
**The Trauma of Domestic Violence:
Creating Safe and Supportive
Environments for Children in
Child Care Programs**

**Evaluation of a
Statewide Training Project of the
Executive Office of Health and Human Services
of the Commonwealth of Massachusetts**

**Prepared by
Northnode
Boston, Massachusetts**

Executive Summary

In the spring of 2000, with funding from the state legislature, Massachusetts provided a full-day training program on the impact of domestic violence on women and children for over 1,200 child care providers from every region of the Commonwealth. Initiated by the Executive Office of Health and Human Services (EOHHS), this was one of the first such efforts undertaken in the United States to educate child care providers on the impact on children of exposure to domestic violence and to give child care providers the tools to respond safely and effectively to the children in their care. EOHHS brought together representatives of the Office for Child Care Services and the Governor's Commission on Domestic Violence as well as individuals with expertise in domestic violence and its impact on adults and children. Working together, this group developed a standardized training curriculum targeted specifically to child care providers, recruited and directed a pool of qualified trainers, reached out to child care providers in a range of settings, and delivered 37 training events that sought to:

1. Give child care providers a basic understanding of the dynamics of domestic violence and of the impact of domestic violence on mothers and children;
2. Enable child care providers to identify domestic violence as a possible cause of a child's difficulties, to respond safely and effectively to children in their care, and to make safe and appropriate domestic violence referrals;
3. Enhance the connections that child care providers have to local battered women's and related social services; and
4. Improve the capacity of child care providers to integrate their understanding of domestic violence into their responsibilities as mandated reporters under Section 51A of Chapter 119 of the General Laws (the Commonwealth's child abuse and neglect reporting statute).

A formal evaluation of the training effort consisting of administration of a pre-test and post-test questionnaire, observation of six training events, a post-training briefing session with trainers, and a review of written evaluations completed by trainees suggests that, in a number of areas, this pilot training effort was quite successful. In particular, a substantial number of people who attended the training obtained a basic understanding of the dynamics of domestic violence and of the impact of domestic violence on mothers and

children. Many trainees obtained a substantial amount of information on how to respond effectively to children in their care and also gained an enhanced capacity to make safe and appropriate domestic violence referrals. At the same time, the training effort may not have achieved significant success in enabling trainees to identify domestic violence as a possible cause of a child's difficulty, improving their connections to local battered women's and related social services, or improving trainees' ability to integrate their understanding of domestic violence into their responsibilities as mandated reporters under 51A.

The number of people who attended, the percentage of trainees who took the time to participate in the evaluation by completing and returning post-test questionnaires, and the written evaluations completed at the close of training sessions all point to the fact that the training was timely and quite well received. In addition, by bringing together child care providers (and their representative government agencies) and experts in domestic violence and its impact on children (and their representative government agencies) the project constituted a very positive step in the Commonwealth's continuing effort to build collaborations and develop an integrated response to children effected by domestic violence.

Clearly, this was an important and worthwhile effort on the part of the individuals responsible for its initiation and implementation as well as a valuable use of state resources. As a pilot project that achieved noticeable success in a number of areas, the concept is deserving of replication. With improvements to the training curriculum and training methodology that are suggested by this evaluation, it will be possible to provide an even more effective training program to child care providers here and, perhaps, in other states.

Introduction

For intervention on behalf of children exposed to domestic violence to be effective, those who work with children need to be able to identify the signs of such exposure and have information on how to respond safely and effectively to the children in their care.^{1/} Recognizing this fact, the Executive Office of Health and Human Services of the Commonwealth of Massachusetts (EOHHS) initiated an inter-agency effort to develop and deliver training on domestic violence and its impact on children to child care providers in every region of the Commonwealth who work with children aged 0 to 5. Primary state sponsors of the training effort were EOHHS, the Massachusetts Office of Child Care Services (OCCS), and the Governor's Commission on Domestic Violence. An interdisciplinary team of experts in the fields of domestic violence, child welfare, and child trauma came together to develop a uniform training curriculum to be used in all trainings. EOHHS and OCCS worked together to develop a comprehensive training plan that was overseen and implemented by the OCCS network of Child Care Resource and Referral agencies (CCRRs).

Recognizing the importance of project evaluation generally and the particular value of integrating evaluation concepts as early as possible in the development of a training project such as this, EOHHS contracted with Northnode to work with the project organizers to develop and implement an evaluation of the training effort. The evaluation had several components: a pre-test and post-test questionnaire administered to every person who participated in the training; direct observation, by the evaluator, of six training sessions; and a briefing for trainers after completion of the whole training series. Northnode also reviewed written training evaluations that were distributed by the CCRR organizers and completed by trainees at the close of each training session.^{2/}

This report has three parts. Part One contains an overview of the training, describing the training goals and curriculum, the training plan including how trainees were recruited, and a description of those who attended the training events. Part Two describes the evaluation methodology and Part Three presents and discusses specific findings, including those obtained from the pre-test and

^{1/} See, Children's Working Group of the Massachusetts Governor's Commission on Domestic Violence (1997). *The Children of Domestic Violence* (pp. 21-22), Boston, Massachusetts.

^{2/} Although these written evaluations were not developed as a formal part of this evaluation (and were not, therefore, geared toward the specific training goals), they provide useful insight into the overall effectiveness of the training effort.

post-testing procedures, from observation of training sessions, from the trainer briefing, and from written evaluations submitted by trainees. This report, in Part Three, also offers some preliminary thoughts on how the curriculum and training effort might be improved for follow-up training in Massachusetts and for use in other states.

Part One

Training Overview

This part of the report describes the development of the training project including its overall goals and the steps taken to meet these goals. Included here is a description of the curriculum and how it was developed, the organization of the training including outreach to potential trainees, recruitment and oversight of the trainers, and a description of the trainees as obtained from data collected through the evaluation process.

1. Training Goals

EOHHS developed a set of expected outcomes to guide the project. These were refined and finalized through discussions with OCCS and a team of curriculum developers brought together by EOHHS. As a result of these discussions, it was agreed that those who received training should:

1. have obtained a basic understanding of the dynamics of domestic violence;
2. have obtained a basic understanding of the impact of domestic violence on mothers and children;
3. be able to identify domestic violence as a possible cause of a child's difficulties;
4. be able to make safe and appropriate domestic violence referrals;
5. have information on how to respond safely and effectively to children in their care;
6. have enhanced connections to local battered women's and related social services; and
7. be better able to integrate their understanding of domestic violence into their responsibilities as mandated reporters under 51A.

2. The Training Curriculum and Trainers

In order to evaluate the extent to which these outcomes were achieved, EOHHS decided that a uniform curriculum would be developed and piloted by a select group of trainers with experience in the fields of domestic violence and the impact of domestic violence on children. Individuals from the following state

agencies (in addition to EOHHS, OCCS, and the Governor's Commission on Domestic Violence) took part in the development of the curriculum: the Departments of Public Health, Social Services and Transitional Assistance; the Executive Office of Public Safety; and the Office of the Attorney General.

The development of the training curriculum was informed by a series of assumptions about the audience including the expected educational levels of trainees, the types of child care workplaces from which they would most likely come, and the general level of awareness of domestic violence that trainees would bring to the training events. The development of the curriculum was also informed by the views of domestic violence and child witness experts about the most important pieces of information that child care providers need in order to respond most effectively to families struggling with domestic violence.

Working collaboratively, the curriculum developers settled on a format that began with an introduction to the dynamics of domestic violence, moved to an exploration of the impact of domestic violence on children, and then went on to a presentation on safe responses with families impacted by domestic violence. These topics were followed by a section on the role of the Department of Social Services (DSS) in supporting children and families effected by domestic violence, a facilitated role play that was intended to engage participants in the subject matter being presented, and a resource panel composed of representatives of local agencies, including law enforcement, that serve battered women and their children. This format called for two primary trainers at each event (one to address issues related to domestic violence generally and one to take up issues related to the impact on children of exposure to domestic violence) and for the section on DSS to be presented by a representative of the DSS Domestic Violence Unit.

The curriculum was produced in notebook form, on transparencies for use in overhead projectors, and in a Power Point format. It was agreed that all trainees would receive, as part of the packet of training materials, the full written curriculum. The decision whether to use an overhead projector or Power Point presentation was made principally by the CRRs. A copy of the training curriculum appears in the appendix to this report.

EOHHS issued a Request for Responses (RFR) seeking trainers with demonstrated experience in the field of domestic violence, the effect on children of exposure to domestic violence, child development and learning issues, batterers and battered women as parents, safety planning, domestic violence in ethnically diverse communities, and interventions with individuals, families, and systems. As a result of this process, 25 individuals, all of whom reported prior experience in training in at least one of the areas listed above, were chosen to

provide the training. As has been noted, the training was divided into two main substantive parts, one dealing with the dynamics of domestic violence and the other addressing the impact of domestic violence on young children. Of the 25 individuals selected, most trained either on the dynamics of domestic violence or the impact of domestic violence on children. Three trainers covered both areas, primarily at different training events. Nearly all of the training sessions had two primary trainers and one representative of the DSS Domestic Violence Unit.^{3/}

A “training for trainers” session was organized prior to the commencement of training. All selected trainers were required to attend. At this full-day session, trainers were given an overview of the goals of the training effort, information on the audience to be trained, and a detailed review of the curriculum. Trainers were directed to adhere strictly to the curriculum, in terms of the specific issues to be covered and the time allocated to each issue. The evaluation process was presented as were specific instructions on how to administer the pre-test questionnaire so as to maximize uniformity of administration and response.

3. Organization of the Training

Early in the process of organizing this training series, it was agreed that OCCS and its network of CCRRs would take leadership responsibility for organizing, advertising, and overseeing all of the training events. It was also agreed that the CCRRs would take primary responsibility for administering the pre-test questionnaire and for organizing the resource panels that were intended to enhance the trainees’ connections to local battered women’s and related social services (Outcome No. 6). The CCRRs arranged for six training events in each of the Commonwealth’s six child care regions. At one training event, a Spanish language session was spontaneously organized and this was treated, for evaluation purposes, as a separate training event. Thus, for purposes of this evaluation, there were 37 training events conducted as part of this project.

All but three of the training sessions were conducted as full-day sessions, running approximately from 8:30 a.m. until 4:30 p.m. Recognizing that it might be difficult for child care providers to take a full day away from work to partake of training, many of the sessions (20) were presented on Saturdays. Breakfast and lunch were provided at the events. Three of the training events were split

^{3/} The effort to have a Domestic Violence Unit representative at each training session was made difficult, and in a few instances impossible, by the fact that many training sessions were scheduled for Saturdays.

into two evening sessions, one week apart. Each of these sessions ran from about 6:00 p.m. until about 9:00 p.m. with a light dinner served. Trainees received a bound notebook containing an agenda for the training, copies of the slides used by the trainers, and a set of materials on the dynamics of domestic violence and the impact of domestic violence on children. The first training event took place on March 25, 2000 and the last event took place on June 24, 2000. A total of 1,434 people attended these events.

4. Training Attendance

In order to advertise the training series as widely as possible, the CCRRs developed an announcement that was sent to all licensed child care providers and to Head Start, early intervention, and Healthy Start programs in each region. The invitation noted that the training would be free of charge and would include both breakfast and lunch. Additional outreach undertaken by some CCRRs included follow-up phone calls to larger child care provider agencies and the distribution of flyers at various community events that were attended by child care providers.

The 37 training events drew a broad spectrum of child care providers. Of the 1,434 people who attended, 1,273 people completed pre-test questionnaires. These questionnaires contained a number of demographic questions and the description of the trainees that follows is drawn from responses to these questions. The trainees ranged in age from 16 to 76. The average age was 41. Women comprised 95% of the trainees. In terms of race/ethnicity, 71% of the trainees identified themselves as White; 6.3% were Black or African American; Asian/Pacific Islanders comprised 3.1%; and 19.7% identified themselves as Latino. Over three quarters of those who attended the training events had at least some college level experience. Table One shows the educational levels of trainees

Table One

| Educational Level Completed | Number | Percentage |
|------------------------------------|---------------|-------------------|
| Elementary School | 31 | 2.4 |
| High School | 227 | 17.8 |
| Some College | 503 | 39.5 |
| Four Year College | 313 | 24.6 |
| Graduate Degree | 188 | 14.8 |

In terms of workplaces represented, 37% of those in attendance were providers of family day care; 28% worked in child care centers and 7% identified themselves as Head Start workers. About one quarter of the trainees (301 people) categorized themselves as being from “other” workplaces. Of these, 140 reported providing child care in a setting other than one of the three listed above. The balance comprised individuals whose work is related to the provision of child care but who are not direct service providers. ^{4/}

On average, the trainees had 12.1 years of work experience. Of those who attended the training events, 341 (26.8%) had previous experience of domestic violence training. Slightly more than one third (35.2%) of the trainees reported having prior experience with domestic violence in their professional capacities and nearly one third (32.2%) had prior personal experience of domestic violence. Slightly more than one third (34.7%) had participated as professionals in the filing of a 51A report of suspected abuse or neglect.

^{4/} This group included staff people from the child care network, child care providers in agencies serving battered women and their children, social workers and therapists from the child welfare community, health care workers, and other individuals who had learned about the training events and requested permission to attend.

Part Two

Evaluation Methodology

The evaluation had several components: a pre-test and post-test questionnaire, direct observation by the evaluator of six training sessions (one in each region), a single session de-briefing with trainers, and a review of a number of written evaluations completed at the close of each training event.

1. Pre-test and Post-test Questionnaire

A pre-test and post-test questionnaire was developed to test the extent to which learning on certain key issues took place as a result of the training. The pre-test and post-test questionnaires both appear in the Appendix to this report. The pre-test questionnaire contained 14 questions that sought demographic information on the trainees. Both the pre-test and post-test questionnaires contained 22 identical true/false questions on subjects that were to be addressed in the curriculum and that reflected the main outcomes to be achieved by this training project. The number of true/false questions to be included was driven by concern that the questionnaire require no more than ten to fifteen minutes to complete; this, it was felt, would maximize the number of individuals who would take time to complete and return the post-test questionnaire. As is discussed more fully in Part Three of this report, while this strategy appears to have been successful, it also had the effect of limiting the extent to which generalizations about outcomes may be valid.

Organizers from the local CRRs were instructed to administer the pre-test before the actual training began and after most trainees were seated. They were instructed to administer the test in a way that reinforced its serious nature and supported trainees to take the time to respond to each question without conversation or consultation with other trainees. Once the pre-tests were completed they were collected by the organizers and forwarded to the evaluator.

Following the training schedule established by the CRRs, Northnode established a post-test follow-up schedule whose goal was to maximize the completion of post-test questionnaires within a reasonable amount of time following each training event. Each completed pre-test questionnaire was coded individually so that pre-test and post-test questionnaires could be matched for comparison. About three weeks after each training event, a letter was sent to directors of child care centers and Head Start programs alerting them to the fact

that those who attended the training would soon receive a questionnaire to be completed and returned to Northnode. The letter encouraged directors to support staff to complete the questionnaires and return them. One week later, a post-test questionnaire (accompanied by a self-addressed, stamped envelope) was sent to each trainee with a request for prompt completion and return.

For trainees who did not return completed post-test questionnaires within three weeks, a postcard was sent urging them to complete and return the questionnaire. As will be seen in the next part of this report, this strategy appears to have met with success as over half of those who completed pre-test questionnaires also completed and returned post-test questionnaires. The vast majority of these were completed and returned within four to six weeks of the actual training event.

2. Observation

The evaluator observed six complete training events, each time without advance notice to the trainers or organizers. Observation included the use of a checklist of items that was followed in each training session. It also included noting whether the subject matter addressed by each pre-test/post-test question was covered during the course of the training. The observer also took note of the extent to which the pre-test questionnaire was administered in accordance with prior instructions and the extent to which trainers followed the curriculum provided by the training organizers.

One training event was observed in each of the six OCCS regions, each time with a different set of trainers.^{5/} The observed trainings ranged in number of participants from 12 trainees in the smallest training to 62 in the largest. As has been noted, although the Domestic Violence Unit of DSS attempted to provide representatives for all trainings, this was not possible and in some training sessions, the material on DSS was covered by one of the two primary trainers. At all six observed training events, however, there were DSS representatives to cover this material.

^{5/} Although one particular trainer was observed twice, she took different roles in each observed training. In one training, she covered the dynamics of domestic violence and in the other she covered the impact of domestic violence on children.

3. Meeting with Trainers

EOHHS organized, and the evaluator facilitated, a single session for trainers after the completion of all training events. This had two goals: to give trainers an opportunity to comment on various aspects of the organization of the training events and to gather trainers' views on potential improvements to the curriculum and the training methodology. This meeting was not as well attended as organizers hoped it would be, with participation from only four of the trainers.^{6/} Since these four trainers had, between them, participated in 18 training events, however, their comments and suggestions proved to be valuable to the evaluation effort.

4. Written Evaluations

For most training events, a written evaluation form was included in the packet of materials that trainees received. Trainees were asked to complete this at the close of the event. Completed evaluations were collected by the CRR. As noted above, evaluation of the training events by trainees was not a formal part of this evaluation. The views of trainees can, however, be a valuable indicator of how a training of this kind has been received. In order to have the benefit of these views, Northnode received and reviewed completed evaluation forms or summaries of completed evaluation forms for 20 of the 37 training events. Because the evaluation forms were not uniform across the entire system, a detailed data analysis of the forms was not feasible. Instead, we reviewed the trainees' responses to key questions, assessing the extent to which trainees found the training events to be useful to them in their work.

^{6/} All of the trainers were invited to attend, but at their own expense, a fact that may have contributed to the low attendance.

Part Three

Evaluation Findings

This part of the report primarily details findings from an analysis of responses to the pre-test and post-test questionnaires. Where applicable, findings from the evaluator's direct observation of selected training events, from the briefing session with trainers, and from the written evaluations of trainees is added to illustrate, underscore, or otherwise explicate a particular finding that emerged from analysis of the pre-test and post-test data.

With respect to that data, it should be noted that, in some instances, information may not have been provided by some respondents and some true/false questions may have been unanswered. For these reasons, some of the figures presented will not equal the number of people who completed pre-test and post-test questionnaires. In some cases, percentages have been rounded to the nearest whole percentage point.

Statistical significance, for purposes of this analysis, means that differences revealed by the data are not likely to have occurred by chance. Statistical significance, however, should not be the sole or even central indicator of the extent to which a sought after outcome has been achieved. For one thing, the factors that contribute to a particular result are neither completely knowable nor quantifiable. For another, statistical significance tells only part of a story: to give but one example that is applicable to data analysis generally, even where a significant number of people score statistically significantly better on post-testing than on pre-testing, it is quite likely that some people will do the reverse. With regard to findings from the observation component of this evaluation, the capacity to generalize from observation of only six events is probably limited. For this reason, most judgments about the significance (if any) of particular observations are left to the reader.

1. Summary of Findings

The training series was quite well received. A review of written evaluations completed by about 800 trainees reveals that 90% found the training to be very useful. Less than one percent indicated that the training was not useful. Out of the 1,273 people who attended these training events and completed pre-test questionnaires, 645 also completed post-test questionnaires.

This constitutes a return rate of 50.7%, which is quite good given the method used for soliciting post-test participation. The findings presented and discussed in this part of the report are based primarily on an analysis of the 645 people who completed both pre-test and post-test questionnaires.

This group was slightly older than those who only completed pre-tests, it contained fewer men, and was better educated than those who only completed the pre-test. Of these differences, the last may be the most significant in terms of understanding the differences in pre-test and post-test outcomes.^{7/} Among the pool of individuals who completed both pre-test and post-test questionnaires, the percentage who had received prior training in domestic violence was about the same as it was for the trainee group. With regard to prior personal and professional experience of domestic violence and prior professional experience with filing 51A reports of suspected abuse or neglect of a child, the group that completed both pre-test and post-test questionnaires remained remarkably constant among both groups. This is illustrated in Table Two.

Table Two

| Category of Experience | | Pre-test (N = 1273) | | Pre-test and Post-test (N = 645) | | |
|---|------------------|------------------------|------|-------------------------------------|------|-----|
| | | N | % | N | % | |
| Prior professional domestic violence experience | Yes | 448 | 35.2 | 242 | 37.5 | Yes |
| | No | 787 | 61.8 | 391 | 60.6 | No |
| | NA ^{8/} | 38 | 3.0 | 12 | 1.9 | NA |
| Prior personal domestic violence experience | Yes | 410 | 32.2 | 216 | 33.5 | Yes |
| | No | 832 | 65.4 | 416 | 64.5 | No |
| | NA | 31 | 2.4 | 13 | 2.0 | NA |
| Prior professional experience with 51A | Yes | 442 | 34.7 | 228 | 35.3 | Yes |
| | No | 805 | 63.2 | 404 | 62.6 | No |
| | NA | 26 | 2.0 | 13 | 2.0 | NA |

^{7/} The number of men who completed both pre-test and post-test questionnaires was 64% lower than the number who took only the pre-test questionnaire, a significant decrease. However, since men only made up about 5.5% of those who only completed pre-test questionnaires and just over 2% of those who completed both pre-test and post-test questionnaires, this drop probably had no substantive impact in terms of evaluating the learning that took place in this training series.

^{8/} "NA" indicates that no answer was given.

Family day care providers' participation in both pre-test and post-testing increased noticeably, from about 37% of those who completed pre-tests to about 41% of those who completed both pre-test and post-tests. In planning this training series, it was assumed that family day care providers might face the greatest obstacles to participating in all aspects of the training, including the evaluation. At the same time, the training events themselves revealed the particular challenges faced by family day care providers in addressing issues of domestic violence. For example, given the fact that many family day care providers work alone, it was especially challenging to help trainees figure out how to respond safely when a parent against whom a restraining order has been issued appears to pick up a child. Thus, the high rate of participation of family day care providers in attendance and in participation in both pre-test and post-testing may be seen as both a reflection of the importance of this issue and the successful organization of the training events.

2. Findings

a. Summary of Pre-test and Post-test Results

Of the 22 true and false questions aimed at testing the knowledge of trainees, analysis of the pre-test and post-test responses indicate that in 16 questions (72%), respondents gave the correct answers more often on the post-test than they had on the pre-test, suggesting an increase in knowledge as a result of the training. In 13 of these, the increases were statistically significant. Responses to three of the true/false questions showed no statistically significant change between pre-test and post-test takers and three showed a lower number of correct answers on the post-test as compared to the pre-test.

Table Three shows the rate of correct pre-test and post-test responses to each true/false question. Significant increases in correct answers are noted in 13 of the 22 questions (59%). In six of these (Questions 2, 3, 12, 16, 18, and 20) although the increase from pre-test to post-test responses was statistically significant, it should be noted that the percentage of correct pre-test responses was high to begin with. In the case of six other questions where increases were significant (Questions 1, 5, 10, 13, 15, and 17), the improved knowledge that these scores may indicate is mitigated by the fact that post-test scores, overall, were lower than one might have hoped (in four of these, less than 50% gave correct post-test responses). In the case of three questions (Questions 9, 11, and 19), the rate of correct responses actually dropped between pre-test and post-test takers.

Table Three

| Question | Percentage Correct on Pre-test | Percentage Correct on Post-test |
|---|---------------------------------------|--|
| 1 Two of the most common reasons that men are abusive are too much stress and/or problems with alcohol | 29 | 45 |
| 2 When battered women stay in abusive relationships this is a sign that they have major psychological problems. | 76 | 84 |
| 3 When a woman is abused she is at least partially responsible for the violence. | 87 | 96 |
| 4 Verbal and psychological abuse are often as bad or even more damaging than physical abuse | 98 | 98 |
| 5 One of the ways that batterers are different from other men is that they have serious psychological problems | 45 | 57 |
| 6 When a child care worker becomes aware of domestic violence it could be helpful for her to talk to the abusive parent to explain how harmful the abusive behavior is to his children. | 50 | 74 |
| 7 Changes in children’s behavior such as increased aggression, withdrawal, or anxiety are signs that the child may be exposed to domestic violence. | 97 | 97 |
| 8 When a child hears domestic violence incidents from a distance (such as, from another room) that experience can be just as psychologically harmful to the child as when they directly witness the abuse | 97 | 99 |
| 9 Younger children are often less affected than older children by exposure to domestic violence because younger kids have more time to recover. | 92 | 87 |
| 10 Exposure to domestic violence does not always cause significant psychological damage to young children. | 28 | 44 |
| 11 Sometimes children tell child care workers about domestic violence. However, it is usually not a good idea for the worker to ask the child further questions because the child may become too upset and suffer even more psychological damage. | 72 | 55 |
| 12 Child care workers should not be critical of the abuser to either the mother or the children. | 91 | 97 |
| 13 In talking with a battered woman it is a good idea for a child care worker to try to convince the woman to leave the abusive relationship as soon as possible for her safety and the safety of the children. | 30 | 58 |
| 14 In most cases it is good to talk to both parents when there is domestic violence so that both know how much harm they could be doing to the children. | 41 | 75 |
| 15 Whether a child care worker notifies DSS of a case of domestic violence depends on her judgment about how risky the situation is for the child. | 36 | 46 |
| 16 Although restraining orders are obtained through a judge they are civil and not criminal orders. It is only when an abuser violates the restraining order that criminal penalties may be applied. | 82 | 94 |
| 17 Recent licensing changes mean that it will be professionally appropriate and legally necessary for child care workers who become aware of domestic violence to refer the matter to DSS and the police. | 8 | 19 |
| 18 In domestic violence cases child care providers should not mediate between the parents about who picks up the child. | 75 | 87 |
| 19 In order to use a battered women program’s services, a woman has to be willing to go into hiding. | 77 | 60 |
| 20 Battered women’s hotlines are for emergencies and are not available to answer questions from child care workers about how to help a particular family. | 89 | 91 |
| 21 The behavior of children affected by domestic violence is often similar to behaviors caused by other family problems. | 70 | 70 |
| 22 If a woman says that she has been battered, the best referral would be to the DSS domestic violence unit. | 23 | 25 |

b. Findings Analyzed According to Expected Outcomes

Looking at the data in terms of the outcomes that EOHHS sought to achieve through this training suggests more mixed results than might be drawn from an analysis of individual questions. In large part this is so because the total number of questions was fairly low and, as a result, the number of questions attributable to a particular outcome is also low. As noted earlier in this report, the number of true/false questions to be included was driven by a desire to have administration of the questionnaire take no more than ten to fifteen minutes. As is discussed more fully below, the small number of questions limits the extent to which generalizations about outcomes may be valid.

Outcome One aimed for trainees to have obtained a basic understanding of the dynamics of domestic violence. Questions 1, 2, 3, 4, and 5 were designed to test for this outcome. Table Four highlights the percentage of pre-test and post-test correct responses to these questions that, taken as a whole, show significant increases.

Table Four

| Question | Percentage Correct on Pre-test | Percentage Correct on Post-test |
|-----------------|---------------------------------------|--|
| 1 | 29 | 45 |
| 2 | 76 | 84 |
| 3 | 87 | 96 |
| 4 | 98 | 98 |
| 5 | 45 | 57 |

On Questions 2, 3, and 4, the high percentage of correct answers at pre-test suggests that people came to the training with substantial information about the dynamics of domestic violence. The increase in the percentage of correct responses to all of these questions, except Question 4, was statistically significant.

The second articulated outcome called for trainees to have obtained a basic understanding of the impact of domestic violence on mothers and children. True/false questions addressing this outcome were Questions 7, 8, 9, 10, and 21.

As Table Five shows, with the exception of Question 10, trainees in very high numbers gave correct answers to these questions on the pre-test, perhaps indicating that this group came to the domestic violence training better educated than organizers anticipated. Although there was a significant improvement in pre-test and post-test responses to Question 10, it is noteworthy that less than half of the trainees who completed post-test questionnaires gave the correct response to the question. The high rate of correct responses to the other questions related to this outcome suggests that the wording of Question 10 might have been confusing to trainees.

Table Five

| Question | Percentage Correct on Pre-test | Percentage Correct on Post-test |
|-----------------|---------------------------------------|--|
| 7 | 97 | 97 |
| 8 | 97 | 99 |
| 9 | 92 | 87 |
| 10 | 28 | 44 |
| 21 | 70 | 70 |

Outcome Three sought to increase trainees' ability to identify domestic violence as a possible cause of a child's difficulties. Questions 7 and 21 both went to this outcome. For both questions there was no significant change in the rate of correct responses between pre-test and post-test takers, and both questions began with relatively high rates of correct pre-test responses.

The fourth outcome focused on the ability of trainees to make safe and appropriate domestic violence referrals. Questions 15, 17, 19, 20, and 22 were aimed at this outcome. Table Six shows the rate of correct pre-test and post-test answers to these questions. With the exception of Question 19, post-test scores increased over pre-test scores, in some cases considerably, suggesting that trainees gained substantial knowledge in this area. The fact that on Question 19, asking whether victims of violence must be willing to go into hiding in order to use battered women's services, correct post-test scores actually decreased is something of a mystery. Although there was a significant change in correct pre-test and post-test responses to Question 17, the overall percentage of correct responses was quite low. Based on observation of six sessions, Question 17 was

the only one not consistently addressed by the trainers and was, perhaps, poorly worded. It may be that these two factors explain the result.

Table Six

| Question | Percentage Correct on Pre-test | Percentage Correct on Post-test |
|-----------------|---------------------------------------|--|
| 15 | 36 | 46 |
| 17 | 8 | 19 |
| 19 | 77 | 60 |
| 20 | 89 | 91 |
| 21 | 70 | 70 |

Outcome Five aimed to give trainees information on how to respond safely and effectively to children in their care. Questions 6, 11, 12, 13, 14, and 18 addressed this issue and Table Seven shows the percentage of correct pre-test and post-test responses to these questions. With the exception of Question 11, trainees showed significant improvement on all of the issues questioned. In several cases (Questions 6, 13, 14, and 18) the knowledge that appears to have been gained was substantial with the increase in two cases (Questions 13 and 14) being quite dramatic. It appears from this data that expectations with regard to this outcome were, by and large, met by the training.

Table Seven

| Question | Percentage Correct on Pre-test | Percentage Correct on Post-test |
|-----------------|---------------------------------------|--|
| 6 | 50 | 74 |
| 11 | 72 | 55 |
| 12 | 91 | 97 |
| 13 | 30 | 58 |
| 14 | 41 | 75 |
| 18 | 75 | 87 |

Outcome Six aimed for enhanced connections to local battered women's and related social services. This was an important articulated goal, since organizers readily agreed that it was neither feasible nor desirable for this training to enable child care providers to offer safety planning or direct counseling and advocacy services to battered women and their children. If the training could succeed in alerting child care providers to the children and parents in their midst who might be in need of services related to domestic violence, improving providers' capacity to connect women and children to the existing service system was felt to be an important following step. By design, this goal was to be achieved principally through the resource panels that made presentations at each training event. Thus, evaluating the extent to which this outcome was achieved cannot take place within the context of the pre-test and post-test process but rather through the other evaluation components. As the discussion that concludes this part of the report suggests, while the resource panels may, by and large, have had good representation by battered women's and related service agencies, they sometimes gave trainees contradictory substantive information and this, in turn, may have lessened an otherwise positive impact on trainees.

The last articulated outcome sought to enable trainees to be better able to integrate their understanding of domestic violence into their responsibilities as mandated reporters under 51A. This was an important and challenging goal of the training. Licensed child care providers are statutorily mandated to report suspected child abuse and neglect. Because of their daily work with young children, child care providers are in a pivotal position to enable appropriate intervention on behalf of children at risk of serious harm. Improving trainees' understanding of their role as mandated reporters and increasing their ability to integrate this understanding skillfully in their work with children is an important part of the effort to create integrated networks to support the children of domestic violence. At the same time, the issue is a challenging one because there is a lack of agreement among key government agencies about what constitutes a reportable condition when domestic violence is present and how to work most effectively with non-offending parents when making a 51A report. As has been noted, a significant number of participants (nearly 35%) came to the training with at least some experience in the filing of 51A reports.

Pre-test and post-test Questions 15, 17, and 22 addressed this capacity, as did the presentations by representatives of the DSS Domestic Violence Unit. As Table Eight shows, the pre-test and post-test questionnaire responses suggest that some progress was made toward this goal. Trainees improved on all three questions, in one case (Question 17) more than doubling the number of correct responses from pre-testing to post-testing. At the same time, the number of

people who responded correctly, on pre-testing and on post-testing, was very low.

Table Eight

| Question | Percentage Correct on Pre-test | Percentage Correct on Post-test |
|----------|--------------------------------|---------------------------------|
| 15 | 36 | 46 |
| 17 | 8 | 19 |
| 22 | 23 | 25 |

c. Findings According to Trainees’ Workplaces

The pre-test questionnaire asked trainees to indicate the child care setting in which they worked within the following categories: family day care; child care center, Head Start, or other. Table Nine shows the mean pre-test and post-test scores according to trainees’ workplaces as well as the distribution, by work place, of those who attended a training event and completed a pre-test and those who completed both pre-test and post-test questionnaires.

Table Nine

| Workplace | Pre-test Completion | | Pre-test and Post-test completion | | Mean Pre-test Score | Mean Post-test Score |
|-------------------|---------------------|----|-----------------------------------|----|---------------------|----------------------|
| | N | % | N | % | | |
| Family Day Care | 474 | 37 | 267 | 41 | 12.73 | 14.48 |
| Child Care Center | 362 | 28 | 175 | 27 | 13.83 | 15.25 |
| Head Start | 94 | 07 | 40 | 06 | 14.60 | 15.43 |
| Other | 301 | 24 | 143 | 22 | 14.46 | 16.19 |
| No data | 42 | 03 | 20 | 03 | | |
| Totals | 1273 | | 645 | | | |

Comparing the work categories reveals no statistically significant difference in the amount of learning. Of interest, perhaps, is the fact that family day care providers constituted about 37% of those who participated in the training and about 41% of those who completed and returned post-test questionnaires. Given the fact that family day care providers may have had greater obstacles to participating in all aspects of this training effort, this response rate (the highest of any single category of provider) may suggest the importance given to this subject by family day care providers as well as the success of organizers' efforts to make this training series accessible to family day care providers.

d. Findings According to Trainees' Educational Level

The pre-test questionnaire asked trainees for information about the highest level of education they had completed. An analysis of pre-test and post-test scores revealed that the level of education of trainees was significant in several ways. Those who reported having completed four years of college or graduate school scored significantly better than those who had completed some college or high school. Those who had completed some college or high school likewise scored better than those whose highest level of completed education was elementary school.

e. Findings Regarding Spanish Language Training Events

Seven training events were conducted in Spanish. Trainers used the English language curriculum and adapted it to the Spanish language sessions. These training events drew a total of 142 trainees. This number constitutes slightly more than half (56.5%) of all of the trainees (251) who identified themselves as Latino. Of those who attended Spanish language training events, 64 completed and returned the post-test questionnaire.

As compared to those who received training in English, those who took the training in Spanish scored significantly lower on average on the pre-test and significantly lower on the post-test. People who identified themselves as Latino had significantly lower educational levels than those who did not. When the data was statistically controlled for level of education, there was no longer a significant difference in the amount of learning that occurred among those who received the training in Spanish and those who received it in English. This may

be further evidence of the significance of educational level as an indicator of how much learning took place in the training events.

f. Effect of Prior Exposure to Domestic Violence Issues

Whether trainees had received prior training in domestic violence appeared to make no difference in the amount that they learned. Those who had experienced prior training in domestic violence achieved a mean post-test questionnaire score of 15.8 while those who had no prior domestic violence training had a mean score of 15.14. Whether trainees had any prior personal or professional experience dealing with domestic violence also made no significant difference in trainees' responses to either the pre-test or post-test questionnaire.

3. Discussion

While the findings presented here suggest the extent to which the training project achieved certain objectives and failed to achieve others, the validity of such findings and their applicability to child care providers as a group is limited by several factors. The use of a fairly low number of substantive questions (22) on the pre-test and post-test questionnaires limited the extent to which learning could be tested. In addition, differences between pre-test and post-test results could be the result of many factors that could not be controlled for in the development of the curriculum, the delivery of the training, the administration of the pre-test questionnaire, or the way in which people completed the post-test questionnaire. Finally, the group sampled was not randomly selected and does not necessarily represent the larger community of child care providers. With these caveats in mind, the following observations about the effects of the training are offered.

It appears that a substantial amount of learning took place among those who attended the training sessions with respect to the dynamics of domestic violence (Outcome No. 1), the impact of domestic violence on mothers and children (Outcome No. 2), the capacity of trainees to make safe and appropriate domestic violence referrals (Outcome No. 4), and responding effectively to children in child care (Outcome No. 5). At the same time, the evaluation process suggests that the training may not have significantly improved trainees' relatively strong ability to identify domestic violence as a possible cause of a child's difficulty (Outcome No. 3) and may not have improved trainees' connections to local battered women's and related social services (Outcome No.

6) or their ability to integrate their understanding of domestic violence into their responsibilities as mandated reporters under 51A (Outcome 7)

A number of factors that may have influenced these results are worth discussing, particularly in terms of their implications for future training (and training evaluation) here and in other states. These include the educational and experiential backgrounds of the trainees, the organization of the resource panels, the issue of mandatory reporting and the role of DSS in responding to children who have been exposed to domestic violence, the training curriculum itself and the trainers who were charged with teaching from it, and, with respect to the evaluation process, the length of the pre-test and post-test questionnaire and the wording of the questions. Although these factors are discussed separately, in several instances there is a clear overlap that will, hopefully, be obvious.

a. Education and Prior Experience of Trainees

The educational level and the knowledge and experience of the trainees appear to have been significant factors in some of the outcomes. As has been noted, this group of trainees was well educated (78.9% had at least some college level of education and 24.6% had attended four years of college or more). In addition, about one quarter had prior domestic violence training and about one third had professional and/or personal experience of domestic violence.

There were thirteen questions in which more than two-thirds of the respondents gave correct answers at pre-testing. This high scoring at pre-test may be a reflection of the high levels of education and experience that trainees brought to the training events and/or a result of the questions being “too easy” for this group. As noted earlier in this report, in the process of developing the training curriculum as well as the questionnaire, it was assumed that the educational levels of trainees would cover a broad range including many individuals with only high school experience and that trainees would not be likely to have had prior domestic violence training. That more than 75% of those who actually attended had at least some college level experience and over 25% had prior domestic violence training may help to explain these results.

b. Resource Panels

The sixth articulated outcome for this training series was to enhance trainees’ connections to local battered women’s and related social services. This

was an important articulated goal since organizers agreed that it was neither a feasible nor desirable goal for this training to enable child care providers to offer safety planning or direct counseling and advocacy services to battered women and their children. If the training could succeed in alerting child care providers to the children and parents in their midst who might be in need of services related to domestic violence, improving providers' capacity to connect women and children to the existing service system was an important following step and important goal of the training.

Because enhancing connections to community-based services was intended to be primarily achieved through resource panels, only two items on the pre-test and post-test questionnaire addressed this issue (Questions 19 and 20). The panels were organized by the CCRR responsible for each training and took place toward the end of each training. Notes from observations of six trainings and comments from trainers at the post-training meeting suggest that the impact of these panels was probably mixed. Having the panels close to the end of each training session ran the risk of losing significant numbers of trainees, perhaps because some would leave early or because trainees' attention would be diminished by that time. Observation notes and comments made by trainers and by OCCS representatives at the post-training meeting suggest that, by and large, attrition was not a significant problem. At the same time, the written evaluations, in which many trainees wrote that the training was too long, suggest that loss of attention on the part of trainees may, indeed, have been a factor here. In addition, observation notes, and trainers' comments and participants' written evaluations, suggest that the panels were most effective when:

1. They included a representative from a local battered women's agency;
2. The panelists talked about services rather than their own perspectives on various substantive issues related to domestic violence and its impact on children; and
3. The panels were facilitated to maximize appropriate presentations and focus on questions that related to accessing community-based services.

Where these factors were not in place, the panels probably lost some of their effectiveness. For example, where panelists chose to present their own views on substantive issues, they sometimes gave information that differed from and/or contradicted material contained in the curriculum. Examples of observed unsolicited presentations on substantive issues included an overview of the abuse prevention law, a presentation by a local police officer on anti-violence work with teenage boys, and conversations among panelists about mandatory reporting under 51A (after the DSS Domestic Violence Unit

presenters had left). It is possible that the material covered at these moments resulted in some trainees' getting and retaining incorrect information about some of the key issues covered by the curriculum.

Given the importance of improving the capacity of child care providers to connect with local battered women's and related social services, improvements in the resource panels may want to be considered. These might include delegating responsibility for organizing resource panels to entities (such as local battered women's service providers) that are more familiar with domestic violence, providing panelists with clear written instructions about their purpose in participating, and actively facilitating panels to insure that digressions are skillfully cut short.

c. Mandatory Reporting Under 51A and the Role of DSS

The last articulated outcome sought through this training effort was that trainees be better able to integrate their understanding of domestic violence into their responsibilities as mandated reporters under 51A. This was an important and challenging goal: important because licensed child care providers are statutorily mandated to report suspected child abuse and neglect; challenging because there is a lack of agreement among key government agencies about what constitutes a reportable condition in cases where domestic violence is present and how to work most effectively with non-offending parents when filing a 51A report.

Presentations by representatives of the DSS Domestic Violence Unit (or by one of the two main trainers where DSS was not able to send a staff person) addressed these issues and pre-test and post-test Questions 15, 17, and 22 sought to test trainees' learning on the topic. Looking at trainees' pre-test and post-test responses, it appears that a modest amount of progress toward this goal was achieved. At the same time, the number of people who responded correctly, on pre-testing and on post-testing was low (never reaching 50%), suggesting that much room for improvement remains on this issue.

Notes from observation of six training events confirm mixed results here. Domestic Violence Unit representatives appeared at all six of the observed training events. The level of expertise of these representatives was varied, however, as was their capacity to respond to questions from the audience. In addition, in two instances, resource panelists not from DSS made statements about mandatory reporting that contradicted the formal position of the DSS Domestic Violence Unit. Since the Domestic Violence Unit representatives left at

the close of their presentations, they were not available to clarify these issues or to respond when resource panelists made incorrect or possibly confusing statements about mandatory reporting of abuse and neglect. Adding to these factors, when trainees requested information on current OCCS policies regarding the reporting obligations of licensed child care providers in domestic violence situations (which they did at three observed trainings) this information was not available. Finally, for reasons that are not clear, in three of the six observed training events, members of the audience had no responses to and asked no questions about the presentations on DSS and mandatory reporting (even where the presenters were clearly experienced and prepared). Given the assumption that the issue of mandatory reporting can be both controversial and charged, the lack of audience questions was surprising.

The question of whether and how to present the issue of the legal and professional responsibility of child care providers under 51A in the context of domestic violence training projects like this would probably benefit from some in-depth discussion. In addition, it would be helpful if OCCS policies and protocols on how providers are expected to meet their responsibilities under 51A when domestic violence is present, assuming these exist, were more fully disseminated among providers. If they do not exist, it would probably be helpful for OCCS and the DSS Domestic Violence Unit to work together to formulate policies and, perhaps, jointly offer training on them throughout the Commonwealth.

d. The Curriculum and the Trainers

Variations in pre-test and post-test responses could be attributed to differences among trainers, although analyses of responses according to trainers yielded no significant differences in the rates of correct pre-test or post-test responses. Although there was concern among conference planners and curriculum developers that there may be insufficient time to cover all of the material contained in the curriculum and whether trainers would adhere to the curriculum, neither of these concerns appear to have materialized. The six observed training events and comments made at the meeting of trainers indicate that, by and large, all of the material contained in the curriculum was covered within the time allocated and that, with only a few exceptions, trainers adhered to the curriculum.^{9/} Written evaluations underscore the overall usefulness of

^{9/} The failure of a number of trainers to use role plays as instructed and one trainer's practice of consistently ignoring the curriculum were the two main exceptions to this and, based on analysis of pre-test and post-test data, neither of these effected the outcome of the training in any significant way.

this curriculum and the general success of most trainers in effectively delivering the material. Comments made by trainers at observed training events and at the meeting of trainers suggest that, despite pre-training concerns, the curriculum was easy to use and was felt to be effective (this is particularly true of the audio/video clip that opened the sections on the dynamics of domestic violence and on the impact of domestic violence on children).

In some cases, differences in the rate of correct pre-test and post-test responses can be attributed to the question itself and whether the curriculum actually covered the material addressed by the question (an example of this might be Question 19). In other cases, changes in results from pre-test to post-test may prompt a review of the way in which the curriculum addressed particular issues. For Questions 9 and 11, for example, there were significant declines from pre-testing to post-testing in the percentage of correct responses given. Both questions concerned the psychological impact of domestic violence on children (Question 9 asked about the effect of age on children's response to witnessing violence and Question 11 addressed the impact of talking to children about the violence they had witnessed). It would be worthwhile to consider how the curriculum addressed these issues and consider changes that would, in future training, make the points covered by these questions clearer to trainees.

e. The Evaluation Process

As noted above, the fact that more than two-thirds of the respondents gave correct answers to thirteen pre-test questions suggests that these questions may have been "too easy" for the group being tested. If this was the result of erroneous assumptions about the level of knowledge and experience that trainees would bring to the training events, field testing the questions might have brought these errors to the surface prior to actual testing. Allocating time and resources to field testing and, where applicable, to surveying potential trainees in advance of finalizing curricula and evaluation instruments can go a long way toward insuring that training is more effectively geared toward the audiences for whom it is targeted. Finally, it may be feasible to administer pre-test and post-tests with more questions without a significant loss in the number of post-test respondents. This would be desirable as it would enable a more in-depth testing of each articulated goal. Field testing could go a long way toward clarifying the extent to which a longer pre-test/post-test questionnaire can be used successfully.

Conclusion

A substantial amount of learning took place among those who attended these training events. The overall improvement in learning, as indicated in the pre-test and post-test responses of 645 trainees who completed both pre-test and post-test questionnaires was quite significant. Given the number of people who found the time to attend these full-day training events and also complete and submit post-test questionnaires, and given their very positive written evaluations, it cannot be doubted that this training was timely and well received.

It appears that a substantial number of people who attended the training obtained a basic understanding of the dynamics of domestic violence (Outcome No. 1), a basic understanding of the impact of domestic violence on mothers and children (Outcome No. 2), and information on how to respond effectively to children in their care (Outcome No. 5). The capacity of trainees to make safe and appropriate domestic violence referrals (Outcome No. 4) appears to have increased as a result of the training. At the same time, the evaluation suggests that the training may not have significantly improved trainees' relatively strong ability to identify domestic violence as a possible cause of a child's difficulty (Outcome No. 3). With regard to the goal of improving trainees' connections to local battered women's and related social services (Outcome No. 6), the results are unclear. Finally, while the training may have improved trainees' ability to integrate their understanding of domestic violence into their responsibilities as mandated reporters under 51A, the improvement was not significant.

Looking at the places in which the training appears to have met its goals, as well as those in which goals were not met, prompts a number of suggestions that may be of use in considering additional training here in Massachusetts and offering this curriculum and training methodology as a model that other states can adapt to their own communities. For example:

- 1) With selected improvements (including flexible drafting that enables it to be adjusted for varying levels of education on the part of trainees), the curriculum developed for this effort can be an effective training tool for child care providers here and elsewhere.
- 2) Assessment of the audience should be careful so that training (and the evaluation procedures adopted to test the effectiveness of the training) is more closely tailored to the educational and experiential

background of trainees. Specific steps, with respect to organizing training, might include surveying the field for both interest and experience, and with respect to evaluation, field testing instruments with a representative sample of those to be trained.

- 3) Given the importance of enabling child care providers to connect effectively with local battered women's and related social service providers, improvements to the resource panel component of the training might be considered. These could include:
 - a) delegating responsibility for organizing and facilitating resource panels to an entity (such as the local battered women's service provider) that is more familiar with domestic violence and the role that local social service providers play in serving battered women and their children, and
 - b) taking steps to insure that panel presenters more consistently adhere to the substantive messages of the training.

- 4) If additional state wide training on this issue is contemplated, planners may want to think through whether and how such training can effectively address the issue of child care providers' status as mandated reporters under 51A. Particular issues would include:
 - a) making sure that child care providers are aware of and understand OCCS policies that may already be in place regarding the 51A responsibilities of child care providers in cases where domestic violence is present;
 - b) if such policies do not presently exist, undertaking a joint effort between OCCS and the DSS Domestic Violence Unit to develop such policies and, perhaps, train jointly on them;
 - c) considering how to deal with the fact (both in terms of the training curriculum, the individual trainers, and the presentations by resource panel members) that differences exist between key government agencies on whether and how 51A reports are to be filed in situations involving domestic violence; and

- d) working to insure that the participation of the DSS Domestic Violence Unit is more fully integrated into the presentation of substantive material that involves or implicates DSS.

Acknowledgements

A number of individuals with a variety of skills came together to complete this evaluation. Without each person's contribution, this evaluation project could not have been completed. Led by Judith Lennett of Northnode, the team included, Sara Bachman, Ted German, Helen Horigan, Marcia Hubelbank, Asya Lyass, Maggie Merced, and Maribel Ortiz. In addition to specific expertise in various aspects of research methods, data entry and data analysis, each of these individuals brought great care and thoughtfulness to the work and a real appreciation for the value of teaching child care providers about domestic violence and its impact on children.

Appendix

- ◆ Training Curriculum
- ◆ Pre-test Questionnaire (English and Spanish)
- ◆ Post-test Questionnaire (English and Spanish)