CENTRE DE CONNAISSANCES
KNOWLEDGE HUB

Project Research Presentation

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

Speaker: Angelique Jenney, Child Development Institute

Safe & Understood is a project housed at Child Development Institute and works in conjunction with our partner, the University of Toronto.

Partners across Toronto right now: Child Welfare Institute, Children's Aid Society of Toronto, and Atkinson Center for Early Child Development, and Interdisciplinary Research Center on Family Violence and Violence against Women (CRI-VIFF). Please see slide for a full list of partners across Ontario, Quebec and New Brunswick.

Overall Aim

Improve outcomes for young children at-risk due to exposure to domestic violence

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The overall aim for us is to improve outcomes for young children at risk due to exposure to domestic violence. We are doing this by targeting particularly young children (0 to 4) whose exposure to domestic violence has been substantiated by child protective services. We are targeting them because we know that they have the greatest risk for long term damage as a result of all of the combination and complexity of the issues at hand. It's currently the most frequently substantiated form of child maltreatment, at least in Ontario. We also know that there has been a lack of direct intervention services for young children. There are a lot of programs for mothers around parenting but not involving the children themselves and that's where this program is a bit different.

Target Population

Young children (0 to 4) whose exposure to domestic violence has been substantiated by child protective services.

This group is targeted because:

- Young children hold the *greatest* risk for long-term damage as a result of a conflux of developmental vulnerabilities
- Exposure to DV is one of the most frequently substantiated forms of child maltreatment (now 48% in Ontario)
- Lack of intervention services available to meet the needs of young child victims of DV

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Conceptual Model

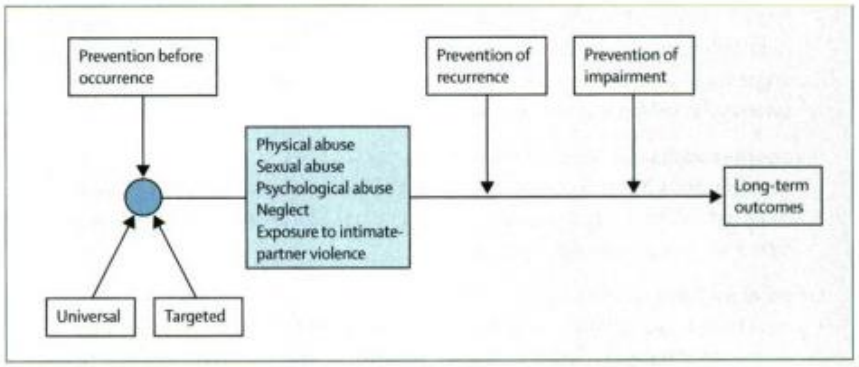

Figure 1: Framework for prevention of child maltreatment and associated impairment
MacMillan et al., 2009

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The conceptual model is based on Harriet MacMillan's work, which is a framework for the prevention of child maltreatment and the associated impairment. What we are hoping to do is implement secondary prevention programs to prevent maltreatment for children at high risk and prevent recurrence of victimization among those who have already been victimized. We are looking at all of these forms of abuse and hoping for prevention of recurrence and prevention of impairment. All the children have been exposed already and we are hopeful that the intervention prevents further exposure and then we can also intervene around some of the areas of impairment that we are aware could be occurring. We think there will be more beneficial long term outcomes.

Four Distinct Research Projects

Project 1: Cluster Randomized Control Trial of Mothers in Mind (MIM) and Caring Dads (CD) Programs with families referred to child protection services.

Projects 2 and 3: Mixed methods research to examine implementation and outcomes of MIM and CD in French-speaking and rural contexts in Quebec and New Brunswick.

Project 4: Participatory action research to explore the potential applicability of MIM and CD interventions to Indigenous child welfare services.

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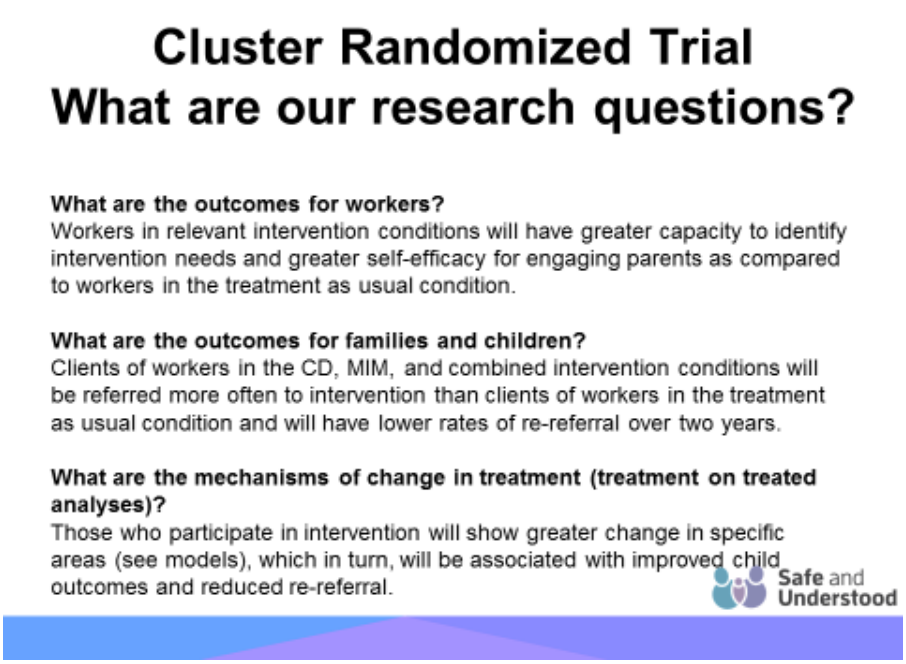
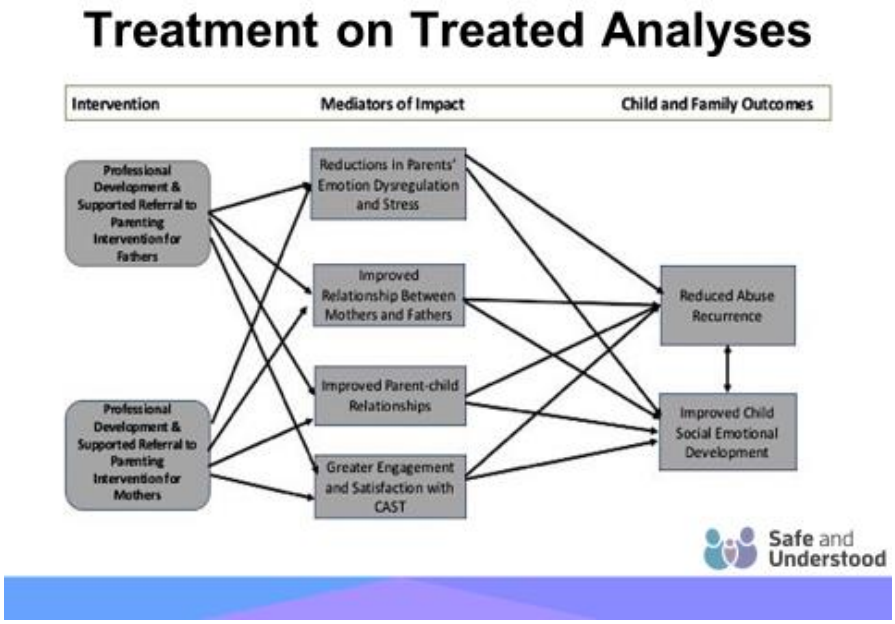
Project 1 is a cluster randomized control trial of Mothers in Mind (MIM), which is the program for moms with very young babies; and Caring Dads (CD), which is a group program for abusive fathers (however, children do not attend the program with them). Project 1 is targeted at families referred to child protection services. Projects 2 and 3 have broader referral streams. These projects will used mixed method evaluation of MIM and CD to explore implementation and outcomes of MIM and CD in French speaking and rural contexts in Quebec and New Brunswick. A fourth project is a participatory action research project to explore the potential applicability of MIM and CD interventions to Indigenous child welfare services. We have just run two rounds through Native Child and Family Services of Toronto and it has been a fantastic experience for us.

The rest of our presentation focuses on Project 1 only – the Cluster randomized trial.





What are our research questions?

Randomization this project is happening at the level of the child protection workers. This comes from the difficulty of trying to randomly assign families to an intervention when they all need an intervention. It's workers that we are targeting in relevant intervention conditions. They will have a greater capacity (we are going to be doing training) to identify intervention needs and greater self-efficacy for engaging parents as compared to workers in the treatment as usual conditions. Can we actually influence child protection practice when it comes to these at- risk families?

What are the outcomes for families and children? We believe clients of workers in the interventions and combined intervention conditions will be referred more often to intervention than clients of workers who are not as aware and will have lower rates of re-referral over two years.

The mechanisms of change that we are looking at: We believe that those who participate in the intervention will show greater change in specific areas, which in turn will be associated with improved child outcomes and reduced re-referral. We have made all those links in terms of the research in this area.

The interventions include professional development and supported referral to parenting intervention for fathers as well as mothers. We are looking at reduction in parents' emotion dysregulation and stress, improved relationship between mothers and fathers, improved parent-child relationships, greater engagement and satisfaction with the child protection workers. The hope is reduced abuse recurrence and improved child social, emotional development.

Proposed Measures

Parent Emotion Regulation/Symptoms
Father's Anger Management towards partner (AMS; 8 items)
Father's Anger Management towards child (AMS; 4 items added to the PACOTIS)
Emotion Dysregulation Measure (EDM; 12 items)
Patient Health Questionnaire for Depression and Anxiety (PHQ-4)
Mother's Trauma Symptom Checklist-33 (TSC-33; 33 items)
System's Measures
Parent Engagement with Child Protection Worker
System Level Attention to Fathers

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Relationship Between Mothers and Fathers
Co-parenting Relationships Scale Short-form (CRS; 14 items)
Co-parenting Discussion task (co-parenting alliance and co-regulation)
Managing the Emotion of Other Scale (MEOS; 35 items)
Composite Abuse Scale (CAS; 30 items)
Relationship Assessment Scale (RAS; 7 items)
Parent-Child Relationship
Emotional Responsivity (Parent-Child Interaction tasks)
Child Description Task
Parental Cognitions and Conduct Toward Infant Scale (PACOTIS; 10 items)
Parental Warmth/Involvement (2 items)
Tool to Measure Parental Self-Efficacy (TOPSE; 48 items)
Parental Stress Scale (PSS; 18 items)
Inventory of Father Involvement (IFI; 9 items)

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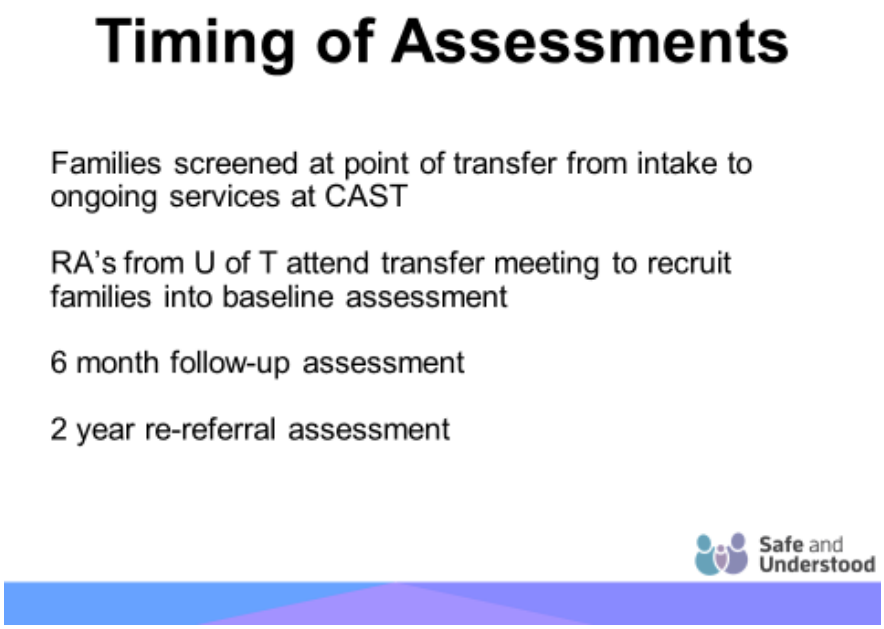
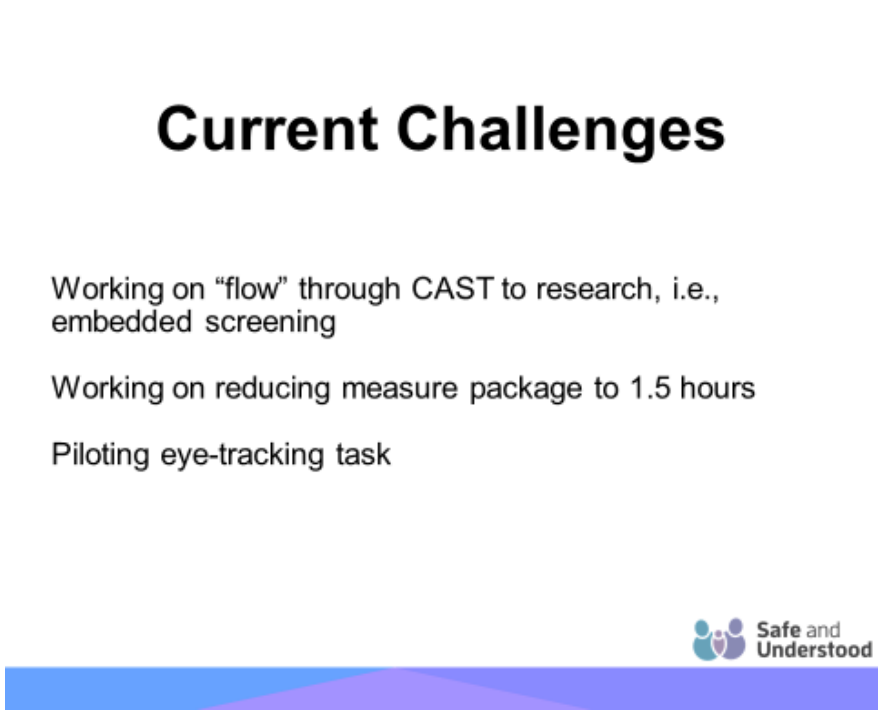
Proposed Measures

These (i.e., as outlined in the presentation slides) are all the measures designed to look at parent emotion regulation/symptoms: father's anger management towards partner, towards child, their personal dysregulation ability around emotions, health questionnaire for depression and anxiety, mother's trauma symptom checklist, system's measures, parent engagement with child protection worker and system level attention to fathers. When we are looking at the relationship between mothers and fathers; we are looking at co-parenting relationships scale, co-parenting discussion task, managing the emotion of the other scale (which has questions like, "I feel like I can calm my partner down when…, etc."), the composite abuse scale, the relationship assessment scale, parent-child relationship, emotional responsivity (parent-child interaction tasks), child description task, parental cognitions and conduct towards infant scale (PACOTIS), parental warmth/involvement (2 items), TOPSE (self-efficacy tool), and inventory of father involvement. These are the kind of things that are going to give us a bigger picture of the families that we are seeing.



The Timing of Assessments

Families are going to be screened at point of transfer from intake to ongoing services at CAST. We will not get the families that are closed, it will be the ones that are going to be going onwards. Research assistants from UofT will attend transfer meetings and recruit families into baseline assessments. There will be a six-month follow-up assessment and there will be a two-year re-referral assessment. Families will be compensated for their time.

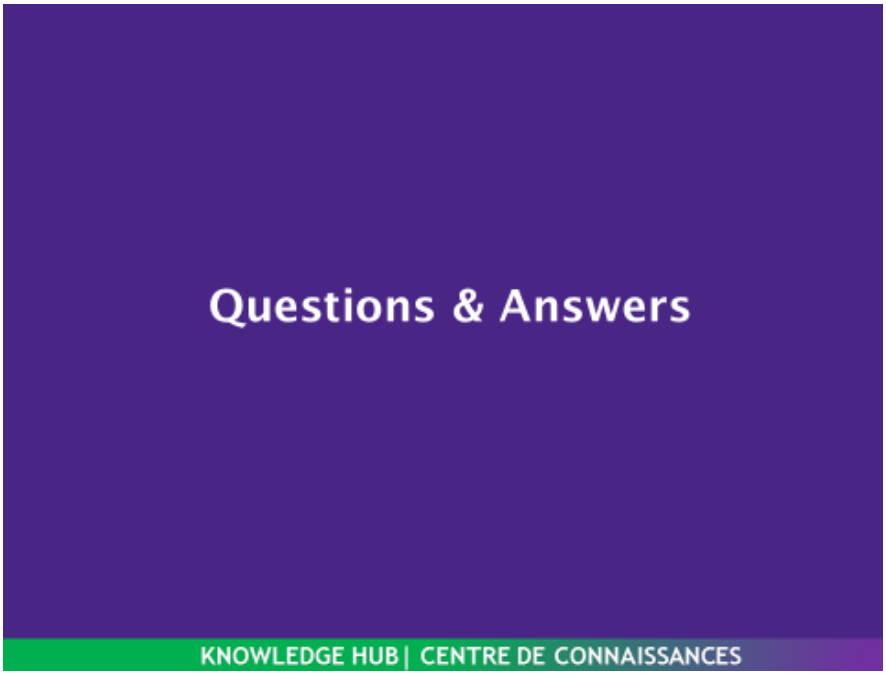


Current Challenges:

We are working on "flow" through Children's Aid Society in terms of research and embedded screening. We are working on reducing the measure package to 1.5 hours, as you can see we currently have a lot of measures there. We are going to be piloting the eye-tracking task this summer in some of our child care centres so that we get a sense of how it works.

Katreena Scott: *I would like to pose some questions for those attending today's meeting:*

One of the advantages of having this kind of community doing this work is the possibility of some shared measurement strategies across projects and I have been looking at the minutes and at what other projects are measuring. I welcome any comments around these constructs and other measures that people might suggest. Also, this will be the first time for me where our focus is on children that are this young. What we really have envisioned is that the families will come in and we will do some parent-child tasks; the child with the mom, the child with the dad, and mom and dad will do something together. We are looking at trying to do some executive functioning tasks as well with the child. We are trying to pull best protocols for those observations and also for executive functioning, but if anybody else has measures or protocols that they are finding useful for this age, we would be more than happy to look at them.

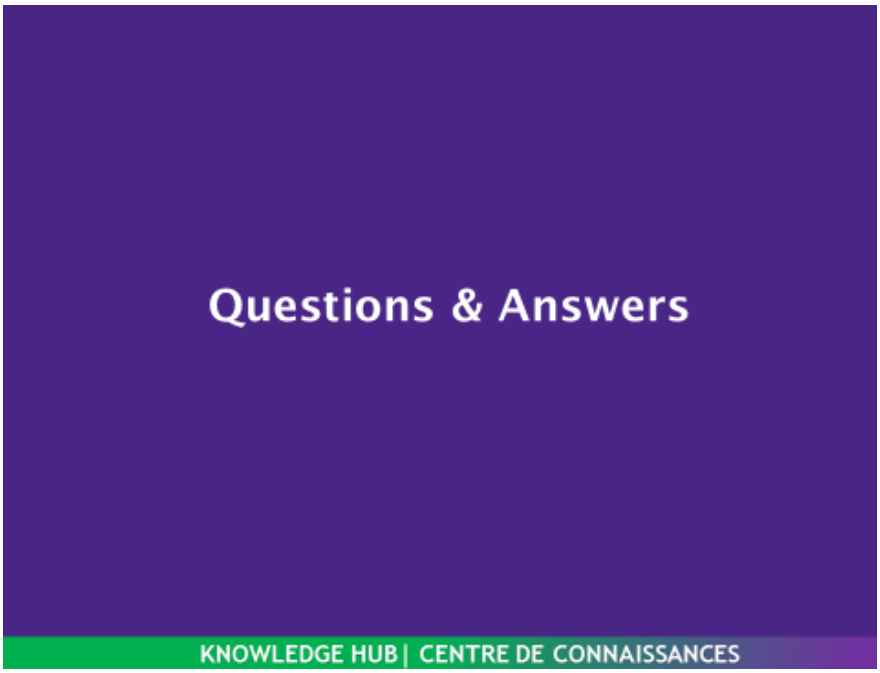


Questions & Answers

Linda Baker: *We often think of re-referral to mean that there are further problems, the child is at risk again and sometimes we think of contacting, especially if the family reaches out themselves because they are concerned. Have you thought of when it is actually an undesired vs. desired outcome?*

Angelique Jenney: *That's interesting because we have had this in another project which was determined to look at VAW workers working with Child Protection workers on cases. In fact, we saw an increase in re-referral for that exact same reason, they feel so connected to the agency and they are much more likely to call and go, "I have a problem again and I need some help" than they were before. It is a different context to the re-referral that we are seeing as positive. We will have to look at that in this project as well in terms of how they are being re-referred, is it a reaching out or is it a neighbour calling and it might be what we look at in regards to that.*

Katreena Scott*: This is an ongoing conversation that we have had. The reality of this situation for the families that we are dealing with is that most of them came through police referrals as a result of domestic violence incidents. What we are most interested in is that re-referrals are subsequent incidents of abuse. But I think you are right, we need to continue to be aware of the source of that re-referral. In terms of some of the outcome research that we have done around the Caring Dads program, sometimes dads come in for more help but that doesn't necessarily get opened as another substantiated incident of abuse.*



Mary Motz: *It is a common thing that happens with us too. There is a difference between connections and re-referrals, when moms reconnect to engage in a program versus a re-referral where it's an external concern.*

Denise: *I have a question about the protocol, are you matching parents? Do you have from the same household, have a mother from Mothers in Mind program and a dad from Caring Dads program, are you connecting that in your data?*

Katreena Scott: *The Cluster Randomized Control Trial has four conditions, the child protection workers are going to be randomly assigned to one of those conditions. In one condition, the workers get the additional training to understand the needs of young children around the caregiving of their mothers. Another condition, the focus will be on training the workers around engaging the fathers. The third condition will include both so that any case that comes into the caseload, the workers will get training to know whether or not it's eligible for Mothers in Mind and whether or not it's eligible for Caring Dads. It's not the families that are getting randomly assigned but the workers.*

Denise: *I guess my question is; in the third group, where it is possible that both the mother and the father will be eligible and referred, it would be interesting to see if the family unit had a higher level of intervention by both parents participating how that might affect the child outcomes?*

Katreena Scott: *We have two broad outcomes that we are looking at based on MacMillan's theoretical framework, we want to reduce the reoccurrence and we want to reduce symptomatology. My guess is that the fathers' intervention is going to reduce reoccurrence and the mothers' intervention is going to reduce symptomatology. My hypothesis is that having both will give you the best outcomes.*