

Addressing the Effects of Child Maltreatment through the Lens of Domestic Violence

A study funded by the Centre of Excellence for Child Welfare
Intervention Evaluation Grant

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December 2006

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Preamble:

Witnessing family violence as a form of maltreatment was identified in approximately 28% of all cases of substantiated maltreatment in Canada in 2003, and more than 69% of these children, youth and families were referred to further support services at the time of the investigation (Trocmé et al, 2005). This maltreatment included cases where the child had been a witness to, or involved with family violence within his/her home environment and it occurred most frequently in conjunction with other forms of physical abuse, neglect, and emotional abuse. Children who witness family violence are a population at risk for a wide range of internalizing and externalizing behaviour problems depending on the specific developmental stage, and are reported to be at higher risk of being violent in adult relationships (Pepler et al, 2000). Effective service intervention is essential to address the immediate and longer-term impact of witnessing family violence on these youth.

A History of the Habitat Program:

Wood's Homes is a comprehensive treatment service located in Calgary, Alberta offering a broad range of residential, clinical, educational, and community services to adolescents and young adults, age 12 –24 years. One of the residential programs is the Habitat Program, an 8-bed intensive residential treatment program for conduct disordered adolescent boys age 12-18 that offers direct intervention targeted at domestic violence trauma and child maltreatment issues as a method of treatment. The program serves 8 to 10 youth and their families each year. It has been in operation for seven years and has served 69 youth and families, primarily from Calgary but also referred families from across Canada. The program operates completely on a fee for service basis.

The Habitat approach to working with youth with severe conduct disorder and earlier trauma associated with domestic violence was first developed by Wood's Homes in 1999. The Habitat Program Director had previously been the Executive Director for six years of a women's emergency shelter and had studied a recurring pattern in conduct-disordered youth. There was evidence to suggest that children of batterers have difficulties with aggression and conduct disorder. In fact, young males with a history of witnessing family violence and involvement with the child welfare system were seen to have significantly more at risk (Jaffe, et al, 1990). Given their histories and current behavioural presentations, these youth are on a path towards perpetuating future violence (Emery and Laumann-Billings, 1998). This is exacerbated by continued failure, as their adolescent lives are replete with school failure, criminal involvement and family conflict (Cunningham & Baker, 2004)

The Habitat Program team began to study patterns of conduct disturbances and investigate clients' history of domestic violence. By looking for domestic violence issues within the case files being referred, links between a history of domestic violence and current difficulties could be traced. Several themes emerged. First, the young person's behaviour was usually seen as a problem in and of itself. By the time of referral for residential treatment, these young people were forces to be reckoned with and appeared to be well on their way to a future of perpetuating violence. Second, evidence of experiencing domestic violence lay buried deep within the files and usually only minimal information was available. Often there were only passing references to previous stays at women's shelters, of being a witness to or a victim of family violence. Third,

the youth were often traumatized not only by witnessing domestic violence but also by accompanying physical and sexual abuse.

The Habitat Program began an assessment process focused on the young person's history of domestic violence and maltreatment. Information given prior to the intake of a young person very rarely identified the extent of domestic violence and/or abuse as a presenting concern for these youth. However, once the assessment period began, the team constantly received detailed information about past experiences of violence, abuse and trauma. For these families, their story was acknowledged as having a role in the current struggle. For many, there were residual effects of issues that had been partially dealt with. For others, silence and secrecy covered ongoing violence issues. A comprehensive framework related to the effects of domestic violence, including treatment strategies for both victims and perpetrators, emerged.

The Clientele:

The clients are adolescent males who have witnessed domestic violence and who may have been traumatized additionally by physical and/or sexual abuse. They are demonstrating significant and disruptive conduct disorders and were referred for residential treatment after a breakdown of less intrusive interventions. The adolescents' families/caregivers are also clients who require and request help to better recognize and understand the residual effects of domestic violence, and to develop alternative ways of maintaining family relationships within a place of safety. Young people who participate in the Habitat Program have status with a child welfare authority and have been identified as seriously affected by exposure to domestic violence. Youth can come from all across Canada.

The Intervention Structure:

The Habitat Program at Wood's Homes was developed with the hypothesis that direct intervention targeting domestic violence trauma could be effective in treating adolescent boys with conduct difficulties who have experienced domestic violence and accompanying maltreatment. These boys who demonstrate significant conduct difficulties often give clues to their histories in the forms of aggression that they adopt. Degrading attitudes towards women, physical aggression, a limited sense of personal responsibility, and poor self-control are common maladaptive behaviours. While behaviours including violence and aggression, criminal charges, school breakdown, home/foster home breakdown, drug and alcohol abuse are commonly reported, the experience of witnessing domestic violence is rarely described as a primary or even secondary presenting concern. When the adolescent boy with this profile is admitted to the Habitat Program, treatment interventions are designed to manage behavioural issues while also exploring the underlying trauma, with the individual youth and with his family.

The central idea of the program is to bring interventions developed from the treatment components of batterers to address the behavioural issues, and simultaneously work with these youth and their families to resolve the underlying domestic violence and abuse trauma. Treatment is based on a framework that views domestic violence as a systemic problem that results in multiple effects on different family members. Within an overall framework of feminist family systems theory, a perspective that addresses healing from past trauma is combined with cognitive-behavioural strategies that use daily experiences to work towards changing patterns of abusive and violent behaviour. This perspective involves assessing the direct effects of abusive events experienced by the young person, including not only what has happened but

understanding current behavioural issues in the light of past abuse experiences. An understanding of the abuse-related mental health issues and behavioural problems determines specific treatment focus.

For the youth, work in treatment is focused on addressing evident behavioural, emotional, and cognitive problems by supporting young people to identify problematic patterns of behaviour, and to share their experience of abuse and violence. Treatment strategies include providing education about the effects of abuse and violence and challenging youth to be accountable for their own abusive behaviour. The program addresses typical patterns seen with batterers (Mathews, 1995) such as lack of empathy, lack of understanding of the intrafamilial impact of violence and lack of healthy alternatives for expression of anger. In addition, formal clinical intervention assists the youth to take responsibility as a perpetrator of violence by managing abusive behaviour and aggression, which also helps ready him to deal with his own abuse history. This is accomplished in a climate of safety and trust and is accompanied by psycho-educational group work focused on teaching young people and their families about the residual effects of domestic violence.

In order to explore the experience of domestic violence and deconstruct its effects, treatment involves not only the young person but also, as much as possible, members of his family and extended family. All family members are invited into treatment from the assessment stage through to discharge and follow-up. For some families, the violence has already stopped prior to admission of the young person. For many more, the work is focused on stopping the violence in the current family situation, and has included exploring secrecy and denial about past events, encouraging responsibility-taking from adult perpetrators, generating parental empathy for the young person, and, promoting further gains toward healing the entire family system. The clinical work is designed to support families to explore their past experience of domestic violence and find ways to live and think non-violently. Parents are assisted to identify and understand patterns of violence in their personal and family lives and the belief systems that their family has developed to justify these experiences. They are supported to develop a broader array of parenting strategies, to develop healthy attachments and interdependence, and to participate in the development and implementation of plans for their children.

Intervention Strategies:

Residential treatment takes place over approximately a nine to twelve month period, with as much family involvement as families/caregivers are prepared to commit. A full-day specialized education program is provided by the Calgary Board of Education in partnership with Wood's Homes Treatment and Learning Resources. Treatment activities include: creating opportunities for youth to recognize feelings and share their fears, anger, sadness and sense of isolation, individual, group and family therapy, journaling, daily groups, making use of teachable moments, and teaching safe and appropriate ways of dealing with the influence of anger. There are three phases of treatment: "engagement and safety", "understanding and exploration", and "responsibility and accountability"

CECW Intervention Evaluation:

The intervention evaluation began in January 2004, and completed data collection and this analysis in December 2006. The evaluation study used a comparison group, pre test-post test

design comparing an intervention group with a comparison group. Twelve youth were involved in the intervention group and an additional group of eight youth identified as exposed to domestic violence but not in treatment were involved as a comparison group. The analysis highlights key differences in participant profile.

Each group took part in a pre test of all evaluation instruments, a post test immediately following the end of the Habitat Program, and a second post test six months later. The study is designed to determine:

- if the intervention contributes to a shift in locus of control around violent behaviour for youth
- if addressing underlying trauma contributes to a reduction in the youth's violent and impulsive behaviour
- if there is an increase in adolescent developmental progress
- if at the end of the intervention other family members develop an awareness of the residual effects of domestic violence
- if the intervention contributes to an increase in family and community safety after discharge

Measures used in this study include:

- pre and post treatment standardized measure of locus of control: Nowicki Strickland Locus of Control Scale, (Nowicki & Strickland, 1973)
- pre and post treatment standardized measure of conflict management: Strauss Conflict Tactics Scale (Strauss 1979)
- Trauma Symptom Checklist for Children (TSCC) (Briere, 1996)
- Pre and post treatment administration of Child and Adolescent Functional Assessment Scale (CAFAS) (Hodges 1994)
- School attainment
- Semi-structured interviews with families/guardian at intake, discharge and at follow-up using an adaptation of the Family Interaction Interview (Salzinger 2001)

Recruitment of the Study Participants:

a) Intervention Group

All youth admitted to the Habitat Program between July 2003 and June 2005 and their families were invited to participate in the evaluation. The study received approval from University of Calgary Conjoint Faculties Research Ethics Board and received the permission of guardians (caseworkers) representing Calgary and Area Child and Family Services. We decided to simplify our recruitment process and not pursue permission from guardians from other regions and provinces.

Twelve Habitat youth participated in the research project. Of the 24 youth eligible for the study over the chosen time period, four were discharged within four months of admission and thus ineligible for the research project. Eight eligible youth and their families declined to participate in the research aspect of the program, for a variety of reasons. The primary reason given by the parent was that the interviews about their history of domestic violence would be too stressful. As well, in situations where a youth refused to participate, typically his parent(s) did not encourage him to reconsider, saying that arranging admission to the program was all they could manage with the reluctant youth.

The research project participants presented the following profile:

- The age range was from 13 to 16 years
- The average length of stay in the Habitat Program was 10 months
- All youth had some contact with family and/or extended family, e.g. grandparents, aunts and uncles
- All youth had some involvement with the legal system
- The majority of participants (11, or 92%) were treated with some form of psychotropic medication and were followed by a psychiatrist through the Calgary Health Region's Adolescent Forensic Program

b) Comparison Group

After some initial difficulty designating a group of similar youth to recruit for the study's comparison group, the Wood's Homes' Stabilization Program was chosen. This program provides a five-day residential crisis stabilization program for families of adolescents who have accessed the agency's Community Resource Team mobile crisis service. The Stabilization Program emphasizes connecting families to community supports.

Twenty-five boys with similar profiles as the youth in Habitat and agreed-upon evidence of exposure to domestic violence, and their families, were invited to participate in the intervention evaluation. Eight youth and their families agreed to participate in the comparison group. These eight youth were similar to the Habitat participants in age and connections with family. They had fewer contacts with the legal system and fewer connections to psychiatric care. All eight of the mothers agreeing to participate in the comparison group were separated from an abusive partner. These youth and parents completed the same measures within similar timeframes as the intervention participants; shortly after discharge from the Stabilization Program, after nine months, and again after six months.

Reluctance to be involved in the comparison group aspect of this project by 17 families and young people started out as a problem and ended up resulting in some secondary but interesting outcomes. We are considering another report about these results now that the study is concluded. The stated reasons for reluctance on the part of Stabilization youth and families to participate included: the presence of too much current crisis in their lives, parents having second thoughts after the youth was discharged, the youth refusing to participate, and a reversal in the acknowledgement of domestic violence, either past or present. In 12 of these 17 families the mother was living with a partner.

Intervention Evaluation Outcomes:

Beginning in July 2003, when the application for funding from CECW was approved, the Habitat Program staff, under the leadership of the program therapist, reviewed the literature and incorporated evidence-based practices into the program delivery. The program framework was revised and a formal clinical model has been completed (Stewart & Gardiner, 2006). The framework and clinical model, along with preliminary results of the intervention evaluation, have been presented at an international conference. One or more articles will be prepared for publication as a part of the information dissemination process for the intervention evaluation.

Intervention Group Outcomes:

Nowicki Strickland Locus of Control Scale, Conflict Tactics Scale, Trauma Symptom Checklist:

These instruments were used to measure what we are referring to as *internal states*. There were no significant differences pre and post treatment for the Nowicki Strickland LOC Scale or the Conflict Tactics Scale measurements. There were slight (statistically non-significant) tendencies towards reduced expressions of trauma on eight of the ten trauma categories of the Trauma Symptom Checklist.

Child and Adolescent Functional Assessment Scale (CAFAS)

The initial mean CAFAS score for the intervention group was 165.8. A score in this range indicates that the youth “likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community (extreme dysfunction)” (Hodges, 2004). The mean CAFAS score at discharge was 109.2, which is indicative of “youth who are ready for community-based care as part of a post-treatment plan” (Hodges 2004). This is an average decrease of 56.6 points, and is considered to be clinically meaningful (greater than 20 points difference). A third CAFAS measurement 6 months post-discharge gave a mean score of 94.2, indicating that the behavioural improvements at discharge as measured by CAFAS were maintaining. Two youth who received *increased* CAFAS scores at discharge were rated at the 6-month-post-discharge assessment with scores lower than at intake.

School attainment: STAR Reading and Math assessments

Youth in the Habitat Program attend a specialized educational program operated in partnership between Wood’s Homes and the Calgary Board of Education. STAR (Renaissance Learning Inc.) assessments for Math and Reading were completed at the end of each term. The mean STAR Math score at intake was Grade 5.2. The mean score after one academic year was Grade 7.1, representing an average increase in math skills over one academic year of 1.9 years, or .9 years beyond the expectation for the typical student of one grade level per academic year. The mean STAR Reading score at intake was Grade 4.9. The mean score after one academic year was Grade 8.7, representing an average increase in math skills over one academic year of 3.8 years, or 2.8 years beyond the expectation of one grade level per academic year. Reading and Math assessments were provided by parents/guardians six months after the youth was discharged from Habitat. All of the youth are maintaining progress in school, with the exception of one youth who has left school and is working in the construction industry.

Semi-structured interviews with parents

Semi-structured interviews with parents in the intervention group took place three times over the course of the study. The first interview occurred within 45 days of admission and asked about domestic violence in considerable detail. The second and third interviews revisited the themes addressed in the first interview and asked about changes in perception and/or behaviour for all family members.

The following themes emerged for the families of youth receiving treatment in Habitat.

- Financial issues and mental health concerns were prominent stressors for all families.
- All parents minimized the effects of domestic violence on the youth’s development; citing other reasons for the presence of a conduct disorder, the most common being genetic disposition, i.e. that the young person is similar to other family members in terms of behavioural and emotional difficulties.

- Transgenerational violence is evident in the stories of family trauma in the homes of parents when they were growing up
- Serious addictions issues are also prominent for family members of Habitat youth.
- Conflict between the couple was described as frequent (two or more times per week), as well as verbally and emotionally abusive, and the frequency of physical violence steadily increased until the couple no longer lived together. Youth were often exposed to continued abuse from the non-custodial parent or that parent's new partner during visits. The custodial parent rarely made attempts to limit contact after the separation, with a theme of appeasement being prominent.
- Violence towards the custodial parent and younger siblings by the youth in treatment is another prominent theme in the family interviews, and was often the trigger for Children's Services to become involved. The custodial parent often relied on the non-custodial parent (abusive former partner) to help with discipline when the youth was being violent towards other family members.
- Custodial parents often remarked about how helpless they felt to make any changes, and how they had become inured to frequent violence in the home.
- Another theme was a tendency for the custodial parent to identify depression as a hindrance to their ability to provide good parenting and to take responsibility for their part in their child's current behavioural and emotional difficulties.
- Financial stress was also identified as a contributor to family dysfunction, including frequent moves, problems with creditors, and difficulties providing the basic necessities for the children. A great majority of the families were receiving social assistance.
- All families spoke highly of the level of support from the program therapist in leading the family towards a different way of interacting together and helping them to set standards of what kinds of behaviour will and will not be permitted in the home.
- Seven custodial parents became involved in parent support groups and reported finding this type of assistance helpful.
- Themes of continuing effects of trauma are strong in the pre/post data. For example, one family is dealing with the suicide of the youth's father.
- Parents also speak of having greater knowledge of the needs of adolescents and believing that they are better able to parent not only their child who is in the program but their other children as well.

Post-discharge information

Parents reported six months post-discharge that they have new skills for managing with their younger children who are living at home, and that they are more proactive in finding supports when violence occurs, either informally through friends and family or more formally through established community resources. Financial issues continue as stressors for these families, and six parents continue in treatment for mental health concerns, primarily involving depression or anxiety disorder.

The nine families whose sons were not living with them during the time of the final interview reported that they were maintaining strong connections and had good working relationships with the people currently caring for their sons. Three youth are currently residing in a supported independent living program, one youth is living in a Wood's Homes group care setting, and four youth are living in foster care. One youth is living on his own and is self-supporting.

Comparison Group Outcomes:

Nowicki Strickland Locus of Control Scale, Conflict Tactics Scale, Trauma Symptom Checklist

There was no apparent change using these three instruments with the comparison group over the course of the study, although the comparison group scores show a tendency overall to be lower than those of the intervention group.

Child and Adolescent Functional Assessment Scale (CAFAS)

The initial mean CAFAS score for the youth in the comparison group was 82.5. A score in this range indicates that the youth “may need additional services beyond outpatient care (moderate dysfunction)” (Hodges, 2004). The mean CAFAS score nine months after discharge from the Stabilization Program was 86.3, still in the range of moderate dysfunction. A third CAFAS measurement 6 months post-discharge resulted in a mean score of 87.5. There is a slight upward trend in scores, with the mean remaining in the “moderate dysfunction” range.

School attainment:

Because the Stabilization Program offers a full day school program a teacher was able to provide an estimated grade level for Math and Reading for the youth in the comparison group. Parents provided assessments of Math and Reading at the time of the post-discharge and third interviews. (No formal assessment tool such as STAR was used to determine these grade levels.) The mean Math grade level determined by the teacher during the Stabilization admission was grade 8.1 and the mean Reading grade level was grade 8.4, while the expected grade level according to chronological age was grade 9.4, indicating a negative difference of 1.3 academic years for Math and 1 academic year for Reading. The mean estimated grade level for these youth 9 months later, as determined by report cards, was grade 8.6 for Math and grade 8.6 for Reading, while the expected grade level according to chronological age was grade 10.3, a negative difference of 1.7 academic years for both Math and Reading.

Six months later two youth were no longer in school, although they had both obtained full time employment. The mean Math and Reading grade levels determined by report cards for the six youth who were still in school was Grade 9.1 for both Math and Reading, while the expected grade level for these youth was Grade 10.9, a negative difference of 1.8 academic years for both Math and Reading. The parents of these youth reported that school attendance and achievement continued to be problematic over the course of the study.

Semi-structured interviews with parents

The following themes emerged from the first of the comparison group family interviews:

- Parents expressed the belief that the youth was the primary creator of his and the family's distress, and the youth's behaviour needed to change before the family could respond with anything different in their interactions.
- Domestic violence was described as occurring long before the youth's current difficulties, and was rarely seen by the parent as having significant influence on the current situation.
- The youth continued to have contact with the perpetrator of abuse.
- The youth's biological father was frequently described as having serious addictions issues.
- While all participants identified themselves as victims of domestic violence, the features of violent interactions with partners were described as mild and most often provoked by the respondent or another family member.

The following themes emerged from the second of the comparison group family interviews:

- Parents expressed continuing concerns about the youth's difficulties in school and behaviour in the community, including alcohol and drug use, and difficulty with authority figures.
- Parents described additional treatment resources as being difficult to find; with the youth on long waiting lists for community-based services.
- One youth had been diagnosed with ADHD and was using medication with some success.
- One mother had separated from the partner whom she had been living with at the time of the first interview; she provided new information about this partner being verbally, emotionally and physically abusive to her and her children.

The following themes emerged from the third comparison-group family interviews:

- The focus of concern continued to be on the inability of the young person to take responsibility for his maladaptive behaviour.
- One parent entered into a custody agreement with the Calgary and Area Child and Family Services Authority and her son moved into a group home operated by Wood's Homes.
- All eight youth experienced continuing difficulty in school. Two youth had dropped out and obtained full time employment in the service industry. Three youth were in a school that offered a modified program for youth with learning challenges. Two youth were at risk of losing a current school placement because of behavioural difficulties and truancy. Only one youth was functioning in a regular classroom with difficulties seen as "manageable" by the parent.
- All parents talked about continuing difficulty with verbal and physical abuse perpetrated by the youth on other family members.

Families who pulled out of the comparison group:

Because 17 youth and families initially consented to be contacted by the researcher, and then declined to participate in the study, information from their Stabilization files were examined in order to gain more knowledge about what might be going on in their lives that would prevent them from continuing with the study.

Themes from file review:

- All youth were victims of physical, emotional, sexual abuse and/or neglect
- All youth were perpetrators of intrafamilial abuse
- All youth had witnessed domestic violence
- Very few families were actively involved with Child Welfare services
- Many of the parents identified as abusers were active in the family's life; e.g. still living in the home, in the middle of processes related to legal aspects of domestic violence, engaged in custody and access disputes,
- School issues were listed as more stressful for parents than issues in the home
- Incidents of violence in the community such as violence towards animal, fire setting, bullying
- A recent stressful event had occurred for the custodial parent; e.g. death of a family member, moving residence, health crisis

Limitations of the Study:

Recruitment of participants in the intervention group proved more difficult than originally expected. Some youth left the program after only a few months of treatment, and that is to be expected. However several families participated in the entire Habitat Program but did not consent to participate in the research component. When parents were interested but their youth refused to participate, parents could not work with their children to help them see the benefits for themselves and other families. Avoiding conflict with the youth seemed to be a primary driver in the family's ultimate decision not to participate. Even when the target of twelve youth had been recruited for the study, the numbers are still small for a high quality intervention evaluation.

Establishing a useful group to create a comparison cohort also proved more difficult than anticipated. Wood's Homes values immediacy of service and does not maintain lengthy waiting lists for any of its programs. The decision to use the Stabilization Program made sense in that the program serves over 350 youth and families each year. Youth with significant exposure to domestic violence who were not in treatment and their families should be readily available to recruit. However several factors interfered with the success of this recruitment, including communication difficulties between the researchers and the Stabilization program staff, and the reluctance of parents to explore issues of domestic violence once their child had been discharged from the Stabilization Program and the crisis was less acute.

The tools chosen to determine changes in locus of control and increased skills in dealing with conflict and trauma seemed useful at the outset but they did not prove useful in differentiating treatment effects. Youth were reluctant to complete paper and pencil tests and were not captured by the content. Some tests were carelessly completed or left with questions unanswered. In contrast, the CAFAS relies on trained raters using adult informants and provided more useful information for the study.

School attainment information for the comparison group was less rigorously obtained than school attainment information for the intervention group, who were all in specialized school settings with regular literacy assessments available. The semi-structured family interview was adapted for the second and third meetings to investigate changes over time as well as current circumstances; however, families reported that the additional interviews were repetitive and asked questions that the interviewer already had information about from previous meetings.

Addressing CECW Objectives:

1) evaluate the effectiveness of a promising program:

The progress of the Habitat program during the first four years of operation had been encouraging, with the program receiving the "Dare to Dream" award at the International Conference on Children Exposed to Domestic Violence in London Ontario in 2001, achieving successful accreditation with the Canadian Council on Health Services Accreditation in 2002, and preparing an article for publication (Gardiner and Johansson, 2002). This intervention evaluation funded by CECW has allowed the program to determine client progress and adapt treatment to better serve clients. The assessment tools for youth were used for all clients in Habitat, thereby increasing knowledge about how youth make progress in treatment in the spheres of emotional, physical, intellectual and interpersonal well being.

2) *develop capacity within service providers for conducting research*

Habitat Program staff have increased capacity to carry out formal evaluations of their work, and the agency has developed increased capacity to carry out intervention evaluations for other programs. The agency's stand-alone Research Department has gained in experience and expertise to monitor and evaluate excellence in service delivery within the agency, and to support programs in their outcomes measurement, quality improvement and risk management endeavours. The Department has also learned how to work better with treatment programs to assist with putting theory into practice. The agency is better able to promote and increase knowledge about promising practices in the field, as well as partnering and collaborating with others for synergistic results.

3) *establish partnerships between practitioners and researchers*

The multidisciplinary nature of the treatment team (made up of 6 different disciplines) provided strong encouragement and opportunity for partnership both in service delivery and in research practice. The partnership between Wood's Homes and the University of Calgary Faculty of Social Work provided a model for other partnerships in research and practice-level projects with other faculties (e.g. Nursing, Education), research institutes (e.g. Vocational and Rehabilitation Research Institute, Resiliency Canada) and educational programs (e.g. Calgary Girls' Charter School).

Conclusion:

The Habitat Program is a comprehensive and intensive residential program for adolescent boys who have been seriously affected by domestic violence. Interventions are targeted at domestic violence impacts and borrow from treatment strategies for adult batterers. The program simultaneously works on behavioural issues and underlying trauma. The information gathered and analysed as a part of this intervention evaluation indicates that there is a considerable likelihood that the Habitat Program makes an important positive difference in the lives of client youth and their families, particularly in the areas of reduction of maladaptive behaviour, increasing school achievement, improving family functioning and increasing awareness of the residual effects of domestic violence. Shifts in locus of control around violent behaviour and a reduction in the effects of past trauma are less evident. Families' tendency to minimize the effects of violence is strong in both the intervention and the comparison groups. Determining the extent of increased family and community safety will be a part of continuing program evaluation.

The study will generate one or more papers for publication in peer reviewed journals. The agency and university research partners gave a poster presentation at the University of Calgary Faculty of Social Work Research Scholarship Exchange, "The Community Connection: Improving Health Outcomes Across the Lifespan" in March 2004, and the findings of the study thus far were presented at the World Conference on the Prevention of Family Violence in Banff Alberta in October 2005. The clinical model for Habitat and the results of the intervention study were presented at Worldforum 2006 in Vancouver British Columbia, an international conference co-hosted by the B.C. Ministry of Children and Family Development, the Child Welfare League of Canada, the International Forum for Child Welfare and Alberta's Children Services. We will also be presenting this research project at the Child Welfare League of Canada international conference "World Forum 2006" in November 2006. Articles about the findings will also be submitted to at least two journals of Alberta professional associations (e.g. psychology and social work), including the Journal of Public Child Welfare.

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