcomes, but its origins are poorly understood. Parental lack of resolution concerning loss or trauma has been proposed to result in atypical parenting behaviors, which in turn have a disorganizing effect on the parent-child relationship. The authors review the evidence for this transmission pathway, considering other factors (e.g., social environment, child characteristics) that might enrich understanding of the antecedents of disorganization. A threshold approach is proposed to explain (a) why different parental behaviors are linked to disorganization depending on prevailing social conditions and (b) why certain children appear more vulnerable to forming a disorganized attachment relationship.
2007	Nixon, Tutty, Weaver-Dunlop & Walsh. Do good intentions beget good policy? A review of child protection policies to address intimate partner violence. Children and Youth Services Review: 29, 1469-1486	There is growing concern that children are adversely affected by being exposed to intimate partner violence, significant changes have been made to child protection policy in many parts of the Western world. This article reviews and analyzes these policies/legislative changes in Canada, the United States, the United Kingdom, Australia, and New Zealand to provide a general analysis of how the issue of child exposure to intimate partner violence has been addressed within a child protection policy context. The paper proposes guidelines to more adequately protect the safety and well-being of children by offering support and protection to the adult victim while holding the perpetrator accountable.

TABLE 4: Effects of Domestic Violence on Children: Listing of Resources

Date	Author/Source	Resource
2007	Hon. Margaret Norrie McCain, J. Fraser Mustard & Dr. Stuart Shanker. Early Years Study 2: Putting Science into Action. Toronto: Council for Early childhood Development.	Book published in Canada. See Chapter 7 and bibliography.
2007	Hester, Pearson & Harwin. Making an Impact: Children and Domestic Violence: A reader. 2nd edition. London, UK: Jessica Kingsley Publishers.	Useful book that reviews the impact of domestic violence on children as well as clinical interventions found to be useful in treatment of children.
2007	Cunningham, A. & Baker, L. Little Eyes Little Ears: How violence against a mother affects children as they grow. Centre for Children and Families in the Justice System. London ON Canada	A 40-page review on the impact of domestic violence on child development across developmental stages. Provides information on effective responses with children and mothers. Excellent curriculum resource. The Centre for Children and Families in the Justice System (formerly the London Family Court Clinic) has a number of similar resources available on its website. **Reading list**
2007	Hughes, Daniel. Attachment-focused family therapy. New York: Norton.	Recent work on the process of building developmental attachment in traumatized children. See also websites www.attachmentdisorder.net
2007	Attachment Measures for Research and Practice.	O'Connor & Byrne. Child & Adolescent Mental Health, 2 (4), 187-192.
2006 on	National Scientific Council on the Developing Child (USA)	Children's Emotional Development is Built Into the Architecture of Their Brains. Paper 2. See recommendations below. Also see bibliography for listing of foundational papers and research. **Reading List**
2006	J. Fraser Mustard. Early Child Development and Experience-based Brain Development: The Scientific Underpinnings of the Importance of Early Child Development in a Globalized World. Washington, D.C.: The Brookings Institution.	Full paper available at http://www.founders.net/ **Reading list. Also see the publications available at the website for the Fraser Mustard Chair in Childhood Development (www.frasermustardchair.ca/resources/publications)** This collection includes The ACE study, the Early years studies, and publications from the National Scientific Council on the Developing Child. Also link to CBC radio series on early childhood development and other video resources.
2006	Perry, Bruce	Applying Principles of Neurodevelopment to Clinical Work with Maltreated and Traumatized Children: The Neurosequential Model of Therapeutics. In Webb (Ed) Working with traumatized youth in child welfare. Chapter 3 New York: Guilford. See also website www.traumacentral.net for Perry article and other resource list (educational materials)
2005	NCTSN (2005)	Substance Abuse and Mental Health Services Administration-funded National Child Traumatic Stress Network. Website offers curricular materials and counselling materials (e.g. trauma narratives) as well as audiovisual materials (films, etc) to support training.

TABLE 4: Effects of Domestic Violence on Children: Listing of Resources

Date	Author/Source	Resource
2002	Attachment in Middle Childhood	Kerns & Richardson. Note that Chapter 3 has a discussion of assessing attachment in middle childhood and provides instrument reviews.
2001 cont.	**Pynoos et al.** The National Child Traumatic Stress Network: Collaborating to Improve the Standard of Care. Professional Psychology: Research and Practice, 39, 389-395.	The National Child Traumatic Stress Network (NCTSN) is co-located in Los Angeles and Durham, NC. It is funded through the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Produces research and papers on child trauma. NCTSN was established in 2001 to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States. This article describes the development of the NCTSN, its structure, programs, and many of the products and resources—including online lectures, training programs and videos, and searchable databases of child trauma resources—available through the NCTSN Web site www.nctsn.org to assist professionals in providing state-of-the-art assessment, treatment, and services to these children and their families.

TABLE 5: Instruments: Child Assessment

Date	Author/Source	Instrument (bold items reflect possible recommendations)
2010 and prior	**Ages and Stages Questionnaires (ASQ-3) 3rd edition**	Squires, J. Published by Brookes. Proprietary. A grouping of developmental (e.g. ASQ-3) and social-emotional (e.g. **ASQ:SE**) screening products for ages 1 month to 5½ years. Parent completed. Activities kit also available.
2001	Attachment Questionnaire for Children (AQC)	Muris , Meesters, vanMelick & Zwambag. No cost. The AQC is a 1-item self-report measure of children's attachment style that is based on Hazan & Shaver's (1987) single-item measure of adult attachment style. Children are given three descriptions of feelings and perceptions about relationships with other children and are asked to choose the description that best fits them. The measure classifies children according to one of three attachment styles: Secure, Avoidant, or Ambivalent. Ages 9-18.
1994 2001	Attachment Style Questionnaire (ASQ) Attachment Style Questionnaire – Short Form (ASQ-SF)	*Few psychometric studies have confirmed the factor structure of the Attachment Style Questionnaire (ASQ) (Feeney, Noller, & Hanrahan, 1994), a widely used self-report attachment measure. Moreover, no study has formally investigated the factor structure of the ASQ's short form (ASQ-SF) proposed by Alexander, Feeney, Hohaus, and Noller (2001). The aim of the present study was to validate the factor structures of the ASQ and ASQ-SF, and to identify the more parsimonious measure. In two studies, a nested factor model provided the best fit, the ASQ-SF was the more parsimonious measure, and results were consistent across age and gender groups. Theoretical and clinical implications are discussed.*
2003	**The Brief Infant-Toddler Social and Emotional Assessment: Screening for Social-Emotional Problems and Delays in Competence (BITSEA)**	Briggs-Gowan et al. 42-item Brief Infant-Toddler Social and Emotional Assessment (BITSEA), a screener for social-emotional/behavioral problems and delays in competence (12 to 36 months old). Parent completed. Test-retest reliability is excellent and inter-rater agreement (mother/father and parent/child-care provider) is good. Supporting validity, BITSEA *problems* correlated with concurrent evaluator problem ratings and CBCL/1.5-5 scores and also predicted CBCL/1.5-5 and ITSEA problem scores one year later. BITSEA measures of competence correlated with concurrent observed competence and predicted later ITSEA competence measures. Supporting discriminant validity, only 23% of high BITSEA *problem* scorers had delayed vocabulary. The combined BITSEA problem/competence cut-points identified 85% of subclinical/clinical CBCL/1.5-5 scores, while maintaining acceptable specificity (75%). Findings support the BITSEA as a screener for social-emotional/behavioral problems and delays in social-emotional competence.
2001	**Pre-School Child Behavior Checklist (CBCL1½ - 5) Caregiver-Teacher Report Form (C-TRF)**	Achenbach. Proprietary. Parent and/or teacher completed. A component of the Achenbach System of Empirically Based Assessment (ASEBA). The ASEBA is used to detect behavioural and emotional problems in children and adolescents. The other two components are the Teacher's Report Form (TRF) (completed by teachers), and the Youth Self-Report (YSR) completed by the child or adolescent. The 2001 revision, (children 1½ - 5), includes internalizing, externalizing, total problems scale and a new stress problems scale.
1983	Child Behavior Checklist (CBCL) original instrument (Achenbach)	The C.B.C.L. combines a 113-item behavior problems checklist with a seven-part social competency checklist" (Mental Measurements Yearbook, Volume 13). The behaviors on the list are in clusters similar to symptoms of psychological disorders in the D.S.M. IV. The instrument's range is children from ages 2-18. The internal consistency and one-week test-retest coefficients above .89.

TABLE 5: (Continued) Instruments: Child Assessment

Date	Author/Source	Instrument (bold items reflect possible recommendations)
2001	The Child PTSD Symptom Scale (CPSS)	The Child PTSD Symptom Scale (CPSS) is a child (8 to 18 years) version of the Foa et al. (1997) Posttraumatic Diagnostic Scale (PTDS) for adults. Non-proprietary, free. This 24 item self-report measure assesses the frequency of all DSM-IV-defined PTSD symptoms and was also designed to assess PTSD diagnosis. The first 17 items measure PTSD symptomatology and yield a total Symptom Severity score. Seven additional items assess daily functioning and functional impairment. See Foa, et al (2001). The Child PTSD Symptom Scale: A preliminary examination of its psychometric properties. Journal of Clinical Child Psychology, 30(3), 376-384.
1987	Inventory of Parent and Peer Attachment (IPPA)	Armsden & Greenberg. Measure of attachment in older adolescents and young adults
2005	Inventory of Parent and Peer Attachment – Revised (IPPA-R)	Guilone & Robinson, published by Wiley. Measures parental and peer attachment in youth age 9 to 15 years.
1995	Infant/Toddler Symptom Checklist (ITSC)	De Gangi et al. Therapy Skill Builders (Psychological Corporation), proprietary. For use with infants age 7 to 30 months. Lacks reliability and validity information. Designed to screen infants with 'sensory and regulatory disturbances' in sleep, feeding, state control, self-calming and mood regulation.
1999	Child and Adolescent Needs and Strengths-Mental Health (CANS-MH)	Lyons, Griffin, & Fazio Non-proprietary. Ages 0-18.The CANS-MH provides a comprehensive assessment of the type and severity of clinical and psychosocial factors that may impact treatment decisions and outcomes. It is part of the Child and Adolescent Needs and Strengths (CANS) series of decision support tools, with different versions of the CANS tailored to the needs of specific youth populations. The CANS-MH is designed to affect clinical decision making with the intensity of treatment indicated by the number and severity of presenting risk factors. The measure also assesses for strengths. The CANS-MH can be used either as a prospective assessment tool during treatment planning or as a retrospective assessment tool to review existing information (e.g., chart reviews) for quality assurance monitoring or system planning. Items can be coded or completed by mental health personnel, child welfare workers, parents, family advocates, probation officers, teachers, research staff, and other groups of laypeople. Assesses: Developmental functioning (child); Family functioning; General symptomatology (child); Personal / interpersonal functioning (child); and Risk Behaviors (child). **Pros:** The CANS is useful for facilitating the exchange of information about clients because it provides a common language regarding an array of important areas of symptomatology and functioning. Item anchors are relevant to clinical decision-making. Information provided can be closely linked to treatment planning. The item incorporates a solid focus on strengths, consistent with strength-based treatment planning guidelines. The measure makes conceptual sense to clinicians. **Cons:** There are few published articles examining the psychometrics of the CANS-MH. What exists is promising, but more research is needed on test-retest reliability and validity. It is, however, important to note that the parent measure, the Childhood Severity of Psychiatric Illness, has been used in 12 additional published articles. Although items within dimensions can be combined to create continuous scores that can be used to assess outcomes, if a researcher or clinician is targeting a specific problem area (e.g., Depression/Anxiety), for this purpose, the measure might have restricted statistical power because individual problems are assessed using a 3-point scale. The CANS-MH could be used to screen for a problem in a specific area with a positive screen, followed by administration of an instrument that specifically assesses that area. Nevertheless, the CANS-MH would provide a measure of clinically significant change.

TABLE 5: (Continued) Instruments: Child Assessment

Date	Author/Source	Instrument (bold items reflect possible recommendations)
1999	Infant Toddler Social and Emotional Assessment (ITSEA)	A parent-report questionnaire concerning social-emotional problems and competencies (See BITSEA above for short form). The internal consistency, test–retest reliability, and validity were examined in a socio-demographically diverse pediatric sample of 214 parents of 12- to 36-month-olds. Results supported the ITSEA's acceptability and preliminary internal consistency, test–retest reliability, and validity. Confirmatory factor analyses supported 16 conceptually hypothesized problem and competence scales. Most scales had strong internal consistency, good to excellent 2-week test–retest reliability, and moderate 1-year test–retest reliability. Significant correlations among ITSEA scales and parent reports of child temperament and problem behaviors supported the ITSEA's validity. Consistent with observational studies, boys lagged behind girls in certain parent-reported competencies, including empathy, compliance, pro-social peer interactions, and emotional awareness. Parent reports yielded empirically coherent problem and competence scales and domains, suggesting the early emergence of parental perceptions of organized and differentiated clusters of social-emotional behavior.
1998	Pediatric Quality of Life Inventory (PEDS-QL)	Varni, JW. Series of 5-point Likert ratings for parent completion at various child age groupings (e.g. 2-4; 5-7; 8-12). Sub-scales for child completion (8-12 only): Health and activities; feelings; getting along with others; school. Subscales for parents ratings of child: physical functioning; emotional functioning; social functioning; school functioning. No parent/child interaction scale.
1978	Strange Situation Protocol	Ainsworth. Observational. Age 11 to 23 months. Requires observation room, rater training etc.
1997	Strengths & Difficulties Questionnaire (SDQ)	YouthInMind. Identify behavioral problems and strengths. Children ages 4 to 16. Completed by parents and teachers. Also self-report for ages 11-16. Strong psychometrics. Version for age 3-4 available.
1996	Trauma Symptom Checklist	Briere. 54 items, 2 validity scales, For ages 8-16. Measures PTSD symptoms, anxiety, depression, sexual concerns, dissociation and anger.
1996	The Child and Adolescent Functioning Assessment Scale (CAFAS)	Hodges & Wong. This tool assesses the extent to which children and adolescents' mental health affects their functioning in eight areas: role execution at school/work, home and community, behavior towards others, mood-emotions, autolysis behavior, substance abuse, and cognition. The scales contain four levels of functioning (0, minimum; 10, mild; 20,moderate; and 30, severe).
1994 2001	Attachment Style Questionnaire (ASQ) Attachment Style Questionnaire – Short Form (ASQ-SF)	*Few psychometric studies have confirmed the factor structure of the Attachment Style Questionnaire (ASQ) (Feeney, Noller, & Hanrahan, 1994), a widely used self-report attachment measure. Moreover, no study has formally investigated the factor structure of the ASQ's short form (ASQ-SF) proposed by Alexander, Feeney, Hohaus, and Noller (2001). A recent study validated the factor structures of the ASQ and ASQ-SF, and identify the more parsimonious measure. In two studies, a nested factor model provided the best fit, the ASQ-SF was the more parsimonious measure. Results were consistent across age and gender groups. Theoretical and clinical implications are discussed.* Adult/youth measure.
2002	Preschool Assessment of Attachment	Crittenden. A revised version of the strange situation protocol. Observational.
2005	School age Assessment of Attachment (SAA)	Crittenden. Projective measure for children age 6 to 11.

TABLE 6: Instruments: Domestic Violence Assessment

Date	Author/Source	Instrument (bold items reflect possible recommendations)
2010	Child Exposure to Domestic Violence Scale (CEDV)	Edleson, J. Published by Minnesota Centre Against Violence and Abuse. Measures extent to which a child has been exposed to domestic violence both at home and in the community, involvement in situations, risk factors and exposure to other forms of victimization. For screening ages 10 – 16. Child self-report. Good reliability/validity
1990	Straus & Gelles' (1990) Conflict Tactics Scale	Used as measure of exposure to domestic violence. The Conflict Tactics Scale has face validity and has been found to have construct validity. Psychometrics are good, making the scale a useful and also widely used measure of domestic violence. The C.T.S. does not cover the span of all possible violent acts or lethality.
2001	Behaviour Assessment System for Children (BASC-2)	Reynolds & Kamphaus. Published by Pearson. Proprietary. Comprehensive set of rating scales including Teacher Rating Scales, Parent Rating Scales, Self-Report of Personality (ages 8-11 and up) and Structured Developmental History. Strong psychometrics. Intended to triangulate behavioural assessment (parent/teacher/child). There is a preschool form of the teacher rating scale and parent rating scale for ages 2-5. Lengthy (100 -160 items depending on form). Costs somewhat high.

TABLE 7: Instruments: Family and Parent Assessment

Date	Author/Source	Instrument (bold items reflect possible recommendations)
2007	Child/Caregiver Interaction Scale (CCIS) based on Caregiver Interaction Scale (CIS) Arnett, 1989	Carl, B. non-proprietary. 26 item rating scale for parent/child interaction observation. This scale was largely based upon the National Association for the Education of Young Children's (NAEYC) Developmentally Appropriate Practice (DAP) position statements (Bredekamp and Copple, 1997). These statements represent the current best understanding of theory and research about what practices are most supportive and respectful of children's healthy development. Preschool and infant/toddler versions. Used in childcare settings, but not restricted to them?
2004	Family Assessment Measure III (FAM-III)	Skinner, Steinhauer, &. Santa-Barbara. Proprietary. The FAM-III is an assessment of family functioning. Provides a multi-rater and multigenerational (within the family) assessment of functioning across six universal clinical parameters and two validity scales. Its capacity for differentiation makes it well-suited to clinical assessment and treatment monitoring. Based on the Process Model of Family Functioning, the FAM–III assessment can be completed by preadolescent, adolescent, and adult family members. The FAM-III consists of three forms: the General Scale examines overall family health; the Dyadic Relationship Scale examines how a family member views his or her relationship with another family member; and the Self-Rating Scale allows each person to rate his or her own functioning within the family. By comparing the three scales to each other, a measure of how family members view levels of family interaction is obtained. The Brief FAM that consists of shorter versions of the three scales and is also useful for monitoring family functioning during the course of treatment. All components of the FAM-III and Brief FAM are available in hand scored format.
1979	Parental Bonding Inventory (PBI)	Cavedo & Parker. Youth aged 9 – 15. Care and over-protection scores for both parents and assignment to quadrants on these two measures.
2010	**Parenting Relationship Questionnaire (PRQ)**	Kamphaus &Reynolds. Published by Pearson Psychcorp, proprietary, ages 2 to 5 & 6 to 18. Caregiver completed. Good psychometrics. Subscales: attachment, communication, discipline practices, involvement, parenting confidence, satisfaction with school, relational frustration.
1990 to 2009	**Parenting Stress Index (PSI) and Parenting Stress Index – Short Form (PSI-SF)**	Abidin, R., Published by PAR Inc. Proprietary. Measures the stress in parent//child interactions. For early identification of dysfunctional parent/child interactions. Can be used with parents of children 0 – 12, but primarily intended for 0-3. Short form yields a total stress score from 3 subscales: parental distress, parent/child dysfunctional interaction and difficult child. Strong psychometrics. Available in multiple languages.
2005	Parenting Morale Index (PMI)	Trute & Hiebert-Murphy D: 10 Likert type items completed by parent. Factor structures of PMI has been supported in Alberta study (Benzies, 2010); demonstrated internal consistency, temporal stability, and convergent and discriminant validity. After 1 year, PMI predicted depressive symptoms, parenting stress, family hardiness, and family adjustment. PMI can identify mothers of children with disabilities at risk for poor psychological well-being to increase the specificity of supports.
2005	Test of Parenting Self-Efficacy (TOPSE)	Kendall & Bloomfield. 10 point Likert scales re: parent assessment of own parenting on dimension of emotion and affection, play and enjoyment, control, empathy and understanding, discipline, pressures, self-acceptance, learning and knowledge,

TABLE 8: Promising Practices

Date	Author/Source	Promising Practices
ongoing	Theraplay	Developed by psychological services staff of a Head Start program in Chicago (1967). Children develop different styles of attachment based on their experiences and interactions with their caregivers (4 types: secure; anxious-ambivalent; anxious avoidant; and disorganized.) Lender, D. The Theraplay Institute. Scientific rating (CEBC rated) 3 out of 5 for populations age 0 to 3 (infant and toddler mental health). Measures emotional abuse, exposure to domestic violence, physical abuse and/or neglect. Activities to enhance attachment, self-esteem, trust in others and joyful engagement. Children age 0 to 18 and their caregivers, history of extensive use with foster and adoptive families. Designed for use in a group, weekly for 18 to 24 weeks (30 to 45 minute sessions). Four follow-up sessions. Training required.
2004	Jaffe, Baker & Cunningham	Protecting Children from Domestic Violence. New York: Guilford Press.
1990	Jaffe, Wolfe & Wilson Group work model	Series of 10 themed group work sessions for children with concurrent sessions for parents (usually mothers). Focus is on children's ideas about DV and encouraging them to tell their stories.
1995	Peled & Davis 1995 (Minneapolis model)	Group work with children of battered women. Sage publication
1995	Peled, Jaffe & Edelson	Ending the cycle of violence. Community responses to children of battered women. Sage publication.
2000	Pepler, Catallo & Moore.	Consider the children: Research informing interventions for children exposed to domestic violence. Journal of Aggression, Maltreatment and Trauma, 3, 37-57
2000	Ezell, E., McDonald, R., & Jouriles, E.	Helping children of battered women: A review of research, sampling of programs and presentation of Project Support. In J. Vincent & E. Jouriles (Eds.), *Domestic Violence: Guidelines for research informed practice* (pp. 144–170). London: Jessica Kingsley Publishers.
2010	BigFoot & Schmidt. Therapy for American Indian and Alaska Native Children. Journal of Clinical Psychology: In Session 66:847–856.	American Indians (AI) and Alaska Natives (AN) are vulnerable populations with significant levels of trauma exposure. The Indian Country Child Trauma Center developed an American Indian and Alaska Native (AI/AN) adaptation of the evidence-based child trauma treatment, trauma focused cognitive-behavioral therapy. Honoring Children, Mending the Circle (HC-MC) guides the therapeutic process through a blending of AI/AN traditional teachings with cognitive-behavioral methods. The authors introduce the HC-MC treatment and illustrate its therapeutic tools using a case illustration. **Reading list**
2006	BigFoot & Schmidt. Adapting evidence-based treatments for use with American Indian and Native Alaska Children and Youth. Focal Point, 21(1), 19–22.	Honoring Children, Mending the Circle is a cultural adaptation of TF-CBT that supports American Indian and Alaska Native cultural views of well-being. Tribal partners included stakeholders (tribal leadership, consumers, traditional and society helpers and healers), local programs (schools, tribal colleges, behavior health, law enforcement, etc.), and other providers. AI/AN partners assisted in incorporating into the model beliefs practices and understandings consistent with their individual tribal culture.
2009	BigFoot, D.S., & Schmidt, S.R. Science-to practice: Adapting an evidence based child trauma treatment for American Indian and Alaska Native populations. International Journal of Child Health and Human Development, 2(l), 33–44.	Further detail on the design and implementation of Honoring Children: Mending the Circle.

TABLE 8: (continued) Promising Practices

Date	Author/Source	Promising Practices
2009	Lieberman, A. & Van Horn, P. Giving Voice to the Unsayable: Repairing the Effects of Trauma in Infancy and Early Childhood. Child and Adolescent Psychiatric Clinics of North America: 18, 707.	• The research on early trauma establishes conclusively that, although there are marked individual differences in how children in the first five years of life respond to and recover from trauma, they consistently show negative biological, emotional, social, and cognitive sequelae after enduring traumatic events. • This evidence lends particular urgency to the development, evaluation and implementation of approaches to prevention and treatment that are both empirically supported and can be effectively adapted to mental health community programs and other service systems that serve traumatized children and their families. • This article describes the clinical applications and community dissemination of child-parent psychotherapy (CPP), a relationship-based trauma treatment for young children and their families that has substantial empirical evidence of efficacy in decreasing symptoms of traumatic stress and restoring young children's normative developmental trajectories. Clinical illustrations are provided to demonstrate how this intervention is conducted and to consider how it might affect therapeutic change.
2008	Dyadic Development Therapy	• An evidence-based theoretical approach for the treatment of attachment disorders. Children who have experienced pervasive and extensive trauma, neglect, loss or other dysregulating experiences can benefit from this treatment, which is based on principles derived from attachment theory.
2006	Cooley & Frazer. Children and Domestic Violence: A System of Safety in Clinical Practice. Australian Social Work, 59, 462-473.	• Provides a framework for working with children and families where there are domestic violence and child protection concerns. A model of practice developed by the St George Domestic Violence Counselling Service and the St George Child and Adolescent Mental Health Service in the South East Sydney and Illawarra Health Service (NSW, Australia) is outlined. Includes a discussion on a recently developed service agreement between the two services and a case study focusing on a 'system of safety' when working with children.
2006	Aligning Early Learning and Care Services – a component of Alberta's Early years Continuum Project	• On behalf of the early childhood sector, Success By 6® received grant funding from the Early Learning Branch of Alberta Education for the Early Years Continuum Project. The three year project works with rural and urban locations in Edmonton and Northern Alberta to identify and strengthen early learning and care continuums for families with young children. The selected sites offer a variety of human services designed to meet the needs of each unique community. Project deliverables include: • A literature review of models of early learning and care in Canada and internationally. • An evaluation of the project's process and outcomes. • A communication plan. • The findings from the project may inform future recommendations for the development of an early learning and care framework for Alberta.

TABLE 8: (continued) Promising Practices (continued)

Date	Author/Source	Promising Practices Alberta submissions
March 2011	The Brenda Strafford Centre for the Prevention of Domestic Violence. Child and Youth Counselling Program	• The Child and Youth Counselling Program has 1 child and youth counsellor who provides individual and group counselling to the children at the Centre. This program also provides resources, referrals and support to mothers on parenting children exposed to domestic violence. • Program activities ensure that a child has opportunities to identify experiences and emotions, re-tell experience, engage in healthy play behavior and expressive arts, learn cooperative behavior and assertiveness, as well as not blaming self for the violence, express emotions. • Children's counsellor observes and assesses the behaviour of each child at the centre, sets goals and tracks outcomes monthly • Uses Maslow's Hierarchy of Needs: Children's physiological and safety needs must be met before they are able to progress into further stages of development. Once needs are met, the child and youth counselling program can begin to focus on the next stages of children's needs such as love and belonging, esteem and self worth, etc. • Uses a strength-based approach: Emphasizes child's determination and strengths. Focusing on achieving empowerment by treating the child with respect and enhancing his strengths and skills. • Use of attachment theory: Recognizing that attachment is crucial for a child healing from exposure to domestic violence. Strengthening the relationship between the child and the primary caregiver is the main focus, as well as introducing new safe relationships into the child's life, increasing the therapeutic experience during recovery. • Staff benefit from multiple training opportunities e.g. ACWS workshops, ACH resources, YWCA Sheriff King presentation etc. • Numerous toys, books and activities provided, including sensory soothing materials and activities such as stuffed animals, musical instruments, sand tray, worry dolls, water tray, finger paints, Forgotten Box, Fishing for Feelings, Painting Happiness, Relaxation Exercises, etc.
March 2011	Camrose: Wellspring Family resource and Crisis Centre Child Care/child Support Programs	• These programs address the specific needs of children who have witnessed family violence. The programs are designed to support and educate children by providing a safe and secure environment for them. We provide one on one support to children who are in shelter as well as those children who are involved in the outreach program/child care program. • Services are offered by staff trained in dynamics of children who witness abuse who receive ongoing training to support their work • Services include: assessment of children and caregivers (intake), safety planning for parent and child, education in non-violence and bullying, non-verbal supports offered in a safe and friendly playroom separate from the main shelter with various materials (e.g. puppets, sand box, etc) • After school program for children 6-9 in development • Use of Children Who Witness workbook, www.childtrauma.org and related websites and materials, motivational interviewing and solution focused models • Use of various video materials to support education (e.g. Systematic Training for Effective Parenting

TABLE 8: (continued) Promising Practices (continued)

Date	Author/Source	Promising Practices Alberta submissions
March 2011	Camrose Women's Shelter Society Child Care Program	• The Child Care Program works with mothers and children to provide a safe and comfortable environment for mothers to learn the effects of family violence on children and to provide children with an opportunity to thrive. This is done through weekly parenting group, moms' night out and a moms and tots program for mother with pre-school children (focused on strengthening the bond between parent and child). • Program binder includes a variety of resources, goal setting, healthy pregnancy materials and child development learning • Use of audio-visual aides (e.g. dvd You're Hurting Me Too) • Numerous staff training sessions (Dr. M Brokenleg, Dr. Perry, Diverse Voices, Adolescent depression, suicide training and many others • Plain Language Library to support program and promote reading at any age or reading level/literacy etc.
March 2011	Central Alberta Women's Emergency Shelter (CAWES)	• Children's Healing Centre is a healing place for children exposed to domestic violence. Children traumatized by violence need a structured intervention to help them begin to heal from the trauma. We work with children through play, rhythm and programming to reduce the impact of stress related to violence. Participants experience self-control, autonomous discovery, and exploration/ achievements that help them overcome inhibitions, enhance self-esteem, and reduce tension. Free from the expectations of others and away from the pressures of directed care, they recuperate and relax. Research has shown that multisensory environments offer a wealth of benefits, often affording the participant and caregiver an opportunity to improve communications, enhance their understanding of each other, and build trust in their relationship. Contact person: Ian Wheeliker email: ian.wheeliker@cawes.com Video presentation available. Forthcoming conference presentation.
2011	Discovery House Calgary AB	• Application of the Neurosequential model of therapeutics in domestic violence shelters – an approach to clinical work based on neuroscience. Children's therapy groups, sand play, individual play therapy are examples of strategies used.
March 2011	Fort McMurray Crisis Society Unity House Child Care Manual (77pages)	• Submitted an electronic copy of its Child Care Manual • Program is based on the observation that many children show physical, emotional and behavioral reactions to the experience of family violence. Through early diagnosis and treatment the scope and severity of the learning disabilities, developmental delays, and medical, emotional and behavioral problems can be diminished. Early intervention through a children's program may assist society by reducing social service costs relating to future treatment program should the problems go untreated and escalate. Above all, early intervention may give some children their a secure, healthy and happy life. • The manual includes rationale for the program, detailed goals and the means to achieve them, staff requirements, etc.

TABLE 8: (continued) Promising Practices (continued)

Date	Author/Source	Promising Practices Alberta submissions
March 2011	Medicine Hat Women's Shelter Society Phoenix Safe House Child Support Program	• The Children's Support Program provides a safe and nurturing environment for children who have been exposed to family violence. Trained Child Support Workers provide services for children and their mothers in four key areas: one-on-one support, group support, community drop-in support and summer recreation. Assessment and referrals assist them to meet their needs when they leave. • This program provides supports and education to women and children regarding sexual abuse, physical abuse, verbal and emotional abuse, behavior management, safety planning as well as guidelines to promote routine and consistency. • The program implements activities to explore feelings, anger management and reduce anxiety. Program activities include, for example, use of play dough, assessment through games, application of some play therapy, recreation activities. • The program uses a combination of approaches such as child play centered, individual short term counseling, social learning and family systems. • Some of the resources used by the Child Support Team include "Creative Interventions for Troubled Children", "Helping Kids Handle Anger", "Guidelines for Interviews" "101 Favorite Play Therapy Techniques", "Groupwork with Children of Battered Women", and others. • The Child Support Team uses videos to assist women, children and staff with education and support regarding family violence: e.g., "Tulip Doesn't Feel Safe", "Safety in the School" "1~2~3 Magic", "A Simple Gift", "Surviving Your Adolescents" "Unlearned Violence", "Hidden Feelings", "Love Hurts", "The Crown Prince", "What About Us", Breaking the silence: Kids against abuse, Power to Choose, Parenting with the Zap family, Seen but not heard, Good Things can Still Happen, Teen Relationships, etc. • The Child Support Team have participated in various conferences, workshops and training opportunities to further develop skills and expertise as well as knowledge and understanding on the effects of family violence on children and youth and the measures that can be taken to overcome these struggles. Some training opportunities that were particularly beneficial include: Conferences on Children Exposed to Family Violence with Linda Baker and Peter Jaffe, Alberta Workshops on Family Violence and Bullying, World Conference on Prevention of Family Violence-Banff, Prosecuting Domestic Violence with Valerie Campbell, Helping children deal with traumatic events; Creating Healthy Children by Bruce Perry, Workshops in Calgary and Lethbridge: Creative Interventions for Troubled Children and Youth by Liana Lowenstein, Assessment and Treatment of Children with Sexual Behavior Problems by Tony Cavanah Johnson, Trends in Canadian Child Welfare Services, Little Eyes Little Ears by Allison Cuningham and Pamela Hunkey, Learning to Listen Learning to Help by Linda Baker, Tattered Teddy's, Challenging Abuse Through Respect Education, The Rocky Mountain Play Therapy Institute, and others. • The Child Support Team teaches and encourages the use of expression of feelings, painting, drawing, and uses books such as Creative Interventions for Troubled Children and Youth, "Hands are Not For Hitting", "Something's is wrong at My House", "S-Team Hero's", Childswork/ Childsplay Early Prevention Series, "Be the Best Parent You Can Be", Dinosaur's Journey to Higher Self Esteem (board game), game of change, various self esteem games, books of, Jim and Joan Boulden, Hear my Roar, Sometimes I Worry too Much, We Can Get Along, My Family is Changing.

TABLE 8: (continued) Promising Practices (continued)

Date	Author/Source	Promising Practices Alberta submissions
March 2011	YWCA of Calgary Sheriff King	• Sheriff King has extensive programming for children in the community and in the shelter who are affected by domestic violence. It also offers specialized programming in safe visitation, play therapy and other related areas. • The YWCA Sheriff King made multiple submissions of materials describing the Child Support and Child Care programs offered through its various programs. • Submissions included the following materials in electronic formats: o Children Exposed to Domestic Violence Workshop materials o Children Exposed – Resiliency and Hope Power Point presentation o Children Exposed – Vicarious Trauma Power Point presentation o What Children Learn in a Violent Home outline of key learnings o Helping Your Children Through Play - parent education materials o Effects of Abuse or Trauma on Children notes/outline o Child Support Handbook 87 page document setting out program Includes literature review, program operations information, roles of staff members, description of child-centred services offered, parent-centred service offered, reporting obligations, and a reference and resource list o Programming Ideas List (not yet received) o Kids Club Invite (Adobe) o YWCA Childcare Manual o YWCA Sheriff King Home Children Exposed to Domestic Violence: Specialized Therapeutic Programming Policy and Procedure Manual (2009) – an 89 page document which o CEDV Agenda • All of the above materials have informed YWCA staff community workshops and presentations on working with children affected by domestic violence.

Date	Author/Source	Promising Practices Alberta submissions

March 2011	Lloydminster Interval Home	• Child Care: the purpose of this program is to provide a safe, abuse free environment, supported parenting and education to families regarding issues of family violence. The target population is children 0-14 years of age. A child support worker provides positive role modeling through one on one support, play programming and planned activities. While children are with the Child Support Worker, moms have the opportunity to attend programs, make phone calls, appointments, secure housing, or taking time to make decisions for the future.
		• Child's Play Program: The child's play program is similar to Child Care, however this program is operated in a separate facility three mornings per week. This program allows women from our Second Stage facility and the community to access child care in order to attend our morning Self-Empowerment program. The other two mornings allow the women from either the Shelter or Second Stage to attend other programs either at the facilities or in the community (ie, Breaking Free, Lifeskills, or Parenting).
		• Staff receive various training that includes:
		  ○ first aid and child CPR
		  ○ an Orientation Course for Child Care Staff (if the staff member does not have a background in Early Childhood or relevant training)
		  ○ food safety handling course
		  ○ Crisis Intervention Training
		  ○ Professionalism
		• Uses a play based model when incorporating many different centers of play that accommodate all ages of children. We follow a routine that incorporates mealtimes, bedtimes, and play programming for non school aged children. We incorporate discipline strategies and will model these strategies to foster confidence for the parents. We will also provide the parents with literature for discipline techniques, healthy eating, etc.
		• Musi Program – one of our staff offers a music program in the shelter which enhances confidence building, self-esteem, social and listening skills, communication and overall learning new songs and actions, introduction to and usage of percussion instruments, dancing, moving their bodies to music.
		• Centers: Dolls/Barbies, Kitchen Center, Tool Center, Train and Car board, Wii , Coloring , Play-doh, Crafts, Board Games,
		• In every activity there is opportunity for listening, encouraging, teaching and learning

APPENDIX F
TERMS OF REFERENCE
CHILDREN'S PROJECT AD HOC COMMITTEE
MARCH 14TH, 2011

Committee Purpose

This Ad Hoc committee will advise ACWS on the implementation of the Children's project. This project is funded by Alberta Child and Youth Services and United Way of Calgary and will be implemented in partnership with Mount Royal University Youth Care Research Institute and Synergy Research Group. Mount Royal University will develop, in consultation with ACWS, a curriculum supporting child care intervention in Women's shelters. Synergy Research Group will provide consultation and evaluation support for the project.

Project Background, Goal and Anticipated Outcome

In 2008-2009 Alberta Women's shelters provided safe haven to 6,157 women and their 5,337 children. The report recently produced for the Practical Frameworks for Change project also demonstrated that the children who were admitted to 8 participating shelters were very young: 47% of them were 3 years of age or younger and 21% was between ages 3 and 5. In total, there were 1,235 (67%) children in the shelters of pre-school age. The project seeks to support the development, integration and evaluation of promising child support practices in shelters across Alberta.

Project Goal: Build capacity in Alberta shelters to deliver enhanced services to high risk children in shelter through child support programming.

Anticipated Outcome: Children and youth are better supported in shelter and mothers are more informed and equipped to mitigate the impact of abuse on their children.

Project Focus

The team has chosen to focus on preschool children for this children's project based on a few thoughts:

- Based on the recent results from the Practical Frameworks for Change project that included 8 Alberta emergency shelters, statistically, 67% of children in shelters are preschool age.
- There is a public belief that young children are naturally resilient, that they are unaware of what has happened to them or that they will forget; however,
- The first five years of life are the most vulnerable developmentally – this is the period of the greatest brain growth and development and impacts of trauma on brain development in the first five years have a lifelong impact (health, cognitive, social, emotional)
- Preschool children display signs of trauma differently than adults and even older children because they don't have the cognitive ability to process events rationally (magic period, self blame) and they don't have the language to express what they do understand
- This is the period of life when prevention works best and intervention is easiest and quickest; there is more opportunity to make an impact on preschool children

- Small impacts in the preschool years project into large impacts when you consider a lifelong trajectory
- Besides, good practices for preschool children are good practices for all children

Other logistical reasons for focusing on one age group include:

- Given ACWS previous experience with similar projects, and given the work that shelter staff already have to do, it is important not to ask shelters to do more than they can reasonably accommodate. Expanding the age range means adding more tools, training, interventions, supervision and so on which mean more time for staff and additional demands on every aspect of shelter operations.
- Time and resources for this project make it more reasonable to focus energies on one group of children first rather than diluting the work.
- This project represents continuation of work already underway in Alberta shelters. In relations specifically to this project, it is likely to be the first in a series of multiple projects aimed at supporting children who reside in shelters, or children whose mothers reside in shelters. Future projects will provide opportunity to focus on promising practices specifically related to working with children from other age groups.

Relevant Definitions and Terms

Intervention: Includes services provided in the course of the shelter stay or in shelter outreach programs to women and/or their children in order to help them meet their safety, shelter and other needs they may have. In the context of the domestic violence shelter services, this definition excludes any child protection services provided by the government.

Child Care and Child Support: Both terms imply services that are provided to children who reside in shelter or receive shelter-related programming. Those services could include child supervision (typically associated with the 'child care' terminology) or other programming offered to children that may include play therapy, counseling or safety planning (typically associated with the 'child support' terminology). In some cases, those terms are used interchangeably. Traditionally, the primary distinction between the two terms was based in the different funding sources within the Alberta government that are available for child care or for child support.

Assessment: Assessment is a process of gathering and documenting information about the achievement, skills, abilities, and personality variables of an individual. When related specifically to children in the shelter or children receiving shelter-related programming, assessment may help gather information about attachment, child development, and the impact of trauma on the child. Although at times associated with an opinion provided by a certified or trained psychologist, psychiatrist or a clinical social worker, assessments can also be provided by other professionals including the domestic violence shelter staff or child care workers.

Audience for Training and Implementation: It is the goal of this project to support the development, integration and evaluation of promising child support practices in shelters across Alberta. Ultimately, the project will support Alberta shelters to deliver enhanced services to high risk children in shelter through child support programming. Therefore, the focus of the training curriculum and implementation protocols will be on building foundational knowledge about attachment, trauma and child development in a way that reflects the full diversity of Alberta shelters from the perspective of their staffing, levels of expertise and access to resources.

The Ad Hoc Committee will advise on the:

1. Development of a training curriculum to support Alberta-wide training;
2. Selection of promising practices and implementation of those practices in participating shelters;
3. Evaluation of the implementation of promising practices; and,
4. Dissemination of the information and practices to other member shelters.

Project Activities:

Phases, Tasks & Activities	**Timelines**
1. Develop Terms of Reference and schedule meetings	January 2011
2. Develop a draft training curriculum	January to March, 2011
3. Invite shelter participation in Children's Promising Practice project	March – April, 2011
4. Implement Alberta-wide training utilizing the draft training curriculum delivered by Alberta experts	April, 2011
5. Evaluate April training (including form development, results tabulation, analysis and report)	April–May, 2011
6. Develop shelter implementation protocol	May, 2011
7. Initiate implementation component at self-selected shelters	June/July/August, 2011
8. Evaluate implementation at self-selected shelters	May 2011 –August 2012
9. Disseminate results	September, 2012

Committee Composition

This Ad Hoc committee was struck in June 2009 (see Child Support Training Project: Status Report December 2010). Committee members and contact information is as follows:

Committee Member	E-mail address	Telephone Number
Jean Dunbar	jdunbar@ywcaofcalgary.com	(403) 292-3662
Karen Pease	Ccs-reg5@telus.net	(403) 934-6634
Rhonda Kent	rkent@ywcaofcalgary.com	(403) 266-4111
Kerri Potvin	kpotvin@ywcalethbridge.org	(403) 329-0088
Tracy James	kpotvin@ywcalethbridge.org	(403) 329-0088
Lisa Falkowsky	lisaf@cwes.ca	(403) 539-5142
Sherrie Botten	r3fbcs@shaw.ca	(403) 938-6785
Mary Ellen Proctor	fcs.e-d@shawcable.ca	(780) 743-4691
Pat Vargas	safeplce@telusplanet.net	(780) 464-7232
Nora Lee Rear	noraleer@stoney-nation.com	(403) 881-2025
Carolyn Goard	cgoard@acws.ca	(780) 456-7000
Dawne Clarke	DClark@mtroyal.ca	(403) 440-6941
Kathy Cairns	kcairns@ucalgary.ca	(403) 217-1588
Irene Hoffart	synergyresearch@telus.net	(403) 240-2346

Ad Hoc Committee Responsibilities

The key responsibility of the Ad Hoc Committee is to provide advice and assistance to the ACWS on project implementation. More specifically, Committee members will:

- Regularly attend Ad Hoc Committee meetings. Members who are unable to attend a given meeting are encouraged to provide input in advance of the meeting to assist those members who are present to make decisions that reflect the views of all members and move the project forward in accordance with timelines;
- Participate in small task groups, as may be required for the purposes of the project;
- Provide to ACWS any documentation and information that is relevant to the project; and,
- Review any documentation (e.g. literature review, curriculum), and advise as to any revisions and additions.

Additional Responsibilities of the ACWS staff

In addition to the responsibilities delineated above, Ms. Goard will

- Chair all Ad Hoc committee meetings;
- Provide leadership, including oversight of project implementation;
- Provide updates and recommendations to the Shelter Directors and the ACWS Board;
- Communicate with other community stakeholders and funders on behalf of ACWS to apprise them of the project developments and to gather information from them that is relevant to the project; and,
- Ensure that the project deliverables are satisfactory and completed on time.

Meetings

The committee will develop a meeting schedule to meet project timelines.

Unless otherwise noted, Ad Hoc Committee meetings will be held by teleconference

Call in: (712) 432-1690, Conference code – 700587#

APPENDIX G
PROMISING PRACTICES SURVEY

ALBERTA COUNCIL OF WOMEN'S SHELTERS

CHILDREN'S PROJECT: JANUARY 2011

ACWS in consultation with the Ad Hoc Children's Advisory Committee is developing a pilot project that will support the enhancement, integration and evaluation of promising child support practices in shelters across Alberta. The project includes a staff training component as well as assessment tools and play-based activities that will become part of the implementation protocol used by the shelters that volunteer to participate.

We want to draw upon your expertise and hope that you will be able to provide us with information on

- activities or programmes
- related reading materials, and/or
- websites

you currently use in your work to minimize the impact of domestic violence on young children. Those programs or activities will then assist the ACWS and the Ad Hoc Children's Advisory Committee to develop curriculum for training as well as the protocols to guide implementation of new practices in volunteering shelters. *(Please refer to attached Children's Project Status update circulated at the December Shelter Directors meeting for background information).*

It would also be very helpful for the project if you could respond to the following questions. In selecting the program or activity to highlight here please choose those that focus specifically on:

a) enhancing child development, or fostering secure attachment;
b) reducing the effects of trauma on children; and/or,
c) reducing the impact of domestic violence on pre-school children.

1. Name of shelter:

2. Name of program in which materials are used:

3. Please provide a short description of the selected program or programs:

4. Please list the specific activities that form a part of this program (e.g. staff training, assessment tool etc...):

5. If you use a particular model or approach that guides work with children in your shelter, please provide relevant literature or research sources below.

6. Does your shelter use any audio-visual materials for mothers or for staff to educate them in this area? If so, please identify the program and source.

7. What training opportunities have staff at your shelter had that helped them learn more about the impact of trauma on child development? (please identify any conferences, videos, training packages, texts, articles, guest speakers, etc.)

8. Please provide any examples you may have of specific toys, books or activities that you use with these children to enhance their development or reduce the impact of domestic violence and trauma.

IF YOU HAVE AN ELECTRONIC COPY OR WEB LINKS TO ANY OF THE MATERIALS YOU HAVE MENTIONED IN RESPONSE TO THESE QUESTIONS, WOULD YOU PLEASE FORWARD THEM TO US.

THANK YOU FOR YOUR PARTICIPATION! PLEASE RETURN YOUR RESPONSE TO ACWS charleenshaw@acws.ca

If you have any questions about this survey, please contact Carolyn Goard.

APPENDIX H
LEADERSHIP TEAM MEMORANDUM OF UNDERSTANDING

ACWS Children's Project
Draft Shelter Memorandum of Understanding

Date of Contract:
June 16th, 2011

Name of ACWS Lead:
Carolyn Goard, Alberta Council of Women's Shelters
cgoard@acws.ca ; (780) 456-7000

Title of Project:
ACWS Children's Project

Duration of Project:
Term: June 16th, 2010 – October 31st, 2010
Research data collection: October 1st, 2011 –September 30th , 2012

Sponsor:
United Way of Calgary

Ethics Review:
This project with associated evaluation will be submitted to the Alberta Council of Women's Shelters Ethics Committee for approval.

Shelter Agreement to Participate Form

Purpose of the Project:

The ACWS Children's Project (project) is a collaborative initiative between ACWS and member shelters. The project seeks to support the development, integration and evaluation of promising child support practices in shelters across Alberta, focusing on preschool children. The project's ultimate goal is to deliver enhanced services to high risk children in shelter through child support programming. We expect as a result of this project children will be better supported in shelter and mothers better informed and equipped to mitigate the impact of abuse on their children. Project results will inform our collective efforts in garnering increased support for children's programming in shelters.

Shelter Commitment

The shelter agrees to the following:

1. Shelter Director/Staff
    a. Shelter Director will identify two individuals to participate on two Project Advisory Teams: Project Leadership Team (Shelter Director or designate) & Project Implementation Team (Child Care staff lead). It is anticipated that the Leadership Team will meet a minimum of 6 times, Project Implementation Team a minimum of 24 times via Skype or teleconference.
    b. Shelter Director will support project implementation and evaluation commencing September 1st, 2011 through September 31st, 2012.
    c. Shelter Director commits to upgrading (if required) shelter policies and protocols to reflect project implementation requirements (see project implementation and evaluation plan attached). This includes ensuring that an appropriate agreement to participate in the project with associated release of information clause is signed by all women (sample agreement and release form to be provided).
    d. Shelter Director commits to data collection using selected items from the ACWS Shared Data Set and to tracking project pre/post assessment tools (see project implementation and evaluation plan attached).
    e. Shelter Director will provide release time to child care staff to attend staff training. This will include an initial training session in September 2012 (format to be confirmed).
    f. Shelter Director will support an ACWS representative to have periodic direct involvement (onsite/online/telephone) with the child care staff lead with respect to project training, implementation and monitoring.
    g. Shelter Director will contribute to the finalization of project implementation and evaluation framework expected to involve one teleconference in June or early July 2011.
    h. Shelter Director and Child Care staff lead will participate in a post-project debrief including reviewing reports created.

ACWS Commitment

ACWS will:

1. Provide project management including organizing, chairing and reporting on project meetings.
2. Support the finalization of the project implementation and evaluation plan (June/July 2011) with associated outcomes and measurement tools.
3. Support the development of implementation protocols (July/August 2011).
4. Support and organize staff training event/s (September 2012).
5. Provide ongoing project support with respect to implementation and monitoring.
6. Complete data analysis.
7. Write the interim and final reports.
8. Disseminate project results throughout the Alberta Shelter Network, Nationally and Internationally.

What Happens to the Information I Provide:

All information will be confidential. Only key ACWS personnel involved in the project will have access to the information provided. It will be kept in a secure location and destroyed five years after the project is completed.

Ownership of Data:

The quantitative and qualitative data belong to the shelter which will provide all unidentifiable data generated from the project to ACWS.

Agreement Re: Authorship

The authorship of the final evaluation report and any articles will be credited to those who made a substantive contribution to its writing. Similarly, the authorship of any subsequent publications using information from this action based research project will be credited to those who made a substantive contribution to writing the publication.

The contributions of those who assisted in ways other than writing the reports, including the project advisory team and ACWS project assistants, will be acknowledged in any reports or public or scholarly presentations. The final report will be posted on the ACWS website and hardcopies disseminated among participants and stakeholders.

Funding:

Your shelter will receive a minimum stipend of $1250.00 for your participation in this project, paid to your shelter in the last quarter of 2012. ACWS will cover the costs of staff training in September and ongoing project training/support with respect to project assessment tools, intervention tools/techniques, and to data collection.

Signature (written consent)

Your signature on this form indicates that you:

- Understand to your satisfaction the information provided about your participation in this project.
- Agree to participate in all aspects of this project including measurement of project outcomes.

In no way does this waive your legal rights nor release ACWS, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this project at any time. If for any reason it becomes apparent to ACWS that you are unable to fulfill your obligations under this contract, ACWS retains the right to request your withdrawal. You should feel free to ask for clarification of new information throughout your participation.

Name of Shelter: (please print) _____

Name: (please print) _____

Signature _____

Date:_____

Please keep a copy of this consent form for your records and reference.
Please fax the signed copy to ACWS at (780) 456-7000

APPENDIX I
CHILDREN'S PROJECT TRAINING AGENDA

September 19th – 20th, 2011

Monday, September 19th, 2011	
8:30 am – 8:50 am	Registration
9:00 am – 10:30 am	Session 1: Attachment from an Aboriginal Perspective
10:30 am – 10:45 am	Break
10:45 am – 12:00 pm	Session 1: Attachment from an Aboriginal Perspective
12:00 pm – 1:00 pm	Lunch
1:00 pm – 2:30 pm	Session 2: Attachment-Based Intervention Training – Part I
2:30 pm – 2:45 pm	Break
2:45 pm – 4:00 pm	Session 2: Attachment-Based Intervention Training – Part I

Tuesday, September 20th, 2011	
9:00 am – 10:30 am	Session 3: Attachment-Based Intervention Training – Part II
10:30 am – 10:45 am	Break
10:45 am – 12:00 pm	Session 3: Attachment-Based Intervention Training – Part II
12:00 pm – 1:00 pm	Lunch
1:00 pm – 2:30 pm	Session 4: Evaluation, Data Collection and Outcome Tracker
2:30 pm – 2:45 pm	Break
2:45 pm – 4:00 pm	Session 4: Evaluation, Data Collection and Outcome Tracker

*Snacks, drinks, and lunches will be provided during designated times.

**Coffee and juice will be provided during registration.

APPENDIX J
CHILDREN'S PROJECT TRAINING
POST-SESSION EVALUATION

September 19th and 20th, 2011

Please use the list below to select the training session you are rating:

- ❒ Attachment from an Aboriginal Perspective – September 19th, am
- ❒ Attachment-Based Intervention Training, Part I – September 19th, pm
- ❒ Attachment-Based Intervention Training, Part II – September 20th, am
- ❒ Evaluation, Data Collection and Outcome Tracker – September 20th, pm

We are interested in your assessment of the training provided and would like to ask you to complete the form. For each statement, please check if you agree or disagree using a rating scale from "1" to "5". A rating of "1" indicates that you strongly disagree with the statement and a rating of "5" indicates that you strongly agree and "3" is the level where you neither agree nor disagree.

Categories	**Check your response** Strongly Disagree – Strongly Agree				
Preparation	**1**	**2**	**3**	**4**	**5**
The invitation for the training stated the goals clearly					
I was given enough information to prepare for the training					
Content Delivery					
The goals of the session were clearly identified					
There was sufficient opportunity for interactive participation					
The training was too technical and difficult too understand					
I got most of my questions answered during the training					
Sufficient time was provided to cover all of the proposed activities					
Facilitator:					
The trainer was knowledgeable about the topic					
The trainer was well prepared for the session					
The trainer answered questions in a complete and clear manner					
Facility					
Overall, the room and facilities provided a comfortable setting					
The location for the training was convenient for me					
The refreshments and food provided were of good quality					
The tools and equipment during the sessions worked well					
General Satisfaction:					
The goals of the training have been met					
Specific to the topic of this session, I have enough information to begin working with women and children who will participate in the Children's project in my shelter					
I was generally satisfied with all aspects of this training event					

Specifically in relation to the information covered in the session today, what additional training would you like to have in the future? (Leave blank if none; please use back of sheet if you need more space.).
Please provide any additional comments you have about this training session. (Please use back of sheet if you need more space).
Please return the completed form to: _____