
**The Evaluation of Saskatchewan's Children
Exposed to Domestic Abuse Programs
Final Report**



**Leslie Tutty, Ph.D., RSW
Academic Research Coordinator, RESOLVE Alberta
Full Professor, Faculty of Social Work**

**Sarah Anne LeDrew, B.A.
Research Assistant, RESOLVE Alberta**

and

**Paige Abbott, M.Sc.
Research Associate, RESOLVE Alberta**

In collaboration with

**Karen McGillivray, Director of Shelter and Social Programming
and
The YWCA of Regina's Evaluation of Saskatchewan Interventions for Children
Who Witness Violence Programs**

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Executive Summary

The impact of intimate partner violence on children and teens has become of significant concern across North America. Children and youth are often the unintended bystanders of the woman abuse, becoming secondary victims. In a number of cases, children are not simply exposed to intimate partner violence, but are also directly physically, sexually and emotionally abused.

Whether direct or indirect victims, children and youth are often seriously affected. Their behaviours in social settings such as schools and community activities may be the first clue that something is amiss. Behaving aggressively is a common reaction to living in a violence home. Aggressive children are often referred to services, in contrast to children who withdraw or become depressed and are less noticeably touched by abuse. More recently, children exposed to domestic violence have been seen as traumatized, and their aggression or withdrawal seen as the trauma reactions of numbing, avoidance and hypervigilance.

Groups for youth and children as young as age four who have been exposed to domestic violence have been available since the late 1980s and early 1990s. They are the most oft-cited intervention strategy for this population in the counselling/therapy literature. How effectively do such programs assist children and youth exposed to intimate partner violence is a major question for this project? How well are the current programs in Saskatchewan addressing the needs of such children and youth?

This project comprised three major components: 1) a literature and group manual review was utilized to identify best practices in groupwork for children/youth exposed to domestic violence; 2) site visits with the five currently-funded Saskatchewan programs and interviews with staff and group leaders were used to develop in-depth descriptions of and to assess the extent to which the programs address best practices; and 3) a community needs assessment consisting of in-depth telephone interviews with key respondents from 24 community organizations in the four Saskatchewan cities identified the key issues and strengths in the local services available to address intimate partner violence including groups for children/youth.

1.1 Summary of Groups for Children/Youth Exposed to Domestic Violence

The review of the literature on group programs for children and youth exposed to domestic violence and the published manuals for these programs highlighted a number of best practices. Most commonly agreed upon as best practices are developmentally appropriate groups (with discrete age groups for preschoolers, latency aged children, young teens and older teens), groups that are psychoeducational in nature, led by two co-leaders (of mixed gender if available). The content of the groups includes providing information on domestic violence with the goal of relieving the children's taking responsibility for the violence between their parents, teaching about feelings and self-esteem, various forms of abuse, seeking help and making safety plans.

The most often provided groups are for latency-aged children (ages 7 through 12). Groups for younger children can be challenging to offer because preschoolers are less verbal and more apt to act-out any discomfort in ways that can interfere in the group process. Group leaders of groups for young children need a broader repertoire of behaviours management

techniques to ensure that the response to children's externalizing behaviours represents discipline not punishment.

Groups offered to older teens have proven to be difficult to mount. Youth older than 12 or 13 are less likely to identify the need to attend group on their own and are less amenable to parental pressure to attend. As such, the group numbers may be small, which interferes in the development of a group entity and can lead to dropping-out or sporadic attendance.

The current group offerings for children exposed to domestic violence in the province of Saskatchewan represent a diversity of program models stemming from the unique needs of the communities and based on sound group principles. Each agency has a relatively long history of providing the programs and each has responsibly addressed the key features of such groups as identified in the best practices review. The variations among the programs are intriguing and speak to the creativity of program personnel and strong community connections.

Both in response to shifting referral patterns and with the support of additional funding from Saskatchewan Justice that expanded the reach of the programs beyond a focus on youth/children exposed to domestic violence but to other populations of youth needing services, be it those exhibiting or dealing with bullying behaviours, dating violence or other abused issues. Each program has made different use of this funding; some to expand or enhance their exposure to violence programs, other to partner with community agencies whether schools, violence related organizations such as shelters or agencies that serve special populations such as Aboriginal youth or at-risk youth. The resulting programs are impressive and varied.

Only rarely have the programs had the opportunity to connect face-to-face and to share their successes and program philosophies and shifts. The programs representatives have the potential to become important resources for each other and, for the new programs about to be launched in particular.

The interviews with 24 Saskatchewan key community respondents confirmed the importance of the current group offering and suggested expanding programs not only for children/youth but for their parents as well. The interviewees highlighted the serious nature of domestic violence and the extent to which it affects, not only their clients, but the communities in general.

The community participants provided direct feedback about the children's programs, the bulk of which was extremely positive. Suggestions for more expanded programs and better access to the available programs simply reinforce the positive manner in which the current programs are perceived. They also made suggestions for directions that several programs have adopted, including more preventative work in the schools.

Overall, the three components of the evaluation process provide complementary results that support the effectiveness of the current programs for children and youth exposed to domestic violence. Both the "core" counselling groups for children exposed and the expanded programs in school and/or community agencies are well-regarded in their cities. The agencies have shown persistence and creativity in shifting to address new needs and populations, when regular referral patterns have shifted.

1.2 Recommendations

The following recommendations are presented for consideration by both the programs for children/youth exposed to domestic violence and the major funder, Saskatchewan Justice. The recommendations stem not only from the site-visits and the interviews with programs staff and key community respondents but also from the literature review on best practices in offering groups for children and youth exposed to domestic violence.

These recommendations are offered respectfully, acknowledging the expertise, care and thoughtfulness apparent in the initial development and current group offerings of the five agencies. Notwithstanding this, however, this project presents an opportunity to make already strong programs even better. Further, these recommendations have particular relevance for the new programs about to be launched. These are in more remote locales without the network of professionals available in the larger cities.

Recommendation 1: Continue to Fund and Expand the Current Program Offerings.

Both from a best practices perspective and as examples of working flexibly and creatively to meet community needs, the currently funded Saskatchewan groups programs for youth exposed to domestic violence represent an impressive array of programs. If taken as an spectrum, they offer groups for a range of ages, populations (clinical, at-risk and general) and for children and youth not identified as having been exposed to domestic abuse, but whom the materials may be relevant. Further, they are, with few exceptions, the only services in their communities specific to meeting the needs of these children and youth.

The innovative, more school and community-based programs have an important place in the continuum and are fine additions to the still-offered more “core” counselling programs for children with a known exposure to domestic violence in their homes.

Recommendation 2: Continue to Fund and Support the Parenting Groups.

The core programs for children exposed to domestic violence all currently include parallel parenting (mostly mothers) groups, a critical component especially for children of latency age (age 12) and younger. While such groups entail considerable extra effort to organize and offer, not only are they a “best practice”, but they also represent what is perhaps the most effective way of extending children’s learning beyond the group experience.

The focus in the parent groups of interpreting children’s behaviours in light of their exposure to domestic violence essentially trains parents to understand what might be seen by most as negative acting-out. At its best, assisting parents to see these as trauma reactions and providing effective parenting strategies to deal with them extends the children’s interventions from the agency into the home.

Recommendation 3: Structure/fund opportunities for the programs to meet regularly.

In the past year, Saskatchewan Justice has funded at least one face-to-face meeting of the program representatives. Even the contacts made through the evaluation process have allowed for sharing of ideas, manuals and strategies that enhanced at least one program that had a new program coordinator.

With the implementation of new programs such opportunities are invaluable and an important staff training and program development strategy. In a province as large as

Saskatchewan with a range of centres of different sizes, facilitating continued consultations among programs is strongly recommended.

Recommendation 4: Develop a Provincial Program Resource/Consultant.

Given the planned expansion of the programs into new sites and the importance and sometimes challenging nature of offering the groups to children who present with a range of behaviours, creating a provincial resource to assist new programs and to act as a resource to the available programs already implemented is recommended.

This resource could be a staff person, even one of the current experienced program personnel. This individual's responsibilities would be to act as a resource to the programs, providing training for group leaders, consultation about programs materials, evaluation methods and dealing with children or youth who present with difficult behaviours. Such a consultant would need background knowledge of intimate partner violence, child abuse, developmental issues, and groupwork.

The challenging behaviour of some of the children, particularly those of preschool age, was highlighted in several of the group leader's quotations in Chapter Two. Although these case examples were addressed appropriately, they are not atypical when working with this population. As mentioned previously, it can be difficult to manage some of these behaviours therapeutically, so as to ensure that the group is a positive experience for all members. The current group leaders provided examples of their expertise in addressing such incidents well. This may be the most challenging issue for new group leaders, whether in the new programs or simply new to the established programs. Training new leaders to deal with difficult behaviours and being a resource to established group leaders in the event that their usual strategies are not effective would be a key role of the resource/consultant.

Understanding the importance of placing children in group based on developmental rather than actual age was also emphasized. Again, given that some of the children referred have been diagnosed with FAS and are functioning at a younger level than their same-age peers, a resource/consultant could assist programs in deciding where to place children if such advice was needed.

It is not unusual for agencies to expect staff and leaders to simply have the ability to lead groups. In fact, groupwork skills are an important aspect of professional counselling training that is often overlooked.

Furthermore, groups for younger children need to be run differently than groups for older children given their developmental differences. Younger children look to the group leaders almost as pseudo-parents and are less likely to interact with each other to any extent. Children of latency age (7 to 12) can benefit from the group leaders facilitating a process of connecting with each other. While using exercises and materials from group manuals are excellent ways of addressing content, leaders can enhance the group experience by finding ways to enhance the children connecting with each other.

Again, this does not imply that the current program group leaders in the Saskatchewan programs do not utilize such groupwork skills, in fact, they demonstrated the contrary. But new group leaders, leaders in new programs and even experienced leaders can usually benefit from additional training in groupwork.

Recommendation 5: Develop a Common Evaluation Template for the Core Groups.

Conducting formal evaluations in community settings is difficult. This is especially the case when working with relatively young children whose reading and writing skills are not well-developed. Most standardized measures cannot be used with children aged 8 and under, fully one-third of the children in the groups. As such, even to suggest that the programs conduct more formal outcome research is acknowledged as a challenge.

All of the programs utilize consumer questionnaires to provide feedback on the groups. Several of the Saskatchewan's core children exposed to violence programs are currently utilizing standardized knowledge or problem-focused tools as outcome measures.

Having noted the difficulty though, the programs could be provided with a template of measures and strategies to conduct optional outcome evaluations. These would need to include a range of measures since the children's ages differ (for example, using parent-completed scales for younger children who cannot read). The senior author can recommend further tools that could be utilized by the programs if desired and can provide guidance in structuring the evaluation and interpreting the results.

Recommendation 6: Consider the Need for Follow-up and Supplementary Services

While most of the current programs have developed protocols for providing additional counselling after the group, especially for children with more complex presenting problems, this is an important consideration for new programs, especially as they are in more remote locations with fewer services. The groups are relatively short (8 to 10 weeks), yet are at about the length of time and commitment that most parents can manage. For some children, the materials have the potential to "open up" issues that cannot be completely resolved in the group format or in the length of time available. As such, planning for the needs of such children and youth should take place concurrently with planning the group materials themselves.

Recommendation 7: Develop Aboriginal-Specific Materials for the Groups.

Staff from several agencies, notably YWCA Regina and Catholic Family Services of Prince Alberta, commented on the high proportion of their clients of Aboriginal ancestry. Both the program personnel and key community consultants mentioned the need for culturally sensitive materials, most often referring to Aboriginal peoples.

As highlighted in Chapter One, little research specific to the treatment needs of Aboriginal women and children affected by intimate partner violence is currently available. The search or the development of such research and culturally relevant materials could constitute a task for the resource staff member (if that recommendation is accepted) or could be the focus of a separate project. Certainly the need is clear.

Another way to further address these issues would be to partner with Aboriginal organization to review and revise the current program materials. This strategy has been used by several Canadian violence prevention programs: "Who do You Tell", a child sexual abuse prevention program from Calgary and the Fourth R, a youth prevention program based in London, Ontario. Further, the Canadian Red Cross' RespectED program, "Walking the Prevention Circle" was developed with northern Canadian communities. Representatives from these programs could provide consultation about their processes.

Recommendation 8: Develop a program for young children aged 3 to 4 exposed to domestic violence.

A less pressing need, but one that merits consideration, is to develop a treatment model for younger children. At present, only the YWCA Regina offers a group for younger children with the lower age limit being four years. The program manuals reviewed included four specific to children younger than age six. As preschool aged children can be profoundly affected by domestic abuse, it would be feasible to develop a group for children as young as age three.

Groups with children this young would need to be structured quite differently from the groups for older children. Already-developed models described in the first chapter incorporate the mothers into the groups (Davies, 1991) or another sibling (Frey-Angel, 1989). The YWCA Calgary has conducted small play groups with young children, limiting the numbers to about three children (Jean Dunbar, personal communication).

1.3 Final Thoughts

In conclusion, it has been a privilege to connect with the agency administrators, the program staff and group leaders and, in some cases, to participate in the Saskatchewan groups for children and youth exposed to domestic violence. The programs developed separately and, while they are diverse, retain a core of expertise in how to best address the most pressing needs of their charges: Saskatchewan children and youth.

They represent an impressive range of possible ways to address the effects of intimate partner violence on the unintended victims. The programs span the continuum of prevention, from tertiary (core groups) to secondary (high risk youth) to primary prevention (for children/youth not yet exposed). As a collection of programs, they represent a standard of care and information that represent best practices and may become invaluable models to those developing new programs across Canada.

Chapter One: Best Practices for Children and Youth Exposed to Domestic Violence

Domestic violence, typically women abused by male intimate partners, has been recognized as a substantial concern in North American society (Adams, 2006; Statistics Canada, 2004; Tutty & Goard, 2002). While considerable effort has been expended on interventions to lessen the impact on women victims, research has focused largely on protection for women, primarily in shelters, and on treatment groups for men. Until recently little attention had been given to the collateral victims of domestic violence: the children and adolescents who lived in the homes in which their mothers (typically) were being abused by their fathers. The exposure is often direct, by seeing or hearing the violent attacks, or indirectly, by witnessing the consequences of the abuse such as bruises and other injuries and emotional upset.

A large number of children whose mothers are abused by their fathers are exposed to violence (Statistics Canada, 2000). Canadian estimates from the 1980s suggest that up to 80% of incidents of domestic violence are witnessed by children, making them an important treatment consideration (Lehmann, Rabenstein, Duff, & Meyel, 1994). Currently, over 1000 research articles have been published on this subject, documenting the potential impact of witnessing violence children and adolescents (Clements, 2004). Children under the age of five are particularly at risk, as they are more likely to be present during the abuse than older children (Nighswander & Proulx, 2007).

Exposure to family violence can affect children of all ages in a number of ways (Hendry, 1998). It has been conceptualized by some as a form of emotional abuse (Nighswander & Proulx) and the legislation of six Canadian provinces specifically identify exposure to domestic violence as included within the mandate of their child protection services (Nixon, Tutty, Weaver-Dunlop & Walsh, 2007). The recent *Canadian Incidence Study of Reported Child Abuse and Neglect* noted that child welfare workers reported that the most common risk factor affecting mothers or other female caregivers in cases of substantiated child maltreatment was domestic violence: for 51% of victims, their mother or female caregiver was a victim of domestic violence (Trocmé, Fallon, MacLaurin, Daciuk, Felstiner, Black, Tonmyr, Blackstock, Barter, Turcotte, & Cloutier, 2003). American studies have also revealed that approximately one-third of child welfare cases involve domestic violence (Magen & Conroy, 1998).

This project was comprises three main components: 1) a literature and group manual review to identify best practices in groupwork for children/youth exposed to domestic violence; 2) site visits with the currently-funded Saskatchewan programs and interviews with staff and group leaders to develop descriptions of and to assess the extent to which the programs address best practices; and 3) a community needs assessment consisting of in-depth telephone interviews with key respondents from 24 community organizations in the four Saskatchewan cities to identify the key issues and strengths in the local services available to address intimate partner violence including groups for children/youth.

This chapter first reviews research with respect to the nature of woman abuse, the effects of exposure to domestic violence on children and youth. The next sections describe interventions to assist those exposed to such violence, identifying the best practices in these primarily group interventions. Finally, we review the available research on the efficacy of

treatment programs for children and youth exposed to domestic violence. The review provides important contextual material for the evaluation of Saskatchewan's programs for children exposed to domestic violence.

1.1 The Nature of Woman Abuse

Violence against women is a serious problem that results in injury, emotional harm and, at worst, death. It is best seen from a human rights/equality rights discourse that acknowledges that the violence is caused by substantive inequality for women around the globe. The 2004 General Social Survey on Victimization (Statistics Canada, 2005) estimated that 7% of Canadian women and 6% of men are the victims of an act of violence from an intimate partner over a five year period. While the self-reported rates of abuse appear to be equal, abuse against women by male partners occurs more often and tends to result in more serious consequences such as fear of death. In this national study, 44% of women reported being injured, compared to 19% of men: 13% versus 2% sought medical help. Women were almost twice as likely as men to report having been beaten (27 versus 15%), and three times more likely to report having been choked (25 versus 8%). Perhaps most informative is that women fear their partners' violence to a significantly greater extent: 34% of women compared to 10% of men admitting being afraid for their lives (Statistics Canada, 2005). Nevertheless, while men are the primary perpetrators of serious violence against women partners (Johnson, 2006), women can both physically and emotionally abuse male partners and about 10% of arrests for spousal assault are against women as the sole perpetrator.

The abuse that women endure from intimate male partners takes many forms and typically extends throughout the relationship. Intimate partner abuse is different from the marital disagreements that all couples experience. While the context of some initial violent acts may appear to start as couple arguments, it is typically about control or jealousy. Domestic violence is seen as a way to assert power and dominance over another (Government of Quebec, 2005; Hornor, 2005; Kashani, Daniel, Dandoy, & Holcomb, 1992; Kolar & Davey, 2007). Partner abuse is not about anger in reaction to a dispute but the intentional and instrumental use of power to control the woman's actions (Kimmel, 2002). The force and form of the violence far outweighs the import of the apparent precipitating issue. Women are not merely pushed, shoved or slapped, they are beaten or injured. Every year across Canada, women are murdered by their partners as the tragic result of violence in their relationships.

Little research has been conducted on domestic violence in Aboriginal Canadian families. According to the Government of Quebec's (2005) Action Plan on Domestic Violence, Aboriginal women are at an increased risk of being abused than other Canadian women. Dumont-Smith (1995) estimated that approximately 80% of aboriginal women are abused, which may be attributed to a number of conditions in Aboriginal communities that are conducive to violence such as poverty, lack of services, and the loss of traditional lifestyles). Thus, it is likely that more Aboriginal children are exposed to domestic violence than other Canadian children. Despite the assumption that Aboriginal children are likely affected by exposure to domestic violence in the same ways as non-Aboriginal children, it is important for service providers to consider the unique culture of these people.

1.2 The Effects of Exposure to Domestic Violence on Children and Youth

Recent studies support the thesis that witnessing domestic violence has a detrimental impact on a number of children (Adams, 2006; Hornor, 2005; Kolar & Davey, 2007; Litrownik, Newton, Hunter, English, & Everson, 2003). Being exposed to family violence has the potential to affect children of all ages in a number of ways (Hendry, 1998).

Children and youth exposed to domestic violence can respond psychologically and behaviourally in a variety of ways, often exhibiting symptoms similar to children who have been physically, sexually, and/or emotionally abused (Hershorn & Rosenbaum, 1985; Jaffe, Wolfe & Wilson, 1990; Johnson et al., 2002; Kolar & Davey, 2007). Exposure to domestic violence has been related to anxiety, depression, low self-esteem, withdrawal, aggression, rebellion, hyperactivity, delinquency, sleep disturbances, somatic complaints, bladder problems, decreased social competencies, learning problems, and relationship difficulties (Adams, 2006; Jaffe, et al., 1990; Hornor, 2005; Moore, Pepler, Weinberg, Hammond, Wadell, & Weiser, 1989).

While the early studies often focused on such externalizing and internalizing responses to the abuse (Jaffe et al., 1990), more recently, researchers have conceptualized the previously listed symptoms as representing the effects of trauma, reporting that at least some children exposed to domestic violence have Post-Traumatic Stress Disorder (PTSD) (Adams, 2006; Hornor, 2005; Somer & Braunstein, 1990; Rossman & Rosenberg, 1997; Rossman & Ho, 2000). Importantly, though, not all child witnesses develop PTSD. Two studies by Lehmann (1997, cited in Rossman & Ho, 2002) and Devoe and Graham-Bermann (1997, cited in Rossman & Ho, 2002) found rates of diagnosable PTSD at 56% and 51%, respectively. This means that the other half of the sample did not show symptoms at a level consistent with a trauma diagnosis.

Looking at the effect of witnessing violence on different age groups, Hughes (1988) found that preschool children (aged three to five) seemed to be experiencing significantly more behavioural difficulties than the older children, as described by their mothers' reports. This makes sense when one considers that young children are less able to verbalize their distress or to problem solve and feelings tend to be expressed behaviourally. Adams (2006) pointed out that, not only can behaviour be affected in children who witness violence, but physiological development and social functioning may also be impaired. For instance, children who have witnessed violence may be at an increased risk for ailments like stomach pain and sleeping problems.

Research also suggests that the type of domestic violence witnessed by children may have differential effects. Litrownik et al. (2003) investigated the relationship between exposure to different types of violence within the family and behaviour problems (i.e., aggression and depression/anxiety) in a group of young children at risk for child abuse or neglect. Results revealed a relationship between children who witnessed psychological domestic violence and children who directly experienced both physical and psychological domestic violence. Litrownik et al. (2003) found that child witnessed domestic violence predicted problems with anxiety and depression whereas direct child victimization predicted problems with both aggression and depression/anxiety. These results suggest that it is important to take into account whether or not children are only exposed to domestic violence or if they are both witness to and are directly victimized by it.

Less research has been conducted on the impact of witnessing family violence on adolescents (aged 13 to 18 or so). However, one study by Carlson (1990) suggests that witnessing violence can impact youth's feelings of depression (including suicidal tendencies), a proclivity to running away, and violent behaviour towards others. Clearly, children and adolescents who have witnessed family violence in their homes may be at risk for a number of physical, social, and emotional disturbances.

These responses to having been exposed to intimate partner violence can be long-lasting and profound (Johnson et al., 2002; Kolar & Davey, 2007). Johnson and colleagues conducted a longitudinal study to investigate the consequences of witnessing violence on the mental health of children. Children who had reported witnessing severe violence had high depression and anxiety scores on the Trauma Symptom Checklist for Children and the Child Behaviour Checklist when compared to the general population.

Other academics have presented an intergenerational transmission of violence hypothesis that purports that male children who witness domestic violence are at an increased risk of becoming perpetrators as adults (Jaffe, et al., 1990; Tutty, 1999). From a social learning perspective, adults who as children were exposed to family violence in their families of origin may resort to physical aggression to deal with conflict both in and out of their homes. This hypothesis provides a common rationale for providing treatment to children and youth exposed to intimate partner violence. If abuse is transmitted inter-generationally, then children are the most appropriate prevention audience. An extensive review of the research on wife assault identifies having witnessed family violence as a child as the only reliable risk marker for perpetrating current wife abuse for men (Hotaling & Sugarman, 1986). Early intervention has the potential to seriously decrease the incidence of family violence, especially in cases of intergenerational transmission of abuse.

Many children exposed to domestic violence have also been physically or sexually abused by the abusive parent, most often fathers (Edleson, 1999; Farmer & Owen). In fact, those most severely affected have most commonly experienced another form of child abuse whether physical, sexual or neglect (Hughes & Barad, 1983; Hughes & Luke, 1998). One critique of the previously described research on children exposed to violence is that children and youth may not have been asked whether they had endured other forms of abuse, which would overestimate the effects of witnessing violence alone. As such, the critical issue for consideration by child protection workers is whether exposure to domestic violence, without the child having experienced other forms of child abuse, creates the level of harm necessary to warrant intervention.

Researchers, such as Straus, Gelles and Steinmetz (1980), have documented a high rate of physical punishment of children in households in which a man hits his wife. In Hughes's (1988) research, 60% of 97 children residing in a shelter had been physically abused. Cohen, Mannarino, Murray, and Igelman (2006) also pointed out that it is highly likely that children who have witnessed violence have also been exposed to maltreatment, putting them at an increased risk for developing the symptoms listed above.

Another study with respect to children who have witnessed violence between their parents and have themselves been physically abused, suggests that they are significantly more likely to present with serious symptoms. Hughes (1988) assessed the psychological adjustment of children exposed to parental violence who were temporarily residing in a

shelter for battered women. The children's age and whether or not they had been physically abused themselves was taken into account. Hughes concluded that children who had both been exposed to domestic violence and had been abused themselves showed a significantly greater amount of distress than children who had not been exposed to domestic violence or physically abused themselves. Hughes also noted that children who had only been exposed to domestic violence showed distress levels that were between the other physically abused and the no abused groups. In summary, being exposed to domestic violence appears to affect the levels of distress experienced by children, with distress varying in severity depending on whether or not physical abuse has occurred.

Similarly, Wolfe, Crooks, Lee, McIntyre-Smith, and Jaffe's (2003) meta-analysis on the consequences of exposing children to domestic violence concluded that, in general, children exposed to domestic violence experience greater and more severe difficulties than their non-exposed peers. The children exposed were also more likely to show clinical levels of problems (Wolfe et al., 2003). Children who were abused in addition to having been exposed to domestic violence displayed difficulties that represented a small increase in effect size above and beyond exposure alone, congruent with Hughes' (1988) findings. Wolfe et al. (2003) concluded that the consequences of childhood exposure to domestic violence is complex and may be determined by a wide range of factors that need to be taken into account.

In summary, although one should not assume that all children and youth exposed to intimate partner violence show negative consequences, many do. These children often demonstrate behavioural difficulties both at home and at school, constituting the major reason that they are referred for treatment.

1.3 Programs for Children Who Have Witnessed Family Violence

Over the past decade and a half, a number of programs have been developed to assist child witnesses of family violence. While the most common approach is group intervention, a United Kingdom governmental report pointed out that, in Canada, individual therapy is often used as a precursor to group work as it assists in more accurately assessing the child's needs and allows them to begin forming a trusting relationship with professionals (Home Office, 2004).

Group treatment programs are the most frequently used for a number of reasons (Sudermann, Marshall, & Loosely, 2000; Yawney & Hill, 1993). First, group settings provide child witnesses with an opportunity to share similar experiences with their peers while being in a supportive environment that is developmentally suitable (Roseby & Johnston, 1997). Second, children's experiences in a group can be less threatening than one-on-one counselling (Yawney & Hill; Roseby & Johnston), and parents tend to be more accepting of their child's participation in group (Roseby & Johnston).

Roseby and Johnston (1997) note, however, that children tend to benefit more from participating in group treatment programs when their parents are actively working towards managing and reducing conflict within the family and protecting their children in more effective ways. Child treatment programs are often supplemented by groups for their parents. The groups may consist of interventions for batterers and support groups for women victims, or parenting groups that focus on the children's experience having been exposed to intimate partner violence.

According to a survey of group programs that have been developed in North America, most are psychoeducational in their approach, time limited (6 to 10 weeks), and focus on the developmental needs of the children, as well as relationship development and emotional awareness (Groves, 1999). Nighswander and Proulx (2007) recommend that the groups be flexible in their execution, have established guidelines, and are confidential.

The benefits to offering a group format for children who witness domestic violence are many. Most importantly, group treatment programs allow children to overcome their sense of isolation and to “break the secret of family violence” (Peled & Davis, 1995; Rabenstein & Lehmann, 2000; Sudermann, Marshall, & Loosely, 2000; Yawney & Hill, 1993). In addition, because it is similar to community activities, group programs provide a format that is familiar and enjoyable to the children. The programs are designed to target the symptoms commonly presented by children exposed to intimate partner violence. Finally, group treatment programs tend to be cost-effective (Sudermann, et al., 2000).

Group treatment programs for children who witness domestic violence share a number of goals. These include: promoting open discussion among group members, which provides an opportunity for the children to talk about what they have experienced: helping the children understand and cope with the way they respond emotionally to the violence they have witnessed; promoting the development of positive patterns of behaviour, non-violent values, and respectful ways of interacting with others; reducing the symptoms the children are experiencing as a result of witnessing domestic violence and improving self-esteem; helping the children to develop and improve their safety skills; educating about and challenging myths regarding family violence and the abuse of woman; and preventing sexual abuse, as well as dating violence among adolescents (Groves, 1999; Grusznski, Brink, & Edleson, 1988; Sudermann, et al., 2000).

Group programs are offered in a number of locations including shelters, family court clinics, safe homes, and social service agencies (Peled & Davis, 1995; Peled & Edleson, 1995). Often times, programs require that the children be living in safe environments and are out of danger of further exposure to violence before entering a group to allow them to more readily focus on issues related to violence (Home Office, 2004). Many group programs are shelter based, which offers such safety (Topley, 1989; Tutty & Wagar, 1994), but programs are also commonly offered at other social service sites (Groves, 1999).

Yawney and Hill (1993) recommend that the groups remain relatively small, involving around 6 to 10 children, although groups for preschool children may be as small as three (Cox, 1995). Keeping the group manageably small allows for the goals of the group to be met more easily, and maintains a respectful and accepting atmosphere. Yawney and Hill also recommend that male and female facilitators lead the group treatment programs for children exposed to intimate partner violence in order to model positive male and female roles and cooperation between members of the opposite sex.

The ages of the children and youth who have participated in treatment vary from one to 16 years. Most groups are divided according to the developmental age of participants and focus on children from ages 4 to 13-years-old (Peled & Davis, 1995). While the formats of groups for younger and older children may be quite similar, the biggest difference is the nature of the activities in which the children can engage, especially since younger children cannot read or write (Davies, 1991; Tutty & Wagar, 1994).

One example of a group that is available for children as young as 15-36 months (toddlers) was put forth by Davies (1991). Such treatment involved the mother and toddler entering therapy together in order to more successfully navigate the abuse occurring at home. Davies' treatment, based on attachment theory, involves increasing communication between the mother and child about the violence they have witnessed, as well as becoming more aware and responsive to the toddler's attachment needs. Typically child-mother treatments are used for young children, such as infants, toddlers, and preschoolers. As we will see in the next section on efficacy, child and mother treatment programs seem to be faring quite well in their initial evaluations (Lieberman, 2007).

Other interventions for preschool children have been developed that follow a group therapy format but do not necessarily involve the non-abusing parent. For instance, a group outlined by Huth-Bocks, Schettini, and Shebroe (2001) was designed for children aged 4-5 who have witnessed violence and are involved in the Head Start program. The group runs 14 weeks with one hour sessions each week. The group is designed to help children identify and express emotions, provide a safe environment, and teach them conflict resolution skills using puppets and other dynamic activities.

Tutty and Wagar (1995) developed an activity group for children aged 4 to 7. Entitled the "Storybook Club", it engaged the children in reading and developing stories about feelings and abuse, which they then acted out in video productions. The children enjoyed the activities and learned problem solving skills with respect to resolving conflict around the group activities. At least one parent participated in a parallel parenting group. Interestingly, when the adult group was initially focused on abuse issues, few attended. Shifting the group focus to a focus on parenting successfully engaged many more parents.

One article that addressed the needs of younger children, aged 3 to 7, who had been exposed to family violence, suggested that treatment be conducted in sibling groups with older brothers and sisters (Frey-Angel, 1989). Another program, entitled, "For Children's Sake", was developed at Illinois State University and serves children aged 2-15 using a 12-week group format that combines cognitive-behavioural interventions with play therapy (Burrows Horton, Cruise, Graybill, & Cornett, 1999). According to Burrows Horton and colleagues, the early evaluations of the program have been promising, although the quantitative data is not yet available. While there are an increasing number of group interventions, such as those described above, becoming available for toddlers and preschoolers, Groves (1999) pointed out that individual approaches may be more appropriate for these ages, as they are less likely to use relationships to cope than older children.

Peled and Davis (1995) described a group format developed for children aged 4 to 12. Although the authors recommend breaking the children into two age groups, 4-6 and 7-12, the only difference in the group process was that the intervention for the older children lasted 15 minutes longer than for the younger children. Otherwise, the exercises and film presentations were identical. This contrasts with the senior author's experience that, given the significant developmental differences between children of these age groups (particularly in their ability to verbalize), the group format should be considerably different (Tutty & Wagar, 1994).

Art therapy is one modality that service providers might use to address the needs of children who have witnessed family violence. Gilbert (1988) described a group that employed art therapy techniques to express and deal with their feelings about witnessing violence,

including anxiety. Developed for children aged two to fourteen residing in a shelter, the written evaluations by the children revealed that they found it a safe environment in which to express thoughts and feelings that they could not discuss elsewhere.

A program developed by Sandra Graham-Bermann (1992) has been adapted for preschoolers and children aged 6-13, called the Preschooler Kids* Club and the Kids* Club. The Preschooler Kids* Club follows a 10 session format and includes activities like puppets, making masks, and drawing while allowing children to share their experiences of violence in a safe environment. The Kids* Club format is similar and includes other age-appropriate activities such as stories, films, and drawings. Evaluations of these groups indicate that they are helpful in addressing some of the emotional and social needs of children who have been exposed to domestic violence.

The majority of programs developed for child witnesses originated and operate in North America. However, individuals from other locales, such as the United Kingdom, have developed their own programs modelled on those from North America. A group intervention, entitled “The Community Group Treatment Programme”, was developed to assist children of various ages to share their experiences while decreasing feelings of isolation and self-blame (Thorp, 2007). According to the author, this 12-week program was modelled on interventions from Canada and has yet to be evaluated.

Formal programs are not the only way that the needs of children who have witnessed domestic violence can be addressed, as Cohen and Knitzer (2004) pointed out. Educating parents, teachers, and day care staff about family violence, as well as individual and/or family therapy are other ways for children to be helped. While community-based programs are not the only way to assist children, they are a valuable resource for families and it is necessary to evaluate their effectiveness in addressing the multiple and complex needs of children who have witnessed family violence, as we will see in the next section.

1.4 The Efficacy of Group Treatment Programs for Children Exposed

Despite the relatively wide-spread availability of groups for children exposed to domestic violence, published research on the efficacy of these programs is rare. According to a thorough literature review by Agar (2004), less than 12 evaluations had been published at the time of writing. To add to this paucity of research, many of the studies were methodologically weak, as some had no comparison groups, or follow-up.

Exceptions to this include three evaluations of groups offered by the YWCA Sheriff King Home in Calgary, Alberta offered for children aged 5 to 13 years of age (Cox, 1995; MacMillan, 2001; Wagar & Rodway, 1995). These evaluations concluded that children in the treatment groups had significantly decreased anxiety levels, improved their attitudes and response to anger, and decreased their sense of responsibility for both their parents and violence as compared to wait-list control groups. In a follow-up to one of these evaluations, MacMillan and Harpur (2003) compared 47 children, aged 6-12 years, on pre-and-post-test scores for symptoms such as depression, anxiety, and posttraumatic stress after participating in a 10-week group intervention. While the children initially had higher levels of depression and anxiety than the normative population, after the intervention, they decreased.

Wagar and Rodway’s (1995) evaluation of a 10-week group program for children exposed to domestic violence who were aged 8 to 13 year focused on a variety of concerns

including problem-solving and safety skills, conflict resolution, self-esteem, responsibility for behaviours, and modifying old and adopting new responses to witnessing violence. In contrast to the comparison group, the group treatment program had a significant effect on children's attitudes and responses to anger and their sense of responsibility for their parents and the violence. However, Wagar and Rodway found no differences between the groups with regards to improving safety and support skills.

Three other studies demonstrated the efficacy of group programs for children exposed to domestic violence. Sudermann, Marshall, and Loosely (2000) evaluated the London Community Group Treatment Programme, a 10-session group program for children ages 4 to 16 who witnessed domestic violence in London Ontario. Each group consisted of seven to eight participants, with children grouped by their developmental level. The goals of the program included elevating child witnesses' adaptive functioning and treating behavioural problems assumed to have resulted from exposure to domestic violence; preventing violence in children's future relationships; and teaching safety skills to be used in any future family violence.

The group addresses a variety of topics including defining family violence, safety planning, and anger and conflict resolution. In addition, group facilitators establish and maintain a safe atmosphere that is emotionally supportive (Sudermann, et al., 2000). The evaluation suggests that the goals of the group were being met, and that the children were adjusting their beliefs and ideas about the abuse of woman, peers, and other forms of violence. In addition, the children were satisfied with the group and learned the concepts. Their mothers believed that the groups had value and reported that they had noticed positive changes in their child's behaviour, such as reduced frustration, better behaviour, and less violent behaviour among siblings.

Grusznski, Brink, and Edleson (1988) reviewed a support and education group program for child witnesses of domestic violence offered by the Domestic Abuse Project (DAP). The majority of children who attended this program were aged five to nine; however children younger or older than this range could also attend. Male-female teams of therapists led the children's groups, and usually worked with their parents in adult groups. The duration of the group program was 10-weeks, with the length of each session varying depending on the age group of the children (one hour for younger groups and one and a half hours for teenaged groups). In addition, one-hour family sessions took place after the children's groups, allowing the parents to become aware of the material the children and group leaders covered, and providing the opportunity for the group leaders recommend any additional intervention on these issues (Grusznski, et al., 1988).

Several topics are addressed during the DAP's group treatment program including protection planning; issues regarding shame and isolation; self-esteem building; expressing feelings; determining the responsibility for the violence; conflict resolution; and gender-role issues (Grusznski, et al. 1988). The clinical rating scales completed by group leaders for 371 children, indicated that children tend to meet the goals of the program. That is, the majority of children who participated in this group were able to recognize the issue of violence and who to blame; had an increase in their self-esteem; learned new self-protection plans; and learned new, non-violent problem-solving strategies.

Finally, Jaffe, Wilson, and Wolfe (1988) evaluated a 10-week group counselling program for children exposed to domestic violence. Six to nine children comprised each group, with the groups divided by age (7 to 10-years-old and 11 to 13-years-old). Female and male co-therapists led the 1.5 hour sessions, with each session devoted to one of 10 topics, including dealing with anger, labelling feelings, safety skills, and social support. The children increased their safety skills and had more positive perceptions of their parents. However, the mothers' reports on the Achenbach Child Behaviour Checklist demonstrated no immediate improvements with respect to their child's behavioural and emotional problems, raising questions about the group's impact.

As mentioned, other evaluations have been less methodologically strong, involving small sample sizes and/or no comparison group and/or have only been done with children residing in shelters. To address these concerns, Graham-Bermann (2000) conducted a rigorous evaluation of the Kids* Club group (described in the previous section). In the evaluation, members of the Kids* Club group were compared to children involved in a child-mother (CM) program and a wait-list control group. Both treatment groups showed improvements in concerns such as self-blame, knowledge of family violence, and enhanced coping, particularly as compared to the control group. However, the levels of anger increased in children in both groups, which Graham-Bermann suggested could be due to increased awareness.

In a similar evaluation, Graham-Bermann, Lynch, Banyard, DeVoe, and Halabu (2007) compared an individual therapy program, child-and-mother (CM) program, and a wait-list comparison group for 181 children. The age of children participating in the individual therapy program, the CM program and the wait-list comparison ranged from 6- to 12-years old. None of these children currently resided in a shelter. Both the individual and CM programs lasted 10 weeks and were administered using a standardized treatment manual. The results, based on responses to several standardized measures (e.g., Conflict Tactics Scale, Achenbach's Child Behavioural Checklist, etc.), showed that children in the CM group showed the greatest improvement in externalizing behaviours and attitudes towards violence, with 79% transitioning out of the clinical range in their externalizing behaviours.

Sullivan, Egan, and Gooch (2004) conducted a program evaluation of a 9-week concurrent mothers' and children's group intervention program. The average age of the children who participated in the group was 8.5 years. This program was based on both cognitive behavioural and systemic intervention approaches, while subscribing to feminist principles. The program covered a number of topics including safety planning, conflict resolution, the resolution of symptoms related to witnessing violence, and self-blame. The intervention was helpful in reducing the children's blame and other symptoms related to having been exposed to domestic violence. With respect to the parents, levels of stress, feelings of isolation, and health problems decreased following participation in the group, despite the parents' perception that the intervention was not as helpful for them as it was for their children (Sullivan, et al., 2004).

Lieberman (2007) and Lieberman, Van Horn, and Ippen (2005) reported that the women involved in CM interventions showed greater improvements in post-traumatic stress disorder symptoms than those who were engaged in individual therapy. Lieberman concluded that an improvement in the mother's functioning and well-being would ultimately benefit their children as well. Thus, CM interventions seem to be beneficial for both mothers and their children, particularly those who score in the clinical range when entering the program.

Some programs have been developed to address the needs of children who have been exposed to violence, as well as those who have experienced violence, as the two often go hand in hand (Rivard, Bloom, McCorkle, & Abramovitz, 2005). One such program, the Sanctuary Model, was specifically designed for youth in residential treatment. The model was designed to enhance the therapeutic model while empowering youth who have been exposed to and/or experienced violence. The program involves weekly psychoeducational groups as well as individual therapy sessions and meetings with staff designed to enhance awareness and encourage communication in a safe environment.

An evaluation of the program compared the Sanctuary Model with youth receiving standard services (Rivard et al., 2005). A total of 158 youth, ranging in age from 12 to 20, were assessed with various outcome measures at baseline, as well as 3 and 6 month follow-up. The Sanctuary Model group was significantly more effective than the standard services group at both follow-ups assessments (but not at baseline) on a number of factors, including autonomy, spontaneity, support, and personal problem orientation. Thus, this initial evaluation demonstrated the effectiveness of such a model in assisting youth who have experienced and/or witnessed domestic violence.

In summary, although few evaluations of the efficacy of programs for children and youth exposed to domestic violence currently exist, Groves (1999) and Agar (2004) recommend conducting more research to more effectively serve the needs of this population. Published program evaluations with large sample sizes, control groups, and random assignment to condition would assist professionals in determining the standards of good treatment, whether individual or group interventions work better, and which program models have demonstrated effectiveness in addressing the needs of children and youth exposed to domestic violence. Graham-Bermann et al. (2007) similarly concluded that, while there are numerous difficulties in evaluating treatment programs, research into the treatment needs of children exposed to family violence will undoubtedly prove fruitful. In summary, though, even the scant research that has been conducted generally supports that children improve their cognitive, emotional, and social functioning after group participation.

Identified gaps in the literature include very little on the effects of exposure on Canadian Aboriginal children or treatment programs for them; little on adolescents who have been exposed to domestic violence (only one manual) and few details on parenting groups or other ways to engage parents in their children's behaviours.

1.5 Review of Manuals for Children Exposed to Domestic Violence Groups

As part of establishing the best practices in groups for children/youth exposed to domestic violence, we conducted a review of published materials and manuals available from organizations or the internet. Information from the manuals of the Saskatchewan programs is presented in the next chapter. The following 11 manuals were reviewed:

- Loosley, S. (1997). *Group Treatment for Children who Witness Woman Abuse*.
- Foote (1998). *No Violence = Good Health: "The Best Me is Violence Free" Preschool Program*
- Churchill, Crockford, & Hoen (2001). *End Violence: A Manual for Group Leaders* (2nd Edition).
- Yawney & Hill (1993). *Project Child Recovery: Group Intervention for Child Witnesses of FV*.

- Kidsrights (1996). Children's Domestic Abuse Program: Group Manual.
- Kerr, McKenzie-Cooper, & Elliot, (1996) Children who Witness Abuse Group Program.
- Fitzpatrick, (1991). Outreach to Teens: A Manual for Counsellors who Work with Teen Victims of Violence against Women
- Wilson, Cameron, Jaffe, & Wolfe (1986). Manual for a Group Program for Children Exposed to Wife Abuse
- Roseby, Johnston, Gentner, & Moore (2005). A Safe Place to Grow: A Group treatment manual for children in conflicted, violent, and separating homes
- Peled & Davis (1995). Groupwork with Children of Battered Women: A Practitioner's Manual
- Tutty & Wagar (1994). Outline of the Storybook Club for Children Who Witnessed Family Violence.

1.5.1 Most Common Group Practices

This section lists the most common processes and structures for groups for children and youth exposed to domestic violence, as constructed by the manual reviews.

Age of Children/Youth

- The ages of the children who participate in groups for children exposed to domestic violence range from 3 to 16 years.
- Most group manuals divide children by developmental age, believing this is an important consideration when providing treatment.
- Only two groups manuals (one from Saskatchewan: Saskatoon Family Services) were specifically for adolescents exposed to woman abuse or who are in abusive relationships.
- Three group manuals were specifically for preschool children.

Group Size

- Group size ranged from 5 to 8 children per group.
- Often, the size of the group depended on the age and/or maturity of the children participating.
- The most common maximum for the group manuals was 8 children per group.
- The most common minimum for the group manuals was 6 children per group.

Group Length

- Group length for the manuals reviewed ranged from 8-12 weeks; however it was most common for groups to be 10 weeks long.
- For one group manual, the number of sessions per group depended on the age of the children participating. For preschool children 8 sessions were held, where as 10 sessions were held for latency age children.

- 1.5 hours per session was the most common session length for the group manuals reviewed.
- For two of the group manuals reviewed, session length differed depending on the age of the children participating in group, with longer group sessions being held for older children.

Group Leadership

- The number of leaders recommended by the group manuals reviewed ranged from 2-3. However, the majority of the manuals recommended that two individuals facilitate group.
- It was common for the group manuals to suggest male-female co-leadership. This is because it is believed that such leadership will model co-operation and good relations between the sexes.
- Only one manual reviewed stated that the gender of the group facilitators was not important.
- Most of the manuals did not go into detail with regards to the qualifications to be a group facilitator. However, some of the manuals reviewed mention facilitators being trained counsellors, or social workers, or having experience with running groups.

Gender Composition

- Gender composition of the groups was not always specifically stated in the group manuals reviewed. However, for most of the manuals, boys and girls were allowed to participate in the groups. In addition, it seems optimal for groups to be gender balanced.
- It was mentioned in one manual that gender composition of the group was not as important for younger groups in comparison to older groups.
- In addition, one group stated that same-sex groups are acceptable.

Parallel Parenting Groups

- Less than half of the group manuals reviewed had parallel parenting groups.
- These groups believe that parent involvement is important for their children to gain maximum benefit from participating in groups to help children exposed to domestic violence. These groups allow parents to help their children by understanding the topics that are discussed during the children's group; to learn ways to communicate effectively with their children; to learn ways to provide emotional and behavioural support for their children; and to understand how exposure to domestic violence affects their children.
- For the other group manuals reviewed that did not include parallel parenting groups, only one mentioned the importance of parent involvement in their child's group process.

Session Themes/Topics

- The most common themes/topics for each of the manuals are listed in Appendix 1 and Appendix 2. Overall, the most common topics include:
 - Introduction/Welcome/Getting to Know You
 - Feelings
 - Violence (e.g., introduction to violence; violence in families; feelings about violence; responsibility for family violence; myths about violence; and they cycle of violence)
 - Anger
 - Conflict Resolution/Problem Solving
 - Self-esteem (e.g., self-esteem and growth; and self-esteem and social competence)
 - Safety Planning (e.g., safety planning and ways of coping; and protection planning)
 - Abuse (e.g., discussion on the types of abuse; sexual abuse; what it is and who is responsible; partner abuse; defining abuse; prevention of child abuse; and less commonly, dating violence for older groups)
 - Good-bye/Closure/Party
- Less common themes/topics found in the group manuals reviewed include:
 - Relationships (e.g., developing healthy relationships; making and keeping friends; and families)
 - Family Changes (e.g., dealing with changes when abuse occurs in the family; separation and divorce)
 - Assertiveness
 - Choices
 - Wishes for the family
 - Gender socialization/stereotypes
- Topics unique to groups
 - Beginnings: A Group for Teens (Fitzpatrick, 1991) included a session specifically for dealing with stress and learning relaxation techniques.
 - Children's Domestic Abuse Program: Group Manual (Kidsrights, 1991) included a session on drug abuse for the older groups of children who participated in their program. Alternative for Abusive Youth: A Program Manual for Youth Who Have Witnessed Violence in the Family (Saskatoon Family Service Bureau, 1998) also included an optional session to deal with drug abuse issues.
 - Alternative for Abusive Youth: A Program Manual for Youth Who Have Witnessed Violence in the Family (Saskatoon Family Service Bureau, 1998) included a historical perspective in their session on gender socialization.

Session Components/Structure

- The majority of the sessions described in the group manuals reviewed included the following session components:
 - Check-in/Welcome
 - Theme discussion
 - Activity/exercise (individual and/or group)
 - Snack
 - Free-time/Play-time
 - Check-out/Closure
- The order of the above components is different for many of the groups. For example one group held snack time at the beginning of the group whereas another group held it towards the end.
- A list of common activities for each group programs is presented in Appendix 3.
- Some group manuals reviewed included unique components in their sessions. For example:
 - Project Child Recovery: Group Intervention for Child Witnesses of Family Violence (Yawney & Hill, 1993) included a relaxation exercise and a journaling component as part of the structure of the group. Both of these components were conducted at the end of the session. A Safe Place to Grow: A Group Treatment Manual for Children in Conflicted, Violent, and Separating Homes (Roseby, Johnston, Gentner, & Moore, 2005) also included a relaxation component directly after check-in.
 - Tutty and Wagar's Storybook Club for children aged 5 to 7 used storybooks about different topics such as feelings, divorce, and abuse as the base from which the children created short "plays" that typically mirrored their experiences at home. The drama activities provided the opportunity to problem solve around which "part" or which dress-up item the children wanted.
 - Children's Domestic Abuse Program: Group Manual (Kidsrights, 1991) gave the children homework at the end of the group as part of the group wrap-up.

1.6 Summary of Best Practices for Children Exposed to Domestic Violence Treatment

From the literature review and review of manuals of programs for children and youth exposed to domestic violence, the following characteristics have been identified as best or recommended practices. These will form the basis of the subsequent review of the five Saskatchewan sites that offer such interventions. The major categories include: addressing developmental issues; the structure and process of the groups; group content; leadership skills and concurrent engagement with parents.

Developmental Considerations: One of the first issues to consider in offering groups to children and adolescents is to make the groups fit developmentally. Most often children

are grouped into preschool and early elementary school (ages 4 to 7), latency age (ages 7 to 11), early teens (12 to 14) and older teens (15 to 18). There are certainly variations of these age groups and given the numbers of referrals, flexibility with respect to these categories is often necessary. Further, some children are developmentally more or less mature and would benefit with a group that fits with their developmental rather than their actual age.

Younger children (aged 7 and under) need to be approached differently from older children who have reading and writing skills. Groups for such children often need to be more activity-focused and leaders need to be aware of ways to manage behavioural problems.

Group Structure and Process: Similarly to many group treatments offered in the community, most interventions for children and youth exposed to domestic violence are offered in ten to twelve week blocks, in one to one and a half hour sessions. The ten to twelve week offering allow programs to schedule the interventions into fall, winter and sometimes spring sessions that fit with when most children are in school. The size of group is primarily dependent on age, with most groups for younger children being smaller (2 to 7) and those for older latency age youth and adolescents being somewhat larger (up to 12).

The expectation seems to be that the groups include a mix of genders, although a number of the manuals did not specify whether or not this was the case. Separate gender groups may be a consideration in groups for adolescents, since the perspectives on dating and other issues could be significantly different at this age.

As befits generic groups for children, most groups for children/youth exposed to domestic violence are relatively highly structured with a weekly schedule to which the children become accustomed. Common elements of the groups schedule include initial check-ins, which often involve a feeling check-in chart (with faces of different emotions); utilizing creative activities to engage the children in examining abuse issues; a snack-time, which allows for some unstructured conversation; and a check-out activity. Some groups incorporate free-play, but this is not standard by any means. The creative activities range from role-plays, to actually developing plays, reading books, drawing, and journalling. All are intended to provide non-threatening ways to address sensitive issues such as domestic violence.

The Group Content: The group content as exemplified by the review of manuals closely resembles the group goals listed in the previous program review. The review of a number of manuals identified that the programs tend to cover similar material. Common themes include self-esteem, safety planning, feelings, and understanding intimate partner violence and other forms of abuse. A key message across groups for all ages of children is that the children/youth are not to blame for the abuse. Interestingly, three or four mentioned utilizing relaxation exercises with the group members. One discussed assisting the youth to change their internal “scripts” or beliefs about themselves that they may have integrated from their exposure to domestic violence.

Leadership Make-up and Skills: Most often the groups are led by two facilitators. A female-male team is often recommended to offer the children and youth role-models of cooperative opposite sex relationships. Interestingly the professional qualifications of the group leaders are seldom discussed in any detail. An assumption in many is that the leaders are professional counsellors; however whether or not they have been trained to run groups or

to manage any behavioural difficulties displayed by children in the group is rarely mentioned.

Concurrent Engagement with Parents: While it is a given that interventions with children for any presenting problem need to include parents, it is even more critical for children and youth exposed to intimate partner violence since the issues are not intrinsic to them but in reaction to the intimate partner abuse between their parents. Programs included in the literature review addressed this in a number of ways. Minimally, program staff provide feedback to parents about their children's progress in group and may recommend subsequent interventions including parent-child treatment. Notably though, among the reviewed manuals only one made mention of a parenting component in any detail.

Other programs offer concurrent parenting/intimate partner violence groups. These groups highlight the importance of safeguarding children and youth from being exposed to abusive parental behaviour. They can function as support groups, such that parents offer ideas and emotional support through sharing their common parenting dilemmas and solution.

Perhaps the most intensive parental involvement is exemplified by the mother/child interaction sessions described by Lieberman (2007) and Lieberman, Van Horn, and Ippen (2005). While commonly offered for children aged 6 to 12, these may also be considered for preschool children that often pose behavioural challenges in group.

In summary, across programs one sees considerable agreement about the key characteristics of the group's structure, content and leadership of groups for children exposed to domestic violence. While each group offers some unique characteristics and may display considerable creative options, the core of the group's content seems widely accepted. As mentioned previously, there is little literature specific to the need of Aboriginal children. Few groups addressed older adolescents, who may be less amenable to such intervention or whose needs may be addressed by groups that are specific to their own behaviours of concerns such as delinquency or suicidal ideation. Given that the activities of younger children are organized by their parents who perceive the need to intervention, it is likely much more of a challenge to engage older adolescents in group interventions on this topic.

Nevertheless, the review provides some clear guidelines with respect to what are commonly considered as best practices in providing groups for children and youth exposed to domestic violence. These aspects provide structure for the subsequent review of Saskatchewan child witness groups.

Chapter 2: Saskatchewan Programs for Children/Youth Exposed to Domestic Violence

This chapter presents the results of the major component of the project: an evaluation of the five agencies that currently offer intervention/prevention to children or youth who have been exposed to domestic violence. The evaluation was conducted as suggested in the proposal. First, as presented in Chapter 1, a literature review of programs developed for children/youth exposed to domestic violence was conducted with the intention of establishing best practices. These best practices components were considered during site visits conducted by the senior author in the winter months of 2008. In every site but one (no group was running at Saskatoon Family Services during that time), it was possible to observe a number of groups: seven children/youth groups and one mother's group.

The site visits included interviews with agency representatives, program coordinators and group leaders. In addition, the senior author observed a number of the children's or parents group sessions, either in whole or part. The purpose of the interviews was to gather information with respect to the history and development of the groups, group structure and process, the successes, challenges and gaps in offering the programs in their communities. The interviews were semi-structured and lasted between 30 minutes and several hours. The interview guide is presented in Appendix 4.

In total, 17 in-depth interviews were conducted with four agency administrators, five program coordinators and eight group leaders. The interviews and groups observations provided considerable detail with respect to how well the programs were running and major shifts in program focus over time.

The chapter first presents brief descriptions of the five programs with information with respect to the best practices identified in a summary table. The next section includes the program analysis—how are the programs structured and what processes are utilized. General challenges or strengths are then presented. This is an across-program analysis of the characteristics of the five programs based on the best practices identified in the first chapter and the agency site visits. Quotations from individual interviews are presented to provide additional context.

2.1 The YWCA Regina

Since 1911, the YWCA of Regina has served the women of the city and their families. Among its services to the community is the violence against women-specific Isabel Johnson Women's shelter, which opened in 1982.

The Y's Kids: The YWCA Regina's Children Exposed to Violence programs were first offered in 1996. The program materials were originally modelled after London, Ontario's Wilson, Cameron, Jaffe and Wolfe's (1986) groups for children exposed to domestic violence. In the last year or so, the manual has been revised/updated with materials from Susan Loosley's 1997 manual.

The YWCA Regina offers a number of groups for children/youth of different age-groups (4 to 6; 7 to 8; 9-11; 12-14). The groups are offered for 1.5 hours, weekly for 10 weeks. While the general group content is similar, the materials for each are somewhat different to ensure developmental appropriateness. The groups are currently held in a

community school, which allows access to the gymnasium for unstructured interaction between the children and staff both before and after the group proper. The group leaders are encouraged to use this time to connect with the children/youth.

A mothers group was added in the winter of 2008. Childcare for mothers with younger children who wish to attend the group is available. At present the group is not mandatory for mothers with children/youth in the program.

The group leaders are male-female teams. Their professional backgrounds range from teachers, professional counsellors and individuals with more informal experience working with children and youth. The group leaders volunteer or are provided an honorarium for their time.

With respect to follow-up services, if needed, some children repeat the groups or received one-on-one support (this may also be offered to children/youth with high-needs who are on the waiting list). Other follow-up is provided to some children/youth through being invited to recreational nights or, in a few cases, connecting them to mentors through Big Sisters, which is associated with the YWCA Regina. The plan in future is to establish a separate mentoring program for CEV that follows the basic Big Sisters model, but incorporates special precautions and training such as information about abuse in the home. This would also allow for the participation of male mentors.

The additional funds provided by Saskatchewan Justice in 2007 year allowed the program to hire a full-time program coordinator. Both the expanded time available to develop and revise the groups and the background of the new coordinator (her professional experience is as a teacher with special needs children), has resulted in an expanded, more organized array of programs with increased numbers of community referrals.

2.2 Catholic Family Services of Saskatoon

Catholic Family Services of Saskatoon is a general counselling agency that provides individual, family, couples and group intervention for a wide variety of psychosocial problems.

The agency has been offering a Children Exposed To Violence Group for children aged 7 to 12 since about 2000. There is a parallel mothers group for those with children in the kid's group. Material from Linda Baker and Alison Cunningham at the London Centre has been particularly useful for the mothers.

The program material for the children's group was originally based on Susan Loosley's program, but continues to be developed, integrating new materials and exercises. The groups are offered over 8 weeks for one hour in the agency, which is located in the Saskatoon Community Service Village: a community aggregate of various agencies, adding a measure of anonymity to families. Agency staff members offer the children's group in male/female teams when available.

The additional funding provided by Saskatchewan Justice in the past year was utilized to offer several additional groups in the community:

- "Reaching Out – connecting with Your Children" parenting group, offered in a number of schools. Currently two schools are involved. The groups are for ten

sessions for 3 hours each. The first 2 hours are with the parents and in the last hour the children come in for group activities. Referrals are from the schools

- “Living Peaceful Lives”, an anti-violence program held during the February break, partnering with the White Buffalo Youth Lodge during their drop-in program. The program went two days. The focus of the group was on self esteem, assertiveness, friendship, and anti-bullying.
- A Children Exposed To Violence Group at Adelle House, a second-stage transition house, was offered on two Wednesday evenings from four until seven-thirty. Parents joined the group for the family meal together.
- “What Do You Think - Living Peaceful Lives” group for students in Grade six, seven and eight at Sion Middle Years School. This anti-violence eight week group was offered separately to both male and female students.
- “What Do You Think – Living Peaceful Lives” group for young women in grade nine and ten at Bishop Murray School.
- “Peaceful Parenting” for teen parents. The group was offered at Bishop Murray High School for eight weeks. The purpose of the group is to build healthy parent-child relationships and for teen moms to gain parenting skills and empower them in their role as a young mom.
- “Families Exposed To Violence “group offered in partnership with the Saskatoon Food Bank. It was an eight week drop-in group for children, with a parallel group for parents.

2.3 Saskatoon Family Services

Family Service Saskatoon is a general counselling agency that offers a variety of services with the common goal of supporting individuals, families and communities in developing healthy, respectful and safe relationships. The agency has been serving the Saskatoon community for over 75 years. The agency also offers a Healthy Relationships Program: Abuse and Beyond Group for Women.

The domestic violence groups were developed for youth, aged 12 to 18, who have witnessed or experienced violence in their families, peer groups, or community. Originally offered in about 1998, Shirley LeClaire, an agency staff member, developed the manual. The agency also offered drama centred groups for youth and there was much reciprocity between these two programs.

In the past year, the materials have been offered three times to Grade 10 Psychology students at Nutana Collegiate, one of Saskatoon’s community schools for high risk youth. Requests from other schools have been received.

Parenting Group: The program includes a parent component to assist parents in learning about the effects of exposure to violence on children and better understanding the impact of this on their behaviours. It has been more difficult to offer the group regularly as parents of this age group are less likely to attend.

Evaluation: The manual includes evaluation questions: largely open-ended consumer satisfaction in nature.

2.4 Catholic Family Services of the Battlefords

Catholic Family Services of the Battlefords is a general counselling agency that opened in 1991 and offers professional counselling, group programs and in home support services to address issues such as: conflict resolution, eating disorders, family violence, grief and loss, marital/premarital counselling and parenting. The agency has offered a number of domestic violence related programs over the years. Examples include a support group for women who have experienced intimate partner violence and the Women to Women Program in which women who were out of domestic violence situations and who had done some healing connected with another woman. Several years ago, the agency connected with the Battlefords Tribal Council and offered short term six to ten week groups at the Health Centre, as well as other agencies in the community.

Since, 1995, the agency has offered groups for children/youth exposed to domestic violence. One of the first manuals reviewed to develop the group was the Children's Domestic Abuse Program by Margaret Montgomery. The children's groups were initially offered at the agency and then at a community school, with focuses on safety, defining abuse, self-esteem. However, this was not sustainable despite considerable flexibility and creativity about when and where to offer the groups. Four or five years ago, the agency offered parallel children's and mother's groups. It was difficult to get enough children of consistent ages, so this initiative was not repeated.

The agency currently offers a number of school-based groups for children/youth that are tailored to fit the needs of various populations and venues. The group programming is broken down into three subcategories; prevention, intervention, and therapeutic. This division ensures effective and efficient program delivery.

The **preventative** groups include topics on healthy relationships, self-esteem, bullying, dating violence, and the transition from adolescence to adulthood. These groups are offered in interested elementary and high schools and are generally delivered to entire class groups. These groups are designed to provide children and youth with an increased education and awareness regarding all forms of violence. The groups are delivered in a non-threatening style to further aid in the identification of children and/or youth who are being exposed to violence.

The groups that focus on **intervention** are directed at high-risk groups of children and youth in the community, and/or individuals who are identified by others as possible victims on interpersonal violence. These groups usually have fewer participants. The groups include Relationships that Rock, Violence & Coping Mechanisms, V.I.P. (Violence Intervention Program), and the Life-Skills Anti-Violence Program.

The **therapeutic** programming encompasses both individual counselling and group programming. Safety Circle is a group specifically designed for children who have witnessed interpersonal violence, which follows the *Groupwork for Children Exposed to Woman Abuse Program*. The Change Society Journaling Program is client focused and therapeutic in nature is offered at the Young Offender Open Custody Centre. Individual counselling is available for children/youth who have witnessed interpersonal violence as well as for victims of domestic violence.

Educational presentations are offered to interested community groups and organizations interested in learning more about children who witness interpersonal violence. Offering these presentations both increases community education and aids in further identification and support available to children who witness interpersonal violence. Program evaluation information is gathered through consumer satisfaction questionnaires provided at the end of the programs.

2.5 Catholic Family Services of Prince Albert

Catholic Family Services of Prince Albert is a general counselling agency. Opened in 1984, it provides counselling and prevention programs. Other programs include “Banana Splits,” a Family Life Education program and Families and Schools Together.”

The Children Exposed to Violence in Families program (with two age-groups: 6 to 9; 10 to 13) has been running since the late 1990’s. The groups were not based on any one model. Glennys Stevenson from the agency developed the first groups and wrote the manual with materials from Loosley (1997) and other sources. The groups were originally offered at the agency by counselling staff. When the originator of the program left the agency, the groups shifted to being offered in the community. Philosophically, this was seen as a good idea to move the groups more into the community setting. The current program coordinator is a special needs teacher in a local elementary school. Recently there have been fewer referrals although the community interest seems improved this year. Referrals are typically from social services or self-referrals although Victim Services and schools may also refer.

Parenting Group: a parenting group is available for mothers. This has primarily consisted of presentations from community agencies. One goal with this would be to match the content in the parent groups to what the children are taking in any particular session.

Funding: The recent additional Saskatchewan Justice funding was used to develop a manual for older youth prepared by Laura Monro-McFarlane for 14+ youth who have experienced violence.

Evaluation: Consumer evaluation questions (in the manual). Open-ended plus kids drawings, which are very effective for potential funders. Feedback from parents and pictures from the children suggest that they have changes as a result of the program.

2.6 Summary Table

The following table provides descriptions of the major group structure and process issues, allowing for a comparison across programs.

Table 1: Saskatchewan Program Descriptions

	Regina	Prince Albert	Battlefords	Saskatoon	Saskatoon
Agency	YWCA Regina	Catholic Family Services Prince Albert	Catholic Family Services of the Battlefords	Catholic Family Services of Saskatoon	Family Services Saskatoon
Year started	1996	~1998	1995	2002	~1998
Program Materials based on	Jaffe & Wolfe; 2007 -- Loosley	Glennys Stevenson (from agency) developed.	New manual currently-being developed for focus shift.	Susan Loosley's book originally, then new materials added	Shirley LeClaire developed the manual.
Current age-groups	4 to 6; 7 to 8; 9-11; 12-14	6 to 9; 10 to 13	Varies--mostly school-based	7-12	12-18
Length	10 weeks, 1.5 hours a group	8 weeks, 1.5 hours per group session	varies	8 weeks, 1.5 hours per group session	8 weeks, 1.5 hour sessions
Staffing/ qualifications	Mixed professionals and those with backgrounds working with kids	Teachers/teacher aids	Agency staff/co-led with teachers	Agency staff therapists	Agency staff/contracted staff
Leader genders for Kids Groups	Male/female co-leaders	Mostly women teachers	Varies depending on teacher.	Male/female co-leaders	Male/female co-leaders
Parenting groups	New mothers group just started.	A parallel mothers group	Given shift to school-based programs, not currently relevant	A parallel parents group	Offered.
Funders	Sask. Justice	Sask. Justice	Sask. Justice	Sask. Justice	Sask. Justice
Main referral sources	Child Welfare Family Services Regina Income security teachers	Social service Self-referrals Victim services Schools	Currently mostly from schools	Schools, hospitals	Youth justice Social services
Program Shifts (mostly with additional Sask. Justice funds)	Program coordinator shifted from 10 hours a week to full time	New manual created for youth 14+ who had experienced any form of violence	Shift from agency-based to school groups	Added community groups: Adele house, parenting groups in schools, weekend group with White Buffalo Youth Lodge	Have recently started offering groups to Gr. 10 students in psychology classes in a high-risk school

2.7 Program Analysis

The five programs are well-established, all having been offered for over five years, with the oldest, the YWCA Regina program, having been in existence for 12 years. Each of the five programs is well-positioned in its community and was originally developed in response to local needs and circumstances. Each agency either offers, or is well-connected, to others that offer additional services for domestic violence such as support groups for abused women or, in the case of the YWCA Regina, an emergency shelter for abused women. Four of the five are housed in general counselling agencies (three offered by Catholic Family Service organizations). The YWCA Regina is a member of YWCA Canada, and provides a number of services to both the general population and abused women in particular.

One constant across the programs has been the major funding source, Saskatchewan Justice. Importantly, in the past year Saskatchewan Justice has provided additional funding to the agencies to offer services beyond the “core” population of children/youth exposed to domestic violence. Each agency has used the funding differently: some to enrich their current offerings, others to develop new programs in the community.

Some agencies have moved their programs from being held at the agency into community settings such as schools and second stage shelters. Two agencies, YWCA Regina and Catholic Family Services of Prince Albert, accommodate their children exposed groups in local community schools, which offer a less “clinical” feel to the process, perhaps normalizing the issues to a certain extent or at least providing a more comfortable setting. The setting for the two Saskatoon agencies is in a Community Service Village that, similarly, attempt to side-step the stigma of seeking social services because of the wide-variety of agencies housed within the building.

In several cities, referrals for the more core “clinical” groups have lessened and in each centre, the agency has found ways to shift focus to offer the materials in schools more preventatively. Saskatoon Family Services has successfully partnered with a teacher in a Psychology class in a local community highschool. The Catholic Family Services of the Battlefords has created the Relationships that Rocks program, held in schools for at-risk young women. Catholic Family Services of Saskatoon offered the “Living Peaceful Lives” anti-violent program for the White Buffalo Youth Lodge students during the February break. All three agencies continue to offer their more core groups if the numbers warrant.

Other agencies have also expanded their reach into the community by offering special workshops or programs in situ. For example, Catholic Family Services of Saskatoon offered a women/mothers group at Adele House, a second stage shelter, which included not only group meetings, but a family meal with their children.

2.7.1 Staffing

The programs have a range of qualifications for those who lead the groups, with a mix of clinical social workers and psychologists (including students in practicum), teachers and those with experience leading youth groups across programs. These tend to be program-specific, such that the Prince Albert program is led exclusively by teachers,

most with special education training and the programs in counselling agencies tend to utilize their clinical professionals as group facilitators. The program at the YWCA Regina, the only services that is not housed in a general counselling agency, utilizes a mix of staff, often from other community counselling agencies. The new full-time program coordinator is a special needs teacher with considerable experience working with vulnerable youth.

One program representative commented on the group leaders as a resource.

As group facilitators, we are all growing and learning from each other, which helps me with my day job, because the more the tools that I can put in my toolbox that apply to youth, it benefits the youth. There are a lot of challenges, but things are working well. It's nice to have a good relationship with your partner.

Given the sometimes challenging nature of the behaviours that the children and youth bring to their group participation, the mix of clinical and special educational teachers could be seen as a valuable resource that might be better utilized. As one example, the special education teachers know strategies and an understanding of Fetal Alcohol Syndrome (FAS) that many social workers would not. Conversely, counsellors are likely to have background in group process and the unique ways that children present when they have been traumatized. Even though the groups are psychoeducational rather than therapeutic in nature, understanding the special needs of the children and youth that attend group and developing strategies to address any problematic behaviour is essential.

Later in this section, several group leaders provide some examples of difficult behaviour and how they addressed these. These vignettes provide reassurance that the group leaders and program staff are skilled in addressing children's externalizing behaviours in a therapeutic manner, accepting the child but not the behaviour.

2.7.2 Referrals and Referral Sources

Each agency receives referrals from community organization and institutions such as schools and child protection services. Representatives from several of the current programs are pleased with their current referral numbers; however, at least one program coordinator commented that their referrals are currently lower than usual. Another commented on being flexible enough to see children/youth individually if there are not enough children to form a viable group.

Referrals patterns change over the years as sources and program personnel come and go and as the needs of the community evolve. Shifts in the numbers of referrals have led to some agencies, such as Saskatoon Family Services and the Catholic Family Services of the Battlefords, to develop more preventative programs in schools.

I'm pleased with the referrals. We don't have to advertise and really put the program out there. They are just coming to us. Pretty much every person that I've talked to about the program has come and continued to come.

People who refer to us, of course they like us, otherwise they wouldn't be referring. They speak very positively about what they see as the results of the groups. Almost all of the kids who start finish, and I think that speaks really well to what's going on there. They must want to be there, or it would be a tough sell to keep them coming. So that's good.

If we get requests for service through the agency, and we don't have enough kids to make a group, we will see them individually. We will refer to the families support services program for mom or for counselling. So, even if the group doesn't work, we definitely put services in place.

We used to be booked solid. We had to get people on a waiting list. Now I'm finding a really hard time getting families involved. I don't know if domestic violence has gone underground or what's going on. So it has kicked us into action, where we are getting to know our family services. We're working closer with Victim Services, with the RCMP. We're working more closely with Addiction Services and Social Services.

2.7.3 Group Structure and Process

As noted in Chapter 1, the “core” groups for exposure to domestic violence are offered for children/youth from ages four to 18, although only the YWCA Regina has groups for children younger than 6 and only Saskatoon Family Services offers groups for youth as old as 18. Both younger and older groups present challenges to be described later. On average, the agencies primarily offer groups for latency-aged children (from about 7 to 12).

The group sessions are offered for about one and a half hours and the groups last for eight to ten weeks. The session length of 1.5 hours was generally seen as appropriate, especially since the groups are offered either after school or in the early evening, acknowledging that the group members have had full days. Whether 8 or ten weeks is too long or too short was questioned by several program representatives. One group leader wondered whether the group was long enough to actually create change for children and youth. Alternatively, another interviewee questioned whether the program was too long:

Sometimes I wonder if the eight weeks isn't too long a commitment for parents. A younger group I've actually shortened to six weeks. That's very do-able. I've had parents in the evaluation say, "Just loved it, (but) it's hard to get there eight weeks. It's a big commitment."

With one exception, each program is led by two co-leaders, a female-male co-leader team, when available. Catholic Family Services of Prince Albert utilizes teachers as group leaders: mostly women. Representatives from several agencies mentioned challenges eliciting male leaders. In some centres, this is seen as less a priority.

The term “psychoeducational” is often used for groups that have this dual focus: providing information while allowing individuals to disclose personal dilemmas and for group interaction to function as a therapeutic tool. The dividing line between the “educational” and the “psycho” aspects of the group is an important consideration, especially when the group leaders have a variety of backgrounds from counsellors to teachers to youth group leaders. For example, if a child disclosed a personal situation in a therapy group, the role of the therapist is to draw out and ask the child to expand on the issue for the purposes of solving the problem. In an educational group, however, the group leaders would acknowledge the disclosure and move on to another topic or comment without exploring or attempting to “solve” the problem.

As mentioned previously, children/youth who have been exposed to intimate partner violence are a unique population and are often a focus for clinical/counselling intervention. However, as exemplified in the literature review presented in Chapter One, not all children thus exposed will develop concerning behaviours and reactions to the abuse. Further, and perhaps of more concern, they have little power to change the abuse in their families: it is not necessarily their behaviour that needs to change (behaviour change is a typical goal of therapy).

Most agencies describe the groups for children/youth who have been exposed to domestic violence as “psychoeducational”, meaning that there is a large educational component in addition to some opportunities for self-disclosure or talking about current issues. The following quotations are from agency representatives that present differing views of the nature of therapy and education.

I see them as educational. I am a teacher. Therapy in general is educational, because you are learning something, whether new experiences, new techniques, how to deal with issues. We are teaching skills...but at the same time it's therapy, because they listen to other experiences that other kids have had and how they've dealt with them. So it's in the middle.

This is an educational program. We are not counsellors. We have some information that is very important for these families to learn. Of course there's going to be a therapeutic element because we have people talking and get things off their chests.

As such, the focus of these group interventions is to provide children/youth with information about intimate partner violence and to “normalize” its occurrence by identifying that the group members have all experienced this phenomenon. Another goal is to relieve any responsibility that they might have taken on for the violence, so that they might, for example, stop putting themselves between their parents during an abusive incident. Other common group goals include safety planning and expressing feelings more effectively. Addressing such issues is considered to result in dramatic improvements in their self-esteem and relationships.

While it is important to give the children permission to disclose personal information if they wish, it is also important not to claim to offer confidentiality when this cannot be kept. As such, initially setting group rules to inform children and youth what they can discuss but also to clarify what cannot be kept confidential and could result in child welfare intervention, is essential.

2.7.4 Group Content

In practice, materials and exercises for group programs are collected through reviewing published group manuals. These materials are intended for broad utilization. In addition, group leaders often borrow and adapt group exercises or experiences from programs for different populations such as children with other behavioural or self-esteem programs.

Table 2: Saskatchewan Group Topics

Topic	Saskatoon Family Service Bureau (12-18)	YWCA Regina (4-14)	Prince Albert (6-13)	Catholic Family Services of Saskatoon (7-12)	Catholic Family Services of the Battlefords**
Introduction/ Welcome/Getting to know each other	Welcome children; establish common bond; explain group format, set ground rules, introduce forms of violence.	Welcome children; describe group format, establish guidelines; provide children opportunities to share.	Break secret of violence; Give children permission to share. Set group tone	Introductions; establish common bond. Explain purpose & set group guidelines.	Introductions; get to know each other, discuss confidentiality.
Feelings: (Learning about; Feelings about FV; Talking about feelings; Labelling feelings	Identify & express feelings, gender expectations; Healthy ways to deal with anger	Help children identify feelings; expand feeling vocabulary, & cope with unpleasant feelings.	Help children identify & understand feelings; expand their feelings vocabulary.	Why feelings are important; Identify feelings & encourage expressing in a healthy way.	Talk about feelings & appropriate activities.
Violence: (Intro to FV; In families; Responsibility for; Cycle of violence'; Dating Violence	Introduce cycle of violence. Use video to help children identify phases of cycle. Discuss video on dating violence, & male and female violence.	Discuss hurting & violence in families; Explore different types of violence.	Define violence & support children disclosing violence they have witnessed; Reinforce that family violence can be healed. Cycle of violence.*	Present cycle of violence & encourage brainstorming on different reactions to violence.	Talk about dating violence & appropriate activities.
Anger/Conflict Resolution: (Understanding; Problem solving)	Healthy/ unhealthy ways of dealing with anger; Avoiding cycle of violence; Anger triggers & styles; Conflict resolution.	Anger as a normal feeling, but it is not alright to be hurtful when angry. Discuss problem solving.	Understanding & managing anger; alternative strategies to deal with anger; Problem solving skills.	Anger & its triggers; Explore healthy ways to express anger; Conflict resolution.	
Family: (Changes)		Help children acknowledge changes in their families due to violence; Recognize unique aspects of their family.		Help children discuss feelings on separation & divorce.	
Safety and Safety Planning: (Safety Plans; Basic safety skills; Protection plans for older children; Personal safety	Emphasize importance of keeping safe (integrated into each session).	Share stories of keeping safe; Identify safe people & safe places to go.	Teach children about safety; Safe places; How to get help; 911.*	Children develop safety plan, Note seriousness of 911.	
Abuse: (Prevention; Sexual/Dating; What is abuse?;-Child abuse	Review forms of violence/abuse; Discuss abuse of power & use of control.			Teach myths of abuse.	

Self-esteem/Social Competence/Self-worth	Discuss self-esteem; Set personal goals.	Discuss self-esteem & self-worth.		Help children build positive self-esteem.	Discuss self-worth & appropriate activities.
Choices/Responsibility: (Responsibility for DV)		Children not responsible for family violence. Personal awareness of own behaviours.	Violence is a choice: take responsibility for own choices	Teach about safe choices.	
Healthy relationships	Healthy vs. unhealthy boundaries; Self-respect in healthy relationships.				
Myths: About FV; Woman abuse			Dispel myths on woman abuse*		
Gender Stereotypes	History of abuse; Gender role socialization & stereotypes.				
Assertiveness/Personal Power	Examples of aggression & assertion; Encourage empathy.			Power relationships in society; Positive & negative personal power; Assertiveness.	
Drug/Alcohol Abuse			Drug & alcohol not an excuse for violence.		
Sharing Experiences with Violence		Validate children's experiences & reinforce that they are not alone.	Validate experiences of domestic violence.		
Breaking the Secret/Silence		Help children disclose family violence.	Break the silence of violence & allow children to disclose.		
Expectations					Talk about expectations/activities.
Self-image/Media and Women					Talk about self-image, the media & women; watch video/ activities.
Future Goals					Discuss future goals & health & well being.
Closure/Good-bye	Group evaluations; Community resources; Certificates & pizza party.	Appropriate closure & acknowledge accomplishments.	Review group & provide appropriate closure.	Wrap-up/ review group themes; share insights. Pizza party.	

* Prince Albert: 10-13 group only

**Examples are from Relationships that Rock

The original program materials for the groups offered by Saskatchewan's five agencies were largely based on two sources: Susan Loosley's or the Wilson, Cameron, Jaffe's and Wolfe manuals. Both originated from the London Centre for Children and Families in the Justice System. The two exceptions to this are the Prince Albert and the Saskatoon Family Services' programs, whose agency staff members searched more broadly for group exercises with respect to the issues affecting children and youth affected by domestic violence. Nevertheless, there is considerable congruence with respect to the topics addressed in group as exemplified by the manuals (see Table 2). In contrast, the specific activities and/or groups exercises to address these issues often differ.

The following manuals from four of the five Saskatchewan programs were reviewed:

- Alternatives for Abusive Youth: A Program Manual for Youth Who Have Witnessed Violence in the Family (Saskatoon Family Service Bureau, 1998)
- The Saskatchewan Manual (YWCA Regina)
- Children Exposed to Violence in Families (Stephenson)(Prince Albert)
- Children Exposed to Violence Support Group (Catholic Family Services of Saskatoon)

An important criterion for group members in the core children exposed programs is that the children are not currently living in a household with a violent parent. Several programs look at the children (and mothers) being at about six months out of an abusive intimate partnership. This also explains why second-stage versus emergency shelters are better sources of referrals.

I've screened people out if there's still lots of involvement with dad. The last thing we want is to give kids information and place the child at risk. We take mothers and children around six months after they've been out of the violent home. At six months, women are saying, "I'm not going back". The potential for uniting is much less, so it's safer. The women are ready for the group at that point.

2.7.5 Parallel Parenting (Mothers) Groups

One of the ideal practices identified in the literature review, but a component not offered consistently, is parallel groups for parents whose children/youth are attending treatment groups for children exposed to domestic violence. In the current evaluation, the agencies that offer the more core groups all now provide groups for mothers. Some have made the decision to provide information that almost exactly matches the content that the children/youth are receiving. Others have a more flexible group focus. Whatever the group process, the groups for mothers were seen by each agency as an important strategy.

I don't know if they've ever run it without the parent group because it's really important that, while children are getting information, parents are also getting information. We try to run the groups parallel around sort of the same issues. When talking to parents you're always talking about their issues as well. It depends on how much programming women have had prior to coming in.

{What is working well?} The connections that we are making now with the moms. We haven't been able to before for lack of time. That's a huge piece to helping the kids if you can help the moms. That's going pretty well.

They are always saying, “My kids are so angry” and I said that the mom’s group isn’t a therapy group, it’s more focusing on the kids and the issues that they are having as a result of being exposed to the violence, maybe some behavioural problems they are having. They’re not [the moms] coming to deal with their issues. They are coming to deal with their kids’ issues, and essentially, they are dealing with their issues at the same time.

2.7.6 Program Evaluation

Each program has implemented an evaluation strategy, some using more formal assessment tools. All include a consumer evaluation questionnaire, using open-ended questions with respect to how well the children/youth enjoyed the groups, what they learned etc. Such evaluation is valuable and the resulting comments have been used powerfully in promotional materials such as program brochures.

Several agencies have attempted more formal program evaluation using standardized measures to assess whether knowledge and/or problems have improved due to group participation. The YWCA Regina has incorporated a knowledge questionnaire on domestic violence and children for their children’s groups. Catholic Family Services of the Battlefords is using an outcome measure, the OQ-45 (Lambert et al., 1996), with group members.

Conducting the evaluations was identified as a challenge by several of the program representatives.

We were doing a survey at the beginning of group: first day for everybody; brand new facilitators, kids. That kind of made everybody’s eyes pop out, because we had the evaluation and (young) kids who can’t read, can’t write. We learned that that wasn’t going to work. Now, I do them one-on-one with the kid. It gives me a really good understanding of where they are developmentally. Some of them say, “I want to do it myself” and they read through it; do it quickly. Others want me to read and they can circle them. It makes it challenging for us to do a comparison after, because we don’t have time to do it the same way afterwards (posttest).

We tried to make a grade seven Healthy Relationship pre and post test. It didn’t work because the next time we did it, (it was for grade three), we’d have to have different one and the next time we had a bullying or other topic. When we come in we say to the kids, “what do you want to learn?” We have this plan but it’s flexible so if there’s one thing that’s bothering them, or that they’d like to learn more about, we change the focus.

2.8 Challenges to Offering the Groups

This section documents a number of challenges to offering the groups as identified by the program representative. The challenges include offering groups for older teens, handling children’s disclosures and difficult behaviours

2.8.1 Attracting Youth for the Older Group

As is well documented in the literature, teens are a difficult population to offer such groups. They are less likely to self-refer or to comply with their parent’s wishes to

seek counselling. Only two programs offer groups for youth over age 13. Both identified challenges attracting and maintaining group members.

The 12 to 14 year old group has been a challenge. In the current group, six kids were referred, only four ever show up. A couple of the teens were resistant (quieter, had “attitude”). Some of it was about feeling safe. I use journalling. My group co-leader just started this group and has a different style. Some kids have gone through the group several times. Should there be more one-on-one time? At present there is no mechanism for this. What would happen if a teen opened up and needed a therapist? These teens have had tough circumstances. Quite a few have been from foster care or Gemma House. In general, the program is good.

2.8.2 Children with Difficult Behaviours

One of the main reasons that children and youth are referred to these groups is because they are exhibiting difficult, often aggressive or withdrawn behaviours in school and other settings. It is absolutely predictable, then, that the children/youth will behave in similar ways in group—in fact, from a therapeutic standpoint, this is desirable. As such, the group leaders need to have or develop strategies to address the challenging behaviours in ways that support the child changing rather than punishing or shaming the individuals.

The group leaders shared a number of stories of children/youth that presented challenges. Many, although not all, were resolved in such a way that the child/youth made important changes.

One little guy that we’re going set up with some one-on-one in addition to group, but not taking him out of the group. Part of that is his mom saying, “Please don’t do that; he’s already been kicked out of kindergarten”. I said, “We are not going to take him out of group. We understand that kids are coming in with difficulties. That’s the whole purpose.” He’s in the younger group, so we’re working with boundaries. We got pieces of carpet and, “this is everybody’s personal space.” Using different techniques to teach them those skills. So, I think he’s doing okay.

(7-8 group): Near the end of our session last week, we had a little girl who was really negative attention-seeking. So I called her on that. I said, “This is for you guys. This is where you can hopefully learn something.” We tried to explain it without being harsh or demeaning, and a lot of youth started sharing personal experiences, and every youth sat there and listened. So it became more of a youth-run group, which I’m really promoting. I want them to be involved, and for the last twenty minutes they really shared a lot.

Trying to keep their attention. To keep them focused is a huge challenge, and an ongoing challenge with these kids, because you have kids who have a ten-minute attention span, if that, ASD and ADD. You can see other problems besides the violence, glamorizing the violence, which is huge.

One of our challenges is that when you discuss these topics, even just talking about bullying in the prevention groups, it brings out behaviours. They cope with it by acting out in the group, so we in every one hour session we do two activities at least, whether you’re standing up and moving around or watching a video clip or, colouring. I have a big box I carry around everywhere I go with like play

dough, dice and cards ... Sometimes teachers have different expectations of behaviour than we have. So when this child acts out, which is probably natural, the teacher will remove them from the classroom or yell at them. So it's working with the teachers to have a level of acceptable behaviours.

We're getting a lot of kids with FAS and learning problems. They're behaviour problems with our training and background... I'm a special education associate and everybody who has ever worked with are usually EA's and work in the schools. So that's not so much of a challenge because of our background. It can vary from group to group. So you might have some kids that are really low (functioning) and some kids that are really high. The challenge is to adapt it so it's appropriate for everybody.

One little boy, who, when somebody is sharing about their dad, he'll say stuff about being hit with a stick or a bat. Then we'll come back to him, "Do you want to talk some more?" "No". "Well, you said this happened." "Oh, it didn't". He was a big challenge the first two weeks. All he would do is negative attention – really speak out in groups, really act out. At the end of the second group, I had a talk with him. I put the onus on him, and started giving him positive feedback. He's awesome now.

2.8.3 Handling Children's Disclosures

Inviting children to talk about their experiences also opens the possibility that they will disclose significantly traumatic material related to abuse. This is a concern both because other children in the group might be traumatized and because the information that children share could indicate the need to involve child welfare authorities. Both possibilities were described in the following quotation from a group leader.

If a kid's sharing, that's one thing. If they start getting too detailed or graphic, you might have to go in the hallway and get them to tell the story to you. There's got to be a line. We can't expose these kids to possible flashbacks, we don't want regression. The first session, we have kids sharing stuff like, "My dad hit my mom". "Oh, that's not right". "I know, and now he's living with us again". Then, my co-leader would tell me afterwards, he's not supposed to be there. (In Saskatchewan, is there the child welfare legislation about being exposed to domestic violence?) Yeah. (So, when you knew the dad was back home, you'd have to report?) The program coordinator takes it on. But it worked out that he wasn't there. They'll talk about something and it sounds like it happened that day and it happened six months ago.

2.8.4 Group Leader Consistency

A common challenge, at least from time to time, is maintaining group leaders, especially male/female teams.

We've had a lot of trouble with consistency, having people continue from one term to the next, because it is just a little piece of work and people get busy. They had two facilitators for each group last time. This time we have it set up so we have a male and female facilitator for each group role modeling to the kids: so

that the same values are coming from a female facilitator as from a male facilitator, so what he's saying is validated.

It does depend on who's available. We haven't always had men on-site. Now we do, he's a younger guy so the kids love that. That has been a priority: a male and a female modeling healthy experiences, male experiences. A male person saying, there's no excuse for abuse, it's not right. We all have responsibilities about our choices, so a really good message coming from a male.

2.8.5 No Aboriginal-Specific Materials

Given the high proportion of children/youth and mothers of Aboriginal background in the groups, the lack of an Aboriginal-specific content seems a particular gap, as alluded to by several key informants.

It's been predominantly First Nations in the last two or three years. When I started out it was probably, 50%. Now it's predominantly and I wonder why?

Even though those are good manuals and Canadian materials, our population is about 90 percent Aboriginal. There's even a more specific Saskatchewan Aboriginal subculture that we are needing to address.

2.8.6 Getting Father's Permission for Children to attend Group

One challenge identified by several of the program representatives has been the need to obtain permission from both parents for a son or daughter to attend the groups for children exposed to domestic violence.

Out of all the years that I've had the group, all fathers contest their child attending. I've had ex-partners show up and demand to speak with me. I explain that we teach children about how to express anger in a healthy way, try to encourage children or support the transition for separation or divorce. So I put it back to him, "Why wouldn't you want your child to have that information?" So they go away OK. I don't think any parent has withdrawn their child from group.

We're required to have parental consent to provide service. It's not like we set out to do something with kids when their parents are saying, "no." But when there's a safety issue where we cannot obtain consent, the school can give us access to these children in a different way (through a prevention program), in a safe way in order to provide service. Cause often you may have mom who wants to give consent but dad who will not. We tell the school it is always best to have the parents consent and to have them support whatever it is we're doing. So they'll send the note home to the parents saying we're doing this group program with the entire class. But you don't get the same response.

2.8.7 Challenge: Fathers Wanting to Attend the Parent Group

A unique issue that was only mentioned by one agency representative was fathers asking to attend the parent group as the partner victimized by domestic violence.

I've never had dads attend and this last round at intake there were two fathers on the list. I was a little like, "Oh my word. How will this work? I don't think I can do that." Lots of that information in the parenting group would be what it's like to

parent after? What it's like to be a mom? It's great stuff. We do need a service for men who are parents, who have lived with a violent partner. But I just wasn't so sure what the impact would be on the female participants.

2.9 What's Working Well?

This section lists the major themes identified by the program representatives when asked what was effective in offering the groups. The primary factors were the groups generally being effective for children, creating a sense of safety, good group content or processes, feedback from parents, and the groups being well connected to the community.

2.9.1 Groups Working Well for Children

A number of the program representatives made general comments on how effective they perceived the groups to be.

The children's groups are working great. I wouldn't change anything about them. They're well written. It's great.

It's a good quality service because you have the proper time, access to proper resources. You can consistently provide service. So it's creating a really solid foundation, which creates safety for the kids. I'm so excited about it.

I like how the program unfolds. You could tell by week four that the kids felt that much more comfortable. Week four it just begins to blend together and they become a group. Until then, it's still scary and uncomfortable, and then after week four, it seems to fly by. It's almost unfortunate, because the next thing you know, it's done.

2.9.2 Creating a Sense of Safety in the Groups

A key feature of making the groups effective is ensuring that the children/youth members feel safe.

The big key to youth is to feel safe. They are in an environment where, "I don't have to hide; I can talk about..." They are coming out of their shell now, which is halfway through. You build relationships based on authority and trust. A lot of the youth feel comfortable with me. One little girl will look at me funny; she's not sure about me. But the other kids feel comfortable.

The prevention groups are activity based and they're fun and exciting so it's positive. We've been trying to at the end of the groups have something so the teachers can keep it going. Maybe come back in a month and see how they're doing. Play a game of basketball: you start to break down those barriers and give kids the opportunity to disclose, if they're feeling safe enough to do that. Creating safety emotionally physically for those children at every level.

2.9.3 Children Responding Well to the Group Content or Process

Several program representatives mentioned specific group content or processes to which the group members responded particularly well.

The Volcano Group. The kids were absolutely focused in on it. You didn't have to say, "This is you, and all your problems". You just talked about volcanoes. They

talked about ash clouds and how far away they could do things. You're like, "When somebody explodes, it's just not here, it can affect everybody around you". The kids were really into it. They were talking about personal experience. It was a really good group. That was with the four- to six-year-olds.

(Two girls repeated a group). Being told beforehand that they might be bored because they've done this before. They have not. They have been positive role models for the younger youth. They are calm, and they are focused.

2.9.4 Feedback from Parents about the Groups

Several other program interviewees mentioned that they often hear from parents about how their children are doing, either in the evaluation questionnaire or when they meet after the group is completed.

They've seen a lot of changes that they write about (in the evaluation questionnaire): how the kids have dealt with conflict at school, bullies or at home; with brother and sister. They're not so ready to lash out. It's more peaceful. Their kids are more confident at school and they're doing just so well.

Parents, if I've met them elsewhere or they've phoned for some other group; they're generally really optimistic and affirming about their group experience. It's really good for my child to learn this or for them to see other kids. So it's really good for them to know that other kids have similar experiences. So, yeah generally parents found it helpful.

2.9.5 Children Engaged

One sign that the groups are working well is the circumstance when a child or youth is connected enough to come back for counselling at a later period, as mentioned by one program representative.

A couple of years after, people called me, "My daughter was in the children's group. She's thirteen now, we're having some issues, would you be willing to see her?" So some client work's come out of that, which I think means, they've had a helpful experience, informative and it was a good link for them. And their thirteen year old thought enough of the experience two years ago, at age eleven, to come see me now at thirteen. That's part of it working well.

2.9.6 Groups Accepted in the Community

Another sign that the groups are working as intended is that they seem to be well accepted as a resource in the community. Further comments with respect to this are presented in Chapter Three, as feedback about the programs assessed in this chapter also emerged in the community needs assessment.

I'll get calls from school social workers or a parent. I'm like, "How'd you hear about it?" "Another parent who attended the group..." So continual referrals from community would be one reason something must be going well.

I think that we're very well respected as a professional and credible organization and the amount of community support that the agency gets is astounding. Jessica has, without a doubt, exceeded the standards of practice out in the community.

But there's a very big difference between the perception around servicing children and the perception around servicing children living in violence. You walk this fine line around when you can use those words and when you can't. It all comes back to being non-threatening 'cause if you're threatening in any way, you lose access.

2.10 Future Directions

A final question from the program representative interviews was what future directions the agencies envisioned. Several individuals commented about the need for the materials to be provided in schools and for agencies to ensure that the services are comprehensive, to deal with the complexities of the families need such services.

I'd like to see them running in schools: it should be in curriculums. We should be starting on that from early, early on. I have done school presentations for grade eight classes in the area of domestic violence. That was very well received, kids participated. Had lots and lots of ideas.

Offering a thorough service so we have the depth of impact on the kids rather than expanding in numbers so much that we just skim the surface with them. To me, it's important that we spend enough time with each kid, – and to have the range of services, like we're starting to work on individual options, because not every kid is suited for group.

2.11 Summary

In summary, the site-visits and interviews with program representatives provided in-depth descriptions of the five programs currently offering groups to children and youth exposed to domestic violence in the province of Saskatchewan. This is an impressive continuum of programs.

While each agency started by offering “core” groups for children and youth in their communities, each has retained the flexibility to expand their offerings and shift the focus from intervention to prevention when appropriate. Notably, the group materials fairly easily translate from more clinical to general populations of children and youth. Issues such as self-esteem, identifying feelings, effective communication and problem solving skills are essential discussion topics for all children/youth.

The group programs are a fit with the best practices identified in the first chapter, such as offering developmentally appropriate groups, groups of a length and size consistent with those described in the literature. Most subscribe to the recommended practices of having male-female co-leader teams (when available) and parenting groups are commonly offered. Each program utilizes program evaluation consumer satisfaction questionnaires for feedback for potential revisions to the groups.

Chapter Three: Community Needs Assessment

A final key component of the project was conducting a community needs assessment to further assess the demand for services in the communities currently served, to determine the adequacy of the accessibility of services is adequate, and what additional resources are needed. The community needs assessment was conducted by gathering names of referral sources from the programs for children/youth exposed to domestic violence that are being reviewed in addition to contacting agencies in these cities that deal with domestic violence. In addition, each interview respondent was asked for the names of other key individuals in the community that should be invited to participate.

The agency representatives were contacted by telephone to invite their participation. The needs assessment interview schedule is presented in Appendix 1. The interviews lasted from ten to 45 minutes.

A total of 40 key community informants were invited to participate in the needs assessment: 24 agency representatives ultimately were interviewed.

Table 3: Town/City of Community Key Respondents

City	Number of Key informants contacted	Number of Key informants interviewed
Regina	21	13
Battleford	12	8
Saskatoon	4	2
Prince Albert	3	1

The agencies that took part in the needs assessment included social services (7), second stage housing (3), emergency shelters (3), schools (3) and others (8), that included general counselling agencies and child/youth-specific services.

The positions of the interviewees were in administration (13), counsellor (8) or other (3). The majority work with victims of domestic violence (18), with five replying that they did not work directly with such victims and an additional respondent clarifying that they worked indirectly with victims.

This chapter provides an overview of the results of the community needs assessment, highlighting quotations that reflect the major issues cited by the key respondents.

3.1 The Importance of the Issue of Domestic Violence

The interviewees were first asked “How important are the issues of domestic violence in your community and the surrounding area on a scale of 1-10 (1 – not important and 10-important)?” The 24 respondents clearly saw the issues of domestic violence as critical in their communities, giving an average rating of 9 on the 10-point scale.

Three participants stated that domestic violence is a problem that needs to be addressed because abuse is very common, concerning, and affects both parents and children. It’s an issue that needs to be discussed in the communities and one that is a considerable priority for the government and the public.

It’s an issue that’s been long hidden and needs to be talked about in communities.

We get a number of referrals, so it's a really important issue that needs awareness, education. I think people know there's support, there's help if they're wanting.

It's part of what can cause a child to be in need of child protection. We still have a society where domestic violence is still a concern and it continues to be a large priority with government and the public generally.

According to six key respondents, domestic violence is important because it affects everyone, regardless of their economic or cultural background.

It cuts across all socioeconomic statuses, it affects everyone.

In my experience domestic violence can affect any family, any economic background, any cultural background.

It affects so many facets of our society. The people that come to us aren't in abusive relationships just as one strata of society, or one income level. This isn't something that discriminates between socioeconomic class or income or anything else.

Domestic violence affects everybody in the community. Even indirectly, it affects us all.

Domestic violence and abuse of all sorts is becoming increasingly evident in our community. The majority of people have some experience with it whether it is witnessing violence, having friends or family who have experienced or witnessed violence as well. We are getting more and more requests for preventative education for all ages from children to adults. There is more awareness of it, so more people are looking for support.

Family and domestic violence, both urban and rural, is quite high.

One participant noted that domestic violence is an issue that needs to be addressed because it's not always resolved appropriately and there are not enough services.

It's one of the main issues that we deal with. It's not always resolved in the best manner. There are not enough organizations to deal with things in a proper manner. That's the way we feel at our agency.

Another key respondent commented that broader issues surrounding domestic violence, such as lack of housing, the need for more education, and career training for women also need to be addressed.

When we address domestic violence, we nearly always come in contact with other issues such as lack of housing, the need for more education and career training for women because the stats show that single women parents are most often live in poverty because they really don't find adequate employment. Often our women are dealing with childhood sexual abuse or issues resulting from the residential school situation. Many of our residents face mental health issues, addiction concerns. Many are also dealing with FAS or their children have FAS. So when we address domestic violence we address a host of other issues.

In contrast, two participants suggested that the issue of domestic violence is important because poverty/low SES may increase the incidence of violence in such families. This may be because of frustration due to a lack of funds, housing, and the inability to function in

communities where costs are getting higher and wages are stagnant.

There's sometimes poverty. It doesn't mean necessarily that's going to result in violence but it might bring violence about even more.

We're finding that with the change in the economy, those who are embroiled in family violence in the low income area are becoming more and more involved as a result of a lack of funds, a lack of housing, a lack of being able to function in a community where costs are escalating drastically and wages are not escalating.

3.1.1 The Cycle of Violence

Five key community respondents commented that another factor that makes the issue of domestic violence important is the intergenerational cycle of violence. Several participants are seeing the second and third generation of victims coming to their facilities. Also, exposure to violence may result in the child becoming an abuser as an adult. As such, professionals need to intervene.

As much as you hope it's not going to cycle, it often does. If kids are exposed to it, sometimes they become abusers. It's tied in with so many issues. It's so devastating for kids. You can see it affect their behaviour. If they learn that violence is normal then they learn to become violent themselves.

I've been with the facility for 30 years and we are getting victims of family violence now who are the 2nd and 3rd generation of victims who have stayed with us 30 years ago. So the intergenerational cycle is very much out there in our community.

The more the kids are exposed to it, the more they're going to continue it when they grow older. So by interfering when they're young we are doing something about it and they know it's not the right thing to do. When it happens in the home it psychologically disturbs the kids and it affects their well being as well and so that's why we have to interfere and do something about it.

According to three participants, domestic violence is an issue that they deal with daily. They hear about incidents constantly from both women and children.

We have many programs at [our agency]. Women are disclosing different abuses with home visitors. They're disclosing in the evening programs we run. It might be a literacy program and they're disclosing abuse. This is a preschool too, and the kids come in the morning time and they talk about what happened on the weekend. It's not uncommon for kids to be talking about mom getting punched out or the police coming to the house. So we deal with it daily.

It's fairly pervasive in the work we do. Anybody in my area is fully aware of that being a possibility when we're working with kids. Most of the kids that I'm consulted on, 8 out of the 10 inquiries probably have something to do with some type of physical abuse at home, or sexual abuse, and emotional abuse.

Through the media, through contact with students both in my school and in other schools, there is a higher incidence of those problems in our community.

3.2 The Children Exposed to Violence Programs

Nineteen key community respondents participants knew of the specific “children who

witness violence” groups in their community that are the focus of this evaluation. This is not surprising, since one source of interview informants for this needs assessment was individuals from agencies that referred to these groups. Additionally, three participants commented that the child witness programs in their community had a parent component.

I'm specifically working with just mothers, [who] go to mother's group and the children go to group through the Y's kids.

The most common referral I make for children would be to the children exposed to violence program run through the YWCA. That is the main one for children.

There's the YWCA children exposed to violence group.

In Regina, I always refer to the kids who witness violence program.

The children who witness violence program has been a long time go to program in the city.

For children, there is the YWCA program, children who witness domestic violence. All the kids that come to Sophia house, if they're 5-16, go to that program and they just started having the moms go as well.

The Y's [Wise] kids program is the number one program we refer people to when their kids are involved.

Catholic Family Services has a children who witness program. I have not had seen the program delivered. I did talk to one lady who had her son go to it, and she expressed dissatisfaction with the program. The program they have at Catholic Family Services is supposed to deal with both the parents and the children.

Catholic Family Services would be our direct conduit. There are other agencies in town but that is our first contact. Anything after that would be through collaboration with the staff at Catholic Family Services and our staff to resolve and address any issues. I know Catholic Family Services does provide counselling in that area. Whether they directly address that parental issue or not, I'm not 100% sure.

We have a children who witness program that's run through Catholic Family Services.

Catholic Family Services have somebody hired to do two witnessing domestic violence.

There is a program, one for the older children, and one for younger children offered through Family Service Saskatoon and Catholic Family Services. (It is) a concurrent program, so while the children are in the program the parents are also in the program.

Two programs run by the same agency. One is a worker who goes around and offers presentations through the school system. The other is through the same agency but is funded by Saskatchewan justice and is particularly designed for children who have witnessed domestic violence. We don't deal with that one -- it's quite new.

Catholic Family Services has a program with children for the younger age range, around 7 to 11-ish. Family Services Saskatoon does work with older youth, like the 12

and up to about 17-ish age range.

Two respondents mentioned the “When Love Hurts” Program as an additional program for youth exposed to domestic violence in Regina.

When Love Hurts is a program for teenage girls out of Family Service Regina.

The “When Love Hurts” program is for teen girls who are experiencing domestic violence run through Family Service Regina.

Four participants were not fully aware of any groups available for children who witness violence. This may be because they had never needed to use them, or that their organization did not deal specifically with child witnesses.

There are programs out there. I’ve never had to use them.

As far as witnesses in the community, there are programs. We don’t do specifically anything that is child witnesses.

There’s one group through the Regina Health District. They do a group work with the children but it’s not readily advertised. I guess they need more advertising on community based organizations.

3.3 Referrals to the Children Exposed Programs

Sixteen key community respondents had referred children to a child witness group, whereas eight informants had not made a referral of children to these groups. Several hadn’t needed too, because their clients had not needed them. Others did not work with children.

Of those who had referred children to the violence groups, seven did not typically have the opportunity to follow-up with either children or parents after the group. As a result, they could not comment on the program’s effectiveness.

Twelve respondents commented positively about the children/youth groups. Most had only heard reports from parents or could provide no specifics because they hadn’t worked directly with the group. The majority of these participants reported the group being worthwhile, that it had assisted the children considerably. Three informants had received positive feedback from parents regarding the groups.

We’re a short term crisis shelter so I don’t necessarily get to follow-up after the program. Occasionally we get women coming back a second time, and, in talking to the children some identify that they have gone to the children’s group. If I’m doing safety planning, the children will say, “Oh, yeah, we took that in the children’s violence group” So I would say they’ve learned something from the program.

The support group for children exposed to violence is really beneficial for the kids. They learn a lot in that program. Parents need to be educated about what the kids are learning, which I know they are starting with the children who witness violence program. Because if the kids are going home and they’re learning these great new things but the parents don’t quite understand then they can’t help reinforce it. With the 5 year olds, it was very difficult to see how much they were picking up. In the 10 year olds you could see a bit more. We were able to talk about... like, “ooh that happened to me” and we do it in a way that they were having snack and talking together and we were able to bring out some of those things. So it was great, very

important. It was a first step. If nothing else, kids were talking about the things they'd been through, learning that it's not normal, it's not okay. Hearing that other kids had been through the same things.

My experience with the Y is that they're very open. They've become a lot more flexible in terms of providing a one to one or just finding out where that child will fit, and accessing the different age level groups. They've really done a good job at catering to the needs of the community and the needs of the families. I've heard of families going back a second time and accessing the services again.

I recently referred one family and was quite surprised that they did one-on-one counselling before the group started and offered the same support to the parents. It worked out quite well. The young boy was really angry, was able to go one-on-one with this counsellor and start to express that anger and hurt. He didn't actually make it to the group because he felt afraid. There is the option, the next time the group is offered, of him going into it. He was 6 years old, so he was pretty young and having to go home and deal with dads in jail and phoning on a regular basis. He was having a hard time. My own son attended that group when he was about 7 or 8 years old. Any referral I've made there, it's usually good feedback.

The support group for children exposed to violence is really beneficial for the kids. They learn a lot in that program. I've never been to the group, but you can see they're learning when they come to our programming.

We get really positive feedback from parents. We're not connected with the program so I only hear from the parents' responses, and it's been very, very positive.

The children felt as though they were being heard. The children would express their own feelings and understand that it wasn't their fault. I've spoken to children and those were some of the things that they were learned from attending those groups.

The women were very well pleased with the program: both with the content and the facilitators and just providing a safe environment for the children.

It's very effective. They know what to do when it happens and they know it's not right.

I had good reports back from everyone that I had contact with afterwards. I've had good reports from everyone that I've had heard back from through the Catholic Family Services and Family Service Saskatoon, especially.

3.4 Suggestions for the Children who are Exposed to Violence Groups

A number of the community respondents made suggestions about how to improve the services available for children/youth exposed to domestic violence. These ideas included providing more follow-up after the groups, reduced wait lists and more and expanded programs.

3.4.1 More Follow-up

Five interviewees recommended the need for additional follow-up counselling after completion of the group program.

Enhance the group work. The ones that are acting out need more counselling. At the beginning of the groups for the older children, who range in between 7 to 11 years

old, some of them come home and really act out. I believe what happened was not due to the program but the fear they had because of other stuff going on with the courts and that sort of thing. So they were afraid and they were acting out. It was not just play but kids getting hurt or trying to hurt someone else. As it continued, it has settled down. But we do provide support. I go and meet with the kids and de-escalate, "what's going on" and we talk.

After group, having more teaching and mentors in their life that can assist them. For some kids, moving them to one-on-one counselling where they're able to have more individual attention just on them. To send the kids out after, just wasn't enough.

The continuation of the programming out of the Y. What they are doing is working. So I don't know if additional funding needs to go into that area.

Most importantly, not only recognition that the problem exists, but adequate immediate, but also long term follow up to ensure that the parents, youth, etcetera are taking steps toward resolving...

3.4.2 Reduced Waitlists

Seven community respondents suggested that waitlist times need to be significantly reduced. It is taking too long for participants to receive the services they need.

There needs to be quicker access to services, instead of the long waitlist. Women are coming to us in crisis and we deal with the crisis and then try to access services. Then services aren't there or there's such a long wait list women are often discouraged. We try to keep the women safe and empower them when it comes to their children. Women feel hopeless sometimes because they see all these issues coming up in their kids and there's nothing available.

Easy access to programs so that when they do want to talk about it or they do want to bring awareness to it that there are responsive agencies in town, whether it be the shelters or programs like the children who witness program at the Y.

We need shorter waitlist times, especially for kids to get counselling.

A counsellor available to see them in a timely fashion. We have mental health, but to see someone twice a month is not going to solve anything. By the time they get to see their therapist they're back to where they were the first time they seen them.

Wait times in our community are anywhere from 10 days to 3 weeks and when you're in a crisis that's too long to wait. That's for children and adults alike.

Often times when we refer children, there's a long waiting list. That's really come to the fore in the last year.

Crisis intervention services, the ability for families and children to access quick support and not be on a long waiting list for support.

3.4.3 More and Expanded Programs

An issue that is closely connected to long wait lists is the need to offer more groups or to expand the programs. Nine individuals mentioned this issue.

We need more programs; We have very limited access to programs for children.

Unlimited timelines because children are in school. So then it's after school, you know you come home; you have supper, so evening times.

There's more for parents than there is for the kids. Because it's intergenerational, we need more funding for the children.

We need more access and availability to groups. Right now the children who witness program has one employee, which is not enough to meet the need and the demand in our community. It's an excellent program that needs to be enhanced.

We need immediate services after 5 pm and on weekends. There are lots of services between 9 to 5, Monday to Friday but domestic violence does not stay within those boundaries. Children who go to school have that option during the day but during the weekend there are no services. We need to free-up time for counselling services through our health systems.

More availability. Sometimes we're not necessarily involved with a child at the time they are experiencing the difficulty and at the time that the program is being offered or half way through. It would be more advantageous if we were able to refer a child immediately. The program that the Y runs is very good. If there were more offered during the year... it's my understanding that there is only two or three that run. Also programs that incorporate some child care for the parents while they attended. Something more for adolescents would be beneficial.

Long term consistent programming. Some things come and go because of the government or the dollars of the day. So stuff that we can count on that will be there.

The programming is there, it's the quantity that's missing. We need more. There may be (better) models of delivery, I'm not sure we're state of the art here. You're looking at a community of about 18,000. The jurisdictional things about on reserve services is a problem in all of those areas.

There needs to continue to be those children's programs out there. That's the real key. There needs to be recognition that that's a problem and some policy or procedure changes around how that's going to apply when there is violence in a relationship or when the parent has been violent. We don't have enough programs that adequately address the younger ages.

3.4.4 More One-on-One Counselling

Several respondents specified their perception of the need for additional individual counselling, whether as follow-up or instead of the group treatment.

In addition to the group, which is really important for children because often times they disclose more easily in a group. But some children do need one-on-one. More one-on-one counselling and more supportive services for those who need 24 hr support.

Some kids are not ready for group process, so the individual work is really important.

3.4.5 Consent Revisions

Two participants recommended that the programs not require consent from both parents for the children to take programs for children who have witnessed violence.

Currently, this rule requiring the consent of both parents prevents some children from receiving the help that they need.

There needs to be groups that children can participate in without necessarily the consent of their family. That's an issue that we've run into several times: families experiencing domestic violence don't want their children talking about it.

There needs to be a change in the consent process, the freedom of information and the ability for children to get help without having to ask their abusive parent if they can get it. Without placing the victim of the violence, the mom usually, in a position of having to beg him for that consent. Putting him in a position where he can give or withhold consent based on what he feels is in their best interests. So it's very mucky and it presents a great issue in terms of children being able to access services.

3.4.6 More Culturally Appropriate Programs

Four community respondents noted the need for more culturally appropriate programs, from both an Aboriginal and a multi-ethnic perspective.

We need more culturally appropriate programs. A lot of programs are non-Aboriginal. When we send families to these programs, it's not always the best but we don't have a choice. So it doesn't often work. They go because they feel they have to in order to get their children back or whatever issues they're dealing with. It would work better for them to work with people of their own race because, as an Aboriginal person, we are able to understand their needs better than a non-Aboriginal person.

We have a large First Nations presence in our immediate community. We have seven First Nations communities within 45 minutes, so if we could get elders who are living healthy lives. The youth know who's living healthy and who's not, and getting them to help connect the youth back to their cultural identity and help them and their parents.

We are getting more immigrant women coming and it requires an additional sensitivity both on our part, but also on the part of social workers and service providers. Just to understand the cultural situation from which these women come, where abuse is often tolerated and women are afraid to leave and when they do leave they have very little support from their cultural community.

We have seven First Nation reserves within our local dialing area. Most of those programs don't operate on reserve. (2303; 85-88)

3.5 Additional Programs for Children and Parents

The key informants were asked what more, in general, their community needed beyond groups for children and youth exposed to domestic violence. They responded by suggesting more school programs, safe houses or respite case centres for youth, other program formats for children and additional programs for their parents.

3.5.1 Programs in Schools

A number of participants suggested that need for more programming in schools to educate youth them about domestic violence. Creating more programming for both parents and children will reduce waitlist times, thus providing more effective services for individuals affected by domestic violence.

If we do not teach our children how to interact without violence, we will raise another generation who believes that they have the right to aggressively handle another individual whoever that partner may be, male or female.

Educate them about what is abuse, what the resources are for the children in the community like how to contact our police, or mobile crisis.

Ideally, programming in the schools because not every child who is exposed to violence comes to our shelter. Some education in schools around abuse would be good. We definitely need more programming for the kids.

More put into the school system to teach the difference between violent and non-violent actions.

For youth, making sure there is programming in schools is going to be helpful for their own awareness of the options available to them.

Another resource is school counsellors. They're onsite, able to deal with children in distress at the moment of distress. However, the quantity of those services varies and there are schools with very little access to school counsellors, particularly on reserve. There is some, but my experience is that if you're on reserve the quantity of services available is reduced. Then there's geographic accessibility, where if you're in a small community, we are more likely to have somebody who comes out once a week.

More education in the school system around it and not treating it just as a healthy relationships group. Let's talk about it for what it is. We've been sugar coating it and calling it all these nice names. That doesn't help people understand that this is not acceptable. We like to go at it as a back door kind of thing, especially with youth because it... people think that they can't handle it.

3.5.2 Safe Houses/Respite Care for Youth

Five participants suggested that more support is needed for children and youth involved in domestic violence in the form of respite care, safe houses, in-home supports, helping agencies, and crisis intervention services. Such services should provide a place for children/youth to go in order to escape the situation immediately until it is safe to go home.

First, make sure that they're not actually in the direct line of fire. So respite care for the kids and safe places for people being abused need to make sure they feel safe before you can do any work for them. So those put in place.

We definitely need a safe house for children.

There needs to be a crisis shelter or centre where the children or youth could get out of the situation immediately until, say, tempers cool off and it was safe to go home. For children, let's say the occurrence happened at one in the morning and they were feeling threatened, there's some where they can spend the night and check in with mom in the morning and go home. That's not a solution, but lots of times people don't seek assistance because they are scared their family will be taken apart.

For youth in particular, safe houses, not always that they need social services involved, but a place where if things are breaking down at home they have a safe place they can go for the night or couple nights that doesn't require an entire file

open with child services or social services.

Somewhere to go when they need to just get away. We don't have a youth shelter. So to have somewhere to go in an emergency. We have different places where, if they're in the 16 and 17 year old program or if they are already in connection with social services. But it would be nice to have an emergency place for them to go.

3.5.3 Other Program Formats for Children and Youth

Four participants suggested that different programs/groups need to be available for children and youth exposed to domestic violence such as programs for very young preschoolers affected by family violence or summer camps.

Play time away... like a camp would take them out and give them a different perspective as well.

Community drop in programs would be good for children such as the domestic violence drop in for women.

It's for ages 5 to 15 or 16, and lot of times there's younger ones too. Where there's kids that young there isn't a lot of services. We've had parents with kids that are reacting really strongly, like no longer potty training, and their experiences have a traumatic effect and there isn't a lot of support. I don't know if they have play therapy but that's a gap.

Programming that affects youth that aren't in mainstream schools, like in the jails or the on-the-street youth that are probably there because of violence, either partner or family violence. A way of involving them in the programming.

3.6 Assisting Parents Affected by Intimate Partner Violence

In addition to describing programs for children and youth affected by domestic violence, eight participants mentioned the need for family or parental counselling as a resource to assist parents. In addition to one-on-one counselling being provided by organizations/services, family and couples counselling is available in some communities. One participant also noted that there little counselling available for men in their community.

The two family service agencies, Catholic Family Service, and Family Service bureau, do quite a bit in the family counselling area. Often the families are still intact even after abuse, so those agencies are called on to do counselling.

Catholic Family Services does provide counselling in that area. Whether they directly address that parental issue or not, I'm not 100% sure.

There are several counselling agencies available. There are family counsellors in several of the schools and the school social workers and the community schools will work with the family. There is very little available for men.

Catholic Family Services have counselling programs in Regina. There are programs for women who choose not to continue to reside with their abusive partners.

There is a drop-in for moms. I don't know if the family support centre has programs for the children per se, but they do a lot of parenting programs.

We also have Family Services Regina, which offer the domestic violence [programs]

particular to the parents.

3.6.1 Groups for Adults Affected by Domestic Violence

Ten participants mentioned that groups are another resource in the community available to assist victims and perpetrators affected by domestic violence. Domestic violence support groups and parenting programs were mentioned most often by participants as being available to assist parents. Others include resource groups. Several participants also mentioned the availability of men's group for perpetrators of domestic violence.

There are counselling groups available through the city.

There's "4 directions" groups for women and groups for men.

There is a domestic violence drop in group, a support group that's held once a week. They can go to what is called a resource group. It's an 8 to 12 week program where they deal with issues around domestic abuse.

The men's group RQ Healthy Relationships.

Family Service Bureau has a victims and violence program.

Children's Haven has their own program; it's a very good facility. They provide parenting classes.

I refer women to Family Service Regina. They have a group for women who have been involved in domestic violence relationships. They also have one-on-one counselling but they typically recommend that the women are involved in the group.

The Family Service Bureau offers a 14 week group for women and their referrals are through the different shelters or domestic violence outreach project through Family Service Regina. We also have a resource group that runs every Wednesday night.

The other one is targeted... it's prevention of family violence and they have a strong school component, but they also run women's support groups.

The Indian and Métis Friendship Centre in Saskatoon has worked quite a bit with victims as well as perpetrators of violence, but less with perpetrators in the last while. I think they've had difficulty with their men's group. The Healing Lodge was doing some of that as well.

3.6.2 Conjoint Programs

While conjoint couples counselling and family work are generally discouraged in the research and clinical literature, seven key community respondents saw the lack of conjoint counselling as a gap.

We definitely need more programs for families working as a whole. Also for their parents.

Counselling services for both of them and in-home supports to help the parents. Lots of times parents need to be shown the way families function without violence in it.

Partners counselling. They have talked to that... need to have that intervention with someone, to do couples one-on-one and then couples.

But where do we bring in the whole family? The child is still going to love the parent

who was the perpetrator, but are we looking at? Again, making it a healing process in that family if that's possible.

We need a program that works with both husband and wife together and the whole family as a whole not just send this one there and that one over there.

I would like to see programs that involve both parents. Typically the programs are for women and sometimes it's unrealistic to expect that women leave a relationship, especially if they have many kids or have been together for many years. So if the women has no intention of leaving her husband it would be beneficial to have more counselling for couples so that the man and the woman attend together.

Family Service Saskatoon does couples counselling, and I think Catholic Family Services does some couples counselling with folks who are together in an abusive relationship. They're very cautious about assessing safety and whether or not they feel that's appropriate for that particular couple. So they would meet with each one of them separately and get a sense of how safe they felt talking in front of their partner.

3.6.3 Parenting Programs

Several participants suggested the need for more parenting programs.

More programs for parents. Just by helping the youth, you're not addressing the problem. You're addressing the emotion of the victim. More often than not, it's the cycle of abuse tends to carry on from generation to generation. A child who has witness abused, is more likely in time to be an abuser. There should be as much if not more for the parents. Not only consequence-wise, but follow-up to make sure that the victims and aggressor have the opportunity to change and reform for the aggressor and the victim.

A lot of parents in the shelter have quit interacting with their children. They feed them, clothe them, but they don't play with them. So teaching the mothers. Parenting classes are good but they need to be a little more intense. It has to be subtle too because mothers don't like being told they're not good mothers. It's got to be taught subtly by doing activities that involve the parent and the child.

Every community has access to parenting classes. But it's been an interagency developed thing. They are involved in a wide range of community events and are going with the philosophy that everyone needs parenting classes.

3.7 More Awareness about Domestic Violence

Four participants stated that there needs to be more awareness in the community with regards to awareness about what constitutes abuse, awareness of the stigma attached to abuse, awareness of the options available, and awareness by police and police services of the impact of abuse on families.

Education and awareness around what constitutes abuse could go into things like bullying, not just the family violence or violence that's happening on the school grounds.

We need less stigma attached to domestic violence. We need more awareness. In our

community, it would be good if there were partnerships, or something going on between people that are newcomers to Canada, I know we get some immigrant women who are going through this and there is a lot of stigma attached to this from their community.

Moms are scared because they look bad. But you know society, I don't think they support victims as well as they should. More awareness and more understanding in the community as well.

More awareness by police and police services about the impact of this of families, not only children, but families.

3.8 Summary of Needs Assessment

The key community respondents raise a number of important points, including the perception that the problem of intimate partner violence is serious and continues to negatively affect their cities and towns. There was general awareness of the group programs for children and youth who had been exposed to domestic violence and many had in fact, referred to the programs highlighted in this evaluation.

In addition, the interviewees suggested the need for more programs, enhanced and more easily accessible programs for children and youth. Further, they recommended expanding the types of services available for youth, including developing respite care or other crisis programs. Finally, they underlined the need for additional programs for parents whose children have been affected by domestic violence as well as programs for victims and perpetrators and more conjoint counselling when safety could be assured.

Chapter 4: Summary and Recommendations

The social problem of the impact of intimate partner violence on children and teens has become of significant concern across North America. It has become an issue of relevance to child welfare institutions and, in some cases, even seems to take precedence over concern about women, the primary victims of domestic violence. Nevertheless, children and youth are often the unintended bystanders of the woman abuse, becoming secondary victims. In a number of cases, children are not simply exposed to intimate partner violence, but are also directly physically, sexually and emotionally abused.

Whether direct or indirect victims, children and youth are often seriously impacted. Their behaviours in social settings such as schools and community activities may be the first clue that something is amiss. Behaving aggressively is a common reaction to living in a violence home. Aggressive children are often referred to services, in contrast to children who withdraw or become depressed and are less noticeably touched by abuse. More recently, children exposed to domestic violence are seen as traumatized, and their aggression or withdrawal seen as the trauma reactions of numbing, avoidance and hypervigilance.

Groups for youth and children as young as age four who have been exposed to domestic violence have been available since the late 1980s and early 1990s. They are the most oft-cited intervention strategy for this population in the counselling/therapy literature. How effectively do such programs assist children and youth exposed to intimate partner violence is a major question for this project?

This project comprised three major components: 1) a literature and group manual review was utilized to identify best practices in groupwork for children/youth exposed to domestic violence; 2) site visits with the five currently-funded Saskatchewan programs and interviews with staff and group leaders were used to develop in-depth descriptions of and to assess the extent to which the programs address best practices; and 3) a community needs assessment consisting of in-depth telephone interviews with key respondents from 24 community organizations in the four Saskatchewan cities identified the key issues and strengths in the local services available to address intimate partner violence including groups for children/youth.

The chapter summarises the results of the three evaluation components, concluding with several recommendations for consideration by the program personnel and the programs' major funder, Saskatchewan Justice.

4.1 Summary of Groups for Children/Youth Exposed to Domestic Violence

The review of the literature on group programs for children and youth exposed to domestic violence and the published manuals for these programs highlighted a number of best practices. Most commonly agreed upon as best practices are developmentally appropriate groups (with discrete age groups for preschoolers, latency aged children, young teens and older teens), groups that are psychoeducational in nature, led by two co-leaders (of mixed gender if available). The content of the groups commonly includes providing information on domestic violence with the goal of relieving the children's taking responsibility for the violence between their parents, teaching about feelings and self-esteem, various forms of abuse, seeking help and making safety plans.

The most commonly offered groups are for latency-aged children (ages 7 through 12). Groups for younger children can be challenging to offer because preschoolers are less verbal and more apt to act-out any discomfort in ways that can interfere in the group process. Group leaders of groups for young children need a broader repertoire of behaviours management techniques to ensure that the response to children's externalizing behaviours represents discipline not punishment.

Groups offered to older teens have proven to be difficult to mount. Youth older than 12 or 13 are less likely to identify the need to attend group on their own and are less amenable to parental pressure to attend. As such, the group numbers may be small, which interferes in the development of a group entity and can lead to dropping-out or sporadic attendance.

The current group offerings for children exposed to domestic violence in the province of Saskatchewan represent a diversity of program models stemming from the unique needs of the communities and based on sound group principles. Each agency has a relatively long history of providing the programs and each has responsibly addressed the key features of such groups as identified in the best practices review. The variations among the programs are intriguing and speak to the creativity of program personnel and strong community connections.

Both in response to shifting referral patterns and with the support of additional funding from Saskatchewan Justice that expanded the reach of the programs beyond a focus on youth/children exposed to domestic violence but to other populations of youth needing services, be it those exhibiting or dealing with bullying behaviours, dating violence or other abused issues. Each program has made different use of this funding; some to expand or enhance their exposure to violence programs, other to partner with community agencies whether schools, violence related organizations such a shelters or agencies that serve special populations such as Aboriginal youth or at-risk youth. The resulting programs are impressive and varied.

Only rarely have the programs had the opportunity to connect face-to-face and to share their successes and program philosophies and shifts. The programs representatives have the potential to become important resources for each other and, for the new programs about to be launched in particular.

The interviews with 24 Saskatchewan key community respondents confirmed the importance of the current group offering and suggested expanding programs not only for children/youth but for their parents as well. The interviewees highlighted the serious nature of domestic violence and the extent to which it affects, not only their clients, but the communities in general.

The community participants provided direct feedback about the children's programs, the bulk of which was extremely positive. Suggestions for more expanded programs and better access to the available programs simply reinforce the positive manner in which the current programs are perceived. They also made suggestions for directions that several programs have adopted, including more preventative work in the schools.

Overall, the three components of the evaluation process provide complementary results that support the effectiveness of the current programs for children and youth exposed

to domestic violence. Both the “core” counselling groups for children exposed and the expanded programs in school and/or community agencies are well-regarded in their cities. The agencies have shown persistence and creativity in shifting to address new needs and populations, when regular referral patterns have shifted.

4.2 Recommendations

The following recommendations are presented for consideration by both the programs for children/youth exposed to domestic violence and the major funder, Saskatchewan Justice. The recommendations stem not only from the site-visits and the interviews with programs staff and key community respondents but also from the literature review on best practices in offering groups for children and youth exposed to domestic violence.

These recommendations are offered respectfully, acknowledging the expertise, care and thoughtfulness apparent in the initial development and current group offerings of the five agencies. Notwithstanding this, however, this project presents an opportunity to make already strong programs even better. Further, these recommendations have particular relevance for the new programs about to be launched. These are in more remote locales without the network of professionals available in the larger cities.

Recommendation 1: Continue to Fund and Expand the Current Program Offerings.

Both from a best practices perspective and as examples of working flexibly and creatively to meet community needs, the currently funded Saskatchewan groups programs for youth exposed to domestic violence represent an impressive array of programs. If taken as an spectrum, they offer groups for a range of ages, populations (clinical, at-risk and general) and for children and youth not identified as having been exposed to domestic abuse, but whom the materials may be relevant. Further, they are, with few exceptions, the only services in their communities specific to meeting the needs of these children and youth.

The innovative, more school and community-based programs have an important place in the continuum and are fine additions to the still-offered more “core” counselling programs for children with a known exposure to domestic violence in their homes.

Recommendation 2: Continue to Fund and Support the Parenting Groups.

The core programs for children exposed to domestic violence all currently include parallel parenting (mostly mothers) groups, a critical component especially for children of latency age (age 12) and younger. While such groups entail considerable extra effort to organize and offer, not only are they a “best practice”, but they also represent what is perhaps the most effective way of extending children’s learning beyond the group experience.

The focus in the parent groups of interpreting children’s behaviours in light of their exposure to domestic violence essentially trains parents to understand what might be seen by most as negative acting-out. At its best, assisting parents to see these as trauma reactions and providing effective parenting strategies to deal with them extends the children’s interventions from the agency into the home.

Recommendation 3: Structure/fund opportunities for the programs to meet regularly.

In the past year, Saskatchewan Justice has funded at least one face-to-face meeting of the program representatives. Even the contacts made through the evaluation process have

allowed for sharing of ideas, manuals and strategies that enhanced at least one program that had a new program coordinator.

With the implementation of new programs such opportunities are invaluable and an important staff training and program development strategy. In a province as large as Saskatchewan with a range of centres of different sizes, facilitating continued consultations among programs is strongly recommended.

Recommendation 4: Develop a Provincial Program Resource/Consultant.

Given the planned expansion of the programs into new sites and the importance and sometimes challenging nature of offering the groups to children who present with a range of behaviours, creating a provincial resource to assist new programs and to act as a resource to the available programs already implemented is recommended.

This resource could be a staff person, even one of the current experienced program personnel. This individual's responsibilities would be to act as a resource to the programs, providing training for group leaders, consultation about programs materials, evaluation methods and dealing with children or youth who present with difficult behaviours. Such a consultant would need background knowledge of intimate partner violence, child abuse, developmental issues, and groupwork.

The challenging behaviour of some of the children, particularly those of preschool age, was highlighted in several of the group leader's quotations in Chapter Two. Although these case examples were addressed appropriately, they are not atypical when working with this population. As mentioned previously, it can be difficult to manage some of these behaviours therapeutically, so as to ensure that the group is a positive experience for all members. The current group leaders provided examples of their expertise in addressing such incidents well. This may be the most challenging issue for new group leaders, whether in the new programs or simply new to the established programs. Training new leaders to deal with difficult behaviours and being a resource to established group leaders in the event that their usual strategies are not effective would be a key role of the resource/consultant.

Understanding the importance of placing children in group based on developmental rather than actual age was also emphasized. Again, given that some of the children referred have been diagnosed with FAS and are functioning at a younger level than their same-age peers, a resource/consultant could assist programs in deciding where to place children if such advice was needed.

It is not unusual for agencies to expect staff and leaders to simply have the ability to lead groups. In fact, groupwork skills are an important aspect of professional counselling training that is often overlooked.

Furthermore, groups for younger children need to be run differently than groups for older children given their developmental differences. Younger children look to the group leaders almost as pseudo-parents and are less likely to interact with each other to any extent. Children of latency age (7 to 12) can benefit from the group leaders facilitating a process of connecting with each other. While using exercises and materials from group manuals are excellent ways of addressing content, leaders can enhance the group experience by finding ways to enhance the children connecting with each other.

Again, this does not imply that the current program group leaders in the Saskatchewan programs do not utilize such groupwork skills, in fact, they demonstrated the contrary. But new group leaders, leaders in new programs and even experienced leaders can usually benefit from additional training in groupwork.

Recommendation 5: Develop a Common Evaluation Template for the Core Groups.

Conducting formal evaluations in community settings is difficult. This is especially the case when working with relatively young children whose reading and writing skills are not well-developed. Most standardized measures cannot be used with children aged 8 and under, fully one-third of the children in the groups. As such, even to suggest that the programs conduct more formal outcome research is acknowledged as a challenge.

All of the programs utilize consumer questionnaires to provide feedback on the groups. Several of the Saskatchewan's core children exposed to violence programs are currently utilizing standardized knowledge or problem-focused tools as outcome measures.

Having noted the difficulty though, the programs could be provided with a template of measures and strategies to conduct optional outcome evaluations. These would need to include a range of measures since the children's ages differ (for example, using parent-completed scales for younger children who cannot read). The senior author can recommend further tools that could be utilized by the programs if desired and can provide guidance in structuring the evaluation and interpreting the results.

Recommendation 6: Consider the Need for Follow-up and Supplementary Services

While most of the current programs have developed protocols for providing additional counselling after the group, especially for children with more complex presenting problems, this is an important consideration for new programs, especially as they are in more remote locations with fewer services. The groups are relatively short (8 to 10 weeks), yet are at about the length of time and commitment that most parents can manage. For some children, the materials have the potential to "open up" issues that cannot be completely resolved in the group format or in the length of time available. As such, planning for the needs of such children and youth should take place concurrently with planning the group materials themselves.

Recommendation 7: Develop Aboriginal-Specific Materials for the Groups.

Staff from several agencies, notably YWCA Regina and Catholic Family Services of Prince Alberta, commented on the high proportion of their clients of Aboriginal ancestry. Both the program personnel and key community consultants mentioned the need for culturally sensitive materials, most often referring to Aboriginal peoples.

As highlighted in Chapter One, little research specific to the treatment needs of Aboriginal women and children affected by intimate partner violence is currently available. The search or the development of such research and culturally relevant materials could constitute a task for the resource staff member (if that recommendation is accepted) or could be the focus of a separate project. Certainly the need is clear.

Another way to further address these issues would be to partner with Aboriginal organization to review and revise the current program materials. This strategy has been used by several Canadian violence prevention programs: "Who do You Tell", a child sexual abuse

prevention program from Calgary and the Fourth R, a youth prevention program based in London, Ontario. Further, the Canadian Red Cross' RespectED program, "Walking the Prevention Circle" was developed with northern Canadian communities. Representatives from these programs could provide consultation about their processes.

Recommendation 8: Develop a program for young children aged 3 to 4 exposed to domestic violence.

A less pressing need, but one that merits consideration, is to develop a treatment model for younger children. At present, only the YWCA Regina offers a group for younger children with the lower age limit being four years. The program manuals reviewed included four specific to children younger than age six. As preschool aged children can be profoundly affected by domestic abuse, it would be feasible to develop a group for children as young as age three.

Groups with children this young would need to be structured quite differently from the groups for older children. Already-developed models described in the first chapter incorporate the mothers into the groups (Davies, 1991) or another sibling (Frey-Angel, 1989). The YWCA Calgary has conducted small play groups with young children, limiting the numbers to about three children (Jean Dunbar, personal communication).

4.3 Final Thoughts

In conclusion, it has been a privilege to connect with the agency administrators, the program staff and group leaders and, in some cases, to participate in the Saskatchewan groups for children and youth exposed to domestic violence. The programs developed separately and, while they are diverse, retain a core of expertise in how to best address the most pressing needs of their charges: Saskatchewan children and youth.

They represent an impressive range of possible ways to address the effects of intimate partner violence on the unintended victims. The programs span the continuum of prevention, from tertiary (core groups) to secondary (high risk youth) to primary prevention (for children/youth not yet exposed). As a collection of programs, they represent a standard of care and information that represent best practices and may become invaluable models to those developing new programs across Canada.

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Appendix 1: Manual Review of Most Common Topics (14 manuals)

- Introduction/Welcome/Getting to know each other (14/14)
- Feelings (14/14)
- Anger/Conflict Resolution (13/14)
- Safety Planning/Protection Planning/Basic Safety Skills (10/14)
- Abuse (Prevention, what is it, sexual, child, dating abuse) (10/14)
- Self-esteem/social competence (9/14)
- Choices/Responsibility (9/14)
- Closure/Good-bye/Termination (including a ceremony or party) (14/14)

Less Common Topics:

- Violence (Intro to family violence, violence in families, responsibility for violence, cycle of violence) (6/14)
- Family Changes such as divorce and separation (5/14)
- Personal Space/Boundaries (4/14)
- Healthy Relationships (4/14)
- Split Loyalties (2/14)
- Myths about family violence (3/14)
- Wishes for the family (4/14)
- Social supports (4/14)
- Gender stereotypes (3/14)
- Assertiveness/Personal Power (3/14)
- Grief/Separation, and Divorce/Change, loss, and conflict (1/14)
- Drug/Alcohol abuse (2/14)
- Revenge vs. Self-Defence (1/14)
- Communication (1/14)
- Stress and Relaxation (1/14)
- When Parents Fight (1/14)
- Sharing Experiences with Violence (2/14)
- Breaking the silence/secret (2/14)

Appendix 2: Group Topics by Manual

Topic	Group for Children who Witness Woman Abuse (Loosley, 1997)	No Violence = Preschool Program	End Violence: (Churchill, Crockford, & Hoen, 2001)	Project Child Recovery (Yawney & Hill, 1993)	Children's Domestic Abuse Program: Group Manual (Kidsrights, 1996)	Children who Witness Abuse Group Program (Kerr, McKenzie-Cooper, & Elliot, 1996)
Introduction/Getting to know you	Yes	Yes	Yes	Yes	Yes	Yes
Feelings about FV;-(Labelling)	Yes	Yes	Yes	Yes	Yes	Yes
Family Violence:- (Responsibility for; FV Cycle)	Yes	Yes	Yes (Introduction to FV)	Yes		
Anger/Conflict Resolution: (Understanding; Problem solving)	Yes	Yes (anger is not hurting)	Yes	Yes	Yes	Yes
Family Changes	Yes				Yes	Yes (I am a special member of my family)
Safety skills;-Protection plans	Yes	Yes	Yes	Yes	Yes	Yes
Sexual/Dating & Child abuse	Yes			Yes	Yes	Yes
Self-esteem/Social competence	Yes	Yes	Yes	Yes	Yes	
Choices/-Responsibility for FV		Yes	Yes	Yes	Yes	It's not always happy at my house/Abuse
Personal Space/Boundaries		Yes				Yes
Healthy relationships		Yes				
Split Loyalties)			Yes			It's not always happy at my house
Myths-About FV			Yes			
Wishes for the Family			Yes	Yes		
Social Supports				Yes	Yes (for ages 9-12)	
Gender Stereotypes				Yes		
Assertiveness/Personal Power					Yes	
Grief/Separation & loss					Yes	
Drug/Alcohol Abuse					Yes (ages 6-8 & 9-12)	
Revenge vs. Self defence					Yes (for ages 9-12)	
Communication						
Stress and Relaxation						
When Parents Fight						
Sharing about Violence						
Breaking the Secret/Silence	Yes					
Party or graduation ceremony	Yes	Yes	Yes (Graduation)	Yes (Termination)	Yes	Yes

Topic	Outreach to Teens (Fitzpatrick)	Manual for a Group Program for Children Exposed to Wife Abuse (Wilson, et al.)	A Safe Place to Grow: (Roseby, Johnston, Gentner, & Moore)	Groupwork with Children of Battered Women (Peled & Davis)	Storybook Club (Tutty & Wagar)
Introduction/Getting to know you	Yes	Yes	Yes	Yes	yes
Feelings (about FV, Labelling)	Yes	Yes	Yes	Yes	yes
Violence-In families;- (Responsibility for; FV-Cycle)		Yes			
Anger/Conflict Resolution &- Problem solving	Yes	Yes		Yes	yes
Family-Changes					yes
Safety Planning: Safety skills;- Protection plans (for older children)		Yes		Yes	yes
Abuse: Prevention, Sexual/Dating-Child abuse		Yes		Yes	Yes
Self-esteem/Social Competence	Yes	Yes			Yes
Choices/Responsibility: -Responsibility for FV		Yes			
Personal Space/Boundaries				Yes (Touch)	
Healthy relationships	Yes				Yes
Split Loyalties					
Myths about FV, Woman abuse		Yes(Understanding family violence)			
Wishes for the Family		Yes	Yes (Big Kids group)		
Social Supports		Yes			
Gender Stereotypes					
Assertiveness/Personal Power				Yes	
Grief/Separation & Divorce			Yes		
Drug/Alcohol Abuse					
Revenge vs. Self defence					
Communication	Yes (Teen/ Parent)				
Stress and Relaxation	Yes				
When Parents Fight				Yes	
Sharing Violence Experiences				Yes	
Breaking the Secret/Silence					
Party or graduation ceremony	Yes	Yes (termination)	Yes	Yes	

Appendix 3: Group Activities Catalogue

Activity	Children who Witness Woman Abuse (Loosley)	No Violence = Good Health: Preschool Program	End Violence: Manual (Churchill, Crockford, & Hoen)	Project Child Recovery (Yawney & Hill)	Children's Domestic Abuse Program (Kidsrights)	Children who Witness Abuse Group Program (Kerr, et al.)
Check-in	Yes	Yes				Yes
Introductions/Name game						
Establishing Group Guidelines	Yes	Yes	Yes	Yes		
Group Discussion: (Why they are in group; Confidentiality; Feelings; Anger; Stereotypes)	Yes	Yes	Yes	Yes	Yes	Yes
Flip charts: Where do you see violence? Examples of violence	Yes	Yes				
Brainstorming	Yes	Yes		Yes		Yes
Reading a story/Story telling	Yes				Yes	Yes
Iceberg (for feelings session)	Yes					
Video	"Crown Prince"	Yes		Yes		Yes
Anger Volcano	Yes (alternative for preschoolers)	Yes			Yes	Yes
Myths game	Yes					
Power and control wheel	Yes (alternative for adolescents)					
Statement/face bucket: Family Changes	Yes (family changes)	Yes (feelings)				
Self-esteem exercise: What makes me special?	Yes	Yes				
Free Play		Yes		Yes		
Creative activities: Play dough; Group story writing; Poster; TV commercial		Yes		Yes		
Role Play		Yes			Yes	Yes
"No-Go-Tell" Game	Yes	Yes		Yes		
Music: Movement; Learn songs		Yes			Yes	Yes
Cooperative string game		Yes				
Things I like about myself activity	Yes	Yes				
Friendship book		Yes				
Journalling				Yes		
Puppets for demonstrating ideas				Yes	Yes	
Relaxation/Guided imagery				Yes	Yes	Yes
Wonder Book						
Feeling face charades						
Good touch-bad touch exercise						
Personal space exercise						
Assertiveness activity						
Check-out/Closure	Yes	Yes				

Activity	Outreach to Teens: A Manual (Fitzpatrick)	Group for Children Exposed to Wife Abuse (Wilson, et al.)	A Safe Place to Grow: (Roseby, Johnston, Gentner, & Moore)	Group with Children of Battered Women (Peled & Davis)	Storybook Club (Tutty & Wagar)
Check-in			Yes	Yes	Yes (feelings chart)
Introductions/Name game				Yes	Yes
Establishing Group Rules	Yes	Yes	Yes	Yes	Yes
Group Discussion: Why they are in group; Confidentiality; Feelings; Anger; Stereotypes	Yes	Yes	Yes	Yes	Yes
Flip charts: Where do you see violence?; Examples of violence	Yes	Yes	Yes		
Brainstorming	Yes		Yes	Yes	
Reading a story/Story telling			Yes	Yes	Yes
Iceberg (during feelings session)					
Video		Yes	Yes	Yes	
Anger Volcano					
Myths game					
Power and control wheel					
Statement/face bucket: Family Changes/ Describing feelings					
Self-esteem exercise: What makes me special?					
Creating: (Playdough, Group story writing; Poster; TV commercial; Puzzles)	Yes	Yes	Yes		Yes (plays)
Role Play	Yes	Yes	Yes	Yes	Yes
“No-Go-Tell” Game					
Music: (Paint to; Learn songs)					
Cooperative string game					
Things I like about myself					
Friendship book					
Journalling					
Puppets for demonstration		Yes	Yes	Yes	
Relaxation/Guided imagery	Yes	Yea	Yes		
Wonder Book	Yes				
Feeling face charades			Yes		
Good touch-bad touch exercise				Yes	
Personal space exercise				Yes	
Assertiveness activity				Yes	
Check-out/Closure			Yes	Yes	

Appendix 4: Saskatchewan Child Witness Programs Interview Guide

History and Group Description:

- What is the history of your children exposed group program? How long have you offered these groups?
- Were the groups modeled on other programs? If yes, what were they and how similar is your final project?
- What are your criteria for group entry?
- Who typically refers children/youth to your groups? Who might make referrals but is currently not doing so?
- What ages do you serve? Are there any challenges in offering groups for these ages?
- If you serve different ages of children, how do the groups differ developmentally?
- How are your groups structured i.e. number of sessions, number of facilitators etc.
- Have you created a manual (can we have a copy?)
- How are your children's groups staffed? (Full-time agency staff, part-time agency staff, contracted staff?). Has the staffing model changed over time? How well is your staffing model working?
- What numbers of children/youth do you serve each year?

General Questions Regarding the Groups

- What is currently working well in offering these groups?
- Are there any special/unique challenges in offering the groups?
- Have you evaluated the groups? If yes, what did the feedback suggest? Can we have a copy of any reports?)
- Do you have any stories about children/youth for whom the groups have worked well?
- Do any children/youth present particular difficulties and if so, how do you address these?
- Do you offer parenting support to the parents of the children/youth in your groups? If yes, please describe.
- Do you offer information or support to parents in other ways?
- How are the children's groups currently funded? What is the total budget?
- How has the new funding from the provincial government made a difference?
- To what extent has funding been a problem in offering the groups? Do you anticipate funding problems in future?
- Have you made or are you planning any program improvements? If yes, what are these?
- Have any new initiatives emerged from offering the children's programs?

Additional Family Violence Programs

- What additional FV/programs does your agency provide?
- How do these intersect/connect with the groups for children?

Community Context

- How are your children's programs perceived in your agency? In your community? How do you know this

Appendix 5: Saskatchewan Group Manual Activities

Activity	Saskatoon Family Service Bureau	YWCA Regina	Prince Albert	Catholic Family Services of Saskatoon (ages 7-12)	Catholic Family Services of the Battlefords**
Check-in	Members talk about their week & share experiences.	“Circle check-in” The activity is theme oriented for each session. Emotion cards to show how child feels that day.	Check-in activity based on that week’s topic. May be activities like poster-making or colouring. Reviews what happened that week.	During the welcome session. A time for children to explain what has happened in the past week & how they feel about those events.	Yes (no detail)
Introductions/Getting to know you	Note that all members have witnessed or experienced family violence. Youth pair up & introduce each other to group.	Warm-up exercise: everyone sits in a circle, & whoever is holding the “talking stick” shares their name, grade & favourite TV show.	The name game: each child introduces themselves, says something good & not good from that week.	Icebreaker: children make name tags & introduce themselves. Introduce purpose of the group.	Introductions/get to know each other.
Establishing Group Guidelines	Members asked to suggest important guidelines/rules.	Brainstorm suggestions for group rules.	Children suggest group rules.	Children brainstorm ideas for group guidelines.	
Group Discussion: (Why they have come to group; - Confidentiality; Feelings; Anger; Stereotypes)	Discussion: power/control, cycle of violence, expressing feelings, social expectations, anger, conflict resolution, healthy relationships, male & female violence; self-esteem.	Discussion on: violence, feelings, types of abuse, safety, responsibility, anger, problem solving, family changes, self-esteem, & group termination.	Discussion: why they’re in group, feelings, violence, peer pressure, self-esteem, anger, taking responsibility for one’s actions, choices, safety,	Discussion: feelings, violence, personal experiences, 911, divorce & separation, personal power & assertiveness	Discussion: expectations, self-worth, self-image, coping with moods, goals for the present & future, feelings; violence.
Brainstorming	Brainstorm what they think a healthy relationship looks like & healthy boundaries.	Brainstorm about group rules.		Brainstorm about group rules, feelings, definition of abuse, safe people, anger, power,	
Reading a story/Story telling		Stories read in a number of sessions. Topics: abusive situations, responsibility for abuse, family changes,	Story act as transition from active activities to sitting down: “Alexander and the Terrible, Horrible, No Good, Very Bad Day,” & “You are Special.”	Stories read in a number of sessions: “The Story of the Trucker and the Road Signs” (Feelings session), “When I feel Angry” (Anger Session)	
Iceberg exercise	Anger iceberg helps children understand anger, & the preceding feelings that need to be dealt with.	Helps children understand the importance of feelings in order to make safe choices about their behaviour.	Helps children learn that we often don’t listen to feelings. *	Used to explain feelings.	
Videos	“The Crown Prince” (cycle of violence session). “Anger, You can Handle it” (anger session). Videos on	“Kid Stuff” (Session 1), “Tulip Doesn’t Feel Safe” (Session 4)	“It’s Not Always Happy at My House” (Session 3), “Spirit in the Forest” (Session 4), “Tulip Doesn’t	“The Crown Prince” (session on learning about violence)	Video clip from “10 Things I Hate About You” (Expectations session); “Killing us Softly”

	dating abuse.		Feel Safe” (Session 7)/		(media & women session)
Anger Volcano		How anger can explode if people don’t talk about angry feelings.	Volcano demonstrates anger: examples of being angry from the children.	Used to demonstrate anger.	
Statement/face bucket: Family Changes; Describing feelings		“Feeling grab bag”: child acts out feeling on a card from the bag. A “Statement bucket” helps children acknowledge difficult experiences in their family.	Feelings basket helps the children describe different types of feelings.		
Creative activities: Playdough, Puppets Writing a story as a group Poster TV commercial Puzzles Calendar		Mural of handprints: builds on concept of personal responsibility. -Problem solving poster. -Family crest -positive flowers for self-esteem session. -I like me picture (self-esteem session).	-Group writes a story together about feelings. -Children work together to make a rainbow (during feelings session to show different feelings). -Create Ooglies: children build a face out of clay/play dough & take a hammer & smash them (anger session).	-Draw safety hands. -Family eco-maps	Group creates a calendar, paint, make support maps, & write letters.
Role Play		In the “It’s not your fault” session role-plays help the children practice strategies for personal responsibility. Also used during problem solving session and the safety session.	Children role play what respect means and what is considered violence. Also used in the introduction session, session on violence, and session on safety.*	Children role play situations where they would use their safety plans or social supports, anger,	
Journalling		Children draw or write in their journals a time when they felt scared, angry, and happy.			
Relaxation exercises/Guided imagery/Visualization	Relaxation/visualization techniques (ten candles, falling leaf, stairway) as way of dealing with anger.	Relaxation exercise: find a special “place” they can go when their parents are fighting.			Members of the group learn meditation as part of the forgiveness session.
Other Activities		Activity: find someone in group who fits description on the Bingo card.		Anger Balloon exercise to demonstrate anger and healthy coping.	
Check-out/Closure	Wraps up the session (?)	Children tell something they liked about group that day & something they didn’t like.	Children meet with parents: may share or present. Closing ceremony.	An activity wraps up the session. May remind children about the next week.	Yes (no detail)

*Prince Albert: 10-13 Group **Examples are from Relationships that Rock

Appendix 6: Community Needs Assessment Interview Guide

Introduction: Hello, my name is _____. I am a research assistant with RESOLVE Alberta, a research institute on family violence and abuse at the University of Calgary.

The YWCA Regina has contracted with the RESOLVE offices in Alberta and Saskatchewan to find out what services are needed for children/youth exposed to domestic violence in Saskatchewan.

We are contacting key service providers and community representatives to find out your impressions of what services are available and whether they are meeting the community's needs.

The interview would take about 10 to 20 minutes. Are you willing to be interviewed? When would be a good time?

Before starting interview, please read the consent to the participant. Check if they have any questions.

1. What agency do you work for?
What is your role?
Do you work directly with victims of domestic violence?
[If yes] Please describe your involvement.
[If no] Do you have any involvement with victims or perpetrators?
2. How important are the issues of domestic violence in your community and the surrounding area on a scale of 1-10 (1 – not important and 10-important).
Please explain why.
3. In your community what is available to assist children and/or youth affected by domestic violence? What is available to assist their parents?
4. Ideally, what needs to be available to adequately address the needs of children/youth affected by domestic violence and their parents?
5. Are you aware of the groups for child witnesses in your community offered by _____?
6. Have you referred any children to these groups? Why or why not?
7. If yes, how well did the groups assist the children/youth that you referred?
8. What more needs to be available in your community to assist children/youth affected by intimate partner violence? Their parents?
9. Can you suggest the names of other professionals in your community that I should speak to?