Effect of Professional Training on Child Protection Workers’ Conceptualization and Self-Efficacy in Domestic Violence Cases

by

Marlena Colasanto

A thesis submitted in conformity with the requirements for the degree of Master of Arts
Department of Applied Psychology and Human Development
Ontario Institute for Studies in Education
University of Toronto

© Copyright by Marlena Colasanto 2018
Effect of Professional Training on Child Protection Workers’ Conceptualization and Self-Efficacy in Domestic Violence Cases

Marlena Colasanto

Master of Arts

Department of Applied Psychology and Human Development
University of Toronto

2018

Abstract

Child exposure to domestic violence (DV) is a recognized form of child maltreatment. In Ontario, more cases are referred to child protection as a result of concerns of DV than for any other form of maltreatment. Child protection workers often do not understand the dynamics of DV and are not well equipped with the tools or knowledge to refer families to appropriate interventions. We examined the efficacy of professional training to improve worker responses to mothers who have experienced DV and fathers who have perpetrated DV. Findings revealed marked differences in workers’ capacity and self-efficacy for conceptualizing the risks and needs of mothers and fathers. Professional training resulted in improvements to worker’s conceptualization of mothers’ risk and needs as they intersected with DV, not fathers’. Results will help lay the groundwork for future studies aimed at improving workers’ knowledge and response to families in circumstances of DV.
Acknowledgments

I would like to acknowledge the many people who have contributed to this thesis, and who have provided support, guidance, and encouragement over the past two years. I would like to thank my supervisor, Dr. Katreena Scott for her support, expertise, and insight. I would also like to acknowledge Michelle Ferreira and Danielle Lim. Without your dedication and work on the Safe and Understood study my project would not be possible. To all of the social workers from the Children’s Aid Society, thank you for your time, continued support of research, and for your dedication towards the families that you serve.

I am tremendously grateful to my family and friends for their endless support and encouragement. To my parents, thank you for fostering a home filled with love and support throughout my childhood. This has encouraged me to continue to do research within this field and hope that this work will help children experience the affection that I have always known. Mitchell, thank you for your unwavering belief in me, and always providing a listening ear.

This research was funded by the Social Science and Humanities Research Council of Canada.
Dedication

For Sophia, Emma, Grace, Adam, and Michael.
# TABLE OF CONTENTS

Acknowledgments ............................................................................................................................. iii

Dedication ........................................................................................................................................ iv

List of Tables ...................................................................................................................................... vii

List of Figures .................................................................................................................................... viii

Introduction ......................................................................................................................................... 1
  1.1 Exposure to Domestic Violence and Associated Child Outcomes ................................................. 1
  1.2 Child Protection and Response to DV ............................................................................................ 2
  1.3 Gaps in Services around Parenting within the context of DV ...................................................... 4
  1.4 Improving Response to Children Exposed to DV within the Child Welfare System .............. 4
  1.5 Proposed Study Aims and Hypotheses ........................................................................................... 5

2 Methodology ...................................................................................................................................... 7
  2.1 Design ........................................................................................................................................... 7
  2.2 Participants and Procedures .......................................................................................................... 7
  2.3 Measures and Variables ............................................................................................................... 11
  2.4 Data Analysis ............................................................................................................................... 15

3 Results .............................................................................................................................................. 17
  3.1 Data Exploration ........................................................................................................................... 17
  3.2 Preliminary Analysis ..................................................................................................................... 17
  3.3 Worker Professional Development Training .................................................................................. 19
  3.4 Effect of Training on Worker Conceptualization of DV Related cases at Time 2 .................... 20
    3.4.1 Mother-Focused Training – Mother and Child Conceptualization and Self-efficacy at Time 2 ......................................................................................................................... 21
    3.4.2 Father-Focused Training – Father Conceptualization and Self-efficacy at Time 2 ............... 21
    3.4.3 Effect of Training Dosage on Conceptualization ...................................................................... 22
  3.5 Changes in Worker Conceptualization and Self-efficacy from Time 1 to Time 2 .................... 22
4 Discussion .................................................................................................................................................. 25

4.1 Implications .......................................................................................................................................... 29

4.2 Limitations and Future Directions ....................................................................................................... 30

4.3 Conclusions ........................................................................................................................................... 30

References .................................................................................................................................................... 31
List of Tables

Table 1. Worker Demographic Information .................................................................18

Table 2. Correlations for Conceptualization at Time 1, Self-efficacy, and Years of Experience ..19

Table 3. Means and Standard Deviations for Conceptualization Scores and Self-Efficacy, across training groups, at Time 2 .................................................................22
List of Figures

Figure 1. Worker condition and shift in position or study status.................................9

Figure 2. Number of workers that completed Time 1 and Time 2 vignettes......................10

Figure 3. Coding system for mother, father, and child case conceptualization....................13

Figure 4. Mother conceptualization score over time and for workers who received mother-
          focused training (n = 19) compared to those who did not (n = 17). .........................23

Figure 5. Father conceptualization score over time and for workers who received father-focused
          training (n = 18) compared to those who did not (n = 18). .....................................24
Introduction

1.1 Exposure to Domestic Violence and Associated Child Outcomes

Exposure to domestic violence (DV) is a well-established risk factor for later impairments in children’s development (Springer, Sheridan, Kuo, & Carnes, 2007). Children living in families where DV is present are exposed to a pathological environment that fails to provide the developmental experiences that are necessary for normal, healthy, development. In Canada, it is estimated that approximately half a million children are exposed to DV every year (Dauvergne & Johnson, 2001). In the United States, it is estimated that between 3.3 million and 10 million children are exposed to adult DV each year (Straus, 1992). Across both countries, children under the age of three are at a disproportionate risk of being exposed to DV (Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., Fast, E., Felstiner, C., Hélie, S., Turcotte, D., Weightman, P., Douglas, J. and Holroyd, 2008). Unfortunately, there is little evidence to suggest that these rates are declining.

Over the past 20 years, our understanding of the impact of DV exposure on children has grown substantially. Problems amongst children exposed to severe and prolonged DV are wide-ranging and often include an increased risk of developing externalizing and internalizing disorders (Kitzmann, Gaylord, Holt, & Kenny, 2003). Numerous studies show that the deleterious effects include a number of psychological and behavioural challenges that are lifelong and can result in serious social-emotional disorders such as depression, anxiety, aggression, and antisocial behaviour (e.g., Johnsona et al., 2002; Jonson-Reid, Kohl, & Drake, 2012; Malinosky-Rummell & Hansen, 1993; Margolin & Gordin, 2000; Thompson & Tabone, 2010; Vandenberg & Marsh, 2009). In 2008, the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS; Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., Fast, 2010) found that, among children substantiated by child protective services, 46% showed at least one functioning issue. Academic difficulties, depression/anxiety, child aggression, attachment issues, intellectual/developmental disabilities, and attention deficit hyperactivity disorder, were the most frequent reported child functioning issues (Public Health of Canada, 2010).
1.2 Child Protection and Response to DV

Child exposure to DV is a recognized risk factor within Child Protection Services and has contributed to the increase in DV-related child protection investigations in Canadian agencies (Trocme et al. 2005). In Ontario, 48% of children referred to child protective services are referred as a result of concern about child exposure to DV (Fallon, Trocmé, Filippelli, Black, & Joh-Carnella, 2017). This translates to approximately 20,500 cases per year. In Ontario, exposure to DV is a reason for substantiation of concerns about emotional abuse. These referred cases are substantiated more often than other forms of maltreatment within child protection services (Alaggia, Gadalla, Shlonsky, Jenney, & Daciuk, 2015).

The increasing recognition of DV-related cases is creating significant challenges in the investigation and protection practices of child protection workers, and presents workers with many difficulties (Bourassa, Lavergne, Damant, Lessard, & Turcotte, 2008). Child protection workers often misunderstand the dynamics of DV-related cases. This lack of understanding has critical ramifications for the way in which workers respond to mothers (who are often the victims of the violence) and their children (who experience the negative consequences associated with exposure to DV) (Douglas & Walsh, 2010). For example, workers may not be adequately equipped with the tools or knowledge to refer families to appropriate interventions or may inconsistently refer families to community services (Hughes, Chau, & Poff, 2011). Further, concerns about workers accusing mothers for being neglectful for not protecting their child while formulating their response, and mother’s fear of losing custody of their child (Devoe & Smith, 2014), remain.

It is well documented that in child protection practices cases that involve DV remain open for longer compared to other forms of maltreatment (Alaggia et al., 2015). One reason may be because DV cases are often assessed as more complex and high risk and therefore require a greater level of support. As such, mothers (and their children), often remain involved with child protection services for longer and experience greater surveillance (Alaggia et al., 2015). Another reason workers may keep DV cases open for longer is because of their lack of understanding and training in the dynamics of DV.
There is often variation in intervention practices of child protection workers in cases where children are exposed to DV (Bourassa et al., 2008). Child protection workers typically focus on the needs and safety of the child, causing the needs of the mother and father to frequently be overlooked. This practice does not recognize that within the context of DV the well-being and safety of the child is not mutually exclusive to that of the mother (Bourassa et al., 2008). Many highlight the need for better training and greater collaboration between child protection and Violence Against Women (VAW) services within this complex area of practice in order to avoid re-traumatization of women and to promote better outcomes for children in the context of exposure to DV (Fallon et al., 2013; Hester, 2011; Lapierre, 2008). Another critical gap in knowledge that must be addressed is the response of child protection workers on the perpetrator of the violence (often the father or partner). Workers often view the perpetrator as a threat, irrelevant, or absent, which further contributes to their lack of understanding regarding how this impacts the well-being of the child and not focusing on the needs of the father (O’Hagan, 1995; J. B. Scourfield, 2001).

To improve care, it is crucial that child protection workers have a firm understanding of the dynamics and impact that exposure to DV has on children (Kantor et al., 2004), in addition to interventions that prevent the recurrence of child exposure to violence (MacMillan, Wathen, Jamieson, et al., 2009). Historically, child protection practice to intervene has focused primarily on the mother’s capacity to take action and protect their children from exposure to violence (Jenney, Mishna, Alaggia, & Scott, 2014; Kelly & Wolfe, 2004). An abundance of literature demonstrates that there are many issues with a mother-focused approach to protect children from harm (Debbonaire, Debbonaire, & Walton, 2004; Scott & Crooks, 2004, 2007; Zanoni, Warburton, Bussey, & McMaugh, 2013). More specifically, this approach does not consider the issue of victimization for women, including safety strategies, or the complexity of DV. In addition, it does not allow for the possibility of working directly with perpetrators to reduce rates of abuse recurrence. Alternatively, a more appropriate response would be to offer effective and impactful services, with enduring outcomes, to parents and particularly fathers who have perpetrated the DV in the home (Bugental et al., 2010; MacMillan, Wathen, Barlow, et al., 2009). Finally, this approach is inadequately suited to respond to the needs of families who intend to remain in contact despite past abuse (Lapierre, 2008; Samuelson, Krueger, & Wilson, 2012). Unfortunately, there is still an ongoing concern about child protection response to DV and...
the availability of empirically supported services for child victims who are exposed to DV (Gordon, Oliveros, Hawes, Iwamoto, & Rayford, 2012; MacMillan, Wathen, Barlow, et al., 2009; Strug & Wilmore-Schaeffer, 2003).

1.3 Gaps in Services around Parenting within the context of DV

DV and the availability of parenting interventions to address related issues remains an enduring concern within child protection services. There is a need for intervention services that specialize in DV, recognize a mother’s experience of DV as traumatic and how this may impact her parenting and child’s development, and uses a dyadic intervention approach. Over the years, it has become increasingly clear that interventions are needed in two key areas (MacMillan, Wathen, Jamieson, et al., 2009). The first is interventions that will reduce impairment of the child victims exposed to DV, and the second is interventions that will prevent the recurrence of child exposure to violence (Gordon et al., 2012; MacMillan, Wathen, Barlow, et al., 2009; Strug & Wilmore-Schaeffer, 2003). Both types of interventions are needed in order to achieve an adequate child protection response to DV. As mentioned above, several research studies have now demonstrated the need to offer effective services to fathers who are perpetrators of DV. While this is recognized more widely, most fathering programs are focused on promoting father involvement and support father-child relationships while lacking focus on co-parenting or maltreatment and DV specifically.

1.4 Improving Response to Children Exposed to DV within the Child Welfare System

The role of child protection workers in cases where children are exposed to DV is instrumental to improving the well-being and future of the child and family. Unfortunately, the response of health care professionals to women experiencing DV is poorly informed and often inappropriate, as this topic is not sufficiently addressed during their training (Turner et al., 2017). It is imperative that child protection workers receive the necessary training that is needed to identify high risk families and where appropriate refer to further services.

A meta-analysis conducted by Turner et al. (2017) reviewed published evidence on interventions aimed at improving professional’s practice with DV survivors and their children. The majority of the 18 individual-level studies that set out to examine the effects of training interventions found a
significant improvement in professional’s self-reported knowledge scores. Further, significant improvements in participants’ self-perceived competence scores were also reported post-intervention. Training interventions tested under randomised controlled conditions supported the aforementioned trends. However, of the individual-level studies examined, administration of outcome measures varied from 48 hours to more than six months following the training programme, and only two studies reported repeated outcome measures (Dubowitz et al., 2011; Feigelman, Dubowitz, Lane, Grube, & Kim, 2011). This finding represents a critical limitation in the methodological inconsistency across studies. The intervention itself across all studies also varied. For example, one study used an initial didactic session lasting for 30 minutes, followed by three-month follow-up teaching sessions (including role-play) (Berger, Bogen, Dulani, & Broussard, 2002), while another study provided professionals with a curriculum designed to inform workers of the dynamics of DV and the impact on families when DV occurs (Haas, Bauer-Leffler, & Turley, 2011). The inconsistency in the delivery of training and assessing outcomes of interest represents a critical gap in our current understanding of best practices regarding training professionals about responding to families where DV is present.

1.5 Proposed Study Aims and Hypotheses

The aim of the present study was to examine the efficacy of professional training to improve child protection worker responses to mothers who have experienced DV and fathers who have perpetrated DV. This study is being carried out as part of a larger cluster randomized control trial (CRCT) to improve child protection responses to cases substantiated and child 0 to 4. The larger study includes a more extensive range of outcomes, including child protection outcomes over two years. However, this thesis focuses only on the initial part which is whether professional training can improve workers’ capacity and self-efficacy for working with mothers who have been victims of DV and fathers who have perpetrated the DV. For this CRCT, workers were assigned to following four conditions: a) mother-focused training; b) father-focused training; c) both mother- and father-focused training (combined); d) Service as usual (SAU). The model for intervention testing uses a factorial design, allowing for simultaneous examination of mother and father-focused work. For this thesis, analyses compare those workers who have received mother training (i.e., mother-focused training and combined) with those who did not (i.e. father-focused training and SAU) as well as father training (i.e., father-focused training and combined) with those who did not (i.e., mother-focused training and SAU).
**Hypotheses.** The first hypothesis of the study was that professional training would increase the workers’ capacity to conceptualize risk and needs in hypothetical cases typical of those open to child protection services as a result of child exposure to DV. Specifically, workers will demonstrate appropriate case conceptualization skills (i.e., better able to identify risks and needs of mother/father, will be more likely to recommend interventions relevant to addressing fathers’/mothers’ attitudes and behaviors; and will be more likely to identify specific, concrete behavior changes in fathers/mothers as part of the rationale for case closure). It was hypothesized that effects of the intervention would be evident following training in case conceptualization around mothers in workers who received mother-focused training as compared to those who did not, and in case conceptualization around fathers in workers who received father-focused training compared to those who did not.

The second hypothesis was that workers randomly assigned to receive professional training would have greater self-efficacy for referring to and collaborating with intervention programs. Effects will be evident following training. Specifically, workers in the father-focused training condition will report greater self-efficacy for referring fathers and collaborating with fathering interventions compared to workers who did not receive this training. Likewise, it was hypothesized that workers in the mother-focused training condition will report greater self-efficacy for referring mothers and collaborating with mothering interventions compared to workers who did not receive this training.
2 Methodology

2.1 Design

This study used a repeated-measures factorial-design to examine the efficacy of providing families’ child protection ongoing service workers with professional training to improve responses to mothers who have experienced DV and fathers who have perpetrated DV. The primary outcome of this thesis is workers’ case conceptualization skills and self-efficacy for working with mothers and fathers in DV-related cases.

2.2 Participants and Procedures

Child protection workers’ ongoing service teams were recruited from four branches of the Children’s Aid Society Toronto (CAST), underwent informed consent, and were enrolled in the Safe and Understood research study. Workers consented to being randomized into one of the four study conditions described above (see proposed study aims and hypothesis section). At CAST, child protection workers are nested in teams of five to six workers with one supervisor. Condition randomization was assigned by team. As such, child protection workers in any one team were assigned to the same condition. Eligible participants were full-time ongoing child protection workers at CAST Central, North, or Scarborough branch in Toronto, Ontario. There were no exclusion criteria for workers aside from the need that their supervisor also had to independently consent to the study. Once informed consent was obtained workers were invited through email to complete a background questionnaire, a hypothetical DV case vignette, and a self-efficacy measure. The DV case vignette and self-efficacy measure were completed at baseline (Time 1) and again 12 months later (Time 2). The background questionnaire was completed only at Time 1. Workers had approximately three months to complete the vignette and were reminded every two weeks and then every one week. In addition, an appreciation barbecue was held. Once the online component was completed workers received a $20 Amazon gift card. Following completion of the first vignette, all workers in an intervention condition were invited to three one-hour long presentations and were given access to a practice leader and consultant to respond to questions and concerns about working with DV-related cases.

Workers were directly trained by experts of mother- and father- focused interventions. Professional development training focused on identifying key indicators and patterns of risks in cases of child exposure to DV; successfully engaging mothers and fathers in parenting
interventions likely to mitigate these risks; provided clear descriptions of mother-focused and father-focused interventions; made explicit links between the goals and outcomes of interventions that are in line with the child protection Signs of Safety (SOS) model-informed goals that are the focus of workers; and provided knowledge on how to support/maintain change in clients that attended mother-focused or father-focused programs. In addition, workers also had access to web-based resources including handouts and an online professional development training portal for mother-focused and father-focused programs. Content of the training portals included videos that discussed important aspects of each intervention and pdf copies of the handouts that were distributed in in-person rounds of training. Workers that were assigned to the mother-focused condition gained access to the program specific portal, while workers that were assigned to the father-focused condition gained access to the father-program portal. Workers that were assigned to the combined group gained access to both portals, while workers that were assigned to the SAU condition did not gain access to either portal. Workers who could not attend the rounds of training stated that it was helpful to have all of the information easily accessible online because it ensured that they received some knowledge as those who did attend the in-person training. Workers who attended the in-person training stated that it was a great way to refer back to the information in situations where a refresher was needed. The final presentation that workers attended was conducted before they completed their Time 2 DV case vignette. Figure 1 presents a description of study enrollment, worker condition, and change in condition or study status from Time 1 to Time 2. From the time workers consented to the time they were assigned a condition, some workers dropped out of the study either because they moved positions (ie. to an intake position) or had a supervisor who did not consent to participate in the larger study. In addition, approximately 6 months into the study, two of the four branches amalgamated resulting in an unusually high amount of change in workers’ teams. Figure 2 illustrates the number of workers who completed vignettes at Time1 and Time 2 and their study condition.
**Figure 1. Worker condition and shift in position or study status**

- **Total consenting workers at Time 1:** 148
  - Assigned workers at Time 1:
    - Father-focused training = 31
    - Mother-focused training = 28
    - Combined = 31
    - SAU = 23

- 24 workers left the study:
  - 4 workers went on maternity leave;
  - 5 left the agency;
  - 3 retired;
  - 10 were promoted or moved to intake role.

- 88 workers remained on original team at Time 2.
  - 16 (12%) workers shifted teams: 6 remained in same condition
    - Father-focused → Combined = 1
    - Mother-focused → Father-focused = 2
    - SAU → Father-focused = 3
    - SAU → Mother-focused = 1
    - SAU → Combined = 1
    - Combined → SAU = 2

- 15 workers joined

- Consentling & assigned workers at Time 2:
  - Father-focused = 25
  - Mother-focused = 26
  - Combined = 24
  - SAU = 22
Figure 2. Number of workers that completed Time 1 and Time 2 vignettes

Time 1 Vignette, N = 73
- Father-focused training = 16
- Mother-focused training = 20
  - Combined = 21
    - SAU = 16

Time 2 Vignette, N = 52
- Father-focused training = 15
- Mother-focused training = 13
  - Combined = 15
    - SAU = 9

Workers who completed both Time 1 and Time 2 vignette, N = 36
- Father-focused training = 9
- Mother-focused training = 10
  - Combined = 9
    - SAU = 8
2.3 Measures and Variables

Worker Background Form. A practitioner background form was used to obtain baseline demographic (age and gender), educational history (level of education, highest degree earned), professional practice information (number of years of experience in child protection), and current job information (CAST branch location, position title).

Case Vignettes. Worker conceptualization was assessed on three dimensions: 1. Ability to identify client risks and needs, 2. Referring/engaging families to appropriate interventions, and 3. Evidence that the worker decision-making to close a file takes into account intervention effects. Workers were evaluated on these three dimensions by their response to a hypothetical DV case vignette. Vignettes were developed in collaboration with study investigators and child protection services and were designed to be as realistic as possible. To ensure the vignettes were truly realistic, a subset of workers specifically from a DV team at CAST also completed the vignettes. These workers demonstrated the ability to answer the questions thoroughly which indicated that the vignettes were indeed easy to comprehend. Vignettes were randomized, such that, workers from the same team received a different vignette from their other team members. Overall, there were three versions of a vignette (Version A, Version B, and Version C). Workers completed a case vignette at two different times points – one at baseline (Time 1) and again one-year later (Time 2). Order of vignette presentation was counterbalanced.

After reading the case vignette, workers were asked to 1. To “Identify the risks to the child”, 2. “Create an intervention plan for the family (i.e. what are your intervention goals for this case and how would you go about achieving them)”, and 3. “What would you be looking for as indicators that this case is ready to be closed”. Worker responses were coded based on 5 items using a 3-point Likert Scale, ranging from 0 ("poor") to 2 (“excellent”). Individual conceptualization scores for father, mother, and child were created based on these 5 items – 1 item pertaining to identifying risks, 2 items based on intervention goals, and 1 item related to readiness for case closure. A total sum score was calculated separately for mother, father, and child. Scoring for each conceptualization score ranged from 0 to 10. Figure 3 illustrates the coding scheme used to calculate conceptualization scores.

The answer key used to code responses was designed in consultation with professionals and child protection supervisors with expertise in case practice. Case vignettes were double scored by the
study author (MC) and another Research Assistant. In the event that discrepancies came up between the two coders, discussions were conducted until a final agreed upon score was obtained. Interrater agreement was calculated for 94% of all vignettes, resulting in 117 code comparisons. Based on these 117 cases, a percentage agreement of 81.7% (Cohen’s kappa = .74) was found, demonstrating sufficient interrater reliability and a good level of agreement beyond chance (Fleiss, 1981).

Examination of differences across vignettes was conducted to explore any potential differences between the three versions. Results revealed a significant interaction between mother conceptualization score and vignette version ($F(2, 71) = 4.78, p < .05$). Specifically, workers who completed Vignette C scored significantly lower than those who completed Vignette A or Vignette B for mothers’ conceptualization score. As such, only Vignette A and Vignette B were included in Time 2 of this study.

An example of a strong response pertaining to identifying the risks and needs of the mother is:

“Nicole's feelings of worn-out, exhausted, and helplessness when caring for her children. Nicole has been misusing drugs and alcohol. Nicole and Tim have been arguing and have been violent towards one another. Tim has a history of drug use and now spends less time in the home; this places Nicole in the role as sole caregiver and is overwhelmed in this role. Tim has a history of being a violent partner and currently is one. Nicole's childhood history may affect her attachment relationship with her children as well as her own emotional well-being. Nicole and Tim's current circumstances may place the children at risk of neglect, emotional and physical harm. These risks of harm also pertain to the parents as well. Neglect - concerns of lack of supervision, lack of clothing and lack of food - basic needs not getting met emotional - exposure to acts and threats of violence between their parents and physical harm.”

A more typical response is: “Exposure to adult conflict. Risk of neglect. Mother using substances which impacts her ability to be available to her children.” Another example of a strong response where workers were asked to describe an intervention plan for fathers is:

“…I will refer Tim to the Caring Dad's program….now I will be encouraging him to understand the developmental age and stage of the children. He will focus on what his triggers are…He will develop strategies to better address and respond to the issue at hand.”

A more typical response to this question is: “refer dad to Caring Dads program”.
**Figure 3.** Coding system for mother, father, and child case conceptualization.

<table>
<thead>
<tr>
<th>Identify risks to mother:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Identifies mom’s past history with DV, abuse, and trauma and how this has an impact on parenting the children</td>
<td>Adequately identifies mom’s past history with DV, abuse, and trauma</td>
<td>Does not identify mom’s past history with DC, abuse, and trauma or how it impacts parenting the children</td>
</tr>
<tr>
<td>B. Addresses the unstable nature of co-parenting relationship (on-off nature of relationship, young parent, large age difference etc.) and/or parent-child relationship</td>
<td>Adequately identifies the unstable nature of co-parenting relationship (on-off nature of relationship, young parent, large age difference etc.) and/or parent-child relationship</td>
<td>Does not identify the unstable nature of co-parenting relationship (on-off nature of relationship, young parent, large age difference etc.) and/or parent-child relationship</td>
</tr>
<tr>
<td>C. Recognizes that mom’s mental health/substance use is a risk factor</td>
<td>Adequately identifies mom’s mental health/substance use as a risk factor</td>
<td>Does not identify mom’s mental health/substance use as a risk factor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention plan for mother:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Refers mom to support program/treatment such as VAW services, Mothers in Mind, substance use program etc. and discusses the benefits</td>
<td>Refers mom to support program/treatment such as VAW services, Mothers in Mind in addition to substance use program etc. Does not discuss benefits of the program</td>
<td>Does not refer mom to support program/treatment OR only refers to substance use program OR only refers to parenting program in general</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators for case closure:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Attended and completed appropriate referral programs and are receiving intended benefits of the program. Improved parenting/mental health/no abuse</td>
<td>Adequately reports that mom has been referred to appropriate program. Does not expand on benefits of the program</td>
<td>Does not report that mom has attended and completed appropriate referral program as an indicator that the case is ready to be closed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identify risks to father:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Addresses dad’s beliefs and attitudes around impact of DV on family, child’s behaviour, gender roles etc.</td>
<td>Adequately addresses dad’s beliefs and attitudes around impact of DV on family, child’s behaviour, gender roles etc.</td>
<td>Does not address dad’s beliefs and attitudes around impact of DV on family, child’s behaviour, gender roles etc.</td>
</tr>
<tr>
<td>B. Addresses dad’s unstable home environment. Specifically, how he has an unstable home, is largely absent, has little support, and is largely isolated from others and the impact this has on the child</td>
<td>Addresses dad’s unstable home environment but does not elaborate on how these impacts or is a risk to the child.</td>
<td>Does not address dad’s unstable home environment and related specifics.</td>
</tr>
<tr>
<td>C. Other risk factors related to Dad: vindictive attitude/reporting criminal behaviour and drug use, distress/despair</td>
<td>Adequately identifies other risk factors related to Dad: vindictive attitude/reporting criminal behaviour and drug use, distress/despair</td>
<td>Does not identify other risk factors related to Dad: vindictive attitude/reporting criminal behaviour and drug use, distress/despair</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

**Intervention plan for father:**

<table>
<thead>
<tr>
<th>D. Refers dad to Caring Dads, PAR, or other appropriate program and discusses the benefits of the program, and need for dad to increase parental responsibilities</th>
<th>Refers dad to Caring Dads, PAR, or other appropriate program but does not discuss why or the benefits of the program.</th>
<th>Does not refer dad to Caring Dads, PAR, or other appropriate program; only refers to parenting program in general</th>
</tr>
</thead>
</table>

**Indicators for case closure:**

<table>
<thead>
<tr>
<th>E. Attended and completed appropriate referral program. Identifies that dad has acknowledged the impact of abuse on family, supporting mom’s parenting, sobriety etc.</th>
<th>Adequately reports that dad has been referred to appropriate program. Does not expand on benefits of the program.</th>
<th>Does not report that dad has attended and completed appropriate referral program as an indicator that the case is ready to be closed</th>
</tr>
</thead>
</table>

**Identify risks to child:**

<table>
<thead>
<tr>
<th>A. Identifies early and ongoing exposures to the child (DV, violence, coercive behaviour, conflict, substance use) and the impact it has on the child</th>
<th>Adequately identification of early and ongoing exposures to the child (DV, violence, coercive behaviour, conflict, substance use)</th>
<th>Does not identify early and ongoing exposures to the child (DV, violence, coercive behaviour, conflict, substance use) as a risk to the child</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B. Identifies and recognizes that the home environment is a risk to the child (unstable home, lack of routine, parental caregiving, no connection to the community) and the impact it has on the child</th>
<th>Adequately identifies and recognizes that the home environment is a risk to the child (unstable home, lack of routine, parental caregiving, no connection to the community)</th>
<th>Does not identify and recognize that the home environment is a risk to the child (unstable home, lack of routine, parental caregiving, no connection to the community)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C. Identifies child-related risk factors such as behaviour, step-child, taking on parental role/responsibilities etc.</th>
<th>Adequately identifies child-related risk factors such as behaviour, stepchild, taking on parental role/responsibilities etc.</th>
<th>Does not identify child-related risk factors such as behaviour, stepchild, taking on parental role/responsibilities etc.</th>
</tr>
</thead>
</table>

**Intervention plan for child:**

<table>
<thead>
<tr>
<th>D. Makes referral to program/treatment for child such as Here to Help, Mothers in Mind, and/or counselling (if applicable) and discusses the benefits</th>
<th>Makes referral to program/treatment for child such as Here to Help, Mothers in Mind, and/or counselling (if applicable). Does not discuss benefits of the program or why they should be referred</th>
<th>Does not make referral to program/treatment for child such as Here to Help, Mothers in Mind, and/or counselling (if applicable) or discusses the benefits</th>
</tr>
</thead>
</table>

**Indicators for case closure:**

| | | |
Self- efficacy for using embedded interventions with fathers/mothers. Self-efficacy for referring to and collaborating with embedded parenting intervention programs was assessed using a 10-item self-report likert scale with each item rated from 1 (strongly disagree) to 7 (strongly agree). Example items include “I am confident that I know when I have the skills to help mothers myself and when a referral to a more specialized service is necessary”; “When I refer a father to intervention, I have specific idea(s) of the changes that I want to see him make”. The measure was created by the research team for the Safe and Understood project and is aimed toward measuring worker practice around assessing need for intervention confidence in skills for making referrals, and efficacy for using information from the intervention to guide subsequent decision making. Workers completed this measure at Time 1 and Time 2. Mean self-efficacy scores towards working with mothers and working with fathers were computed and used during data analysis.

Mother-focused and father-focused dosage of training. Depending on the assigned condition, workers’ supervisors received all of the necessary training information and materials. As described above, workers were then invited to participate in multiple training sessions that corresponded to their condition. The variable ‘training dosage’ was scored such that all workers received a baseline point of 1 representing access to online resources and presentations. From there, workers received an additional point for each training they attended in-person. For example, a worker who attended two training sessions would receive a training dosage score of 3 points– 1 point for online resources plus an additional 2 points for in-person training sessions.

2.4 Data Analysis

Descriptive statistics were obtained for all variables of interest, which included: father conceptualization, mother conceptualization, child conceptualization, and worker self-efficacy towards mothers and fathers. Basic demographic characteristics, and conceptualization scores at Time 1 were compared using t-tests. This allowed for a better understanding of the demographics across groups and to identify any significant group differences. Next, a multivariate analysis of covariance (MANCOVA) was performed to examine the relationships between
conceptualization score and training group, controlling for years of experience, education level, version of vignette received, and gender. Then, worker conceptualization and self-efficacy was examined at Time 1 to identify any differences in conceptualization or self-efficacy scores. Correlations between variables of interest were also explored. In the next stage of data analysis, independent t-tests were conducted to explore group differences in participant satisfaction with training. Finally, independent t-test and repeated-measures analyses were conducted to determine if statistically significant differences in conceptualization and self-efficacy existed between workers who received training compared to those who did not. Covariates were selected based on significant group differences identifies through the aforementioned comparisons of demographic variables. A regression analysis was conducted to investigate whether amount of training received had an effect on case conceptualization at Time 2.
3 Results

3.1 Data Exploration

Data exploration began by examining worker condition and shifts in teams or position during the duration of the study. Of those who switched teams, vignette information was available on six participants. One worker was re-assigned early enough that training was not impacted (i.e., did not receive training in other condition). Three workers were originally assigned to SAU and received resources in their new team. Another worker moved from a father-focused team to a combined team and accessed some combined training. For all five of these cases, workers’ assignment was re-coded to their final team as this code more accurately represented the training they received. Lastly, one worker was more difficult to assign as they moved from a SAU team to a father-focused team but received no training in their new condition. As such, this participant was removed from the dataset.

3.2 Preliminary Analysis

Analyses were conducted to compare worker demographics at Time 1 across training groups. Independent t-tests were performed to determine whether there were statistically significant associations between (1) education level, (2) years of experience, and (3) age, across groups. Results revealed that workers who received father-focused training had significantly more years of experience compared to workers who did not receive father-focused training, $F(1, 72) = 4.7, p = .04$. There was no significant difference between training groups for highest education level, age, or when comparing workers who received mother-focused training compared to those who did not for both variables of interest. As such, with the exception of years of experience for workers who received father-focused training, group equivalence at baseline was established. Table 1 illustrates the descriptive statistics of the demographic variables and worker characteristic variables that were of interest, across groups.

Next, a multivariate analyses of covariance (MANCOVA) was performed to determine whether there was a statically significant difference between mother or father conceptualization score and training received, controlling for years of experience, education level, version of vignette received, and gender. Results from this domain showed no significant difference between groups.
(training vs. no training) on any of the variables of interest (Father conceptualization: $F(1, 67) = .93, p = .43$; Mother conceptualization $F(1, 67) = 2.3, p = .08$).

Table 1. Worker Demographic Information

<table>
<thead>
<tr>
<th></th>
<th>Mother-focused Training</th>
<th>No Mother-focused Training</th>
<th>$p$</th>
<th>Father-focused Training</th>
<th>No-Father-focused Training</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker Age (years), $M (SD)$</td>
<td>38 (7.7)</td>
<td>38 (10.6)</td>
<td>.99</td>
<td>40 (8.9)</td>
<td>36 (8.6)</td>
<td>.23</td>
</tr>
<tr>
<td>Gender, n (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3 (6)</td>
<td>2 (5)</td>
<td>.88</td>
<td>1 (2)</td>
<td>4 (10)</td>
<td>.11</td>
</tr>
<tr>
<td>Female</td>
<td>47 (94)</td>
<td>36 (95)</td>
<td></td>
<td>47 (98)</td>
<td>36 (90)</td>
<td></td>
</tr>
<tr>
<td>Highest Degree, n (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-Secondary</td>
<td>21 (48)</td>
<td>17 (47)</td>
<td>.87</td>
<td>19 (48)</td>
<td>16 (49)</td>
<td>.93</td>
</tr>
<tr>
<td>Master’s level</td>
<td>20 (52)</td>
<td>15 (53)</td>
<td></td>
<td>21 (52)</td>
<td>17 (51)</td>
<td></td>
</tr>
<tr>
<td>Years of Experience, $M (SD)$</td>
<td>10.4 (6.7)</td>
<td>9.91 (7.5)</td>
<td>.76</td>
<td>11.8 (6.9)</td>
<td>8.6 (6.8)</td>
<td>.04</td>
</tr>
</tbody>
</table>

To determine if there was a mean difference in the ability of workers to conceptualize the mother, father, and child related aspects of cases prior to training, a one-way analysis of covariance (ANCOVA) of conceptualization focus (i.e., mom, dad, child) was conducted, controlling for years of worker experience. Results revealed a statistically significant effect of conceptualization focus, $F(2, 71) = 57.7, p < .001$. The mean conceptualization scores and standard deviations for the child, mother, and father conceptualization scores were $M = 4.2; SD = 1.9, M = 2.6; SD = 1.5, M = 1.6 SD = 1.2$, respectively. Post-hoc analyses showed that child protection workers were substantially superior at identifying and conceptualizing child-related risks and needs compared to those of mothers and fathers. Workers’ mean self-efficacy score for working with mothers and referring mothers was 5.16 ($SD = .78$). Mean self-efficacy for working with and referring fathers was 5.19 ($SD = .75$) at baseline. Comparisons of self-efficacy towards mothers and self-efficacy towards fathers were analyzed using a paired sample t-test. Results revealed no significant difference between the two scores.

Examinations of correlations between worker conceptualization and self-efficacy were explored in order to investigate the relationship between these variables of interest. Further, workers’ years of experience, gender, and highest education level was also included in the correlation matrix. Examination of the relationship between variables is presented in Table 2. Results demonstrated that father conceptualization was significantly correlated with mother
conceptualization ($r = .29, p < .05$) and child conceptualization ($r = .26, p < .05$). Furthermore, child conceptualization was significantly correlated with both father conceptualization ($r = .35, p < .001$) and mother conceptualization ($r = .26, p < .05$). Interestingly, conceptualization scores were not significantly correlated with self-efficacy. Of the demographic variables, only years of experience was significantly correlated, with relations to mother conceptualization ($r = .24, p < .05$) and self-efficacy towards father ($r = .28, p < .05$).

Table 2. Correlations for Conceptualization at Time 1, Self-efficacy, and Years of Experience

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Mother Conceptualization</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Father Conceptualization</td>
<td>.29*</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Child Conceptualization</td>
<td>.35**</td>
<td>.26*</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Self-efficacy towards mothers</td>
<td>.11</td>
<td>.24</td>
<td>.12</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Self-efficacy towards father</td>
<td>.07</td>
<td>.14</td>
<td>.09</td>
<td>.78**</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Years of experience</td>
<td>.24*</td>
<td>.09</td>
<td>.09</td>
<td>.21</td>
<td>.28*</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Education level</td>
<td>.12</td>
<td>.07</td>
<td>-.06</td>
<td>.10</td>
<td>.10</td>
<td>-.02</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>8 Gender</td>
<td>.07</td>
<td>.05</td>
<td>-.12</td>
<td>.12</td>
<td>-.14</td>
<td>-.26*</td>
<td>.28*</td>
<td>--</td>
</tr>
</tbody>
</table>

Note: *$p < .05$; **$p < .01$

3.3 Worker Professional Development Training

Of the forty workers who were assigned to a condition that required training, ten attended all professional training sessions, twenty attended all but one in-person training session, seven attended two in-person training sessions, and six attended baseline training only. The means and standard deviations of training dosage for father-focused, mother-focused, and combined condition were $M = 2.87$ ($SD = 1.13$), $M = 2.92$ ($SD = .76$), $M = 2.71$ ($SD = .91$), respectively. An ANOVA to test for potential differences in the amount of training received by workers in the father-focused, mother-focused, and combined conditions was non-significant ($F(2, 67) = .03, p = .97$).

At the end of each training session, workers were invited to complete an anonymous satisfaction questionnaire to measure their level of satisfaction with training. Workers were asked to rate their level of satisfaction regarding the materials presented as well as the usefulness of materials to their own development as a child protection worker. Both questions were measured on a 5-point Likert scale, with responses ranging from ‘a little useless’ to ‘very helpful’. The greatest


proportion of workers rated the materials as ‘very helpful’ for child protection practice (44%), followed by ‘somewhat helpful’ (33%); ‘a little helpful’ (17%); ‘neutral’ (4%); and ‘a little useless’ (2%). When asked about how helpful the materials presented were to their development, the greatest proportion of workers rated the materials as ‘very helpful’ to their development (42%), followed by ‘quite helpful’ (35%); ‘a little helpful’ (18%); ‘neutral’ (4%); and a little useless (1%). Worker training satisfaction for those who received mother-focused training and those who did not, and for those who received father-focused training and those who did not were compared using independent t-tests. Since the questionnaires were anonymous, data from all workers who completed a satisfaction form were included in the analysis (N = 187). Results revealed a non-significant difference between groups for worker satisfaction with materials presented ($F(2, 185) = 1.3, p = .27$) and usefulness of materials towards their professional development ($F(2, 185) = 1.4, p = .25$).

### 3.4 Effect of Training on Worker Conceptualization of DV Related cases at Time 2

At Time 2, fifty-two workers completed a second vignette; fifteen of which were in the father-focused training condition, thirteen were in the mother-focused training condition, fifteen were in the combined condition, and nine were SAU. A total of thirty-six workers completed both a Time 1 and a Time 2 vignette. Of these, nine were in the father-focused condition, ten were in the mother-focused condition, nine were in the combined condition, and eight in SAU (see Figure 2).

To explore the effect of training on workers’ conceptualization, analyses were first conducted on all workers who completed a vignette at Time 2. The data was explored in this manner because we wanted to use all available data in the study. Since group equivalence was established at baseline (see analysis above) there was no reason to believe that the sample at Time 2 would be different, other than the training received based on their condition. It was hypothesized that workers who received mother-focused training, would perform better at conceptualizing mothers and child risks and needs in DV related cases than workers who did not receive mother-focused training. Secondly, it was hypothesized that workers in the father-focused or combined condition, and therefore received father-focused training, would perform better at conceptualizing fathers in DV related cases than workers who did not receive father-focused training.
3.4.1 Mother-Focused Training – Mother and Child Conceptualization and Self-efficacy at Time 2

An independent samples t-test was conducted to explore differences at Time 2. Results revealed that at Time 2, mother conceptualization scores for workers who received mother-focused training ($M = 3.04; SD = 1.5$) were significantly higher compared to workers who did not receive training ($M = 2.04; SD = 1.5$), $t(50) = 2.4, p = .02$.

Exploration of child conceptualization for mother-focused training compared to those who did not was conducted, since to some extent, mother-focused training also touched upon risks to children. Independent t-test revealed no significant difference for child conceptualization scores at Time 2 for workers who received training ($M = 3.82, SD = 1.57$), compared to workers who did not ($M = 3.58, SD = 1.64$), $p = .59$. Independent t-tests reveal no significant difference in self-efficacy towards mothers between training groups. Table 3 presents conceptualization and self-efficacy scores for all training conditions.

3.4.2 Father-Focused Training – Father Conceptualization and Self-efficacy at Time 2

An ANCOVA was conducted to explore the difference between father conceptualization score amongst workers who received father-focused training and those who did not, controlling for workers’ years of experience. Results demonstrate that there was no significant difference for father conceptualization between the groups of workers, controlling for years of experience (father-focused training: $M = 1.47; SD = 1.0$, No training: $M = 1.32; SD = 1.0$, $F(2,40) = 0.30, p = .74$). Independent t-tests reveal no significant difference in self-efficacy towards fathers between training groups ($p = .40$) (see Table 3, below, for conceptualization and self-efficacy scores across training groups).
Table 3. Means and Standard Deviations for Conceptualization Scores and Self-Efficacy, across training groups, at Time 2

<table>
<thead>
<tr>
<th></th>
<th>Training</th>
<th></th>
<th></th>
<th>No Training</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>n</td>
<td>M</td>
<td>SD</td>
<td>n</td>
<td>t</td>
<td>df</td>
<td>p</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother Conceptualization†</td>
<td>3.04</td>
<td>1.5</td>
<td>28</td>
<td>2.04</td>
<td>1.5</td>
<td>24</td>
<td>.15, 1.8</td>
<td>2.4</td>
<td>.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father Conceptualization†*</td>
<td>1.47</td>
<td>1.0</td>
<td>30</td>
<td>1.32</td>
<td>1.0</td>
<td>22</td>
<td>-.43, .73</td>
<td>.52</td>
<td>.74</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Conceptualization†</td>
<td>3.56</td>
<td>1.5</td>
<td>43</td>
<td>4.44</td>
<td>1.7</td>
<td>9</td>
<td>-2.0, .27</td>
<td>-1.5</td>
<td>.13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Efficacy Mothers</td>
<td>5.26</td>
<td>0.65</td>
<td>28</td>
<td>5.26</td>
<td>0.68</td>
<td>24</td>
<td>-.37, .37</td>
<td>.005</td>
<td>.99</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Efficacy Fathers</td>
<td>5.11</td>
<td>0.77</td>
<td>30</td>
<td>5.30</td>
<td>0.83</td>
<td>22</td>
<td>-.65, .26</td>
<td>-.87</td>
<td>.40</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Range for conceptualization score is 0-10.
*F-test statistic from ANCOVA analysis, controlling for worker years of experience.
† For mother and child conceptualization scores, training refers to mother-focused training. For father conceptualization score, training refers to father-focused training.

3.4.3 Effect of Training Dosage on Conceptualization

Lastly, a regression analysis was conducted to explore the relationship between worker training dosage and case conceptualization at Time 2. Results reveal no significant association between training dosage and mother, father, and/or child case conceptualization [mother: F(1, 49) = 1.14, p = .29; father: F(1, 49) = .83, p = .37; child: F(1, 49) = .27, p = .60]. Thus, the amount of training sessions workers attended did not impact their conceptualization scores at Time 2.

3.5 Changes in Worker Conceptualization and Self-efficacy from Time 1 to Time 2

Analyses of worker conceptualization pre- and post-training were conducted on a subset of workers with complete Time 1 and Time 2 data (n = 36). Independent t-tests were conducted to explore changes in mother conceptualization scores for workers who received mother-focused training compared to those who did not. For workers who received mother-focused training, mother conceptualization scores increased from M = 2.72 (SD = 1.5) at Time 1, to M = 3.39 (SD = 1.3) at Time 2. This difference was statistically significant (t(18) = 8.3, p < .001). In comparison, mother conceptualization scores for workers who did not receive mother-focused training increased from M = 2.18 (SD = 1.29) to M = 2.24 (SD = 1.75). This difference was
statistically significant \((t(16) = 6.9, p < .001)\). Figure 4 presents the results of mother-focused training on mother conceptualization across the two groups.

**Figure 4.** Mother conceptualization score over time and for workers who received mother-focused training \((n = 19)\) compared to those who did not \((n = 17)\).

A repeated-measures ANOVA was conducted to explore the overall effect of mother-focused training on worker self-efficacy toward mothers. Means and standard deviations for self-efficacy toward working with mothers for those who received mother-focused training was 4.99 (SD = .97) at Time 1, and 5.21 (SD = .54) at Time 2. For workers who did not receive mother-focused training, self-efficacy for working with mothers at Time 1 was 5.19 (SD = .77) and 5.65 (SD = .79) at Time 2. Results of the ANOVA revealed non-significant interaction effects for mother-focused training \((F(1, 34) = .43, p = .52)\).

For workers who received father-focused training \((n = 18)\), father conceptualization scores decreased post-training (Time 1: \(M = 1.83, SD = 1.5\); Time 2: \(M = 1.44, SD = 0.8\)), and this difference was statistically significant \((t(17) = 5.2, p < .001)\). For workers who did not receive
father-focused training, father conceptualization scores increased from $M = 1.22$ ($SD = 1$) to $M = 1.33$ ($SD = .97$) ($t(18) = 5.17, p < .001$). Figure 5 illustrates the effect of father-focused training on father conceptualization score across groups.

![Figure 5](image)

**Figure 5.** Father conceptualization score over time and for workers who received father-focused training ($n = 18$) compared to those who did not ($n = 18$).

A repeated-measures ANCOVA was performed to investigate the overall effect of father-focused training on worker self-efficacy towards fathers, controlling for years of experience. Workers who received father-focused training displayed a mean self-efficacy of $5.33$ ($SD = 0.65$) at Time 1 and 5.28 ($SD = .90$) at Time 2. In addition, workers who did not receive father-focused training displayed a mean self-efficacy of 5.01 ($SD = 0.97$) at Time 1 and 5.44 ($SD = 0.78$) at Time 2. Results from the ANCOVA show a non-significant interaction effect for father-focused training ($F(1, 34) = 2.0, p = .17$).
4 Discussion

The aim of this study was to examine the efficacy of professional training to improve child protection worker responses to mothers who have experienced DV and fathers who have perpetrated DV by comparing conceptualization scores with workers randomly assigned to receive mother-focused or father-focused training. Overall, the results show that professional training increase child protection workers’ capacity to identify risks and conceptualize needs of mothers experiencing DV. Worker’s conceptualization of father’s risks and needs did not increase after undergoing father-focused training. This finding suggests that mother-focused training was effective in enhancing workers’ conceptualization of mothers while the father-focused training was not. In addition, self-efficacy for referring to and collaborating with intervention programs did not increase for workers who received training. Notably, workers did report that they were satisfied with the materials presented and found the materials very helpful to their professional development as a child protection worker.

This study also demonstrates some evidence of improvement of worker’s ability to identify the risks and conceptualize the needs of mothers. Specifically, at Time 2 conceptualization of mother risks and needs was greater for workers who received mother-focused training compared to those who did not. In addition, from Time 1 to Time 2 mother conceptualization increased for workers who received mother-focused training. This finding highlights the effectiveness of professional training on worker’s response to mothers in DV-related cases, suggesting that giving child protection workers training (specifically on identifying needs and conceptualizing risks of mothers) is helpful. This result is consistent with previous research studies (see Turner et al. 2018). It is essential to note, however, that although workers’ conceptualization scores for mothers increased from Time 1 to Time 2, on average, the magnitude of difference was relatively small (roughly one rating point on a 10-point scale), representing a moderate improvement. Furthermore, the final average score for workers’ conceptualization of mother risks and needs remained below 50%. Lastly, there was no difference in workers’ self-efficacy, from Time 1 to Time 2, for working with mothers who are victims of DV.

For father conceptualization post-training, there was no significant difference in conceptualization score between workers who received father-focused training compared to those who did not. Workers’ ability to identify fathers’ needs and conceptualize risks did not
increase from Time 1 to Time 2 for workers who received father-focused training. In addition, self-efficacy did not increase post-training and was not related to conceptualization score. A failure to demonstrate improvements within the domain of increasing workers’ capacity to conceptualize the risks and needs of fathers, and self-efficacy for working with fathers, speaks to the complexity of this population. Our results support previous literature that highlights the insufficient knowledge that ongoing child protection service workers have about services for perpetrating parents (Humphreys & Absler, 2011; Stanley, Miller, Richardson Foster, & Thomson, 2011; Strega et al., 2008). The lack of understanding and involvement of perpetrating fathers in the child protection system remains profound. Indeed, workers’ average conceptualization scores were between 1 and 2 on a 10-point scale at every assessment point. Current findings also support research showing that mothers continue to be the primary targets of investigation and are often the most frequently referred member of the family for counselling or services (Alaggia et al., 2015). It is also possible that child protection workers may be avoidant of violent men for various reasons that include their assumptions about parenting as well as concerns regarding their own safety (Hester, 2011). Stanley (2011) suggests that ‘children’s social care practitioners need to build their skills and confidence in work with violent fathers’ (Stanley 2011, p. 115). One way of achieving this is to work in collaboration with and draw on the knowledge of practitioners and experts who have extensive experience of work with DV perpetrators (Hester, 2011). In addition, it is possible that the, overall, low conceptualization scores for both mothers and fathers may be explained by the role of child protection workers. The role of a child protection worker is complex and involves a balance between engaging, listening, and enabling change in families (Maxwell, Scourfield, Holland, Featherstone, & Lee, 2012). It is likely that once workers return to their busy practice the overall theme of the training is easier to remember than the specifics about identifying risk factors and needs of mothers who have experienced DV and fathers who have perpetrated DV (Maxwell et al., 2012). Taken together, our results highlight that although training may enhance workers’ conceptualization of mothers in DV related cases, overall conceptualization of both mother and fathers’ risks and needs remains low. This speaks to the ongoing concern and issues that continue within the area of DV.

Another issue to consider is the demands and workload endured by child protection workers. A vast amount of research has demonstrated that the high levels of burnout and secondary
traumatic stress child welfare workers experience contributes to the high rates of staff turnover (Boyas & Wind, 2010; Cahalane & Sites, 2008; Drake & Yadama, 1996; Mor Barak, Nissly, & Levin, 2001; Strolin-Goltzman, 2010; Zlotnik, J.L., DePanfilis, D., McDermott Lane, M., Daining, C., Summers, L., & Wechsler, 2005). Staff turnover in child welfare organizations varies between studies but reported rates range from 14 to 60 percent per year (Drake & Yadama, 1996; Fulcher & Smith, 2010; Smith, 2005). The impact of staff turnover leads to decreased availability and quality of services provided to children and their families (Graef & Hill, 2000), and can also lead to increased workload burden on the remaining staff. As such, with high rates of burnout and staff turnover it becomes increasingly difficult for workers to find time in their demanding schedules to attend professional development training. Understanding and addressing the factors impacting staff turnover, including burnout, secondary trauma, and demanding and complex cases, are imperative for future research studies to consider. In addition, as was evident in the current study, the high rate of team changes and transferring job positions within child protection agencies also sheds light on the complex nature of the environment and may further explain the ineffectiveness of worker professional training.

The complex needs of children and families involved with child protection services provides additional insight into the multifaceted skills and knowledge that are essential for everyday decision making with the hope of achieving good outcomes for children and their families. In general, ongoing professional training is recognized as crucial to the development of a child protection worker (Pösö & Forsman, 2013). However, while previous studies have demonstrated that training can influence attitude, values, and confidence in skills (Gregoire, 1994; J. Scourfield et al., 2012) it is the transfer of new knowledge into application is critical. Furthermore, compared to more experienced workers, those with less experience tend to require more supervisory support (Antle, Barbee, & van Zyl, 2008). Given the variability in years of experience in the current study, future work focusing specifically on workers with similar years of experience is required in order to more clearly understand the effect of training on workers’ conceptualization of DV-related cases. Taken together, it is apparent that there is a critical need to develop clearer guidelines and training to support child welfare workers and practices in cases of DV.

Another possible explanation for our findings is the modality of training that workers received. Results from previous studies investigating interventions to improve the response of
professionals to children exposed to DV have documented multidimensionality in training programs content, methods, and delivery (Turner et al., 2017). Though most programs were multifaceted covering multiple topics and used a variety of teaching strategies. For example, modelling, role-play, post-training discussion, and booster training sessions, were all incorporated in programs deemed to be successful (Turner et al., 2017). It is possible, however, that programs may require a certain baseline level of didactic training before they begin to make a difference. In the current study, this was shown for mother conceptualization but not for fathers. This may be because child protection workers continue to be uncomfortable when working with and engaging fathers who are perpetrators of DV. While the current study implemented a didactic modality and had a clear protocol for referring to the embedded interventions, professional training did not incorporate role-play, modelling, or booster training sessions at regular intervals. These training modalities, particularly for understanding and conceptualizing fathers that are perpetrators of DV, will be critical for future professional training programs to implement and may be the first step in helping workers develop the necessary skills needed to engage this population.

Previous research emphasizes the need for training programs to incorporate multi-professional and interagency response and participation (Cameron & Lart, 2003; Sloper, 2004). However, a vast amount of literature highlights the challenge and importance of coordinating system change activities in child welfare services with other partners and organizations in order to deliver an integrated system-level policy with practice that improves outcomes for families. It is imperative that child protection service workers adopt approaches to help them identify which families need further services and make referrals to appropriate interventions. Future studies are warranted to determine the operational parameters required to implement such strategies in order to evaluate effective change at both the worker and system level of child welfare services.

In the current study, despite low conceptualization scores, child protection workers reported high self-efficacy for working with mothers who are victims of DV and fathers who are perpetrators of DV. Moreover, workers’ self-efficacy was unrelated to their case conceptualization. This finding is inconsistent with previous research that has established a relationship between self-efficacy and performance (Albert Bandura, Adams, & Beyer, 1977; Johnson, 2000; Zimmerman, 1995)
Bandura (1997) described self-efficacy in three components that are applicable to child protection workers: (1) commitment to task despite significant challenges, (2) belief that they have the ability to perform the task, and (3) that their belief and efforts will result in desired outcomes. One possible explanation may be that workers do not have an accurate perception of themselves when it comes to working with DV-related cases. Another point to consider is the variability in workers’ years of experience. For example, it may be the case that workers with fewer years of experience (particularly with DV-related cases) report greater levels of self-efficacy because of the small number of DV cases they have been exposed to in their workplace. In addition, it is possible that although workers report having high self-efficacy they may in fact never receive feedback from their agency or supervisor that would tell them otherwise. Future work should consider incorporating a comprehensive measure of self-efficacy that includes a component to measure ‘how’ or ‘why’ workers believe they have a strong self-efficacy towards working with mothers who are victims of DV and fathers who are perpetrators of DV.

4.1 Implications

This research was the first of its kind to comprehensively investigate the efficacy of professional training to improve child welfare workers’ ability to identify the risks and conceptualize the needs of mothers who have experienced DV and fathers who have perpetrated DV, within child welfare services. It is widely acknowledged that a strong child protection response to DV must include interventions to prevent the recurrence of child exposure to violence. As such, this study represents a pivotal first step in bringing together professional practices between those who work with victims and perpetrators of DV.

As the current study suggests, conceptualization of the risks and needs of perpetrators of DV is an area of research worthy of attention. For example, Devaney (2008) concluded from research on children at high risk of harm within the context of DV that there needs to be ‘a clearer refocusing of professional effort on holding men accountable for their behaviour and in attempting to engage them as fathers in ways which meet the needs of children’ (Devaney, 2008, p. 452). Thus, it is critical for child protection services to continue to change their practice in this area in order to make working with fathers a key focus and part of child protection responses to children exposed to DV. Our results suggest the continued need for professional training of child
protection workers to help them understand the risks of fathers who are perpetrators of DV and their needs, as it relates to the well-being and safety of their child(ren).

4.2 Limitations and Future Directions

While this study represents a novel effort in evaluating the efficacy of professional training for working with DV-related cases within child protection services, a number of limitations must be considered. First, the transition of workers to different teams, and therefore group condition, was beyond our control. Though the present study chose to measure professional training as a dosage, (due to the fact that not all workers attended all in-person training sessions) future studies should be designed in such a way that all participants receive the same amount of training. This will ensure consistency across groups and conditions. Furthermore, although previous research has suggested best training practice modalities for child protection workers (Turner et al., 2017), there remains uncertainty in the amount of training dosage required to see an effective change and make a difference on case outcomes. Therefore, future studies that examine professional training with child protection workers will need to focus on the amount of training received in order to identify the optimal level needed to see effective change. Second, while our sample size for a repeated measures analysis was adequate, it will be important for future studies to include a larger population to determine whether actual differences between groups exists. In the current study, the lack of workers with both pre- and post-data, in the current study, may be due to the amalgamation of two (North and West) branches of CAST.

4.3 Conclusions

This study presents the first randomized control trial aimed at evaluating the efficacy of professional training to improve child protection worker responses to fathers who are perpetrators of DV and mothers who are victims of DV. Despite the limitations, this study certainly lays the ground-work for more rigorous studies aimed at improving child protection workers’ knowledge and conceptualization of risks and needs of families in circumstances of DV. On a broader level, with growing collaborations between child protection services and experts of DV victims and perpetrators, one has hope that future research and coherent partnerships between systems will lead to a safer world for children and their families.
References


violence; report of the Twenty-Third Ross Roundtable on Critical Approaches to Common Pediatric Problems.


