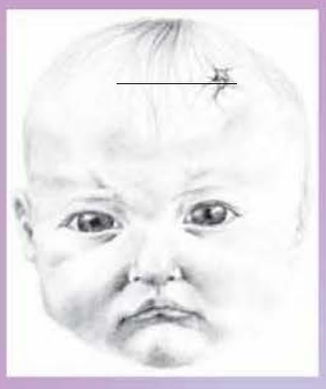
ATTACHMENT WB3

This is the attachment marked "**WB3**" referred to in the witness statement of Wendy Bunston dated 8 July 2015.



The Royal Children's Hospital Melbourne

Addressing Family Violence Programs

Groupwork Interventions for Infants, Children and their Parents

Edited by
Wendy Bunston
& Alexandra Heynatz

Addressing Family Violence Programs

GROUPWORK INTERVENTIONS FOR INFANTS, CHILDREN AND THEIR PARENTS

EDITED BY
WENDY BUNSTON & ALEXANDRA HEYNATZ

Published in Australia 2006 by

THE ROYAL CHILDREN'S HOSPITAL MENTAL HEALTH SERVICE

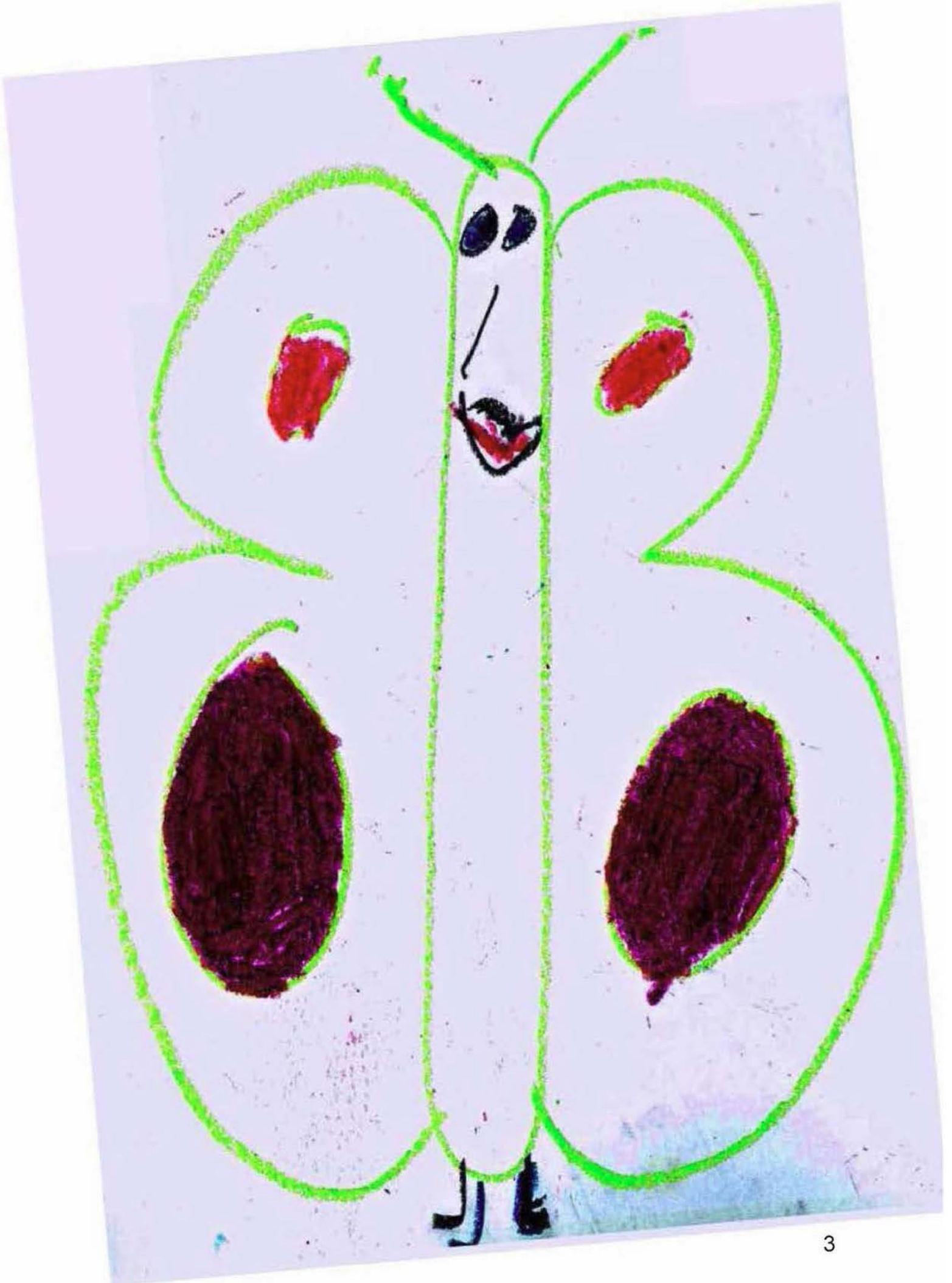
ISBN 0-646-46492-2

Cover illustrated by Thea Rechner

Acknowledgements

We are grateful to the authors (and original publishers) for permission to make these papers available.

We are also immensely grateful to Bob Salo for his work in the layout and design of this book.



CONTRIBUTORS:

Wendy Bunston
Social Worker & Family Therapist

Alexandra Heynatz
Social Worker & Creative Arts Therapist

Stephanie Lai
Social Worker

Tara Pavlidis
Social Worker

Naomi Audette
Dance Movement Therapist

Peta Millard
Social Worker

Lindy Henry
Maternal & Child Health Nurse,

Paul Leyden
Psychiatric Nurse

John Dileo
Researcher Assistant

OTHER PEOPLE WHO HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE AFVP

Helen Crean

Frances Thompson-Salo

Amity Czechowski

Bez Robertson

Lindy Henry

Ruth Wraith

ACKNOWLEDGEMENTS

The Peek a Boo Club would like to acknowledge the generous support from the **Victorian Women's Trust**, and, through the Trust, the **Bokhara Foundation** and the **Grosvenor Foundation** which has enabled this program to continue to provide valuable support to young mother's and their babies who have experienced significant trauma in their lives.

CONTENTS

Introduction **9**

Part One: Securing Our Base

1. The principles, theories & practice of 'Addressing Family Violence Programs' *by Wendy Bunston* **13**

Part Two: Our Programs

2. One way of responding to family violence: 'Putting on a parkas' *by Wendy Bunston* **24**

3. just for kids (jfk) *by Tara Pavlidis* **40**

4. The Peek a Boo Club: Group work for infants and mothers affected by family violence *by Wendy Bunston* **45**

Part Three: Exploration & Play

5. Out of the Mouth of Babes: Forming meaningful narratives about experiences of family violence *by Peta Millard & Wendy Bunston* **57**

6. Creative re-creations: Addressing the impact of family violence through creative play *by Alexandra Heynatz* **73**

7. Peek a Boo – How do I find you? *by Naomi Audette & Lindy Henry* **85**

Part Four: Achieving Attunement

8. Shark bites? A shared story **103**
by the children of just for kids (jfk)

9. A parkas (grim) fairytale *by Peta Millard* **105**

10. A Tale of Tornados and Butterflies **110**
by Tara Pavlidis

11. Listening to the children with my eyes: **114**
My learning experience as a social work intern within the Peek a Boo Club
by Stephanie Pei-Yin Lai

12. Once we were children: Fathering with our **118**
children's future in mind *by Wendy Bunston*

Part Five: The life of a group

13. Putting the GRO into group work *by* **124**
Wendy Bunston, Tara Pavlidis & Paul Leyden

14. Understanding the life of a group: An extended **138**
developmental perspective
by Wendy Bunston & Peta Millard

15. Last but never least: Evaluation **153**
by Wendy Bunston and John Dileo

INTRODUCTION

This collection of papers celebrates 10 years of group work undertaken by the Royal Children's Hospital Mental Health Service (RCH MHS) in Melbourne. This is work undertaken specifically to address the impact of family violence on infants and children. Commencing in 1996 and in collaboration with Melton Community Health Centre, the RCH MHS co-developed the 'parkas' (parents accepting responsibility – kids are safe) group work intervention. 'parkas' was run collaboratively by RCH MHS and Melton Community Health Centre until early 2000, when differing service demands prevented this partnership from continuing. The RCH MHS team continued to not only run 'parkas', but developed a further two group work interventions - 'just for kids' (jfk) and the 'Peek a Boo Club' - under the banner of Addressing Family Violence Programs (AFVP), sitting within a team known as the Community Group Program.

Through these chapters we invite you to share our journey. We record the origins of these three separate service delivery programs, their inter-relatedness and their distinctiveness. We explore the theory, practice and principles upon which we base our work. We also offer some insight into how we bring this work to life and how this work brings life to us. We wander through landscapes that are creative, frightening, challenging and personal. And we end with where we start; the challenge of knowing that it is important to make a difference, and that it is imperative to address family violence.

Chapter One introduces the theoretical frameworks; the knowledge base and practice principles we believe are integral to informing how we think about and carry out this work.

Chapter Two introduces our very first child/mother group work intervention 'parkas', outlining the model developed, some of the variations we have played with over the years and our work with fathers.

Chapter Three introduces 'just for kids' (jfk), a program developed to retain our focus on meeting and holding the needs of children while paving the way for some mothers to engage with the possibility of entering into the 'parkas' program.

Chapter Four introduces our very latest program, the 'Peek a Boo Club', a group work program for infants and mothers affected by family violence.

Chapter Five explores activities we have found useful in enabling children to form healing narratives about their experiences of living with family violence.

Chapter Six enters the creative and imaginative world of one jfk group in particular, following their journey into both treacherous and tremendous landscapes.

Chapter Seven describes activities within the 'Peek a Boo Club', which are baby led and can increase the positive attachment within the mother/child dyad through mutual pleasure and enjoyment.

Chapter Eight bites; in words, in intent and in emotion. A story told directly by the children themselves.

Chapter Nine takes us into the grim world of these children's reality. It tells the tale of a princess, a prince and an evil villain, first enacted as a play within one of our 'parkas' groups and then captured in words by one of the facilitators of this group.

Chapter Ten enters the personal world of a professional. Touched by the stories of children told over many years of facilitating our AFVP, this is a creative attempt to capture the emotions and symbols conveyed by the children, in all their hope and in all their despair.

Chapter Eleven tells the story of two infants involved in a 'Peek a Boo Club'. The writer shares her observation of their journey, as well as her own.

Chapter Twelve is written directly to fathers. It encourages an appreciation of their own past, and how the choices they make in relation to their child's present directly influences what will be their child's and their own future.

Chapter Thirteen explores the different dimensions of group work and the importance of building your interventions on a foundation of good practice principles that promote growth.

Chapter Fourteen speaks to the shared yet unique journey that groups take. Working from an 'extended' developmental perspective, it explores the differing, and mostly, non-sequential stages that groups move through.

Chapter Fifteen saves the best till last. How do we evaluate what we do, how do we know if we make a difference and just what sort of difference are we intending to make?

This collection of papers is not an exhaustive attempt to capture the different work of individuals on the AFVP team, nor an attempt to homogenise the diversity of offerings provided by the personalities, perspectives and professionals within the team. This book is what we hope will be the first in a series, exploring our group work interventions in the area of family violence. We hope we have captured the progressive nature of this work, and our attempts to reconcile the complexities which this work constantly throws our way, both for our client group and ourselves as professionals.

Editors, Wendy Bunston and Alexandra Heynatz.

CHAPTER ONE

THE PRINCIPLES, THEORIES & PRACTICE OF 'ADDRESSING FAMILY VIOLENCE PROGRAMS' (AFVP)[1]

WENDY BUNSTON

Aims and objectives

The overall aim of our group work programs is to create a psychologically safe space for children and infants to begin to acknowledge and process their traumatic experiences of family violence, and the accompanying feelings of loss and pain. This occurs within the context of a psychotherapeutic group work structure, where we retain attentiveness to the process steering each group's unique journey irrespective of the content. Our focus is child sensitive, meaning that we remain 'child' rather than 'adult' led in our work. This requires us to 'hear' what children and infants are saying, whether their communication with us occurs verbally or non-verbally. Our task is to provide them with a therapeutic arena which can respectfully tolerate who they are and what they have to offer, irrespective of how this may (behaviourally) present itself. Concurrently, our task also involves creating opportunities for children to integrate and make congruent what have been emotionally incongruent and disintegrative experiences (Bunston, 1999, 2001).

Within parkas (parents accepting responsibility – kids are safe), a rather ambitious but important objective for the group leaders is to act as a psychological vessel, that can hold the fragile intra-psychic material of both the children's

[1] This paper builds upon the work first presented in the parkas manual (Bunston, 2001) p. 23-30.

and mothers' groups in order to build a bridge of communication between the two. This is enabled through the same leadership team facilitating both the children's and mothers'/carers' group, allowing immediate access and opportunity to integrate each group's experience of family violence. just for kids (jfk) aims to create a therapeutic space for children to give voice and bear witness to their experiences of living with violence. It also attempts to engage the mothers of these children into further therapeutic work. The work of the Peek a Boo Club recognises the neurological and psychological vulnerability of infants to relational trauma in highly stressful and violent environments. It aims to positively realign the infant/mother relationship and subsequently, the developmental pathway of infants.

Each program endeavours to provide mediated opportunities for children and infants to emotionally and psychologically re-connect with their mothers/carers around what has often been a shared experience of trauma. There is also recognition that the infant/child and mother may have experienced the other as an aggressor on occasion. At the same time it is acknowledged that children may feel strong, highly ambivalent attachments towards the identified perpetrator, be this father, step-parent, sibling or a significant other. As Pynoos & Nader (1993) emphasise:

> *"The treatment must address the pre-existing relationship with the perpetrator...complicated issues of identification, intense conflicts of loyalty, issues related to loss and often pre-existing vulnerability arising from a chronic impulse ridden environment"* (p. 545).

The specific objectives of the AFVP are:

- To provide an emotionally contained environment for infants and children to acknowledge and articulate their own personal experience of family violence, and for this to be validated in the presence of a peer group who have similarly lived with the impact of emotional, physical and psychological trauma.

- To bear witness to children's experience of family violence (Blackwell, 1997), recognising and affirming the child's concerns, fears and hopes in relation to this experience and within life more broadly.

- To create space for a positive shared experience between the infants/ children and their mothers by facilitating communication regarding their past, and ongoing relationship with one another.

- To provide participants with a positive therapeutic experience as a potential prelude to future work for both the child and/or mother.

- To provide participants with a sufficient foundation from which to begin to challenge the power, control and gender issues inherent in violent relationships.

- To acknowledge the significance of the perpetrator in the lives of these children. Children with whom we work often love and sometimes idolise the person who has inflicted violence within their family. Failure to acknowledge the relationship risks not honouring the complexity of the child's internal world, and the conflicting loyalties they experience. This may bring about their emotional and even physical withdrawal from the group.

- To raise parental awareness about the sustained and debilitating impact of family violence on themselves, their children and infants, and to support an understanding of the inter-generational transmission of violence so that continuing cycles of abuse may be challenged.

- To support infants and children in developing more appropriate, creative and safe ways of managing feelings such as depression and anger.

- To support infants, children, and parents in challenging rigidly held gender prescriptions and maladaptive patterns of relating.

Summary of objectives for AFVP

Providing a safe space to acknowledge children's experience of living with violence.
Building a safe connection between infants / children and their mothers / carers.
Providing a therapeutic experience as a prelude to future work.
Educating parents about the impact of family violence on chidren.
Enabling constructive expression of feelings.
Challenging power, control and gender issues inherent in violent relationships.

Theoretical frameworks

The work of AFVP is informed by systemic thinking which promotes a competency-based approach to working with infants, children and families while working collaboratively alongside other relevant local support services (Gambrill, 1983). We also incorporate a strong psychodynamic framework that privileges the processes and dynamics operating in the group. Concepts of particular importance are Winnicott's concept of 'holding' and Bion's concept of 'containment' (James, 1984; Winnicott, 1971; Bion, 1961).

It has been important to have a solid working knowledge of attachment theory (Bretherton, 1991; Bowlby, 1988) which recognises the need for children to have a secure emotional base, in conjunction with an appreciation of childhood development within a context of emotional and physical abuse (Donovan and McIntyre, 1990). All this is set against a backdrop that recognises the impediments affecting a client group that has been significantly traumatised by family violence, as well as the multiple levels of attachment evident in family work (James, 1984; Burnham, 1986).

Supervision capable of incorporating the dual focus of childhood developmental theory and group process has been essential in undertaking this work. Within this context, group leaders have had the opportunity to integrate theoretical frameworks that support and extend existing practice skills. Supervision has also provided a space to respond to the unique presentation and circumstances of each group, while further developing the philosophy and practice of the AFVP.

Neurological considerations

Familiarity with the neurological impact of trauma on infants' and children's developing brains has had a significant influence upon our thinking and development as practitioners in this field. When traumatized, the brain secretes an array of potent chemicals in an attempt to physiologically mediate the overwhelming sense of fear and perceived threat to life (Schore, 2003b). It has been important for us to understand how the emotional states aroused to cope with the trauma over an extended period of time can develop into

longstanding personality traits (Perry, Pollard, Blakely, Baker & Vigilante, 1995). This is particularly relevant when considering the sensitised neural response of infants and children to trauma, and the fact that the most rapid time of neural development for the brain is within the first few years of life (Greenfield, 1997).

An infant brain that is busy surviving, and constantly flooded with chemicals to manage heightened states of arousal or dissociation, is not available to thrive. (Teicher, 2002; Schore, 2003b, 2001; Streeck-Fischer & van der Kolk, 2000). As Cozolino (2005) suggests, this only heightens the reparative, preventative and educative importance of intervention group work programs. The reparative capacity of stimulating healthy attachments can potentially "regain emotional balance and mental health through activation of the neurological processes in the brain that help to alter patterns of implicit memory, behaviour and feelings" (Cozolino, 2006, p.12). The neural exchange that occurs within significant relationships may well benefit not just the pliable brains of the infant and child, but the parent as well (Cozolino, 2006; Siegel, 2006; Schore, 2003a).

The mother & child dyad

An infant's sense of self is derived from its relationship with the primary caregiver. In western society, this is traditionally the relationship with the mother. How the mother/caregiver emotionally holds the emerging internal world of the infant directly contributes to how the infant will perceive and know themselves as their personality develops (Wright, 1992).

This is overlaid by the infant/child's relationship with significant others closely involved with them (ie. father, siblings, step-parent/siblings and/or others). In a healthy familial environment, these relationships can be expected to complement and adequately strengthen an infant/child's growing sense of self and their place in the world.

Where family violence is a significant feature of an infant/child's world, a healthy emotional developmental path may not be realised. The need to survive becomes the organising principal through which all relationship dynamics are filtered. An environment of violence can encumber the important ingredients of consistency, stability, nurturing and security necessary for the healthy emotional

development of the individual and their relationship with their immediate external world. Creating therapeutic opportunities to begin to develop or rebuild strong and healthy attachments is therefore the focus of our work within AFVP.

An awareness of the history of violence within a family can assist the group facilitator in understanding how the mother/child dyad may have been compromised, as well as what aspects of their attachment to one another are positive and can be further enhanced. (Holmes, 1993). The leadership team can model the formation of healthy attachments through their work in emotionally 'holding' and 'containing' the anxiety, anger, shame/guilt, and sadness that mothers often feel in relation to how they have been mothered, and how they in turn mother. This can allow space for the mothers to come to terms with the reality of their own emotional trauma as a parent. If mothers in our groups experience being held and understood, they may be better placed to translate that experience into holding and understanding their child.

Principles & practice

Creative, safe, enjoyable and imaginative ways of working have been imperative to the success of the AFVP. This has helped sustain the energy necessary to run such professionally and emotionally demanding programs, and enhanced our ability to engage both children and adults alike. As a leadership team, we are committed to working flexibly and honestly. Recognising when to change the tempo of an activity, replacing ideas that do not successfully match a particular group, and a willingness to acknowledge and explore what has not worked well, have all required high levels of trust and confidence between the leadership team.

We draw on the existing skills and expertise of the group leaders, and strengths and experiences of professionals from other agencies that have joined our leadership team. An acknowledgment that each program teaches the leaders something new about the dimensions of family violence makes each group work program challenging and unique.

We do not always get it right. We struggle with invitations to join a dynamic that plays itself out constantly within the culture of family violence; that of the

perpetrator/victim/rescuer roles. As helping professionals, we are most easily seduced into the 'rescuer' role. We have often found ourselves going beyond the pale for our AFVP work as compared to our other mental health groups where the focus is not on addressing family violence. Tempering our 'need to rescue' and mediating our own frustration, impotency and anger as triggered by this type of work requires a certain level of vigilance and capacity for insight.

The ability of group leaders to 'hold' and 'contain' the emotional undercurrents that ripple through the life of the group and the lives of the participants is paramount. Creating clear boundaries that keep the program firmly child focused, and providing clients access to alternative individual supports where needed, also continues to be significant. In this regard, accessing quality supervision is imperative so that we too as group leaders are 'held'.

It cannot be under-estimated the importance and value of the broad-sweeping meta-perspective supervisors can provide around the dynamics that permeate all levels of functioning within group work practice and beyond. This involves a consideration of the interplay between systems including the agency context, the schools the children attend, the relationship between the leaders, the relationships between mothers/carers and their children, and the group participants themselves.

Over-arching themes explored in our groups usually include such things as healthy expression of anger, issues of power and control, the transmission of violence, defining violence – ours and others, how we construct gender, how we keep safe, what are our strengths, and what are our ways of relating within a family. However, it is imperative that the psychological safety of these children is protected by allowing them to set the emotional pace of the group. Children and infants who have experienced violence will automatically engage in some level of psychic shut-down to protect themselves from further re-traumatisation. As suggested by Pynoos (1993):

> *"avoidance and psychological numbing indicate that a child continues to restrict behaviour or regulate emotions in an effort to control their recurrent impressions and negative affect". (p. 217).*

Self protective mechanisms may be reflected through a child's inability to stay with a particular activity, or a heightened need to act out. Rather than prohibiting this behaviour, it is important to understand what this information is suggesting about the emotional life and fragility of the child. Altering the content and tempo of the group is significant in bringing the child back to a position of safety. Containing these impasses through the use of humour and creative re-direction within the group allows children to experience a different and hopefully healthier resolution of emotionally traumatic and stressful events.

The extent to which the group leaders can absorb, tolerate and make understood what are often defensive behaviours of the children and mothers can create a space for important psychological healing. Similarly, it is important that leaders are able de-construct these projections within the safety of their own supervision sessions and then use this understanding to inform their ongoing therapeutic work within the groups.

The focus of the AFVP is on the experience of the children. This is not to suggest, however, that this is separate to the experience of their mothers, as the often enmeshed nature of the mother-child relationship sees a paralleling process that operates at all levels, both consciously and unconsciously within their relationship. A constant challenge for the group leaders is to assist the mothers within the program to refrain from interpreting their "children's avoidance of any mention of the trauma as successfully putting it behind them." (Pynoos, 1993, p. 219).

The infant and child's participation in these programs is about giving them permission to safely retrieve these emotions as opposed to annihilating them (and part of themselves with it). This is about the children having their feelings recognised and validated by other people, helping them to tolerate and understand those feelings, and finding ways to express them in a manner that is appropriate for themselves and the various social contexts within which they live.

Often parents can equate their child or infant's good behaviour with having overcome their trauma, rather than appreciating that their child's acting out may in fact prove to be a far healthier and accessible expression of their rage/ helplessness/confusion/angst. Sometimes the most traumatised children in the

group are those who demand little outside attention, yet their internalised world presents as very fragmented, disturbed or devoid of meaning.

Conclusion

Working with infants, children and families affected by relational violence is not for the faint hearted. It is complex, challenging and considered work that requires a thoughtful and diligent approach to self and to others. Agencies undertaking this work need to encourage a culture of reflective practice through adequate training, support and supervision to their staff. Clarity around the aims and objectives of interventions, articulation around the philosophical and theoretical underpinnings of the work being undertaken, and a commitment to evaluation that further evolves your work, all provide the basis for a strong foundation.

As a team, the RCH-MHS AFVP is not without its challenges. We grapple with issues of inadequate funding and the lack of resources to do this work as comprehensively as we would like. We sometimes struggle to get adequate and timely referrals. We are subject to enacting the very dynamics that occur within our group programs within our own team, and we can feel anxious about the effectiveness of our work. However, we are also able to tolerate our foibles, recognise the complexity of this work, and question (and answer) why we feel compelled to continue.

Every 12 months or so we hit an impasse of some description and talk through whether, as a team of mental health workers, we should just concentrate on our other non-family violence focused group work. Thus far, we continue to come up with the same answer. A history of family violence and prolonged traumatisation sits, often hidden, in the background of a significant number of the children and infants that present to our child and adolescent mental health service. And it is just not OK to walk away.

References:

Bion,W. R. (1961). *Experiences in Groups (And Other Papers)*. Great Britain: Routledge.

Blackwell, D. (1997). Holding, containing and bearing witness: the problem of helpfulness in encounters with torture survivors. *Journal of Social Work Practice*, 11, 2, 81-89.

Bowlby, J. (1988). *A Secure Base*. London: Routledge.

Bretherton, I. (1991). The roots and growing points of attachment theory. In C.M. Parkes, J. Stevenson-Hinde & P. Morris (Eds.) *Attachment Across the Life Cycle*. London: Routledge.

Bunston, W. (2001). *parkas (parents accepting responsibility-kids are safe) manual*. Melbourne: Royal Children's Hospital Mental Health Service & Djerriwarrh Health Services.

Bunston, W. (1999). Back to Their Future : Family Violence, Childhood Trauma and Future Relationships. *Victorian Association of Family Therapists (VAFT) News*, 21, 4, 5-13.

Burnham, J.B. (1986). *Family Therapy*. London: Routledge.

Donovan, D. & McIntyre, D. (1990). *Healing the Hurt Child: A Developmental/Contextual Approach*. USA: Norton.

Cozolino, L.J. (2006). The Social Brain, *Psychotherapy in Australia*, 12, 2, 12-17.

Cozolino, L.J. (2005). The Impact of Trauma on the Brain. *Psychotherapy in Australia*, 11, 3, 22-35.

Gambrill, E. (1983). *Casework: A Competency Based Approach*. New Jersey: Prentice-Hall.

Greenfield, S. (1997). *The Human Brain: A Guided Tour*. London: Weidenfeld & Nicolson.

Holmes, J. (1993). *John Bowlby & Attachment Theory*. London: Routledge.

James, C. (1984.) Bion's 'containing' and Winnicott's 'holding' in the context of the group matrix. *International Journal of Group Psychotherapy*, 34, 201-213.

Perry, B.D., Pollard., Blakley, T.I. & Vigilante, D. (1995). Childhood Trauma, the Neurobiology of Adaption, and "Use-dependent" Development of the Brain: How "States" Become "Traits". *Infant Mental Health Journal*, 16, 4, 271-289.

Pynoos, R.S. (1993). Traumatic Stress and Developmental Psychopathology in Children and Adolescents. In J.M Oldman, M.B.Riba & A.Tasman (Eds.) *American Psychiatric Press Review of Psychiatry, 12*. Washington D.C.: American Psychiatric Press.

Pynoos, R.S. & Nader, K. (1993). Psychological First Aid and Treatment Approach to Children Exposed to Community Violence: Research Implications. *Journal of Traumatic Stress*, 1, 4, 445-473.

Schore, A. (2003a). *Affect Regulation And The Repair Of The Self*. USA: WW Norton & Company.

Schore, A. (2003b). *Affect Dysregulation And Disorders Of The Self*. USA: WW Norton & Company.

Schore, A.N. (2001). The Effects of Early Relational Trauma on the Right Brain Development, Affect Regulation, and Infant Mental Health. *Infant Mental Health Journal*, 22, 1-2, 201-269.

Siegel, D.J. (2006). Attachment and Self-Understanding: Parenting with the Brain in Mind. *Psychotherapy in Australia*, Vol 12,2, 26-32.

Streeck-Fischer, A. & van der Kolk, B. (2000). Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development. *Australian and New Zealand Journal of Psychiatry*, 34, 903-918.

Teicher, M. (2002). The Neurobiology of Child Abuse. *Scientific American*, March.

Winnicott, D.W. (1971). *Therapeutic Consultations in Child Psychiatry*. London, The Hogarth Press.

Wright, E. (1992). *Feminism & Psychoanalysis. A Critical Dictionary*. Blackwell.

CHAPTER TWO

ONE WAY OF RESPONDING TO FAMILY VIOLENCE: 'PUTTING ON A PARKAS'[1]

WENDY BUNSTON

Preface

Where family violence is a significant feature of an infant/child's world, a healthy emotional developmental path may not be fully realised. The need to survive becomes the key organising principal through which all relationship dynamics are then filtered. An environment of violence can impede the important ingredients of consistency, stability, nurturing and security necessary for the healthy emotional development of the individual and their relationship with their immediate external world. When working with children and families where there is or has been ongoing violence, second only to addressing the immediate and ongoing concerns about safety, is the importance of creating therapeutic opportunities to begin to develop or rebuild strong and healthy attachments.

Introduction

In 1996 the Royal Children's Hospital Mental Health Service (RCH MHS) co-developed a specialist group work program in collaboration with Melton

[1] This is an updated and expanded version of an article that first appeared in *Children Australia*, 27, 4, 2002.

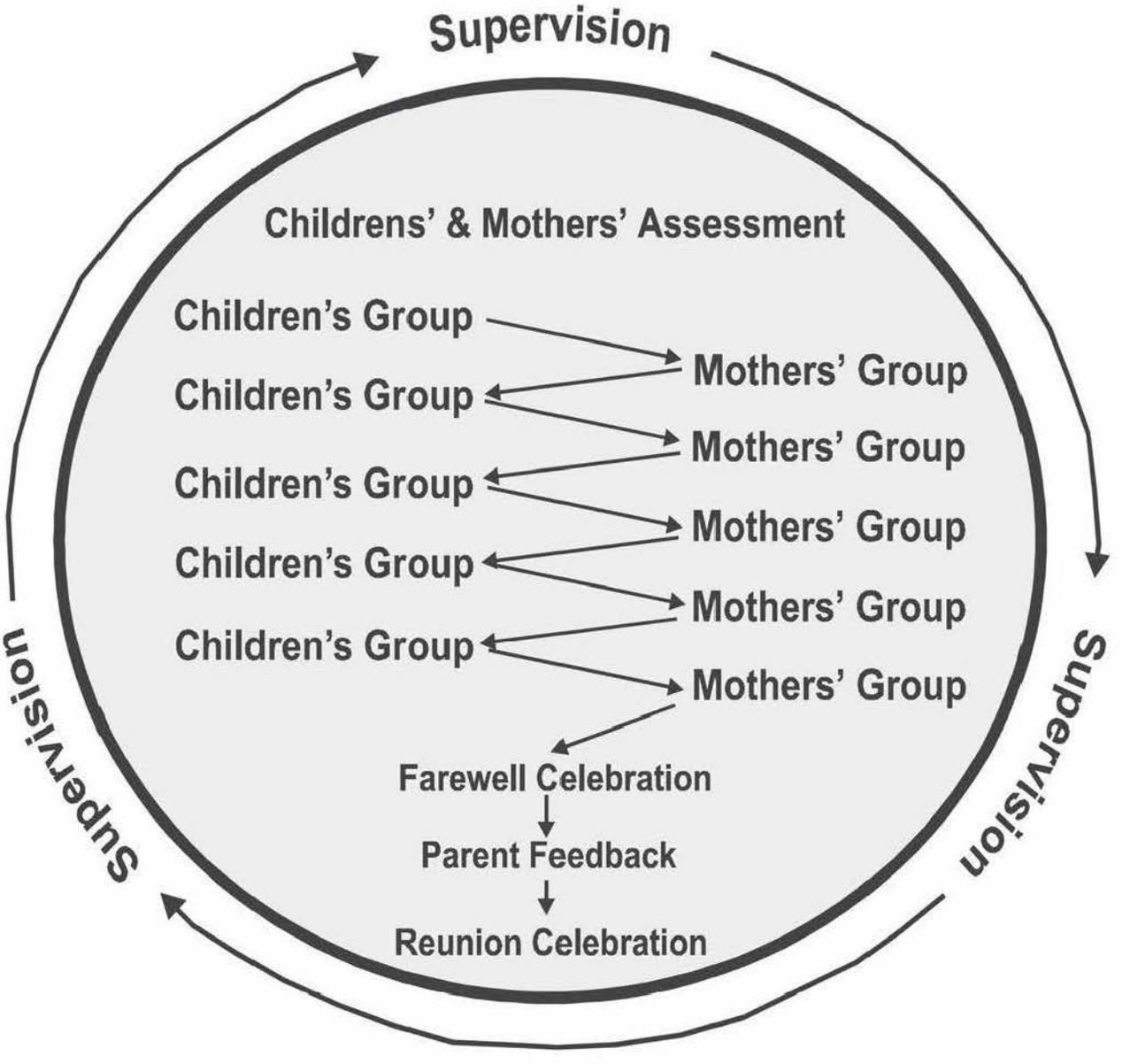
Community Health Centre (MCHC). 'parkas' (parents accepting responsibility – kids are safe) was established as a two tiered group work program for children (aged 8 to 12 years) affected by family violence and their parents (Bunston & Crean, 1999). The program was implemented in response to requests for specific child focused, as well as parent and child focused groups. This request was made by the adult participants attending the Family Violence Prevention Programs, run at MCHC. Since early 2000, parkas has been run by the RCH MHS in collaboration with a range of other services and a 2 day training workshop and manual have also been developed.

From its inception, parkas aimed to promote interventions that were child sensitive. This involved creating a process that was child lead and not set by the compass of adult expectations. We believed that children felt safe when they felt heard, irrespective of whether their communication with us occurred verbally or non-verbally. They also felt safe when their environment could meaningfully tolerate who they were and what they had to offer, and reflect back an affirming, congruent and respectful image of self.

The aim of our intervention was to repair, rebuild and/or develop familial relationships through honouring the experience and attachments of the child. As such we felt it was imperative *not* to split leadership teams to run different components of the model as is done in other child/parent programs. We felt convinced that involving the same leadership team in all aspects of the program delivery acted as the secure base that held together and integrated the experience of all of the participants, children and parents (Bunston, 2001).

The model developed was that of a children's and mothers' group (this has sometimes included carers', such as grandmothers and aunts) which ran over two consecutive days for a period of ten weeks. The children's program took place the first afternoon of the day selected and the mothers' group took place the following morning. Weekly professional clinical group supervision was provided for those running parkas as soon as possible following the two group sessions (see figure 2.1 below).

Figure 2.1



Key elements of the program (10 week program + reunion)

- The same leaders run the children's as well as the mother's and / or carer's group (as separate groups), providing connectedness, continuity of relationships and integrated understanding of individual and family issues and dynamics

- The role of the leadership team is to provide a secure base within and between the two groups, acting as an intra-psychic and intermediary holding space, attempting to digest, integrate, mediate and realign what are most often fractured attachments between the mother and the child.

- The parkas program is designed and conducted as a process, with each session building on the preceding ones and simultaneously providing the basis for the forthcoming sessions.

- Material from the children's and the parents' groups is reciprocal and cross-integrated between the children's and mothers group, as well as being reflected upon and integrated within their own specific groups.

- The program is demanding of time and resources, and emotional and physical energy.

- parkas is a 'living' project. As such, the model is not set in stone but develops in response to the participants' experiences, and in line with the facilitators' knowledge, experience and expertise.

- Supervision is integral to the model, and provides the reflective thinking and personal space to bring clarity to what often appears to be a confused multi-dimensional set of experiences and observations (Wraith, 2001, p.7).

Separate groups – same leaders

During the early stages of developing this intervention, Helen Crean[2], the worker from Melton Community Health Centre and I, visited a number of other children's/mothers' family violence prevention groups being run within metropolitan Melbourne. These models used a separate facilitation team to concurrently run the children's and mothers' group. Each program reported on a process of 'splitting' that often occurred between the two separate facilitation teams, leading to disagreements about content and direction.

[2] Helen Crean, a psychiatric nurse, gestalt therapist and my esteemed colleague and friend co-created the original parkas model.

As Helen and I had considerable experience working with equally complex and large families, we decided to create a model where we carried both groups. Though not fully conscious of the ramifications of this decision at the time, this judgement call has proven critical to the success of this model. Allowing for a separate and safe group work space for both the child and mother, and using ourselves as the therapeutic conduit through which to hold, tolerate and bind the material from both groups has emulated what we believe is a 'secure enough' base for growth and integration.

The 'separate groups – same leadership' model allows for a mirroring process that provides connection points that are not only modelled, but also built between the mother/carer and child. What this involves, for example, is a child undertaking a particular activity, maybe drawing a picture of 'what I would wish for' or using plastic figurines/animals to represent different family members. The next day, the mothers do that very same activity but from their child's perspective. After the mothers have made their selections or drawn what they think their child would have drawn, we reveal their child's work. Note though, we only carry this 'to and fro' activity once we have both the children's and mothers' full knowledge and informed consent. This permission has been withheld only on one occasion, and involved a child who did not want to return to his mother's care.

The reciprocal nature of this model is particularly powerful because it accentuates the nuances of the mother and child's connectedness, or lack of, and by utilizing a non-verbal medium reveals a visual, symbolic and often very evocative image. The work produced is then processed within each individual group, with each mother and child reflecting upon and contemplating the material of the other. With the mothers' consent, we take their picture back with us into the next children's group and so on. Creating mutual opportunities that may replicate the very earliest desire for a symbiotic connection between the parent and child allows for a playful and mediated exploration of the other. This process has been an extremely potent therapeutic intervention.

Combined groups

In recent years we have varied the model, but only so far as building in one or two joint sessions in the beginning and middle of the program (replacing the two separate programs that week). This aimed to provide the leadership team with an opportunity to observe the relationships within each child and mother dyad, as well as to structure creative and playful activities aimed at promoting their sense of connectedness. We have found it useful to ask the child and parent to create a piece of artwork together. One example of an activity is to imagine what their world may look like if they were marooned on an island together. We make sure there are plenty of interesting materials at their disposal. This, and other such collaborative activities and games give facilitators a first hand look at the discordant as well as attuned elements of their relationship, and their separate as well as combined sense of imagination, play and reciprocity (Audette & Bunston, 2006).

Within these joint sessions, as with the final farewell session, we have tended to meet with the children alone for the first hour, and then asked the mothers or carers to join in for the last hour and a half. This places emphasis on the 'child led' orientation of the intervention, and has tended to heighten the levels of anticipation and excitement for all concerned usually for the better, though not always. The latter outcome is usually associated with a heightened state of anxiety on the part of the child, parent or both, and is best managed when the leadership team can acknowledge as well as 'hold' this anxiety for the group. This means not becoming reactive to the emotional volatility that may unfold, but reflective about what this might be communicating about the emotional landscape within the larger group.

Assessment sessions

We strongly believe that the assessment session sets the tone for the rest of the work we undertake with families, and as such it is important to do this session thoughtfully and competently. From the outset, we gently but firmly name the violence that has occurred. We are intent on not colluding with the socialised secrecy and/or minimisation surrounding family violence in society.

This is done respectfully, with consideration of the hurt, anxiety and embarrassment that experiences of family violence engender.

We include children in the assessment session very deliberately. This marks out the territory for child/parent work to begin and enables a depth of exchange impossible without the other. Lieberman and Van Horn (2005) have also found this inclusive approach valuable in their work with young witnesses of family violence:

> *"the difficulties of this approach are more than compensated by its therapeutic potential because healing the parent-child relationship holds the promise of individual healing both for the parent and for the child" (p. 19).*

Themes covered

There are a range of themes we consider important to cover, though never at the exclusion of the rich material the children themselves may articulate or 'act out' through the group dynamics. Following the children's lead is all the more powerful when creating an opportunity for the mothers' group to do likewise, visiting similar themes to those that have emerged from the children's group. We always endeavour to play at least one of the games played in the children's group within the mothers' group.

The issues that a particular group needs to address often sit not far from the surface and tend to emerge if the group reads that the leadership team can tolerate their anxieties, fears and concerns. However, themes useful to cover have included:

- How I introduce myself to others
- What I have in common with others
- What are my strengths
- What are my dreams/what are the dreams of others
- What is violence

- What are girls like/boys like
- Who are your heroes
- What is a continuum of anger
- How do I express anger/how do others
- How is anger passed onto others
- What different feelings are there
- Where do certain feelings live in my body
- How do I keep myself safe
- How do I care for myself/care for others
- How do I feel about coming to parkas
- What do I do well/what do others do well
- How are strengths passed onto others
- Dealing with endings/dealing with loss

Post-group

Individual mother/carer feedback sessions

Traditionally two weeks post-group we organise individual feedback and review sessions with mothers/carers. This session explores their child's behaviour and progress in the program, as well as our reflections about the mother's progression through the group. We include any recommendations or possibilities for referral for ongoing individual and/or family work.

Conversely, this is very much a time for the mothers/carers to provide feedback about their experience of the group. We ask for their assessment of their own participation, and what they see as their own and their child's strengths and future. We also enquire about specific ideas they may have about how we could further improve parkas. An important element of this review is ensuring that we receive their feedback, and attending to any unfinished business.

Reunion

The energy and excitement that abounds during the final joint session has often precluded the opportunity to fully say goodbye. A huge investment of time and emotion is made by those who attend, and by those who lead parkas. The reunion has a much slower pace and allows, albeit sometimes reluctantly, the recognition that parkas has finished. It also acts as a significant transitional marker. The two months in between the end of the group and the reunion typically provide a deeper digestion of the material covered, and a chance to reflect on where participants have been and where they are heading. As leaders, we often see significant changes in the children. The reunion provides opportunity to bear witness to these changes.

Supervision

Critical to the success of any therapeutic group work is the provision of adequate, regular and supportive professional supervision. This mirrors the holding process that the leaders endeavour to provide for the mothers/carers in order for them to 'hold' and 'contain' the emotional experience of the children in the group. parkas has been fortunate in accessing a range of professionals to provide supervision. Supervisors have included a gestalt therapist, a child and adolescent psychiatrist, and two supervisors who are qualified in child psychotherapy, with considerable knowledge in childhood development and trauma.

Leadership resources

Generally we have up to three leaders running the group, with two leaders as a minimum. Too many leaders can both overwhelm participants and dilute the security the leadership team offers. Negotiating the tricky attachment issues that are generated within the participant-leader relationship, as well as between the leaders themselves, is better managed with fewer leaders.

Having at least one leader with experience in working with clients affected by family violence, group work and an appreciation of process oriented ways of working is preferable if undertaking this model. An ability to sit with the

complexities of this work, tolerate the extremities of the feelings and behaviours generated within and by the group, as well as working to provide clients with opportunities to integrate their experiences, is pivotal. While good supervision assists this process, experience, confidence and maturity within the leadership team are extremely useful ingredients to begin with.

Some interesting programmatic variations

Separating the leadership team

Early in the history of parkas, time demands led to a decision to have the two lead facilitators run one group each (one to run the children's and one to run the mothers'). The third leader (being trained up in the model) participated across both groups. Having the third person across both groups was our way of trying to still address the need of holding and attending to the material of both the children and mothers. This deviation from the model proved disastrous. We not only experienced the splitting reported by facilitators from other child/ mother programs, but each lead facilitator struggled week after week to hold in their mind just which child belonged to which mother, and visa versa. The trainee had the unhappy experience of endeavouring to learn about a model that we were not in fact running.

Overnight Camps

Another variation to the model was a choice to take the children and parents away for a two day camp to replace the farewell session and make up for what was a shorter program (time constraints allowed us only seven weeks with this particular group). This alteration produced mixed results. It accelerated the intimacy of the group at a time when we were in effect concluding the program. For some participants, this experience left them feeling hungry for more. The decision to run a camp would have perhaps worked better at an earlier stage, although it may have still been 'too soon' for some families grappling with their ambivalence about whether to trust us or not. Alternately, running a camp (something we have not done before or since in parkas) may

have said more about our anxiety in not running the standard length of time than actually serving the needs of the client group.

However, the increased bond between the participants and between the leaders and participants was a strength drawn from the decision to go away on camp. With permission, we videotaped some of our sessions. The capacity to record some of our work, along with the stimulus of this very different setting (rural Victoria), enhanced the depth of material we as facilitators were given to work with. It also presented us with some invaluable learning. In this context, we undertook some of the activities and discussions that were usually conducted separately in the children's and then mothers' group collectively. One example was participant drawings representing the child's best/worse dream. During the camp, the children's group drew their pictures in a separate room, as did the mothers/carers (this included a couple of grandmothers). We then came together as a big group to discuss what each participant had drawn.

What was markedly different about how the children explained their drawings in front of their mother/carers was the need to inhibit and dilute what they had freely explained and played out in their separate group. One girl in particular was hyper sensitive to her mother's reactions. She appeared to alter each sentence she uttered in an effort to accommodate her mother's expectations, and it would seem, to protect her from any hurt or anger. While this does not categorically prove our belief that separate groups should be an integral part of this therapeutic model, it does lend support to an important theory we hold about the parkas model. That is, the reciprocal nature of this work, with each separate group building upon the other, allows a space for the leadership team to hold and bind the intra-psychic material of both the child and the mother. In doing so, parkas as a groupwork intervention, works towards creating a mediated realignment of the attachment between the mother/child dyad.

Including fathers

Apart from the children/fathers parkas group which is discussed in more detail below, we have on different occasions involved fathers in various ways. Our inclusion of fathers has not always been lauded by others in the family violence prevention field. However, we believe strongly that systemic work should

involve as much of the child's world as safely and feasibly possible in effecting change. This is particularly the case because many of these children have ongoing access with the perpetrator, whether they choose to or not, based on decisions made by the courts.

Our bottom line is not compromising the safety of the children we work with, physically or psychologically. The first four years of running parkas was in Melton. We often had children in parkas whose fathers were attending Melton Community Health Centre's (MCHC) behaviour change programs. In these instances, fathers attended individual feedback sessions and signed contracts of commitment supporting the participation and therapeutic work of their child and the child's mother in the group. Fathers were involved in this way only with the mother's permission. Often the mothers were past or current members of MCHC women's support groups. For the past five years, parkas has not run in settings that provide men's behaviour change programs. As a result, we have not had the appropriate structures available to continue this practice of involving fathers who are the identified perpetrators.

In two groups to date, we have also included non-perpetrating fathers. In the first instance, we had two fathers who were keen to be part of the parkas parent group. During the children's and mothers' assessment sessions, we asked permission to include these two men. One of the women expressed her fear of participating in a program involving men. Therefore, we offered the two fathers three separate sessions to provide feedback and talk through the issues they felt they faced. The mother of one of these men attended the parkas mothers' group, along with his child. The other man was a step-parent, whose partner was already included in the parkas program along with her child.

The second occasion involved a father who was the victim of violence perpetrated by his wife. The women in the group agreed to the inclusion of this father. His journey within the group was a new learning for the facilitators, as well as for the other women. The experiences this man related within the group highlighted the ways in which violence had tested his sense of masculinity, while also generating broader insights into gender prescriptions.

Including siblings

We have run well over a dozen parkas groups to date and on three occasions we have included siblings. Anxiety about joining a group is generally the precipitant for siblings wanting to attend together. Invariably we have found that once they have settled into the group, the dynamic of violence rears its ugly head, generally in the guise of perpetrator/victim roles and compromises the effectiveness of the group for these children.

A children's and fathers parkas group

The one-off **children's and fathers'** pilot group was the most marked deviation from the parkas model outlined in this paper. This program targeted men who had been assessed as successfully completing the MCHC men's behaviour change program. This model saw the children undertaking a total of five weeks joint group work together with their fathers, within a seven-week men's program. Post group, we held a reunion as in the children's and mothers' parkas group (refer to Figure 2.2).

Key objectives

- Facilitate a shared, enjoyable and safe interactive experience between the father and child/children.
- Introduce fathers to an experience of learning to 'be with' their child.
- Provide fathers with an experiential opportunity to empathetically engage with their child.
- Facilitate fathers' ability to listen to their child's needs over their own.
- Provide an opportunity for the father to learn to recognise and tolerate their child's need to play.
- Provide a safe, contained environment for father/child to experiment with intimacy and play.

Week One	Assessment undertaken: same procedures as for mothers / carers Group 45 - 60 minutes each	Including: Contracts Evaluation Program overview
Week Two	Dad's group Approx. 1.5 hours	Share History. Violent incidents child was exposed to. Evaluation Questionnaires.
Weeks Three to Six	Dads' & Kids' Group 2 hours. Experiential focus, incorporating individual feedback (with the fathers) throughout sessions.	2 x Music Therapy 1x Art Therapy Farewell Session
Week Seven	Group feedback and debriefing for Dads. 1-2 hours	Questionnaires Where to from here?

Figure 2.2. *Children's and fathers' pilot group model*

The fathers' group had a very different focus to that of the mothers' group. It was simply about providing the men with an opportunity to experience 'being' with their children. Within the mothers/carers group, the emphasis was on both building/rebuilding healthy connections between them and their children, and using peer affirmation to assist in this healing. Within the fathers' group, our assumption was that these men had at best fragile and/or ambivalent attachments with their children.

This assumption led to thinking differently about the configuration of the children's component of the group. Rather than focusing on a developmentally peer appropriate climate for the children, we zeroed in on the father/child dyad as our pivotal point for group dynamics. The activities within the group included art, music and activity based therapy. Four children, aged between 4 and 13, participated. The intent was to creatively and gently introduce these fathers to an experience of learning to 'be with', 'listen to' and 'recognise and tolerate' their children's need to play. The activities encouraged the father and child/ children to create things together, rather than the group necessarily forming as a whole. Opportunities to give direct feedback to the fathers about their interactions with their child were also built into the program.

Conclusion

The parkas journey continues to be an exciting one, constantly evolving through the input of its greatest contributors, the children and families with whom we work. It has involved many challenges and much hard work, but has been an immensely rewarding and enriching experience. The ultimate strength of the parkas initiative has been its capacity to grow. We continue to collaborate with a variety of agencies that assist us in the ongoing development and delivery of parkas. Additionally and importantly, the parkas training package developed six years ago has created a crucial funding source to assist in the program's survival, and our endeavour to make a positive difference in the lives of children affected by family violence.

References:

Audette, N. & Bunston, W. (2006). *The Therapeutic Use of Games in Group Work.* Melbourne: RCH Mental Health Service.

Bunston, W. (2001). *parkas (parents accepting responsibility-kids are safe) manual.* Melbourne: Royal Children's Hospital Mental Health Service & Djerriwarrh Health Services.

Bunston., W. & Crean, H., with Thomson-Salo, F. (1999). *parkas (Parent's Accepting Responsibility-Kids Are Safe).* Melbourne: Federal/State Government- Partnerships Against Domestic Violence (PADV) initiative.

Lieberman, A.F. & Van Horn, P. (2005). *Don't Hit My Mommy! A Manual for Child-Parent Psychotherapy with Young Witnesses of Family Violence.* Washington, D.C: Zero To Three Press.

Wraith, R. (2001). "Foreword". In W. Bunston, *parkas (Parent's Accepting Responsibility – Kids Are Safe) Manual.* Melbourne: Royal Children's Hospital Mental Health Service & Djerriwarrh Health Services.

CHAPTER THREE

WHAT'S IN A NAME? A GROUP 'JUST FOR KIDS'

TARA PAVLIDIS

The 'just for kids' (jfk) group

jfk (developed in early 2005) was born out of the recognition that we needed to provide an entrée program to the parkas group (see chapter two), which was specifically designed as a mother/child intervention. Our early family violence prevention work was situated within Melton Community Health Centre (MCHC), through parkas having access to a steady stream of women (and their children) who had already commenced their own journey of recovery through either the MCHC group work programs, or individual counselling. As we began to run parkas away from this setting (predominantly in the inner Western Region of Melbourne) and diversified our referral base, we found that we were attracting many clients who were only just beginning their journey and were still emotionally very raw.

During our assessment sessions it became evident that many of the children were ready and willing to attend the parkas group, while the mothers often remained ambivalent. In many instances, we were these mothers' first contact with a service that provided counselling, and often they appeared uncertain about what we provided and whether they could trust us. With each parkas group, we experienced little difficulty in keeping the children engaged. However, we struggled sometimes to keep some mothers engaged. In these instances when a mother dropped out of parkas, her child tended to be withdrawn from the program as well. jfk was developed as a response to this dilemma, and was

seen as an opportunity to provide a treatment program 'just for the children'. In jfk, we designed a joint parent and child session for the mid and final sessions of the group. Through these sessions, we hoped to gently engage mothers who were eager to access support for their children but overwhelmed at this stage by the prospect of exploring their own issues as mothers or the difficulties faced by their children.

To date we have run four jfk groups. Two of the jfk programs have very successfully engaged the mothers, with the majority of the group rolling into a parkas program. The other two jfk groups did not proceed further. The first group ran well but did not have sufficient numbers or the momentum to continue further. The second group was run at a local primary school, heralding our first attempt to run our AFVP work in a school rather than community setting. This school setting, along with a myriad of other factors, proved not 'a good enough' environment to successfully undertake this sensitive and very complex area of work. As the jfk model has evolved, it has moved past our initial concept to use it as purely an 'entrée program to parkas' to become a group 'just for kids', in and of its own right.

Engaging the children

The jfk program has generally taken up to 8 children, aged between 8-12 years who have witnessed and/or been the victim of family violence. It essentially runs as a program which just involves the children. However the jfk group includes a minimum of two sessions where mothers/carers participate in the group, followed by a special lunch. jfk utilises an experiential, activity based format that allows an exploration of issues such as power and control, respectful expression of feelings, understanding the culture of violence and creating safety.

jfk is more fluid in its structure than either parkas or the Peek a Boo Club, largely because an important component is missing, that of their parent/carer. The work endeavours to create a shared, safe space for exploration. Each jfk run has incorporated differing combinations of discussion, games, creative arts, story telling, drama and dance/movement activities (see Chapter 6 for an account of one jfk group's journey). These differences have reflected the mediums

with which each group has most comfortably engaged, as well as the skills and talents of the facilitators.

While keeping the format of the program flexible, we remained committed to working within psychotherapeutic model influenced by interpersonal neurobiology. Cozolino (2006) describes this approach as:

> *"the study of how we attach and grow, and how we interconnect throughout life...It is the story of how we become deregulated and unhealthy, and how we regain our emotional balance and mental health. It is also the story of how genes and environments interact to create who we are and how we create each other through relationships, cultures, the stories we tell, the imaginary worlds we create, inhabit, and explore"(p.16).*

It is important to be familiar with knowledge that offers an understanding of how we can offer children a reparative experience given the negative impact of chronic traumatisation on children's development (Rossman, Hughes & Rosenberg 1999). Streeck-Fischer and van der Kolk (2000) identify the importance of attending to children's primitive self-protective behaviours within therapy, while also attending to the creation of a safe, reliable and stable space that can then:

> *"...allow them to let down their guard and let in new experiences. Children need to be distracted from their habitual fight/flight/freeze reactions by engaging their attention in pursuits that (i) are not trauma-related triggers, and (ii) which give them a sense of pleasure and mastery" (p:913).*

This means building the children's capacity to explore without becoming re-traumatised, developing a language for their expression of feeling and then

providing a safe enough space to review what has been painful such that different outcomes may be explored (Streeck-Fischer and van der Kolk (2000).

Engaging the mothers

Our endeavour through the joint sessions is to engage the children's mothers in the therapeutic work itself, or a process that is supportive of their children's engagement. We aim to create opportunities for the mother and child to interact in a playful manner, create and share with one another. Mostly, we utilise art or other expressive activities to build this kind of communication. Through movement activities such as mirroring, following and leading, and other non-verbal interactions, we hope to explore relational dynamics between the mother and child and open up new patterns of relating. Art activities such as creating a fantasy island or creating a road map of their journey together can facilitate dialogues regarding the mother and child's shared and differing concerns, hopes and desires. For example, facilitators may encourage the dyads to imagine how they want their shared road to unfold in the future. "What does this road look like?" "What needs to be included or excluded in this roadmap?" The joint sessions aim to support the connection between the mother and child. They offer an invitation to each mother into her child's journey. Here, she can gain a small glimpse of the impact of family violence. For the children, the joint sessions provide new possibilities to share their experiences with their mum in a structured, contained and enjoyable environment.

The joint sessions also create opportunity for both the mothers and children to get a taste of group processes within the AFVP. They can test out whether the facilitators feel sufficiently trustworthy, and what a parkas program might be like for them if they choose to continue. However, the parent's reaction to these sessions also allows the facilitators to assess the readiness of the mothers to move into the parkas program after jfk has finished.

Concluding thoughts

Each jfk group has been a very different experience. Rather than offering a 'how to do' set of instructions, our hope is to encourage safe, exploratory, and playful groupwork with children who have experienced family violence. From

our perspective, these ingredients are important keys in creating engaging and therapeutic opportunities for healing.

References:

Cozolino, L.J. (2006). The social brain, *Psychotherapy in Australia*, 12, 2, 12-17.

Rossman. B.B.R, Hughes. H. & Rosenberg, M.S (1999). *Children and Interpersonal Violence: The Impact of Exposure,* Brunner/Mazel, USA.

Streeck-Fischer, A. & van der Kolk, B (2000). Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development, *Australian and New Zealand Journal of Psychiatry*; 34, 903-918.

CHAPTER FOUR

THE PEEK A BOO CLUB: GROUP WORK FOR INFANTS AND MOTHERS AFFECTED BY FAMILY VIOLENCE[1].

WENDY BUNSTON

Exposure to family violence affects children from birth, if not before, yet very few programs address the impact of family violence on infants. The Peek a Boo Club is a new group work program for mothers and infants who have experienced family violence. This article reflects on my experience as one of the facilitators of the program, and describes some of the weekly activities we have used with the mothers and children. Early evaluation findings from the first two group programs are also discussed.

Introduction

The AFVP has over many years provided training to other professionals, based on our experience of working with children and young people affected by family violence. Our direct service delivery work includes two group work programs targeting children aged 8-12 years; parkas (parent's accepting responsibility – kids are safe) and jfk (just for kids).

Our assessment interviews for parkas and jfk indicated that the majority of the children participating had been exposed to familial violence from birth, if not in the womb. For a smaller number of the children, their conception was a result of violence. Neurological research indicates that early emotional trauma can

[1] An earlier version of this article first appeared in the DVIRC Quarterly, May Edition, 2006.

significantly and negatively impact on the infant's developing brain (Schore, 2003a, 2003a, 2001; Wylie, 2004, 2001; Teicher, 2002; Streeck-Fischer & van der Kolk, 2000; Perry et al. 1995), and yet we were commencing our intervention with children in their mid-primary school years.

It was time for us to 'start at the very beginning', and respond to children at the beginning of their lives, in an effort to positively shift the developmental trajectory of children's lives and relationships.

The group work facilitation team

In order to deliver a specialist intervention for infants and their mothers, we needed to collaborate with others. Lindy Henry, a maternal and child health nurse who was completing a Master's degree in Infant Mental Health, was our 'infant expert'. Bez Robertson, a social worker from Community West also joined our team, having had years of experience running women's domestic violence support groups. I was the third member of this facilitation team, a social worker and family therapist with many years experience working with children affected by family violence. In the second Peek a Boo Club a term later, Naomi Audette, a dance and movement therapist replaced me within the facilitation team. We also had an additional support person available to each of these two groups, Kate Enderby and then Merrin Hollyman. Each of us came with different though complementary approaches to therapeutic work. We forged strong bonds as a team. We were mutually motivated by this new area of work, as well as the opportunity to learn from one another and from this client group.

The Peek a Boo Club

Our original plan for the Peek a Boo Club was to run a 10-12 week intervention. We envisioned building extensive links with other services, having guest speakers, inviting extended family members (such as grandparents, aunts, siblings) to the groups, writing up weekly newsletters and undertaking a comprehensive evaluation and long term follow up. When we were unable to

secure funding, we settled for a smaller version of our original plan, keeping our immediate focus on just the infant/mother dyad. We have been fortunate in being able to access weekly supervision with an infant mental health specialist employed at Royal Children's Hospital Mental Health Service.

The premise underpinning the Peek a Boo Club intervention is that exposure to intimate relationship violence and the sheer need to survive in such a context can often preclude a mother's ability to focus on her infant's attachment needs. Ultimately, the focus of this group is to positively alter the developmental pathway of the infant and the infant/mother relationship through building healthy attachments, addressing the very real impact of intimate violence, and enabling mothers to move forward with an empowered sense of themselves as mothers and as women. We believe this intervention offers an opportunity to possibly avert some of the recognised neurological and psychological vulnerabilities infants are left with when exposed to ongoing violence.

Our approach has been psychodynamic, and as such, apart from the assessment session, we had no set notions that activities or topics should be ordered in a particular way. We did what we felt progressed well from one session to the next and were led in part by where the group took us. When the babies were tired and wanted to sleep we left them sleeping, moving the focus onto discussions with the mothers. At other times we would facilitate activities or sing and do the movements accompanying songs with the infants who were awake. Allowing the infants and mothers to set the pace was an important part of honouring the internal integrity of the individuals within the group, as well as the group as a whole. This was particularly important, as building and affirming the natural rhythm and attachment establishing itself between each mother and child was our primary focus within the group.

Our identified goals included:

- to create a safe place for mother and infant to interact, engage with other mothers and have fun in a non-judgmental setting;
- to increase the quality of infant/mother relationships;
- to positively influence the developmental pathways of the infants;

- to increase the confidence of the women in their roles as mothers and as individuals; and
- to assist the mothers to explore how things are for them and for their babies, and how they would like things to be.

A further psycho-educational component of the program included exploring issues of: power and control; the impact of violence on children; keeping safe; identifying strengths; and building positive relationships.

Assessment

Influenced by the success of other infant interventions engaging clients through home visiting (Puckering, 2004; Olds & Korfmacher, 1998, 1997) we began our face-to-face contact with an initial home visit assessment session. We used a structured interview format developed by Zeanah & Benoit (1995) called the 'working model of the child interview' to guide our questions, and included further questions relating to the nature, length and perceived impact of the violence on the mother as well as the child. In this first meeting we also administered a questionnaire called the 'Parent-Infant Attachment Scale' (Condon & Corkindale, 1998).

Weekly sessions

We provided a minimum of eight sessions (one to two individual assessments, six weekly sessions, and a reunion) to the participating infants and their mothers. In the first Peek a Boo Club program we had four babies and four mothers. Two of the dyads had been referred by Child Protection and two through community agencies. The second Peek a Boo club consisted of three mothers but five babies (including twins). The age range for the infants in both groups was 3 -12 months old.

We placed large cushions in a circle in the middle of the room we were using, lit an aromatic oil burner and played music in the background. We always

ensured we had tea and coffee available and a delicious morning tea. We attempted to create something akin to a cosy and nurturing nursery.

Together we created our group's rules. We also spoke about the facilitation team's limited confidentiality and that as professionals we were legally as well as morally committed to taking action if we believed a child was at risk.

Group activities

During the first three weeks of the initial Peek a Boo Club we used icebreaker name games (Audette & Bunston, 2006). Every week we sang nursery rhymes from our childhood as well as new songs that we had discovered or that the mothers had made up. We actively involved the infants throughout (unless, they were asleep). These songs were then collated in our weekly Peek a Boo Club newsletter, which would arrive at the participants' homes a day or two before the next session. The colourful newsletter consisted of songs, sometimes the recipe of a home-baked morning tea, a standing item outlining the group rules, and a brief overview of the topics discussed.

In week two, we used soft scarves to play 'peek a boo' with the infants. We carefully watched the interactions between baby and mother to discern the comfort and trust levels within the activity. We also marched to music. I remember feeling quite self conscious in some of the activities we did, but as we continued, I became more aware of my awkwardness and gave myself over to a decision to just 'have a go' and enjoy playing. As facilitators, we often have to make conscious our own feelings in order to transform them. As we became more conscious of our own responses and reactions within the group, we were more able to make changes in the ways that we engaged with the mothers, children, one another and ourselves. We often noticed that our changes created increased space for changes within the group.

A large collection of plastic animals became a central focus for group exploration and engagement during the second session. The mothers were asked to pick an animal that best represented their child and explain why. We then asked them to select an animal representing how they would like their child to be, and to discuss their choice. Lastly, we asked them to pick an animal that best

represented themselves, and then an animal symbolising how they would like to be. This activity revealed rich psychological material about perceptions of self and their babies that continued to be worked with, and reflected upon within the group.

In week three and again in week five, we brought in mirrors (approx 30 x 30 cm) for each infant. The mothers were asked to hold the mirror up for their babies, and to encourage the babies to look at themselves. Each mother then looked into the mirror and endeavoured to catch their baby's eye. This was a delightful activity geared at enhancing the engagement between mother and child. The activity captured moments of recognition and exchange between the two, as the babies moved their gaze from themselves to their mothers. This mirror exercise also prompted a discussion about how comfortable we, the adults felt about looking at our own images, and what their children's experiences might be.

Within the Peek a Boo Club, non-verbal communication is closely monitored. Activities are intended to promote an awareness of the other, and consistently invite mothers to see their infants as subjects within and of their own right. This approach engages the possibility of allowing the infant to enter the mind of the mother, and visa versa (Thomson-Salo & Paul, 2005). Symbolically and in real life, mother and child experience the possibility of returning to a space where attunement between one another can be tolerated, alongside their separateness.

Other activities included laying out Strength Cards, a packet of illustrated cards identifying an array of strengths, (St. Luke's & Veeken, 1996) and asking the mothers to pick two for themselves and two for their infants. A fruitful discussion ensued about why they had picked each card, and if there were any strength's that they didn't feel they had but wanted, in order to pass onto their children. In this session, we also provided the mothers with bubbles to blow for the infants. This simple activity provided another means of engaging the infants in interactive play.

In the last formal session (week six), we provided face paints to create a fun and intimate activity for the infants and mothers. We (the facilitators) painted T-shirts for the mothers, while the mothers painted their infant's tops. This

activity was intended as a symbolic and nurturing farewell gift from ourselves to the mothers, as well as their gift to their infants.

Topics covered

The topics we covered each week varied according to the mood of the group. We began cautiously, wanting to create a steady start for the emotional birth of this group. As a facilitation team with this group, we were like new mothers, trying to find our rhythm and unsure of how to work with their experiences of violence in the presence of their babies. We spent week one getting to know one another. In week two, we edged around the topic of 'how do we manage our stress' and 'how do our babies know when we are stressed'.

In week three, we revisited the ways we manage stress using an activity sheet. This led to a more intimate discussion about the backgrounds of the individual mothers and disclosures about their own anger, as well as areas in which they felt they had not measured up to themselves or others. It revealed personal histories replete with their own childhood experiences of being abused, neglected and abandoned. When it seemed timely, we altered the tempo of the group and ended sessions with our signature finishing song, 'twinkle, twinkle, little star'. We would place the infants on the cushions and all stand above them holding a large scarf that had golden stars printed on it. This activity never failed to enthral the infants, and remained a magical closing ritual for the group participants and facilitators alike.

In the fourth session the mothers explored the topic 'our wishes for us and for our babies'. This evoked considerable discussion as themes emerged around yearning for security and safety. Money featured in the discussion, not so much as an end in itself, but as a way of ensuring independence. The wishes the women held for their babies were to be happy and healthy, and not have the troubled life they'd all experienced.

The fifth session was perhaps the most emotionally intense. The topic discussed was 'what are the messages our parents have given us about ourselves, and what are the messages we want our children to have about themselves?' This session revealed the deep sense of shame and guilt the mothers felt about the

violence they had experienced. When the mothers were asked whether their children deserved to have the same things happen that they had experienced, the mothers were adamant: they did not! This provided a chance to reflect on the fact that they deserved to think better of themselves, and to expect others to do so as well.

As facilitators, we developed more confidence in sharing our interpretations of what might be happening for the infants within the group, and really 'taking them in': visually, emotionally and psychologically. We spoke to the infants about what we were doing and why, and we noticed that mothers in the group began to do this too.

The use of video taping

Video taping interactions between infants and mothers has been used to great effect by some infant mental health specialists (Beebe, 2003). The objective is to use the videoed material directly with the mothers, providing immediate and powerful feedback about the interactional patterns and communication styles that operate within their dyad. We have struggled with the idea of videotaping sessions. Acutely sensitive to the compliance of clients who have been battered, and the anxiety of some to remain anonymous and hidden, particularly when they have suffered years of being stalked or kept under surveillance by their controlling partner, we have used videotaping and taking photos with great caution.

While recognising that the concept of informed consent has its limitations, especially when a client has been systematically disempowered over many years within a relationship, we strive to fully explain the rationale and give control for the decision to permit videotaping/taking photos in sessions with the mothers.

To-date, all mothers have been given copies of their photos of themselves and their children. Video taped material has been used within the leadership team's supervision sessions, allowing 'our teacher' to see our work and gain first hand knowledge of relational patterns of our dyads and guide our work within the

Peek a Boo Club. We are still grappling with how to bring the video material back into sessions.

We are severely constrained by time and to use the material effectively we need to review and edit this material to ensure its therapeutic value. As the program progresses we are working through how to best use this material responsibly and effectively. We also ask for consent to use some of the material for training purposes and to-date have used photo collages only, with the faces of the mothers blurred so as to make them unrecognisable.

Not all sessions have been taped, generally an earlier and then a later session, allowing for some sense of tracking progress. Our plans for an upcoming group involve taping the first session and showing this back to the mothers in the fifth. We also hope to film part of the fifth session to again show back to the mothers in the reunion session, planned to occur some time after the last session.

The impact of the group

Having such a small numbers of participants (seven mothers and eight babies across two groups) at this stage does not allow us to make any sound statistical analysis or conclusions about the group. We administered a self-report questionnaire, the Parent-Infant Attachment Scale (Condon & Corkindale, 1998) pre and post-group. Figure 4.1 below indicates the positive shifts made by the mothers in their attachment with their children after the group. It is interesting to note that prior to the group, the mean attachment score of the mothers fell well below the mean score of 'normal postnatal mothers'. After the group, the mean attachment score of the mothers fell within the 'normal mean score'. We have hopes of re-contacting the mothers from our two preliminary Peek a Boo Clubs sometime in the future to see if these shifts have been sustained. As we run more programs, we should be able to draw useful inferences from our evaluation of this program.

We also asked the mothers to fill in qualitative questionnaires after the group. The women were extremely positive about the relational aspects of the group (forming relationships with others, the infants bonding with one another and learning new ways of relating to their infants) as well as the fun and relaxed

environment provided. The most consistent difficulty they faced was getting to the venue, and on time.

We observed that the infants made quite rapid progress during the course of the group, particularly one infant who had significant developmental delays. The infants became increasingly relaxed with their mothers and the other adults in the room. As would be expected, each week they began to explore their environment with more confidence, slept much less and became animated in their sounds, movements, eye contact and engagement with one another. The mothers formed bonds that lasted beyond the group sessions.

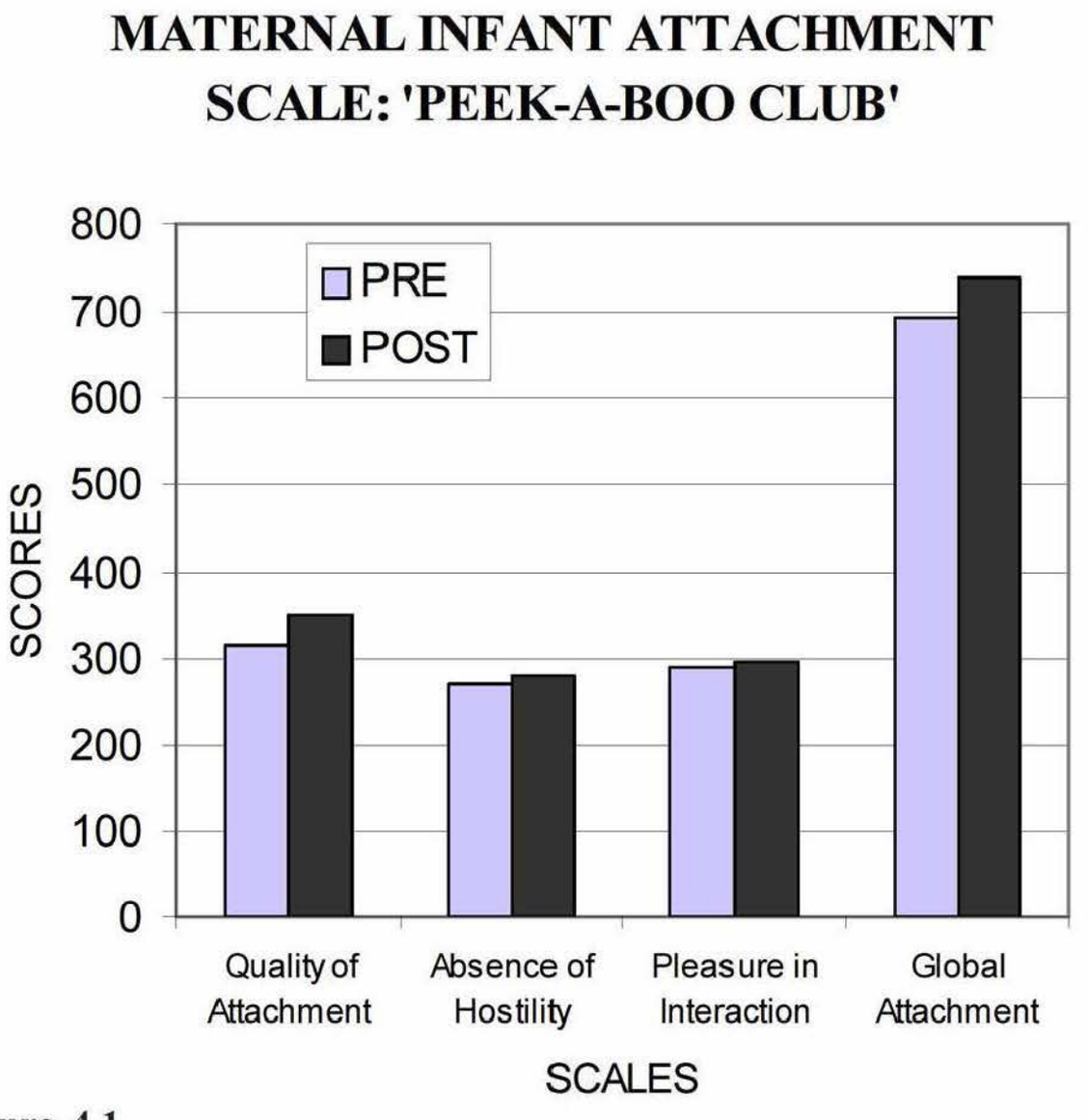


Figure 4.1

Concluding comments

As with our other groups, we believe that our commitment to acknowledging the impact of violence upon our clients, as well as being able to hear and respond to our client's own capacity at times to engage in violent behaviours, has led to us being able to successfully engage the mothers in these twoPeek a Boo Club groups. Speaking about what is sometimes unspeakable clears the way for moving into a depth of sharing and connection that is very powerful. Most importantly, we found the infants had much to teach us about themselves and about ourselves, should we take the time, and care to listen.

References:

Audette, N., & Bunston, W. (2006). *The Therapeutic Use of Games in Group Work*. Melbourne: Royal Children's Hospital Mental Health Service.

Beebe, B. (2003) Brief mother-infant treatment: Psychoanalytically informed video feedback. *Infant Mental Health Journal, 2*4,1,24-52.

Bunston, W. (2001). *parkas (Parent's Accepting Responsibility-Kids Are Safe) manual.* Melbourne: Royal Children's Hospital Mental Health Service & Djerriwarrh Health Services.

Bunston., W. & Crean, H., with Thomson-Salo, F. (1999). *Parent's Accepting Responsibility-Kids Are Safe (parkas)*. Melbourne: Federal/State Government- Partnerships Against Domestic Violence (PADV) initiative.

Bunston, W., Pavlidis, T., & Leyden, P. (2003). Putting the GRO into group work. *Australian Social Work*, 56, 39- 48.

Condon, J.T., & Corkindale, C.J. (1998). The assessment of parent-to-infant attachment: Development of a self-report questionnaire instrument. *Journal of Reproductive & Infant Psychology*, 16, 57-76.

Olds, D.L., & Korfmacher J. (1998). Maternal psychological characteristics as influences in home visitation contact. *Journal of Community Psychology*, 26, 23-36.

Olds, D.L., & Korfmacher J. (1997). The evolution of a program of research on prenatal and early childhood home visitation: Special Issue Introduction. *Journal of Community Psychology*, 25, 1-8.

Perry, B.D., Pollard, R.A., Blakely, T.L., Baker, W.L., & Vigilante, D. (1995).Childhood trauma, the neurobiology of adaptation and "use-dependent" development of the brain: How "states" become "traits". *Infant Mental Health Journal*, 16, 271-291.

Schore, A. (2003a). *Affect Regulation and the Repair of The Self.* USA: WW Norton & Company.

Schore, A. (2003b). *Affect Dysregulation and Disorders of The Self.* USA: WW Norton & Company.

Schore, A.N. (2001). The effects of early relational trauma on the right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22, 201-269.

St. Luke's & Veeken, J. (1996) *Strength Cards for Kids*. Australia: St. Luke's Innovative Resources.

Streeck-Fischer, A., & van der Kolk, B. (2000). Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development. *Australian and New Zealand Journal of Psychiatry*, 34, 903-918.

Sykes Wylie, M. (2004). Mindsight. *Psychotherapy Networker*, Sept/Oct, 29-39.

Sykes Wylie, M., & Simon, R. (2002). Discoveries from the black box, *Psychotherapy Networker*, Sept/Oct, 6-37

Teicher, M. (2002). The neurobiology of child abuse. *Scientific American*, March, 68-75.

Thomson Salo, F., & Paul, C. (2004). Some principles of infant-parent psychotherapy: Ann Morgan's contribution. In F.Thomson Salo and C. Paul (Eds.), *The Baby as Subject.* Melbourne: Stonnington Press.

Zeanah, C.H. and Benoit, D. (1995). Clinical applications of a parent perception interview in infant mental health. *Child and Adolescent Psychiatric Clinics of North America*, 4, 539-554.

CHAPTER FIVE

OUT OF THE MOUTHS OF BABES: FORMING MEANINGFUL NARRATIVES ABOUT EXPERIENCES OF FAMILY VIOLENCE

PETA MILLARD & WENDY BUNSTON

Introduction

Children who have experienced sustained and severe physical and/or relational violence in their interpersonal relationships often lack the capacity for emotional and subsequently behavioural self-regulation. This often stems from an inability to name and differentiate feeling states, as well as make connections to past experiences (Streeck-Fischer and van der Kolk, 2000; Lonie, 1999). Therapeutic interventions should aim to assist these children to begin making connections between experiences, feelings and reactions, and enable them to develop words with which to talk about their traumatic experiences.

Our knowledge about children's emotional development indicates that those who have lived in chaotic and frightening environments often experience confused and misaligned internal states (Schore, 2001), and potentially fractured attachments (Thomson Salo, 2002). These children may have had inconsistent or incongruent messages from their caregivers, leaving their internal states at odds with what their external world is telling them.

For example, a terrified child who wants to protest and cry out for help may be told to be quiet and not make a fuss as it upsets their father. This situation reflects the reality of family violence and the self-protective mechanisms that kick in so that the non perpetrating parent can minimize danger. This may be a very wise choice at the time. However, if this survival tactic continues, it can rob children of an accurate affirmation of what their feeling states are rightly telling them; that this situation is frightening and they want it to stop. Their external world subjugates their internal experience. Eventually the inner world

may become almost unrecognisable, submitting to a chaotic, warfare zone mentality that facilitates survival over fostering growth. An impaired capacity to monitor and regulate internal states and feelings inhibits the communication of experience through words and emotional expression.

Therapeutic group work offers one way of giving children an opportunity to have their internal states validated through responses that are congruent with their experiences. Permission to express and explore these internal states is not pursued recklessly, but with thoughtful countenance in order to facilitate connections with 'the lived', 'the remembered' and 'the felt'. In doing so, there is the possibility of developing meaningful narratives with children regarding their experiences of violence.

Purposeful interventions

This chapter draws together a small collection of group work activities that we have used to facilitate exploration into children's experiences of violence. The activities described make up some but not all of the tools we have found useful in undertaking this work. The ideas presented reflect our journey in trying varying interventions as we search for a 'good enough' fit between what we offer and what the group itself brings. The purpose of these interventions has been threefold:

- To create an appropriate space for discussion and exchange
- To hear and validate the complexity of their expression
- To assist in the development of meaningful narratives

It is important to keep in mind that these activities are conducted in a time limited group that is generally between ten to twelve week sessions (including the pre-assessment, post feedback and reunion sessions). We firmly believe that the group work context creates an interactive stimulus that can accelerate the individual's progress. For this to occur however, the facilitator is required

to "sit with the rich and varied dynamics that accompanies working with groups, to respond to the immense opportunities that this then provides us in understanding what constitutes 'growthful' encounters, and to integrate our learning with our practice" (Bunston, Pavlidis & Leyden 2003, p: 48).

Developing words: What is violence?

The children who have participated in parkas (parents accepting responsibility – kids are safe) and jfk (just for kids) groups come with different experiences of conflict and violence (see Chapters Two & Three). After a number of years of running these groups we became curious about the fit between how we 'the professionals' defined violence and how the children themselves understood this word. We decided to simply ask them, "*what is violence?*", and wrote up their words on a whiteboard. We did not ask them directly about their personal experiences, but opened up a safe space in which they could offer any contribution they wanted. Inevitably, descriptors of the violence that had occurred within their homes surfaced.

This activity was facilitated without judgment or interpretation, and allowed the children to proceed freely and at their own pace. The dialogue of one child tended to prompt another's. We accepted whatever it was that the children offered in this forum, without editing or re-phrasing what they had to say. We listened, held and digested their words, giving affirmation to the complexity and intensity of what they were expressing. Their words, written on a whiteboard, make them tangible and available for viewing and re-viewing.

After some time the children became emotionally spent, exhausting their capacity for expression. The facilitation team then took over, giving a congruent response to the material the children shared. We voiced our acknowledgement of how hard the children had worked, how much emotion they had carried, and recognised how painful and complex their experiences had been. Below in figure 5.1 are responses scribed from differing groups where this activity was used:

Penguins slapping their beaks.	Kidnapping.
Writing threatening note.	Holding people under water.
Hitting people with things.	Suffocating you.
Stalking people.	Dad banging mum against the wall.
Touching where they are not supposed to.	Not coming to my birthdays.
People judging you.	Looking at naked people on the computer.
Saying something hurtful.	Threatening to take the kids.
Ignoring people, not listening.	Calling me a whore.
Blaming people, not taking responsibility.	Smashing windows.
Locking me out of the house.	Bashing people up.
Killing my dog.	Getting drunk and driving me.
	Memories staying with you forever.

Figure 5.1

We have often shown the responses of the children to workers attending professional training events run by our team. "Penguins slapping their beaks", the first response listed above invariably triggers the question, "why did the child say this?" We did not ask 'why' of any of the children but honoured whatever they needed to say. Our interest was to enable space for these children, perhaps for the first time, to give voice to their experiences, and in whatever form they chose. We refrained from jumping too quickly onto their words, and instead, allowed them to speak freely without too much interruption or interpretation.

This activity, though simple in its form, is hard in its process. It opens a forum for the children to make known some of their terrifying, angry, sad, humiliating and confusing memories. It is important both during and at the end of this activity to ensure that the children are kept grounded in the safety of the 'here and know' as they disclose their stories, and at the conclusion of the exercise, moving preferably onto something light hearted, active and pleasurable. This activity has been used within our parkas groups and as such, the material has then been taken back into the parent's group (see Chapter Two). The simple

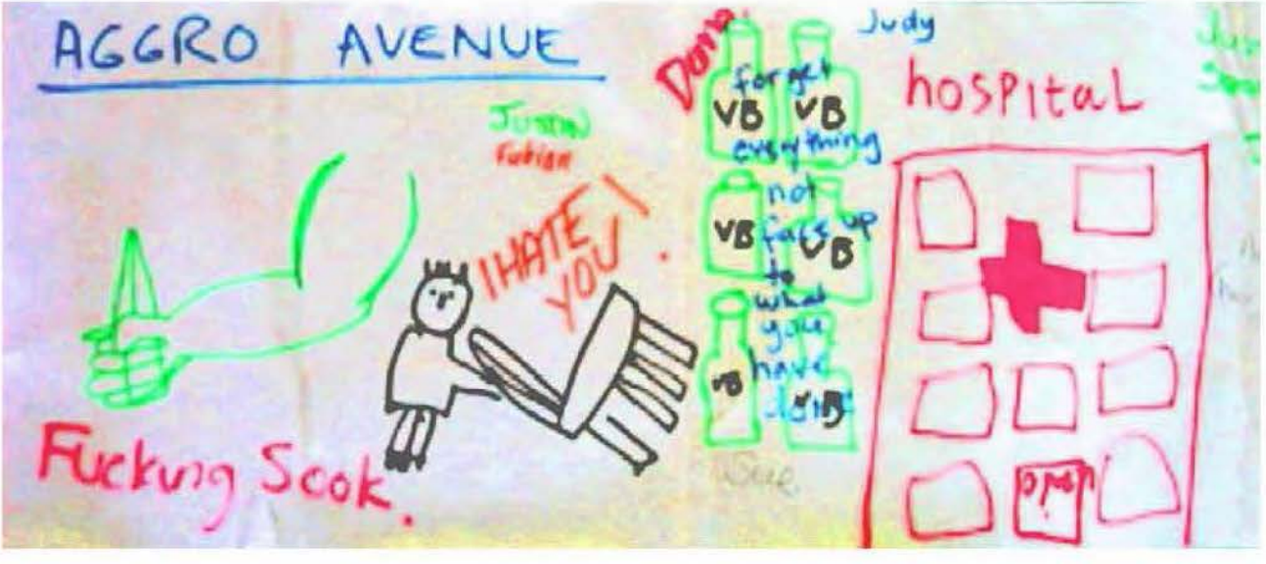
eloquence and rawness of their children's words creates a far more powerful arena for reflection than anything we could deliver as facilitators. On more than one occasion this material has been met with disbelief, stunned that these words and descriptors have come from the mouths of their own children, 'out of the mouths of babes'.

Situating Violence: Where violence lives

A particularly powerful activity used in parkas has been 'Aggro Avenue'. A long strip of butchers paper is placed across one wall at a height where the children can easily stand and work. The children are invited to create a mural of images representing what they imagine 'Aggro Avenue' might look like. 'Aggro Avenue' may represent both real and imagined worlds for the children. They are free to express where and how they situate the violence that they have experienced in their lives.

We have found that the children often give quite graphic visual descriptions of violence that has occurred in their homes and their feelings of anger (particularly when encouraged by their peers' work). They do, however, struggle to make sense of these experiences particularly when the violence has been perpetrated by somebody they love.

Aggro Avenue



It is imperative that children are not left emotionally vulnerable and in a state of heightened arousal. This is counter-therapeutic and irresponsible practice. Activities such as 'Aggro Avenue', can directly tap into traumatic memories and experiences. These memories and experiences need to be acknowledged and responded to thoughtfully. As facilitators we need to create room for exploration and play, remaining present to the material being offered, available to change our tempo to match and then moderate the affective states of the children and always building on their resources, resisting our urge to generate an outcome we think is in their best interest over them discovering their own. This is not to suggest that we are espousing an 'anything goes mentality'. Group generated rules and/or expectations should be established from the outset of any group work program in order to keep participants psychologically and physically safe (see chapter thirteen).

In our group work, we endeavour to create sufficient safety to walk and talk through what the children may be seeing, feeling and thinking. At times, it may be important for the facilitator to give voice to this: *"That must have felt very frightening", "I wonder if you felt like nobody could stop what was happening", "It may be confusing to still love someone who has hurt someone you love"* or *"I wonder if it feels like this is enough now and we need a rest from our work"*. This involves being alert to the children's feelings and listening to what they are telling you both verbally and non-verbally, rather than imposing what you think or feel they should be experiencing. Knowing when and how to speak for children, and when and how not to, sometimes comes down to practice wisdom and experience. However, a good guide for returning to a space of safety means bringing the children back to the here and now, and assisting them to safely engage with their own defense mechanisms. Toward this end, activities that are positive and fun also go a long way.

As noted in other chapters, supervision, debriefing with co-facilitators and critical self reflection are paramount. These processes support sound therapeutic judgement around when it is helpful to give voice or meaning to significant experiences evoked for our clients. Returning to a level of safety and emotional functioning means assisting that person and/or the group to walk out of the session feeling they are able to adequately undertake whatever commitments or activities they have planned once the group is finished for the week.

Aggro Avenue

As with other activities undertaken in parkas, we often take the children's work into the mothers group (see chapter two).With 'Aggro Avenue', the mothers were shown the children's mural before they were required to respond with their own art making. This allowed the mother's time to absorb and reflect on what they saw. We then invited the mothers to directly contribute to the poster, adding what they saw fit and then discussed the experience. The mural was taken back to the children's group the following week for viewing and reflection.

Naming experience: The Cycle of Violence

A well known educative tool widely used in family violence prevention work is the '*Cycle of violence'* (initially conceptualised by Lenore Walker, 1979). In more recent times it has been criticised for failing to capture the complexities inherent in domestic violence. Nevertheless, it is still an accessible and helpful construct in psycho-educational treatment groups given its capacity to explain the cyclical, non-random pattern of the violence within intimate relationships (Hughes 2000). In our group work, the 'cycle of violence' has offered a visual and helpful way of exploring and naming relational patterns that operate in the children's families. We first introduced the 'cycle of violence' to a parents group as a way of supporting the parent's understanding of patterns inherent in relational violence. We then decided to bring this conceptual framework into

the children's group as well, given the reciprocal approach utilised in parkas (for further explanation, see Chapter Two). We had also previously noted the children's attempts to language the pattern of events that occurred within their homes.

On a large piece of butchers paper or cardboard, the 'cycle of violence' is laid out for the whole group to see. Adopting child friendly language, we invite each child to think about the things that may have been happening at each stage of the cycle in their family (see figure 5.2). In doing so, we recreate the cycle of violence from the children's perspective. One child for example re-defined what he thought the 'buyback phase' of the cycle really meant, as 'sucking up'.

Allowing the children to have some ownership over the cycle has enhanced their capacity to make sense of it in their own language and from their own perspective. Exploring the 'cycle of violence' in our children's groups highlighted how highly attuned children can be to the different dynamics that occur in situations of family violence. The children were well able to identify the shifts in relationships within their environment, as well as in their own feelings and behaviour. Figure 5.2 displays some of the contributions that children have given in recent groups about what they remember happening at different stages of the cycle.

Further questions that we asked the children to consider were, "*What kinds of things were you doing at the different stages of the cycle? What were you feeling at those times?*" These questions aimed to help the children develop a more comprehensive personal story regarding the violence, with an increased awareness of themselves within it. Figure 5.3 highlights some of the children's feelings and actions, as they located them on the cycle.

In keeping with the parkas model, we filtered this activity back and forth between the children's and mother's groups. Doing so assisted the parents to better understand their children's experiences of family violence. We also protected the anonymity of the children's material, believing this was an important feature in the openness and potency stimulated within the activity. It is worth noting that for many of the parents we see, their involvement in parkas may be their first experience of group work. Similarly, the 'cycle of violence' often represents

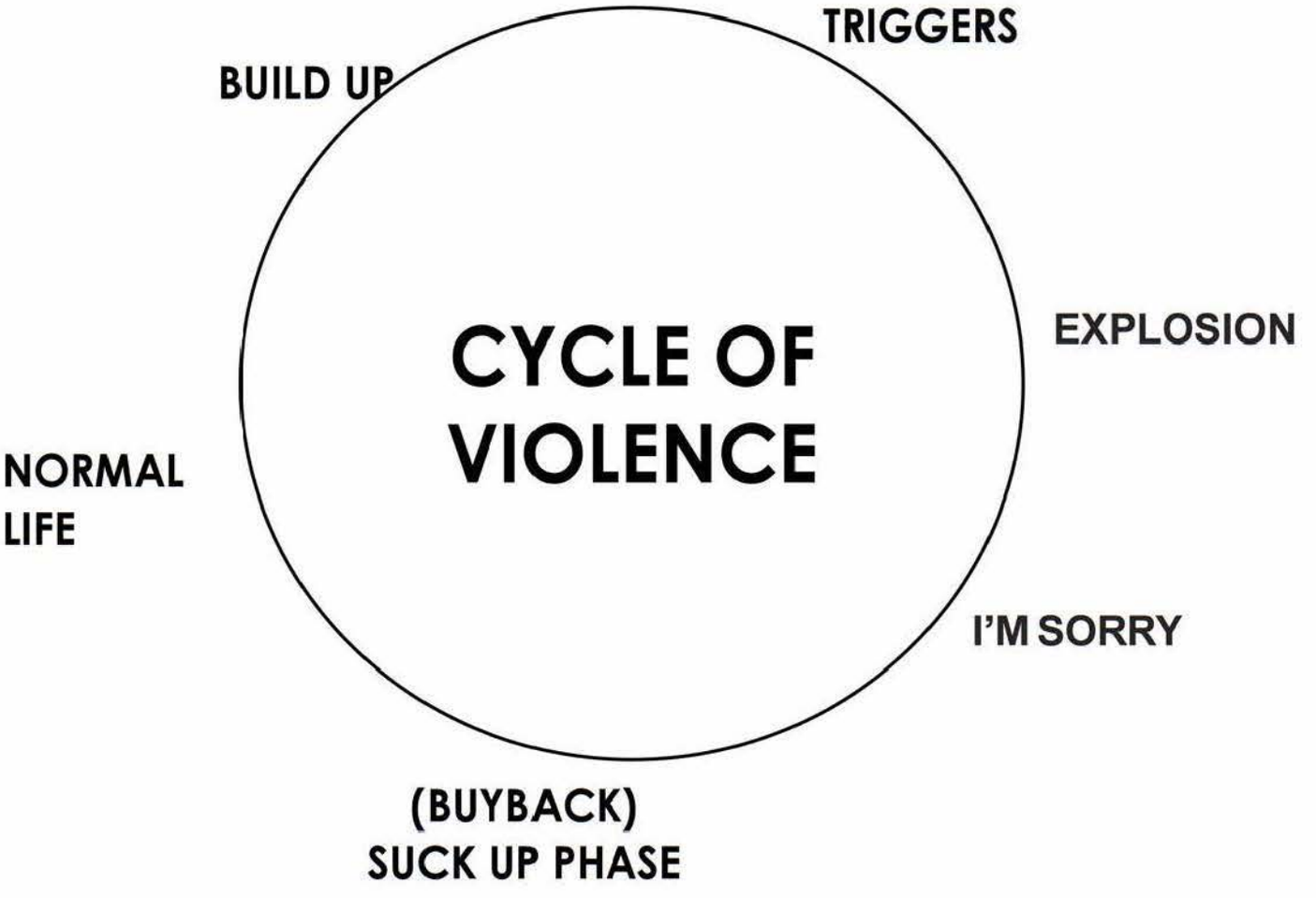


Figure 5.2 *Cycle of Violence as described by children in group*

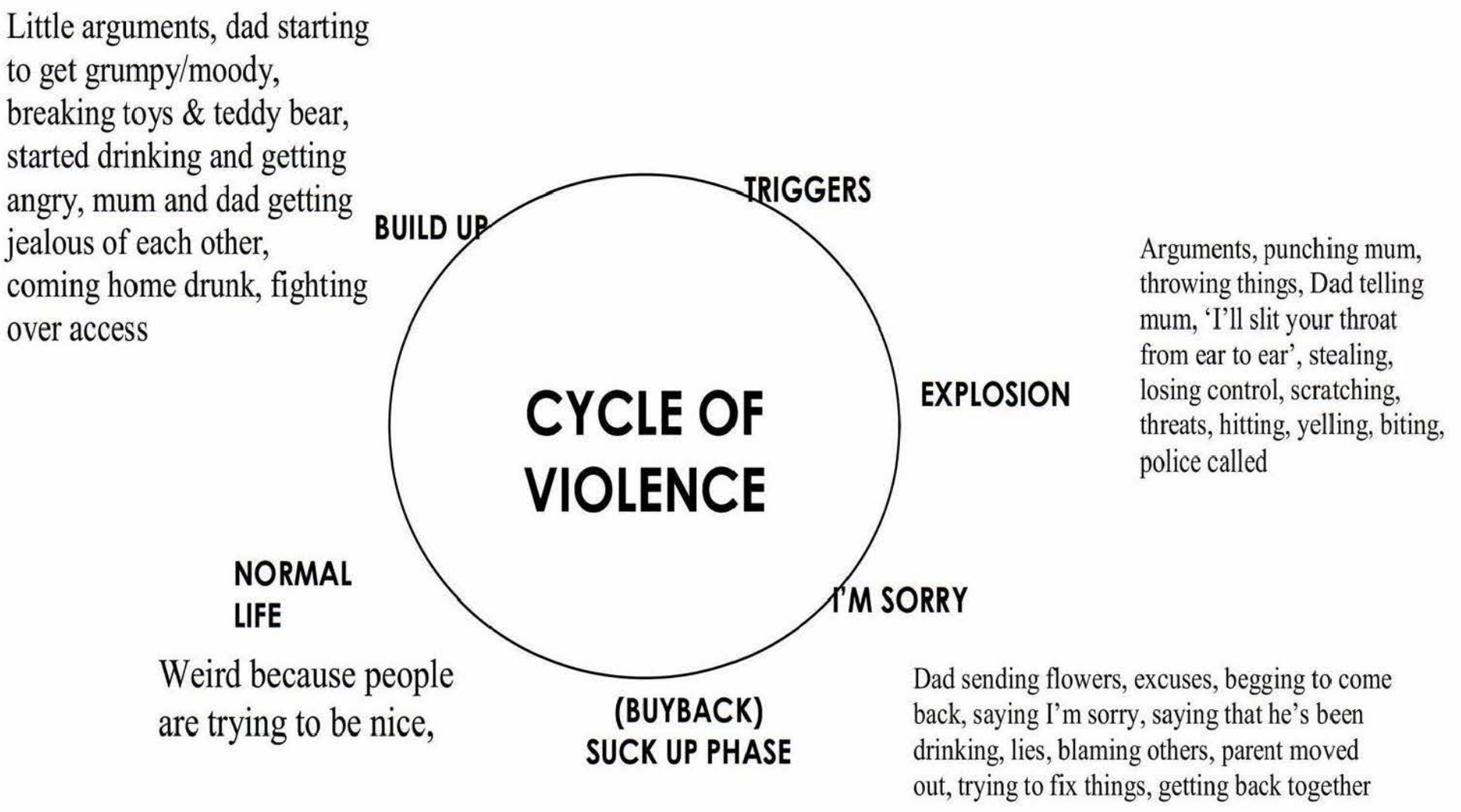


Figure 5.3. *Some of the kids experience of the cycle in their words*

their first exposure to a framework that attempts to make sense of the way in which relational patterns may have happened in their lives. Therefore, before showing parents the cycle created by their children, we spent time processing the 'cycle of violence' from their own perspective, identifying core precepts, acknowledging the cycle's limitations, and the fact that stages do not necessarily occur sequentially or in discrete phases.

Following this discussion, we ask the parents to consider the cycle from their child's perspective: "*What was your child doing at each stage of the cycle? What do you think they were thinking and feeling at each stage?*" In the first parent group where this cycle activity was used, they had only just commenced their journey of healing. As such, they had experienced little time to work through their own experiences of broken and disrupted relationships. Initially, their capacity to reflect on their child's experience throughout the cycle tended to be limited. However, the mutual process of discovery facilitated by the exchange between the mother's and children's groups seemed to accelerate the mother's ability to hold their own and their child's experience. The 'cycle of violence' appeared to offer a language for what had previously seemed incomprehensible and inaccessible. Figure 5.4 displays parental responses regarding their child's point of view, and is derived from a selection of groups where we have used the cycle of violence over the years.

Showing the parents what the children have produced in response to the 'cycle of violence' is hard hitting and evocative. The intention is not to overwhelm or shame these parents. They already carry guilt and shame in bucket loads. It is to 'hold' them while they digest and process what it is their children are sharing of themselves. As intolerable as some of these words are to hear, their children's naming of their experiences 'puts it out there', available for reflection, consideration, acknowledgement and restoration. We believe this process of asking the parents to imagine the world from their child's perspective invites a shift in their thinking, engaging them in thoughtful consideration of 'what it might be like to be in their shoes'.

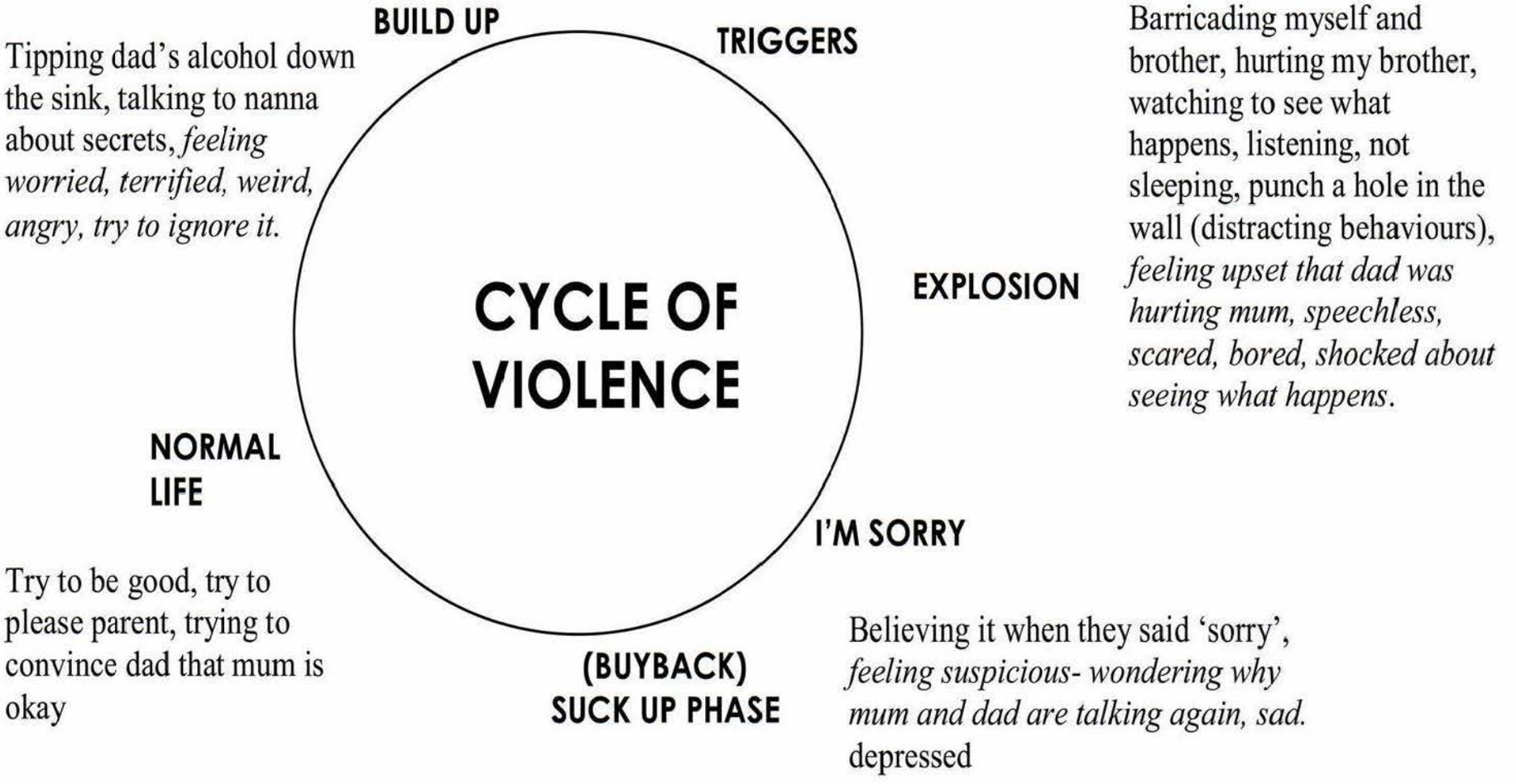


Figure 5.4. *What the kids were doing and feeling at the different stages*

Language for feelings- Body Maps

The use of *body maps* is not new. Generally they are used to support linkages between the emotional and physiological, facilitating an understanding of bodily sensations in connection with different feelings. In the context of our family violence work, children are invited to consider the kinds of feelings and sensations they experienced in their bodies when violence was happening in their family. These bodily experiences are located on body outlines drawn on large pieces of card or butcher's paper. Depending on our assessment of the children's sense of body violation or body-image, we may pre-draw rather than outline their bodies straight on to the paper.

This activity provides an opportunity to explore and reflect upon the relationship between a child's internal states and their external experiences. In many instances, this activity highlights the level of congruence between what a child's body is telling them and how their emotional world processes this information. For children who have not formed a language for their emotional states, this activity may give some clues as to what mechanisms they have adopted for survival. One young boy was unable to locate his feelings in his body at all. The inside space of his body map was completely void. Instead, he drew symbols and words inside a briefcase carried in one hand. For this boy, a briefcase appeared a much safer proposition than experiencing the sensations and feelings in his body. The impact of trauma can impair children's capacity for emotional self awareness as their abilities to make connections between mind and body have been significantly disrupted, as reflected in the above example.

Body maps as an activity facilitate a process through which children may develop words and reference points for the feeling states and sensations in their bodies. The activity allows for exploration into a range of feelings associated with the experience of family violence, including sadness, anger, depression, isolation, loneliness, humiliation, nervousness and fear. Thoughtful questioning may include, "*What was happening in your stomach/head/heart at the time?*", or "*Where did you feel scared/angry/sad in your body?*" Assisting children to develop a visual and verbal language for their experience, aims to create congruency between the meaning of their thoughts, feelings and bodily sensations. This process works towards helping children to be reflective, to develop capacity

for problem solving, (eg. *what might I do in situations where I feel unsafe, nervous, embarrassed etc?*) and perhaps give pause for 'review' over 'reaction'.

Meaningful narratives

Facilitators need to mediate all these activities through offering reflections and interpretations back that help evolve some meaningful narratives about the children's experiences. For example, noting the incongruence that sometimes emerges in a child's body map may not be enough. Exploring why this might be so, and affirming the necessity of those defences in certain situations is critical. For some children, it makes enormous sense to hold a barrage of potentially explosive emotions in your briefcase rather than in your body. There may be other times, however, when it is safe enough for these emotions to be held in the body. Other children can depict high arousal and fear in their body maps, while drawing a happy smiling face. Their body map simultaneously expresses joy, sadness and anger. Such children may need assistance in unpacking these mixed or even fragmented expressions.

Our practice experience shows that when given tools and support, children are well able to explore aspects of themselves and their lives. In the presence of others who have had similar experiences, children are often less inhibited and tend to form a camaraderie with the other children. However, undertaking complex trauma work within a group work setting does have some risks.

What of the issue of contagion? When children come into our groups, they present with varying levels of exposure to, and experience of violence. They also come with different capacities to express and tolerate these experiences. Does listening to the stories of others help them to access, share and integrate their own experiences, or are they simply being exposed to more traumatising material, some of which may infiltrate and become part of their story too, potentially frightening them even more (Cunningham & Baker, 2004). These are important dilemmas to consider, not just in the assessment stage and group selection, but also throughout the course of the program. As facilitators, we must continue to monitor and manage the volatility of the material we are presented with.

Conclusion

This discussion has aimed to provide a practical commentary on just four interventions that we use to explore children's experiences of family violence. These interventions sit alongside other activities that guide our work with children, including exploration of the children's further experiences of other personal strengths, positive relationships, trust, safety, body boundaries, dreams and hopes, and managing strong feelings. When conducted with sensitivity and attunement, these activities can facilitate powerful opportunities for realignment both within the parent-child relationship, and the child themselves.

The challenge for us as facilitators is sitting with, processing and making sense of what the children have given us both in the moment, and then in our own 'holding space' of weekly supervision. We too need assistance with unpacking the 'sub text' of the group and its emotional trajectory in order to understand our own responses, and how these insights can further inform our work.

Many of the children who participate in our groups have an emotional readiness to explore and talk about their experiences of violence. Our aim is to assist these children and their parent to develop healthier emotional self regulation, to encourage and facilitate a tolerable awareness and alertness to their internal and external world, and to develop meaningful narratives around their experiences of trauma. The challenge is not only helping them to find healing ways of accessing and communicating their experiences, but to provide a 'good enough' space in which their stories may be told.

References:

Bunston, W., Pavlidis., T & Leyden, P. (2003). 'Putting the GRO into groupwork'. *Australian Social Work,* 56, 40-49.

Cunningham, A., & Baker, L. (2004). *What About Me! Seeking to Understand a Child's View of Violence in the Family*. Canada: Centre for children & families in the justice system.

Hughes, C (2000). 'Reflections on practice (part two) - The cycle of violence revisited: Working with recurrence and change', *DVIRC Newsletter*, winter edition, 9-14.

Lonie, I. (1999). 'Unshrinking the hippocampus: evidence based medicine ignores the meeting of neurobiology and psychodynamics'. *In She Still Won't Be Right, Mate. Will managerialism destroy values based medicine?* Melbourne: Psychiatrists Working Group.

Schore, A.N. (2001). 'The effects of early relational trauma on the right brain development, affect regulation, and infant mental health'. *Infant Mental Health Journal*, 22, 201-269.

Streeck-Fischer, A., & van der Kolk, B. (2000). 'Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development'. *Australian and New Zealand Journal of Psychiatry*, 34, 903-918.

Thomson Salo, F. (2002). 'The cascade effect of fractured attachments'. In (Eds.) F. Thomson Salo., J. Re., & R. Wraith, *Fractured Attachments: The Foundation of Longterm Difficulties.* Melbourne: Royal Children's Hospital.

Walker, L. (1979). *The Battered Woman*. New York: Harper & Row.

CHAPTER SIX

CREATIVE RE-CREATIONS: ADDRESSING THE IMPACT OF VIOLENCE IN CHILDREN'S LIVES THROUGH CREATIVE PLAY

ALEXANDRA HEYNATZ

Once upon a time...

"The butterfly was playing. She didn't know there was tornados and she got stuck in one. When it stopped, her wings were all broken".

(Girl, aged 9).

"Once upon a time, there was a girl and a tornado came. She lived faraway and no one knew where she lived. She was crying for help and no one could hear her – and the tornado took her away".

(Girl, aged 10).

Are there some destinations so 'faraway' that they seem inaccessible? How do we find someone when we don't know where they live or how to get there? This article draws attention to a recent just for kids (jfk) group facilitated by Tara Pavlidis and myself, and the way that imaginative play provided a pathway into the world's inhabited by the children. I believe that facilitating therapeutic engagement through creative modalities such as art, storytelling and games can stimulate an arena in which children can safely hold and acknowledge traumatic experiences; give voice to their hopes, desires and frustrations; and reframe their experiences in ways that allow broader possibilities for self and other.

Playing with metaphors

The metaphor of 'tornados' emerged spontaneously among the children of this particular jfk group through group art and story-making processes. 'Tornados' remained an enduring symbol during our time together, and came to embody some of the chaos, confusion, pain and fear that had often accompanied the children's experience of family violence. As a group, the children quickly developed a shared understanding of this symbol's meaning, and described the impact and nature of a 'tornado'.

In the children's drawing and stories, 'tornados' lingered and spiralled menacingly in the distance, just on the edge of awareness. They swirled up dust and people and precious things; they surrounded and broke down houses; and they made people invisible and inaudible. The 'tornados' that the children drew and told stories about were "frightening". The facilitators learned that 'tornados' could "mess your feelings up", particularly since "you can lose your family". With such 'tornados', you could be "taken to a different place", or would need to "go somewhere that no one knows". Through their words, behaviour, and creative play within this jfk group, the children shared just how "lost in space" 'tornados' could make them feel.

The images and stories generated about 'tornados' emerged from the children's rather than the facilitator's frames of reference. A simple round robin exercise was initiated in which each child added one part to every other group member's image. All group members described their final composite image to the group,

along with a made-up story about the image. This process was greeted with excitement. The children enthusiastically informed one another of the components they had contributed, and noticed with the facilitators how their markings had shaped the image and story that had emerged. After listening to all the stories, the images were spread out on the floor before us. Together, we remembered the different storylines that had been shared. We asked the children what attracted their attention. Had a new story now come into their mind, and would they like to create this individually? The children readily responded and began to work alone, however as they did so, we noted that one tornado appeared to have given birth to another, and another.

Playing with reality from a safe distance

From my perspective, and in keeping with much creative arts therapy literature, creative processes provided an astute mirror for the children's experience of self and other (Levine, 1999; Cattanach, 1994; Jennings, 1994). Art, storytelling and games provided a safe container within which the children could express and witness what was genuinely concerning, constraining or enjoyable within their lives. The imaginative frame offered by creative modalities however, provided a language that was sufficiently distant as to be tolerable to the children. As an intermediary and alternative reality to the literal world, imaginative play represented an in-between domain that could be claimed by the child as 'me' or 'not me'.

For some of the children, their 'real world' had perhaps been far more frightening than anything they could imagine. Yet, by intentionally framing an imaginative space in which the children could obliquely acknowledge and make sense of the painful realities of family violence, hidden aspects of self had a sanctioned time and space to be seen and heard. For some, this included their rage, fear or acute sense of powerlessness at the ongoing reality or threat of their mother re-partnering with the perpetrator of violence. When housed in a creative form, these vulnerable aspects of self could be protected and distanced from overwhelming and threatening psychological experience. Here, the children safely looked at "tornados", entertained fantasies of revenge, dreamed of a

"love family", visioned a "crazy town", and fought battles in which they imagined different winners and losers:

> *"There's a dark cloud – it's called the Rhino cloud, and it's trying to take over the good. There's two little aliens and they're always good, and they kill the evil cloud" (Boy, aged 11).*

In the guise of an 'evil cloud', 'little alien', 'tornado', or 'butterfly' for example, the children played out their rage, desires for protection, and the mixed loyalties they often experienced toward the perpetrator, and/or their other parent. The children could simply express what called out in their awareness (Cattanach, 1994). The symbolic language generated by the children implicitly seemed to address their own sensed feelings, concerns, beliefs and attitudes. Their play engaged us, as the groups' facilitators, in their daily struggles, making visible their attempts to mediate the ongoing conflict they experienced internally. In this regard, as contended by Winnicott (1971),

> *"...it is good to remember that playing itself is a therapy... the basis of what we do is the patient's playing, a creative experience taking up space and time, and intensely real for the patient... this observation helps us to understand how it is that psychotherapy of a deep-going kind may be done without interpretative work" (p. 50).*

He asserts that it is only in playing that an individual is able to be creative and use the whole of the personality, and in turn, make discoveries about the self (Winnicott, 1971).

An exploration in play

One of the unique qualities that creative modalities offer in group therapy is their capacity to engender enjoyment and immersion. The process of learning to be with materials, exploring and making 'mess', struggling with how to express inner feeling and thought, and seeing one's own image reflected back, may bring the client into a state of 'being able to play'.

In week five of the jfk group, we moved our session outside to a large mandala shaped piece of paper on the grass. The children hurled paint at the wide space of paper in front of them. With much noise and energy, they squirted, sprayed, and splatted the paint. The children relished in the sounds and effects of their vigour, and delighted in the mess and blobs of colour. Later, the children moved from squirting the paint to smudging and mixing the colours directly onto the paper with their hands. They took up lots of space and time in the tactile messiness of this experience. Vivid colours soon disappeared beneath a murky mix of brown. However, new possibilities emerged when they discovered that scraping back the paint revealed earlier layers of colour. We asked the children "What do you see?"

Learning to See

Betensky (1995) highlights art therapy's capacity to attend to and consciously support the "experience of seeing". She explains that this "experience of seeing" occurs in art therapy in a two-fold way. In the first instance, an art expression is created. This is a direct experience. The appearance of the creative expression in a client's vision and consciousness constitutes a second direct experience. According to Betensky (1995), clients typically require more help with this second experience, as they must learn to look 'intentionally' to see all that is visible in the creative expression. The concept of 'intentionality' underpins this experience. Intentionality refers to the "fundamental relational act whereby 'consciousness' reaches out, or extends to the 'stimuli' of the world in order to 'bring them back to itself' – or interpret them – as 'meaningful things" (Spinelli, 1994, p.288).

The facilitators encouraged the children to describe the image, assisting them to notice the colours, lines, edges and textures visible. Together we remembered the different colours that had been used, and the way that the painting had developed. The children highlighted the "mess" before them, but also commented on the colours visible at certain points beneath the "mess". We queried the associations this "mess" brought to mind in the children. In thinking about this, one child reflected that the image was like the "mess" that happens at home, and the "messy feelings" that trap the "good feelings" inside. The children felt that the "good feelings" might still be there underneath the layers, as in the painting, but covered over and "trapped". This theme appeared to strike a chord with all the children, and in the individual artwork and stories that followed, we witnessed and heard more about this particular struggle, and their desire to rekindle enjoyment in their lives. When sharing a story about his artwork, one boy put it this way:

> *"The dark cloud is all around the place. There's only little blobs of goodness coming out from the dark clouds and trying to fight the dark clouds. The orange is trying to beat the dark green" (Boy, aged 11).*

Often, we wrote down the children's stories as they were being told, reading back the children's words when they had finished. The children were highly attentive in this process. They listened carefully to the words, and the way it was read. After this storytelling, we would enquire with the child whether we had told the story correctly. The children took their role as 'author' or 'director' very seriously, letting us know when something was not quite right. Often, they made new additions, and omitted or reshaped particular details in ways that were more satisfying. In doing so, they played with different possibilities, relishing their sense of authorship and control.

Travelling through important storyscapes

As facilitators, we often thought through ways that we could assist the children to digest and make sense of their experience. At times, we brought back significant group metaphors in a slightly different form for further exploration. For instance, we invited the children to loosely explore the fairytale, 'The Wizard of Oz' in response to the 'tornados' metaphor that they had presented. We shared how we had been reminded of the fairytale after seeing and hearing about their 'tornados'. Together, the group brainstormed the themes they associated with Dorothy and her fellow travellers and enemies on the yellow brick road. We set up three mural stations, surrounded by relevant props, images and puppets. The children were invited on their own journey: from the volatile environments experienced in violent homes ("caught in tornados") to considering what they needed or wanted ("If I only had a …?"), to explorations regarding safety ("There's no place like…?").

As the children drew and talked together around the mural paper, they moved between being immersed in their drawing, to recollections about the fairytale, to stopping and listening, to direct descriptions of the family violence experienced. The children and the facilitators were highly engaged in this process. The children shared specific incidents about their family lives, and images and identifications with various symbols and characters that captured their imaginations. They became intrigued by their own creativity, ideas and thoughts, as well as those of the other children and facilitators.

In their own way, words and time, it seemed as though the children were beginning to unravel some of their questions about mums, dads and kids, anger, safety and trust. Within the contained space created, one girl commented, "If only I had a new dad". Not her old dad, without the violence, but "a new dad". In this instance, she clearly reflected what she wanted from a father, and her niggling doubts about her dad's capacity to change his violent behaviour, in spite of all the words she was hearing from him. Another child – "If only I had a magic wand". Empathy arose between the children as they touched upon what were often shared hopes, frustrations and disappointments.

Following the children's lead

In the jfk group, we brought our attention to the emotional, physiological and cognitive states of the children within different activities, and created spaces in which we could engage with and respond to the children's experience within the group. Travelling along the children's 'yellow brick road' required some lion-like courage, a well-oiled and feeling heart, and a thinking brain from both the children and the facilitators, as taught by the 'The Wizard of Oz' tale. At times within the group, the lion within each us felt a bit (or a lot) scared, our hearts could feel a bit inaccessible like the tin-man's, or the brain a bit spongy and full of straw. When 'tornados' are about, it's not all that surprising is it? Such is the impact of trauma.

The facilitators' own monitoring of self, and the kinds of information we received about the group through listening to our own bodies was significant in this regard. Through listening to such observations and responses, we learned more about when and how to enquire about the children's thoughts, feelings and sensations. We also drew alongside the children, creating tales, characters, voices or actions in response to the themes and issues that we heard. In doing so, we hoped to provide accessible and broad opportunities for the children to make sense of their world.

As the group's facilitators, we endeavoured to remain attentive to the language and images offered, allowing the children and their metaphors to guide the pacing and development of the group. In this regard, we rarely fixed specific themes to follow. Instead, we tended to initiate a game or an art-making activity that offered possibilities for significant themes to arise. With the children, we noticed what captured their imagination or interests, either in their own work or that of others.

Playing with the unknown

Certainly, we held in mind our own theoretical models regarding family violence, trauma, group-work, and childhood development. However, our enquiries with the children focused upon the children's descriptions and understandings of their creative work. Spinelli (2001) offers caution against trying to transmute the client's statements in a manner that 'makes sense' within the confines of the therapist's preferred theoretical model. Instead, he encourages curiosity

and openness to the stories told, suggesting that it is only through such interest and attentiveness that the client's dialogue with the world may be seen and heard. In many ways, this sentiment mirrors Winnicott's (1971) contention that "...the significant moment is that at which the child surprises himself or herself" (p.51). From his perspective, it is not the moment of the therapist's clever interpretation that is most important. The following vignette comes to mind.

> *Throughout the session and within the group generally, this girl continued to tell us how stupid the things she made looked. She sought reassurance consistently, and someone to rescue her efforts to make her work appear, superficially at least, 'in order' and 'presentable' in her own eyes and in the eyes of those around her. While initially hesitant and uncertain in her commitment to paper, particularly in the messy medium of paint, she nonetheless started. In paint, her marks did not diminish against the background but were plainly visible for herself and others. She began to blow blobs of paint through a straw onto her paper, but found this experience frustrating. It was hard for her to control the paint and it blocked the straw in big globs. When the paint finally came out it splatted uncontrolled over her page, creating a sense of further frustration and helplessness. She told the following story about her image: "It's about happy people, then one day this big mean monster comes – it traps all the good feelings. People are his slaves". Disdainfully, she folded the painting in half so that the paint was caught in the centre. But when she re-opened the page again, the different colours of paint had merged in the centre. Her first expression was one of surprise and discovery. She looked carefully for a moment before telling the group, "It's a butterfly trying to get out". (Girl, aged 10).*

The creative process above catalysed the possibility of this child seeing herself reflected in new ways. In this moment, she appeared to experience herself not so much as helpless and passive but as vital, with her own capacities and hope.

Her endeavour to build a relationship with the art materials (and her experience) was a struggle, evoking uncertainty and anxiety. Could we tolerate her anxiety with her? Could we hold the 'unknown-ness' that such play can generate in the child, and in doing so, trust the child's process of discovery?

At times, the anxieties and concerns generated by themes related to 'protection' echoed loudly for us as facilitators. On these occasions we could be too quick to jump in and 'rescue' the children from the discomfort they sometimes experienced within the group. However in doing so, we perhaps left less space for their own thinking and learning to unfold. Reminding the children of our presence, and the safe and reassuring space they were in was often sufficient in these instances. There is clearly a balance in this work between creating space for children to review their experiences of family violence and the need to assist children in regulating some of their emotional responses.

Interestingly, the etymological roots of the word 'play' are connected to the roots of the word 'dance' or 'stepping forward and backward and to the sides' (Knill, Barba & Fuchs, 1996). As the children sought ways to trust themselves and the group process in jfk, we witnessed and experienced their 'stepping forward and backward and to the sides'. As we sought ways to create both a safe and exploratory space for the children to make sense of the violence they had experienced, we too engaged in this delicate dance.

Playing with process

Where possible, we encouraged interpersonal connection between the children, supporting spaces in which they could listen and respond to one another's stories, images and experiences. Often this process was engaged through simple means such as round robin drawings, and collective storytelling, which required each participant to add the next part of an image or tale. One basic game involved the whole group keeping balls on a moving cloth. This activity facilitated rich conversations with the children about our rhythm together as a team, being able to take the lead, and being able to follow. The facilitators enquired more broadly about these themes in the jfk group generally, and other areas of the children's lives. Within this interaction, the children compared notes about the power they experienced as an older or younger sibling, and their perceptions about who was able to choose or lead what occurred in their home.

While the children expressed relief in speaking about their concerns and experiences, they also acknowledged that it was often hard and sad for them to do so, as was hearing other children's experiences of violence. Within the group itself, we consistently invited the children to consider aspects of the group that they liked and enjoyed, and aspects that they didn't enjoy or feel comfortable with. Sometimes, we offered our thoughts and observations out loud: "I wonder if anyone is feeling a bit uneasy after thinking about that", or "I wonder if anyone else feels like that but mightn't want to say". We hoped to give the children permission to let us know how interactions and activities within the group were affecting them, either within the group or privately; and to provide a space broad and patient enough to hold the diversity of offerings made by the children.

Playing with beginnings and endings

At the end of each session, we invited the children to write or draw something in their journals about their experience of the session. In the first instance, the journal became an important way to gauge and mediate the shared and different needs of the children in addressing family violence. The journal in this regard provided a distinct reference point from which to assess different ways of moving the group process forward. However, the journal also became a significant container for the children's worries, desperation, hopes, and joys. It seemed that experiences and pieces of themselves that could not be held within their day-to-day lives could sometimes reside in the journal, which was held by us until the following week. Each week, we would respond to what the children offered in their journals. Weekly sessions began with the children quietly reading the message they had received, before finding a safe place to store their journal until the end of the session. This ritual was a constant, and marked a distinct beginning and ending that anchored our weekly time together.

Conclusion

In undertaking this journey with the jfk group, we as the facilitators were challenged to explore our own personal relationships with safety, trust, and power. Within supervision, we have reflected upon how these themes are reflected, rebounded and held within our own relationship as a facilitation team. We step to and fro, as we experiment with learning how to play together. How

can we accommodate and relish our differences, and learn to negotiate power and question orthodoxies in our practice and thinking? How do we 'hold' one another if the group (and we) are feeling unsteady with the weight of sadness, anger, disappointment or powerlessness as so often evoked by family violence?

Before the attentive and patient mirror of our supervisor, we endeavour to look more directly at each other, our facilitating relationship, and the dynamics present within the group. This dance between us is not seamless, but draws us close to our own vulnerabilities and also strengths as professionals, and as human beings. Indeed, we step on each other's toes, stumble, move with flow, and surprise ourselves. We guard against the tendency to utilise supervision as a space to commentate on the group, as though we are objective observers in this process. We are not. We seek to make use of our selves, our relationship, and our creativity in responding to the trauma, resilience and hope brought to us by the children of jfk.

References:

Cattanach, A. (1994). *Play Therapy: Where the Sky Meets the Underworld.* London: Jessica Kingsley.

Dwivedi, K.N. (Ed.) (1997). *The Therapeutic Use of Stories.* London: Routledge.

Jacoby, M. (1999). The necessity of form. In Levine, S & Levine, E (Eds.) *Foundations of Expressive Arts Therapy: Clinical and Theoretical Perspectives*. London: Jessica Kingsley.

Jennings, S. (1992). *Play Therapy with Children: A Practitioners Guide.* Oxford: Scientific Publications.

Knill, P.J., Barba, H.N., & Fuchs, M.N. (1995). *Minstrels of the soul: Intermodal Expressive therapy.* Toronto: Palmerston.

Levine, E. (1999). On the playground: Child psychotherapy and expressive arts therapy. In Levine, S & Levine, E (Eds.), *Foundations of Expressive Arts Therapy: Clinical and Theoretical Perspectives*. London: Jessica Kingsley.

Spinelli, E. (1994). *Demystifying Therapy*. London: Constable.

Spinelli, E. (2001). *The Mirror and the Hammer: Challenges to Therapeutic Orthodoxy.* London: Continuum Books.

Winnicott, D.W. (1971). *Playing and Reality*. London: Routledge.

CHAPTER SEVEN

PEEK A BOO: HOW DO I FIND YOU?

NAOMI AUDETTE & LINDY HENRY

Introduction

This article is an attempt to share our journey of working with the mothers and babies in the second 'Peek a Boo' Club that ran in 2005. The 'Peek a Boo' Club is a specialist groupwork intervention for mothers and babies who have experienced family violence and is run by the Royal Children's Hospital Mental Health Service (see chapter 4). While we recognise the detrimental impact of family violence on developing secure attachments, and the inter-generational nature of attachment styles, the purpose of this article is to explore specific baby/mother goals that emerged within this particular group. What follows is an attempt to elucidate each goal, share the interventions we used, and give examples of mother/baby dyads that responded to and engaged in new ways of relating.

Like babies taking their first tentative steps in the world, we too were just commencing our journey into this delicate and complex area of work with mothers and babies. As such we were grateful for the guidance and expertise situated in the Royal Children's Hospital Infant Mental Health team (RCH-IMHT) and in particular, Frances Thomson Salo for her supervision of our work.

Facilitators of this group were Lindy Henry, a maternal and child health nurse with a Masters in infant mental health, Bez Robertson, a social worker and family violence networker for Western Metropolitan Melbourne, and Naomi Audette, a dance movement therapist and groupwork facilitator in the Addressing

Family Violence Programs (AFVP). All facilitators brought a rich pool of skills and observational lenses to the group. We were also supported by Merrin Hollyman, a social work intern with the AFVP.

The processes that shaped this group stemmed from our observations of what the mothers and babies were demonstrating in their attachment relationships each week, alongside weekly supervision and reflection. Our theoretical and developmental understandings of the impact of trauma on the mother/baby relationship also guided us in how to proceed with the group and what interventions to utilise. Within the Peek a Boo Club facilitators sought to intervene with the mother/baby on three levels. These were:

- Interacting and engaging with the baby in order to accurately mirror their internal states, as well as modelling for the mother that the infant's world was being seen, met and held in mind (Holmes, 1993).
- Facilitating attunement and increasing the positive attachment within the mother/baby dyad through shared activities which were mutually satisfying and pleasurable.
- To create a safe space for the mothers to be 'held' (Winnicott, 1971) through creating opportunities for reparation to occur in relation to their own experiences of being parented.

Specific Goals:

- ***To foster enjoyment within the mother/baby relationship.***
- ***To enhance the mother's capacity to respond to the baby's communicative signals.***
- ***To facilitate eye contact and prolong affectionate gaze between the mother and baby.***
- ***To facilitate shared rhythms (attunement).***
- ***To facilitate a sense of 'containment' and being 'held'.***

To foster enjoyment within the mother/baby relationship

Play is a critical element in cultivating enjoyment in the mother/baby dyad. According to Trevarthan (2001), this element of play is of prime importance for the infant. "A need exists in infants for joyful dialogic companionship over and above any need for physical support, affectionate care, and protection" (Trevarthan, 2001, p.100). This may be the first element to disappear when violence is present in the home. Conversely, within families where trauma is trans-generational, play may never have been a feature of the infant's development that was nourished or encouraged. In attending a group where facilitators took obvious delight in each of the mothers and their babies, their characteristics and progress over time, the mother's were given permission to relax and find enjoyment in their child and sometimes even themselves. Members of the RCH-IMH Team write of their experiences with infants:

> *"We think that when the infant realises she is imitated by us as adults who are not under her control but willingly submit to this game, her joy becomes part of the experience and self-knowledge... in this way the child has the experience of being seen and related to in an integrated way. When the parents see the child playing there is a continued interactional effect in that as they respond, the child in turn responds to the changes in them"* (Thomson Salo, Paul, Morgan, Jones, Jordan, Meehan, Morse & Walker, 2004, p.17).

Many of the activities in the group involved moving and expressing in spontaneous and playful ways that were initially unfamiliar and perhaps even uncomfortable for the mothers. Songs with actions, playing games, and moving to music were ways each mother could engage with their children in joyful and creative ways. Facilitators modelled and encouraged the freedom to be silly, to have fun, to laugh and act spontaneously in response to the babies, and in response to each other. In this way a culture of joyful curiosity was fostered

and co-created with the mothers and overflowed into the mother's daily experience with her baby.

The facilitators were also active participants in the play with the infants, taking opportunities when presented to joyfully connect, communicate and engage with them. As each mother witnessed the enjoyment we took in her baby, it opened up new possibilities of perceiving and being with her baby. She was able to recognise her baby as a separate being who could be in relationship with another in his/her own right.

Activities to foster enjoyment within the mother/baby relationship

- Baby massage
- Bubbles
- Singing
- Dancing
- Playing 'peek a boo' with material
- Follow the leader

Case Illustrations

Twins Ella and Titia[1]

The twin's mother shifted dramatically in her ability to pick up on modelled play, finding the facilitator's enjoyment of her babies, and herself as something she could then access. It seemed that she literally had to be shown how to play. However, once given permission she was able to translate this into her interactions with her twins, not only in the group but at home as well, singing songs with them and dancing with them. She was able to enjoy her twins more and not feel so burdened by their demands. It also gave the twins a sense that

[1] Please note that all names have been changed to ensure confidentiality

they were being enjoyed and subsequently, the mother reflected that their requests for attention seemed less demanding.

Ella crawled determinedly and hyperactively around the room, seemingly unable to stop still to interact or engage with others. Many shifts occurred for little Ella in the group as she started realising that facilitators were playfully connecting with her in her world, crawling around with her and interacting in response to her initiations. She started responding and delighting in her awareness that her actions were being followed and enjoyed by all in the 'follow the leader' game. Ella took her first steps in the Peek a Boo Club, to the encouragement and applause of all. Her mastery in that moment was enjoyed and mirrored back to her, giving her a real sense of accomplishment, recognition and self-pleasure.

To enhance the mother's capacity to respond to their baby's communicative signals

When a mother is preoccupied with her own needs, or has developed a style of withdrawing from or being reactive to (a fight/flight response), rather than reflective about the world, her capacity to respond to her baby may be limited largely to addressing physical needs. She may miss the multitude of non-verbal signals and gestures that the baby is making in an attempt to communicate. A facilitator who takes the time to observe the baby, noticing body or facial gestures with the mother and then naming the baby's attempts to attract her attention, can enable the mother to recognise that the baby is an active initiator of communication.

Assisting the mother's understanding of the non-verbal signals that her baby uses; such as gestures, sound, expression and gaze, can help her to attribute meaning to actions that may otherwise be perceived as random or devoid of meaning. This can assist the mother to open up a dialogue with her baby through following the baby's lead and mirroring his/her actions. At times facilitators can interpret the baby's signals for the mother and 'speak for the baby', giving voice to the infant's expression.

In their conceptualisation of infant work, the RCH IMH (Thomson Salo & Paul, 2004) suggest that a mother may be unable to see her baby as a 'subject', or to access 'think space' for her baby. In these instances, we (the therapists) may act as the eyes and the mind that assists the mother to find and become thoughtful about her baby and herself in relation to her baby. A change in the infant's internal representations through a caring adult responding to them as a 'subject' may also change their mother's internal representations.

Interventions/activities to enhance the mothers' capacity to respond to their baby's communicative signals

- Follow the leader, allowing one of the babies to take the lead in play.
- Use of songs that incorporate the baby's responses, such as clapping hands, waving arms, and nodding their heads.
- 'Giving voice' to the baby's communications.

Facilitators acted as a bridge for opening up an interactional flow between the mother and baby. Many opportunities arose in each session for mothers and facilitators to observe and derive meaning together from the baby's expressions, vocalizations and actions. Facilitators encouraged this, commenting on the things the baby seemed to enjoy, e.g. "She really liked it when you were massaging her back". We wondered aloud about the baby's intention, "I wonder what it means when she kicks her legs around like that?" At other times, we encouraged responsiveness toward the baby, sometimes with direct words of praise or indirectly, sometimes talking to the baby, sometimes affirming the mother's responsiveness. "Your Mum knew exactly what you needed."

Case Illustrations

Carrie

Carrie, an eight-month old girl arrived leaning back in the pram with a hat and sunglasses on. Her mother was warmly welcomed by the group and

congratulated for the effort in coming. Carrie too enjoyed the welcome and admiration of the group but soon began waving her arms and kicking her legs from her position in the pram where she had been left. Her mother kept talking, looking at her baby but not recognizing her movements as having meaning. Hidden behind her sunglasses, Carrie's expressions could not be seen by her mother. One of the facilitators interpreted Carrie's actions as indicating her wish to get out of the pram and vocalised this question, "Would you like to come and join us Carrie?" She asked permission of her mother before taking off Carrie's sunglasses and using the opportunity for a game of 'peek a boo'. In this way, facilitators modelled responsive behaviour towards the infant.

Twins Ella and Titia

The mothers went outside for a cigarette in the break. The first week we observed that the twins noted their mother had departed but did not seem distressed and amused themselves until her return. In the second week, they pursued her out into the corridor and were upset not to see her straight away. We put their anxiety into words for their mother, "Where's mum going?" It became apparent in subsequent meetings that this mother became more aware and thoughtful of her baby's reactions to her coming and going. She started to consider and then hold them in her mind, understanding the importance of her proximity. This change was contagious with the other mothers sometimes telling the babies they would be back in a minute and making sure their baby was engaged with a facilitator.

To facilitate eye contact and prolong affectionate gaze between the mother and baby

"When I look I am seen, so I exist" (Winnicott, 1971, p.114).

What does a mother who has experienced family violence see when she looks at her baby? Who does s/he remind her of? Does s/he have his/her father's temper? Does the mother even see the baby as a subject needing their physical needs met when survival is her first and overriding priority? What does the baby understand when s/he sees the mother's face? Does it become too painful for the baby to look at the mother when what they see does not provide a safe reference point to mirror and understand their world?

Winnicott (1971) posed the question, "what does the baby see when he or she looks at the mother's face? I am suggesting that ordinarily what the baby sees is him or herself" (Winnicott, 1971, p.112). Winnicott (1971) further elucidated the effects of a baby searching in the mother's face for a mirror to its own world and finding it unresponsive.

> "*This brings a threat of chaos, and the baby will organize withdrawal, or will not look except to perceive, as a defense. A baby so treated will grow up puzzled about mirrors and what the mirror has to offer. If the mother's face is unresponsive, then a mirror is a thing to be looked at but not to be looked into*" (Winnicott, 1971, p.113).

Facilitating eye contact and prolonged and affectionate gaze between mother and baby is a significant aspect of promoting healthy attachment and interaction between mother and baby. Likewise the RCH-IMH Team elucidates the power of the unconditional gaze.

> *"Looking thoughtfully at an infant ...will most often be enough for the infant to feel they have received something of value, to introject as a good object. When the infant knows someone has come to look at them, trying to understand them, gaze becomes tremendously important in the development of self and other" (*Thomson Salo, Paul, Morgan, Jones, Jordan, Meehan, Morse & Walker, 2004, p.16*).*

The babies had very special attention from each of the facilitators. Through our visual engagement with them we hoped to interact and mirror back a sense of their own significance in a world where their personhood had sometimes not been considered at all. This too we hoped to model for the mothers, our genuine interest and interaction with their babies. We sought to enable new ways of connection for each mother/baby dyad, encouraging sustained gaze between mother and baby that invited mutuality, a being together in the moment, an enjoyment of shared experience.

Interventions/Activities to facilitate eye contact and prolonged and affectionate gaze:

- Using the mirror assists the mother and baby to gently and curiously look at each other, to see themselves together, and for the baby to see themselves separately.
- Face painting to attract the mother's eye to the baby's face, and to hold the baby's face with their hands.
- Playing 'peek a boo' with fabric. This game was used in a variety of ways with fabric draped over the mother's head, over the baby or over both together, with facilitators asking for example, "Where's Carrie? The fabric is lifted revealing the infant/mother to the expressed delight of all, "There you are!" Transparent fabric was used to mediate the anxiety that this game could potentially produce, as well as other brightly coloured materials when the babies became more confident in playing this game.

Case Illustrations

Jamie

Jamie was a hypervigilant four-month old infant who avoided eye contact and did not look at his mother at all for the first session. When the group sang songs, his mother would turn him around to face the group rather than seat him on her lap to face her, as the other mothers had done with their babies. When she attempted to turn him around to face her, Jamie squirmed and wriggled and would not settle until he was facing the other direction. When she carried him, he would face outward from her hip. As the sessions progressed, he would maintain gaze with the facilitators through playing a game of 'peek a boo'. However, he did not reciprocate any of the pleasure that facilitators experienced in the interaction but maintained a wide curious stare. During the group Jamie began to return his mother's gaze but could not tolerate this for any prolonged period. Reciprocating this gaze was a small but important shift for this mother/ baby dyad. Unfortunately we were not able to observe the ongoing impact of this change because they were unable complete group.

Twins Ella and Titia

The twin's mother described her life as "like living behind a mask", where she was on automatic pilot during the day, shutting off her thoughts and feelings. This mother had experienced many ongoing life crises and had a history of abuse and trauma. She did not seem to notice the twins, the state they were in, or make an attempt to attend to their needs. It was as if she 'saw them' but didn't 'look at them'. Perhaps because there were two, the babies had limited opportunity for one on one time with their mother. The group provided this triad with space and opportunities to share some moments of quiet mutual gaze, though the twins seemed to reflect their mother's pattern of being on automatic pilot, too busy to stop their constant exploring in order to just 'be' with one another.

To facilitate shared rhythms (attunement)

According to Winnicott (1971) attunement to the child's bodily needs and rhythms is a vital element in the mother/baby dyad. The way babies communicate is through their non-verbal signals and vocalisation – crying, tensing, reaching, eye contact, and facial expression. When a mother is unavailable or unresponsive to the baby's signals, the baby may initially increase their cries of protest, however if not responded to they will over time become passive (Schore, 2001., Winnicott, 1971). If the baby's crying is attended to by being held and rocked in a matched response, the baby will feel met and will respond by calming down and being soothed, allowing themselves to soften into the mother's rhythm (Lewis & Avstreih, 1984).

Facilitators observed the mothers in the group to be on a continuum, from passive through to chaotic in their daily life rhythms, replicating the adaptation mechanisms adopted to survive their own early life traumas. As such, they were not fully available to respond to their baby's rhythmic and bodily signals – their baby's need for variety, rest, play and safety mediated through their mother's touch and attunement to their physical movement and feeling states.

Opportunities for shared rhythms between mother and baby include feeding, rocking, sleep-time, playing, and settling times. These activities require the mother

to tune into her baby's rhythm as well as for the baby to meet the mother's rhythm in a mutually satisfying way. An example of this is the baby being lulled to sleep in their mother's arms, feeling safe and soothed hearing their mother's heart beat and matching her breathing chest. If the baby is constantly adapting to the mother, then the message that the baby is receiving is that their internal world is not being responded to. Their signals aren't being met. Their inner experiences are inconsistent with what the outside world is telling them (Lewis & Avstreih, 1984).

When the mother and baby are sharing a soothing rhythm together, there is attunement and harmony in their non-verbal interactions. "When mother and baby attune to each other's needs, empathy develops" (Kestenberg, J, 1977, p.344). Facilitating shared rhythms gives the mother and baby an experience of synchrony and a chance to learn how to attune to each other's needs.

Interventions/activities to facilitate shared rhythms (attunement)

- Rocking songs (examples: Row, row, row your boat, Hush a bye baby) in a circle of lycra[2]. The mothers were asked to hold their baby on their lap and move with their child to the words of the song. Each mother was supported by the fabric, which facilitated a tangible as well as a symbolic sense of safety for her child and herself. In this activity, mother and baby were aligned through hearing the words and beat of the song, together feeling their bodies move in harmony and sharing the mutuality of this experience.

- Each mother holding their baby and dancing with them to the rhythm of the music. In this way the mother and baby experienced a shared rhythm and physicality that was mutually satisfying and enjoyable.

- 'Follow the leader' games to assist the mothers to enter into their child's world of movement and to connect with them where 'they are at'. When the mother matches her movements to the child, she is communicating to

[2] The lycra circle is made up of lycra stretch fabric, sewn together to create a circle in which the group can sit to sing songs and return to as a closing ritual at the end of each session.

the child that they are being seen, experienced, enjoyed and met in that moment.

Case Illustrations

Ella and Titia

This triad was an example of mismatched rhythms. The twins seemed to 'swarm' around the room as soon as they arrived, always on the go, with no sense of having 'mum' as a secure base to refer to, able to match or meet them, or keep them 'in check'. The twin's behaviour displayed an underlying sense of anxiety and absence of stillness, which seemed to mirror mum's anxiety and lack of stillness.

The twins presented with a cycle of feeding and vomiting. They would gulp down food and drink in a fast, chaotic manner and in whatever fashion they could, unsupervised and unmodulated by their mother, only to vomit it all up again a few minutes later. There was no routine or shaping of the feeding time with a beginning, middle and end. Their mother seemed unable to engage in this experience in a mutually satisfying and nourishing way, reinforcing a potential sense of emotional as well as dietary malnourishment. They were not held or talked to, but given a bottle to feed themselves, and left to negotiate this process without regulation, unable to modulate their intake or tempo. The babies seemed to grasp at whatever was being offered, always looking for more. It appeared that their mother used food to compensate or perhaps assuage her guilt for her inability to connect intimately with them. Food appeared to act as a substitute for what she felt unable to provide. However, it only served to push the twins from her further, impacting on their own ability to appropriately self regulate.

A noticeable shift occurred in their behaviour as intervention measures aimed at creating containment and safety were set in place. Facilitators set up a special 'eating space', sitting the twins down, talking to them, naming what they were doing, creating a time for them to drink, and only allowing small pieces of food to be taken at a time. In this way, the twin's behaviour was slowed down as they explored a different rhythm of feeding with their experience being named. Through modelling this behaviour the mother was then able to

follow our lead, creating a space for the twins to trust their environment in responding to and managing this process until they were able to do so for themselves.

As the group continued, this feeding/vomiting cycle subsided and the mother was able to connect with her twins in a more direct, contained and playful way, creating healthy boundaries around their eating routines. This also led to some mutually satisfying experiences as they sat in the lycra circle. The twins experienced shared rhythms through singing songs and being rocked by Mum, with their eyes following the material that was wafted up and down while singing 'twinkle twinkle little star'.

To facilitate a holding and containing environment

Winnicott (1971) conceptualised the 'holding environment' as denoting "not just the physical holding of the baby by the mother but the entire psychophysiological system of protection, support, caring and containing that envelops the child, without which it would not survive physically or emotionally"(Holmes, J. 1993, p.74). This holding represents the mother's capacity to identify with her child and provide security. As the mother attends to the child's physical needs, her capacity to contain the child's anxiety, rage and other internal workings develops (Symington, 1996).

The lack of safety, holding and containment in the mothers' own histories through experiences of adoption, foster care, maternal mental illness and abuse left them with an impoverished capacity to provide a safe container and healthy boundaries in their own relationships. This included their relationships with their partners, their children and themselves.

Our aim was to provide a holding and containing environment for the mothers, enabling them to feel 'held in mind' and safe. Within the Peek a Boo Club, the containing process worked at three levels. Firstly, the group itself acted as a structure for belonging. The mothers acted as a support to one another, validating each other's experiences and providing a freedom to share, knowing that what they had been through was a unique, but shared experiences of violence. Group leaders facilitated this support and encouragement but it was the women who

created the meaningful space within which their stories could be heard and acknowledged. This sharing of their stories also allowed for an honouring of their courage, strength and commitment to their children. The women also modelled different ways of responding to their babies, providing peer interactions and interventions in the group. Secondly, the aim was to facilitate and create a sense of being 'held' and 'contained' within each of the mother/baby dyads, through modelling, structure, play, consistency and mindful interventions and activities. Thirdly, the facilitators themselves were 'contained' in this process through supervision and post group reflection.

Interventions/activities to facilitate a sense of containment and holding

- The large lycra circle was used for the group to sit in as a means of offering physical support for the mothers while they physically supported their babies sitting in their laps. The lycra circle physically cocooned the mothers. As such, it acted as a symbolic and tangible container for the group creating a safe, holding environment. The malleability of the lycra material enabled a rocking and soothing sensation in the group, as it would move and yield to the weight and movement of the group while still creating a supportive boundary within which each of the mothers could relax.

- Mini material hammocks were used to enfold the baby's bodies in a womblike manner while they were gently rocked to music. The mothers helped rock their babies or looked into the material to make eye contact with their child, assuring them that they were there and facilitating this containing experience. The babies felt their weight being taken and held through the material in a yielding yet supportive manner.

- Building a safe space for the mothers to come and to share their stories with facilitators, and with each other, with an assurance of confidentiality and acceptance. Finding common themes in the shared stories of trauma and pain that was difficult for the mothers to make sense of on their own.

- The mail out of a weekly newsletter to let the mothers know that facilitators were 'holding' them in mind during the week between each group session.

- Weekly supervision for facilitators providing guidance, reflection and processing of issues arising from the group.
- Photographs were taken each week and given to the mothers, providing them with a visual celebration of their journey and confirmation that their experiences were being seen and valued.

Case Illustrations

Twins Ella and Titia

Ella and Titia were part of a chaotic and disorganised attachment triad with their mother where there was little capacity for stillness or to 'be held' in a manner that would allow them to 'let go' of the anxiety and tension in their bodies. These twins had great difficulty in responding to their mother giving them a massage. It seemed that the twins associated touch as a function of being dressed or changed and weren't used to being touched in a nurturing and loving way, finding it difficult to lie still and squirming in protest.

Titia was observed, however, to tangibly relax and let go of the muscular tension in her body as her weight was taken safely within the cocoon of the material in the individual hammock. She stopped 'fighting,' her weight being held and supported, and relaxed into a state of restful calm, something facilitators hadn't observed until that point.

Ella, not tolerating the enclosed space of the individual hammock, traced the outward edge of the 'holding' lycra circle with her hands to 'feel the boundaries' which were firm yet flexible, seeming to enjoy the simultaneous support and freedom that it offered. For Ella, her sense of being held required the possibility of escape and disengagement. She explored this sense of 'holding' at her own pace, discovering the feeling of being safely ensconced.

Jamie

Jamie's mother struggled to receive his cues. She would perch Jamie on her knee away from her torso, facing out towards the group. Occasionally Jamie

would be held close to his mother's torso but in a passive way, watching the group without the security of feeling the safety of his mother's torso shielding him. Facilitators observed that there was little shaping of the mother's body into Jamie, and vice versa, he didn't shape/mould/reach into her body when being held.

Their attachment relationship was comprised of a sense of separateness and disconnection. His mother fed him through a bottle as Jamie lay passively and somewhat precariously on her lap. It almost seemed as though Jamie would fall off', as she seemed unavailable to support or snuggle him closer. Her lap was provided and a bottle was put in his mouth. At its most basic level, Jamie's survival needs were being met, but little more.

Jamie presented as passive and depressed with a sense of having already 'given up'. In this mother/baby dyad, there was no flowing attunement, empathy or secure attachment. Rather a picture emerged of two separate entities: his mother, unable to 'see' Jamie perhaps because she herself had no experience of 'being seen', both in her early life, and in her subsequent violent adult relationships; and Jamie blank, unresponsive, avoiding eye contact, past crying, listless and grizzly, and already at four months, ceasing to expect his needs would be met.

When facilitators held Jamie he would become rigid, as if being held with affirming intent was not familiar and perhaps even scary. His eyes would become weary and heavy but he remained wary and hyper-vigilant. He couldn't let his body relax or settle when embraced by facilitators unless we 'half let him go'. This presentation was consistent with the proposition that "faulty holding produces a sense of disintegration, of 'going to pieces', feelings of 'falling forever', of a sense that there is nobody to hold the self together" (Sutherland, 1980, p.849). This type of trauma already seemed present in this little baby.

Through the familiarity and consistency created over a number of weeks, Jamie was able to fall asleep in one of the facilitator's arms. Some positive connection was mediated in the mother/baby dyad when his mother held him in the lycra circle and they began rocking together. Jamie had the physical sensation of being safely held and rocked in his mother's arms, the movement and sound in harmony. Unfortunately the very real and chaotic volatility of this woman's life

saw her having to move away. As mentioned previously, this dyad was unable to finish the group, cutting short an intervention where she and her child were starting to create and build new patterns together.

Conclusion

At its simplest level, the 'Peek a Boo' Club offered an experience for the mothers to be able to come along and connect with other mothers who had been through similar experiences, and to overcome their sense of isolation and aloneness. The group offered the women a space to chat, belong, be supported and support each other; to increase the quality of their connection with their baby, to have their baby enjoyed by the group, and to be held in positive regard by the facilitators.

Our desire, at its most complex, was to create a space of safety and containment in order to provide a positive 'holding' experience for the mothers that was so poorly lacking in their own relational history. The mother's personal reparation work needed to be commenced in order for them to translate their new experience of 'holding' back into their relationship with their child.

In considering the babies as integral members of the group, the process of change was recognised to be equally baby-led, with each baby's personality and attributes impacting on the dynamic of the group. Facilitators took every opportunity to engage, mirror and affirm the internal states of the child as an entry point into facilitating positive shifts within the baby/mother relationship. As the facilitators formed connections with the babies, a new perspective was enabled for each mother to see her baby as an active participant in relationships. As the mothers felt safe and relaxed, the babies mirrored this ease and the whole group seemed to be able to 'sink into itself', allowing new patterns of relating and being seen and held to emerge for the mother/baby dyads.

References:

Holmes, J. (1993). *John Bowlby and Attachment Theory*. London: Routledge.

Kestenberg, J. (1977). Prevention, infant therapy, and the treatment of adults. *International Journal of Psychoanalytic Psychotherapy*, I, 339-396.

Lewis, P., & Avstretih, A. (1984). Object relations and self psychology within psychoanalytic and jungian dance-movement therapy. In Lewis, P. (Ed.), *Theoretical Applications in Dance Movement Therapy, Volume 2*. Iowa: Kendall Hunt.

Thomson Salo, F., & Paul, C. (2004), Some principles of infant parent psychotherapy: Ann Morgan's contribution. In F. Thomson Salo & C. Paul (Eds.), *The Baby as Subject. New directions in infant parent psychotherapy from the Royal Children's Hospital Melbourne.* Melbourne: Stonnington Press.

Thomson Salo, F. (2002). The cascade effect of fractured attachment. In Thomson Salo, F., Re, J., & Wraith, R. (Eds.) *Fractured attachments: The foundation of long-term difficulties*. Parkville: Department of Child Psychotherapy.

Thomson Salo, F., Paul, C., Morgan, A., Jones, S., Jordan, B., Meehan, M. Morse, S., & Walker, A. (2004). Free to be playful: therapeutic work with infants. In Salo, F. & Paul, C (Eds.), *Baby as Subject*. Melbourne: Stonnington Press.

Sutherland, J.D. (1980). The British object relations theorists: Balint, Winnicott, Fairbairn, Guntrip. *Journal of the American Psychoanalytic Association*, 28, 4.

Schore, A.N. (2001). The effects of early relational trauma on the right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22, 201-269.

Symington, J& N. (1996). *The Clinical Thinking of Wilfred Bion*. New York: Routledge.

Trevarthan, (2001). Intrinsic motives for companionship in understanding: Their origin, development, and significance for infant mental health. *Infant Mental Health Journal*, 22, 5-131.

Winnicott, D.W. (1971) *Playing and Reality*. New York: Penguin Books.

CHAPTER EIGHT

SHARK BITES? A SHARED STORY

BY THE CHILDREN OF JUST FOR KIDS

The following story was created by three children within an earlier 'just for kids' group, as they shaped and moulded play-dough creatures around a kitchen table. Up until this point in the group, the facilitators had struggled to engage the children's interest, attention and trust. It appeared almost intolerable for the children to remain in the room, to be with one another, and to be with us. Their anxiety overwhelmed them, and we too became increasingly anxious about how we could support these children, and assist them through their journey in the group. Certainty and careful session plans disintegrated into confusion and doubt. How could we hold these children?

In this instance, we stopped trying to 'get anywhere' in particular with the children. We gave up our session plan and looked simply to contain the children's anxiety through an activity that was distanced, enjoyable and familiar. What did we do? We made chocolate truffles of course! Together, each child and adult rolled, shaped and patted the small truffle balls. There was something soothing about these tactile actions and repetitive gestures, and for the first time in this group, the children appeared comfortable in the space.

When placing the truffles in the fridge, the children discovered play-dough. So we continued this sensory play, making coloured shapes and creatures. Soon, there was a house, a shark, a fish... The children began moving these creatures together and apart, examining them from different perspectives, and looking at one another's work. Through the creatures on the table, the children began to make contact with one another and with us. And when offered the traditional beginning for important tales, "Once upon a time", the children began their story, each adding lines when an idea occurred to them.

The story was written down verbatim by one of the facilitators, and read back to the children. Following the creation of this story, the children appeared more certain in our ability to hold them, and more comfortable in their interactions with us and one another. Moving to a sensory activity provided an alternative entry point to what was most pressing in their worlds, enabling its safe passage into consciousness.

Once upon a time...

"...the man went to look for the magic fish under the water. Then the shark bites his scuba tank and bites the man's balls off. The man screams like a little girl.

He runs to the house but it is really not a house. The door is the mouth of the shark. It is very dark in there. He looks for a light and pulls something that is actually the shark's tooth.

He runs out of the house and there is a lifeguard, but the shark rips his nuts off. Then the shark kills (smashes) the man.

No magic fish... The shark eats everything.

The magic fish bites the shark's tail and pees on the shark. His pee is acid. The little fish would piss himself.

He hides in the seaweed but it's no good because he is blue and the seaweed is green".

(Authors: girl, aged 8; boy, aged 9, boy, aged 9 from a 'just for kids' group).

CHAPTER NINE

'A PARKAS (GRIM) FAIRYTALE'

PETA MILLARD

Foreword

'A parkas (grim) fairytale' emerged as one of the most powerful and memorable experiences within my time working at the AFVP. The fairytale's storyline is based on a play that the children in one of our parkas groups developed and then performed for their parents in the final parkas joint therapy session. The children's performance was videotaped, with a copy given to all group members as a memento of their participation. It wasn't until after the group had finished that the facilitators sat down to watch the performance again on video and felt its full impact. Therefore, the tale you will read in this chapter is my attempt to capture and honour the nuances of the children's play, as it was told through its varied phases of development, preparation and performance.

The fairytale lends itself to multiple interpretations. However, we were most attuned to the fairytale's capacity to speak to the cycle of violence, gendered relationships and learned helplessness within domestic violence. From our perspective, the storyline highlights this group's internalised 'relational' working maps, saying much about how the children perceived relationships, and the allure, dangers, treachery and fatalism of intimacy among adults. Consequently, we have found it useful to explore 'A parkas (grim) fairytale' when training other professionals about the impact of family violence on children.

The more we watched the videotape of the children's performance and read the fairytale aloud, the less we felt we had really processed and unpacked the enormity of the play and performance with the children themselves. The

reflective process that this fairytale prompted within our team engaged many questions. Could we have managed this group's ending better? Was it simply enough that the children's parents and the facilitators were there to bear witness to the children's story, or was this an example of 'traumatic play' which we then left unattended? We believe 'A parkas grim fairytale' is worthy of sharing with others for what it can teach us about these children's experience and understanding of the world around them.

This is a pretty story about a prince, a princess and a villain. This is a pretty grim story…

A parkas (grim) fairytale

> ***O**nce upon a time there lived a fair Princess, a Princess of such elegance and beauty that she was the object of many charmed suitor's affections. The Princess' heart, however, belonged to one only. This was a Prince known to many for his bravery and courage as well as his undying devotion to the fair Princess, and with whom he was to be married. He was fondly known as 'The Prince of One Thousand Warriors'.*
>
> ***O**ne day, as the fair Princess wandered though the forest taking in the splendour of budding flowers and the playful songs of the birds, she was taken captive by an evil villain. The Princess struggled against the villain, but was too weak to overcome his strength. The villain tied the Princess up and took her to his dark dungeon where she was put in a cold, lonely cavern for what seemed like an eternity.*
>
> ***Y**ears passed as the Princess longingly stared out between iron bars that held her captive. She would sing dreamily as she longed for her beloved Prince to save her from her doom.*

Then one day, just as the Princess knew he would, the 'Prince of One Thousand Warriors' appeared, to rescue her from the evil villain. With his strength, he was able to bend the iron bars and free the Princess into the forest so she could run back to her village.

The evil villain had, however, heard the Princes' approach and lurked behind the brave warrior ready to attack him. As the Prince fled the dungeon after the Princess, the villain pounced, challenging him to battle. The Prince was skilled and determined, and so the battle was a sweet victory for him as he watched the villain slump to the ground in bloody defeat.

As the Princess ran desperately through the forest, she discovered she was lost and could not find her way back to her village. In despair, she sat weeping for her Prince. She knew she could not make it back to the village and alone in the forest she would surely die. So, the Princess decided to return to the dungeon.

As she approached the dungeon, she heard a pained murmur coming from the bushes. She saw it was the evil villain lying injured. He cried out to the Princess for help. The Princess responded, "Why should I help you? You have kept me a prisoner for many years, away from my village and my family. You have kept me in a dark and lonely dungeon, and now you ask me for help?"

The villain, in his desperation, pleaded with the princess, "Princess, have I not kept you fed? Have I not bought you blankets to shield against the cold? Have I not sat with you in your times of loneliness? I never intended any harm to befall you; I only ever wanted your friendship, and perhaps one day, your love".

The Princess stood shocked at the villain's admissions, unsure whether to believe him. The villain continued, "I heard townsfolk talk of a reward for your discovery and return to the village. Your Prince has come only to claim his reward. Don't you think he would have rescued you before now if he really loved you?"

The Princess fell to the ground, weeping and confused. Looking at the injured and weary villain she realised that he had saved her from returning to humiliation amongst her townspeople, and he had done so because he loved her.

As the Princess sat sobbing, head in hands, footsteps approached from the forest. When she raised her tear stained face, she saw standing there her once loved Prince. Staggering to his feet, the villain rose to challenge the Prince. "You may be the Prince of One Thousand Warriors, but you are no longer the Prince of this fair Princess' heart. She is now mine, and you will need to fight me to take her".

The Prince was drawn once again to fight for his honour and his love. "Let us fight then villain, for the Princess is mine and we are to be married". The villain and the Prince danced as their swords sliced the forest air, gashing each other's arms and cheeks. The villain, already weakened became clumsy and the Prince, with each strike of his sword, wore the villain to defeat.

The villain collapsed once more injured and bloodied. The Prince, with his sword pressed to the villain's neck, looked upon him declaring, "You are not worth the strength I'd need to kill you", and he threw down his sword in disgust, turning to leave the villain to die. Suddenly, with what must have been the villain's last morsel of strength, the villain rose to his feet. With the swift movement of two swords, the villain beheaded the Prince.

Falling to the Princess' feet, the villain spoke softly, "Princess, I'm sorry that you had to see your once loved Prince die this way. Let us now leave the darkness of this day behind where it cannot hurt you any longer". The Princess gazed sadly but acceptingly into the villain's eyes, as she realised for the first time that he was not a villain at all. "You are the Prince I have been waiting for all these years," smiled the Princess.

The Princess tended nurturingly to the villain's wounds, bandaging the gashes in his arms and legs and reassuring him that she would never leave him alone. She helped the villain to his unsteady feet to guide him back to the dungeon where she would care for him. As she stooped forward to pick up his torn cape, a sudden piercing pain shattered her thoughts and her body. As the Princess fell limp to the ground, two swords sliced effortlessly through her body, taking her mind and life. The villain spared neither a thought nor a look, and strode off into the forest.

CHAPTER TEN

A TALE OF TORNADOS AND BUTTERFLIES

TARA PAVLIDIS

Foreword

Over the past seven years, I have had the privilege of being involved in the facilitation of many group work programs that address the impact of family violence on children and their mothers/carers. As I reflect upon this experience, it has often felt like being on an emotional roller coaster. I have engaged with the sadness and the anger expressed by many of these children, being privy to some of their deepest thoughts, fears, and secrets, while encouraging their laughter and celebrating their feelings of joy and hope for a brighter future. Each new group brings new children with a different story to tell. However, there often appears to be a common sensation; something akin to being caught in a tornado, thrown about like a butterfly who simply wishes to be set free.

The following piece, 'A tale of Tornados and Butterflies' is my own personal response and creative reflection on the metaphors children use to describe and express their feelings and experiences. It was written as a way of making sense of the stories and experiences I have heard while doing these groups, and as an imaginative way of honouring the voices of the many children I have worked with.

And so the story begins...

Swirling uncontrollably as the wind picks up a steady pace.
Beginning to thrash about, the shell of the cocoon thick, yet

not enough to protect from the full force of the damage. Suddenly a gust so strong picks up the cocoon...spinning, spinning, caught in the swirl. Just as suddenly the spinning stops, the cocoon crashes to the ground. At first no movement, only waiting in dark silence. The silence is eerie, yet intriguing. Scratching begins from the inside out, slowly, slowly, until there is room to break through.

A butterfly appears. Soft and delicate, it begins to stretch its wings towards the rays of the sun peering from between the settling particles of dust. The storm is over, or so it seems. The butterfly begins to explore the surrounding environment, ever so slowly for something seems wrong, but what?

The air becomes thick, it's hard to breathe. The dust again begins to rise, the rays of the sun become hidden. Darkness surrounds the butterfly. Lifting up at a steady pace, swirling uncontrollably, spinning, spinning. Caught in a fast and furious wind like nothing ever before. Ferocity so strong the butterfly is thrown to and fro, unable to stop. Alas it is not simply a strong wind, but a tornado.

The butterfly tries to escape, tries to flee but to no avail. The butterfly is trying to reason with the tornado but is left with fear and confusion, as the tornado cannot see how it can be held responsible. Surely the butterfly knows that anything can set off the tornado, the butterfly should have stayed out of its way. The tornado will not be told. And so it runs its path accordingly, leaving the butterfly in its wake.

The butterfly must wait until the spinning stops. It crashes to the ground. Waiting in a dark silence until the dust settles and the rays of the sun again peer through. The butterfly tries to move, only to find its soft, delicate wings have been broken. Will it ever fly again?

Much time goes by, seeming ever so slow. A bright shimmering light is coming nearer and nearer and suddenly blinds the butterfly. Whatever can it be? Fearing the worst, the butterfly tries to escape. But the damage to its wings prevents it from moving. Out of the light comes a voice, not heard before. Soft and gentle, reassuring. The light soon surrounds the butterfly, the fear dissipates, slowly replaced by a sense of safety and trust. The voice acknowledges the journey of the butterfly unquestionably. The voice reassures the butterfly that it is not to blame, that the tornado makes choices about when it will arrive, and who it will capture in its wake. With these words the butterfly allows the voice to lift it up into the light and be carried to a place where it will meet many more caught in the rip of a tornado.

Soon the butterfly held within the light comes to a place, where there is no dust. The eerie silence replaced by excitable sound. The butterfly is cautious and at first tries to hide. The voice encourages the butterfly to take its time and to meet the others when it is ready. The others too, have soft, delicate wings, some broken, damaged in a tornado. Some are still caught inside their cocoon, not yet sure if it is safe to come out. The butterfly slowly moves towards the others. Their wings now outstretched as if to welcome the latest arrival.

Slowly, ever so slowly, the butterfly shares its tale with its new friends. They in return tell of journeys so similar that there is an automatic, unspoken acceptance of the butterfly. Suddenly it begins to feel some strength coming back into its delicate wings, a kind of healing that only the other butterflies could provide. It too begins to stretch out its wings preparing for flight into something yet unknown.

For some, their future journey appears too dark, too scary and too lonely. They find themselves helplessly sucked back into the vortex of the tornado unable to break free, their future marred with repetition and they are unable to even begin to

contemplate a life other than that which already exists. The light was bright for a moment, but now is but a bare haze somewhere off in the distance, and the voice that had been so strong and reaffirming...now barely audible, seemingly beyond reach.

For many others the light and its soft voice remains in reach and offers a journey of healing...most often this only happens when they have been moved far enough away from the tornado and can be exposed to the safe warm rays of the sun. They have found a warm wind that allows their dance with the many other butterflies to continue. The light and the voice do not take away the butterflies experiences of the past, though it does provide a sense of worthiness and an experience of self like none before. This experience gives life to a future that offers freedom to grow, and freedom to fly.

CHAPTER ELEVEN

LISTENING TO THE CHILDREN WITH MY EYES: MY LEARNING EXPERIENCE AS A SOCIAL WORK INTERN WITHIN THE PEEK A BOO CLUB

STEPHANIE PEI-YIN LAI

As a new graduate social worker I have been fortunate to pursue my interest in working in the mental health field, and with children. I came into the program with limited experience in group work and no direct experience in working with children who have experienced family violence. I was new, fresh, full of enthusiasm and impatient to grow into my role as a mental health clinician. The journey has been full of challenges, excitement and learning. During my second term with the AFVP, I was privileged to be part of the facilitation team running the third Peek a Boo Club, working with infants and mothers who had experienced family violence. This team consisted of Naomi Audette, Robyn Baumann, Rebecca Ellis and myself. In this article, I will be writing from my experience as an intern involved in the Peek a Boo Club, sharing my observations, posing questions and reflecting on what I learned during the seven week program.

My role in Peek a Boo Club

As the fourth person in the facilitation team, I had a particular role that involved helping out with video taping the session, taking photos and being with the children while the mothers were involved in discussions (see chapter four for 'how and why' videotaping is used in this work). This role put me in a different position to the other facilitators, as I spent a lot of time observing the babies from a distance as well as more closely when interacting directly with them. From the position of observer, I learnt to follow the babies with my eyes, seeing and experiencing what they might be experiencing, just being and playing with them. They taught me about and showed me their world, and gave me some insight into what it might have been like for them to experience family violence. As I think back, this is what I saw, what I thought and what I felt.

A boy's loving but hurting behaviour

One little boy in the group is physically stronger and bigger than the other kids. He often presents as a highly agitated child, and cannot stop moving around. When he is in the group, he runs to hug and kiss the other children, but he often knocks them over at the same time. This 'knocking over' behaviour sometimes seems like an accident. However, sometimes it also seems like a violent attack on the other children. He gets 'up and close' to others showing love and affection, but this is accompanied with force or a push. It almost feels as though he is playing a trick on others. Does he understand what love is and what hurt is? Can he differentiate the two, or are they the same thing for him? Is this what he learnt and observed in his parent's relationship, or is he showing what he feels about how others relate to him? I often feel agitated and anxious around this little boy because it is as though there are accidents waiting to happen. I never know what he will do, and I am unsure if this is a behaviour that should be stopped. Do you stop him showing his love altogether?

If I am to intervene, at what point should I do so? It is hard to tell at what point his behaviour will become hurtful to others. Is this why sometimes it is so hard for a woman to decide at what point her partner's behaviour becomes abusive

and to determine when it becomes hurtful? Is being unable to control oneself and playing tricks just an excuse? I follow him with my eyes from place to place and my agitation and anxiety rise and fall according to his actions. I find it hard to feel calm and still with this boy, and I often feel exhausted after the session. Perhaps he teaches me about how he feels when there is potential danger in his environment?

A different way of containment

This child often finds it hard to feel calm and be still. There are often fights with other children, knocking over; falling down, protesting and high pitched screaming. In my observational role, I notice that he loves the bright coloured plastic balls we bring into the room. He looks for them or grabs them from other children, which then creates another fight. I start to follow him so as to stop him from grabbing other children's coloured balls. When he starts fighting, I quickly find another ball to grab his attention. I gently tap the ball to keep it up. I roll the ball on the ground for him to follow and then before he reaches it, I push and change the direction of the ball. I walk along on my knees and join in to trace the ball with him. We move from one side of the room to the other. I notice the excitement on his face, sharing those moments of being so close in reaching the ball, being next to him, and cheering as he wins our game. Once he gets the ball, he starts to hand it over to me so we can then start this process again.

The plastic ball becomes so precious to him and me during this time. This is the first time his attention is on one thing for so long, and the first time I am able to have some influence over which direction he takes. I find myself enjoying playing with him rather than wanting to stop an 'accident'. Even though it is physically tiring we find a rhythm together, back and forth, leading, guiding and following. The ball's constant change of direction seems somehow to match his constant changes in attention. At this point, I find myself and him to be the only people moving around in the room. All other babies are resting and listening; the mother's group is having a soft but quite deep discussion about their childhood.

There is this calmness and peaceful feeling in the room. Everyone seems contained and this little boy is contained too, in his own way.

The frozen behaviour

When one of the baby girls walks into the room for the first time, she is met by this energetic boy. Before she has time to look around, the boy has run toward her to hug her and knocks her over. She falls stiffly backwards and hits her head on the ground. I go over with others, expecting a burst of crying, some protest or for her to hit back. Instead, there is silence. The child does not move or cry but lies on the ground with her eyes staring into mid air. People are standing around these two babies. Her mother is across the room and everyone is frozen like the small girl. Does she feel pain? Does she feel hurt? The boy puts his head on the girl's body. The girl looks like she is playing dead.

How do you comfort a child who shows no outward sign of distress in a situation such as this? What can you do when verbal communication is not yet available? At this point, I walk away, because I do not know what to do, and it is my job to try and film this important moment. It is painful to leave and watch it through the lens of the video camera as others attend to this little girl's safety. I do not understand what is happening for this child or what might have caused her behaviour. I feel helpless as though there is nothing that I can offer. I feel like a child. I do not understand and do not have the words for what is happening, witnessing it from a distance and unable to speak. I still have this image in my head. I wonder if this is the same for the children who witness family violence, where they know something is not quite right but are only able to observe, unable to make sense of what they see, left only with the feeling and image in their mind?

Prior to my involvement in the Peek a Boo club, I had little knowledge of family violence. I have learnt from these children through observing them both at a distance and by being with them. They have shown me the confused connection between love and hurt, different ways of being, and what it might be like for them to live in their world with the experiences they have had.

CHAPTER TWELVE

ONCE WE WERE CHILDREN: FATHERING WITH OUR CHILDREN'S FUTURE IN MIND[1]

WENDY BUNSTON

Your past

No matter how far, how fast or how hard we run, our childhood follows us. To a lesser or greater extent, we are all a product of our past. Situations, events, certain people and even certain moments in life can act as conscious and even unconscious reminders that suddenly take us back in time, to an earlier age, to a different place. For some, the past and in particular childhood was a time of freedom, discovery and adventure. For others, it may have been a mixture of sweetness and sadness. Some people struggle to clearly recall their earliest memories, while others struggle to forget. What are those earliest memories for you?

When you recall the face of your mother or father while growing up, are you overwhelmed with feelings of love, rage, security, fear, indifference, or hate? Maybe you feel a mixture of emotions. Maybe you lived with extended family or a step-parent or in institutional care. Who was important to you, who made you feel special, who was it in your life that made you feel safe, and who was the person you went to when you were scared?

[1] This paper was originally written for fathers attending men's behaviour change programs.

Now you are the parent. How do your children view you? When you look into their eyes, do you see love, do you see fear, do you see confusion or maybe you just haven't really looked. A famous doctor that specialised in working with infants and children said, when a baby looks into the eyes of their parent what they see is themselves (Winnicott, 1971). That is, how we view ourselves, particularly when growing up, comes from how we believe others view us. As an infant, child and young person, it is the world around us that teaches us who we are, what we believe and how we should act. As a parent, we are the first mirror that our child looks into.

Their present

How you relate to your children, what environment you provide for them, whether you are the person they go to when frightened or whether you are the person that causes their fear will have huge consequences. As a parent, you have tremendous significance in shaping the lives of your children. Infants and children form very strong attachments to fathers and to mothers, whether or not those attachments prove to be positive or damaging. You are instrumental in laying either a strong, healthy, flexible and solid foundation in their emerging personalities, or contributing to a fragile, uncertain, or distrustful basis for how they think about themselves, others and you.

Living in an environment where there is ongoing violence is traumatising to infants and children. Depending on the length and extent of their exposure to violence, children can experience a range of disturbing symptoms. These can include depression, low self esteem, eating problems, sleep disorders, bedwetting, self-destructive or avoidant behaviours, poor concentration, flashbacks, aggressive or antisocial behaviours, and learning difficulties (Fletcher, 1996). The list is lengthy and not at all encouraging.

When the trauma experienced by a child is perpetrated by an outsider or stranger to a child's family, the impact can be devastating. However, the trauma experienced may be counter balanced by the protective, healing capacity provided by the child's family or carer (Pynoos & Nader, 1993). When the perpetrator of the trauma is within the child's family, the child may have few, if any, other places to run for protection.

When an infant or young child is in great distress, they will almost inevitably seek out their parent or carer so as to be to be physically connected to another human being. The terrifying dilemma for some children is that it may be this very parent or carer who has created their fear and alarm in the first place (Schore, 2001). Children will continue to seek out a relationship with their parent, even if they are the perpetrator of violence. It is not often the relationship that a child wants stopped, it is the violence.

How children develop

So why is a family environment where there is violence so damaging for infants and children? The brain begins to grow within the womb and is not fully formed at birth. In fact, there is a huge growth spurt in the first two years of life which continues to a lesser degree up until around sixteen to eighteen years of age (Greenfield, 1997). Most people would now be aware that physically shaking a young infant can cause irreparable brain damage. What is not so well known is the emerging scientific data that indicates early emotional trauma also damages the developing brain (Teicher, 2002).

The brain is a sophisticated and complex organism that at its most basic is responsible for ensuring survival. Humans differ from other animal species in that we are totally dependent on others for our care in the first few years of life. As we develop, we are capable of wonderful creativity, complicated problem solving and thoughtful reflection. To ensure we develop to our full capacity though, we need a healthy diet, and this involves more than just eating nutritious food.

A brain needs a diet of healthy relationships to assist us in reaching our full potential. If the infant's world is dominated by stressful and terrifying experiences then all the resources they have at their disposal are preoccupied with sheer survival. The brain secretes specific chemicals during times of severe stress. These chemicals are there to protect the brain by 'numbing out' and reducing pain, or by increasing levels of arousal and the capacity to respond and take action (Schore, 2003b, 2001).

When in extreme fear or pain, an infant can do little other than cry out in protest. Should an infant's environment consistently fail to respond and offer protection, the infant may cease to protest and move from an excited state into one that becomes silent (Schore, 2003b, 2001). It has been argued that it is as though the infant is willing itself to become 'invisible' (Schore, 2003b, 2001).

When men and women recall the events that have occurred during a violent episode in their relationship, the child/children, if they are not being used as a shield or an object in the conflict, often seem to be invisible. The parent/s or step-parent may struggle to remember where the children were while the violence was occurring. A common statement in these circumstances is, "the kids were in bed and didn't hear a thing".

When you ask older children what they remember about the same event, their ability to recall every single moment of the episode can sometimes be staggering. The younger the child, the less they may recall consciously. However, as our research and knowledge into the brain expands, many experts believe that at a pre-verbal level, our body stores and remembers traumatic events (Perry, 1977; Streeck-Fischer & Van der Kolk, 2000).

The longer an infant or child is forced into extreme states of arousal in an effort to regulate incredibly stressful emotional events, the more likely it is that these emotional states will become intertwined into their emerging personalities as traits (Perry, Pollard, Blakely & Vigilante, 1995). An unprotected or unsupported child is left to manage their stress reactions alone. The more they are left to manage this by themselves, the more they may adopt primitive ways of coping, for example, to psychologically disappear, to attack before being attacked or over-responding to even the smallest amount of conflict. This means as they mature they may revert back to this habitual response with an unhealthy level of withdrawal, over-reaction or a mixture of both during times of high arousal.

Our future

The job of the carer is to provide the infant with a secure, safe and responsive environment that soothes the infant when distressed, listens when they cry and

ensures the developing infant can healthily attach to others as they mature in life.

It is the interaction between the caregiver (the mother and/or father) and the infant that slowly builds the little personality that grows within the child (Rossman, Hughes & Rosenberg, 2000). These relationships can either deprive or provide an infant with the food needed for their emotional world and the brain's development. A mother as well as a father contributes to their child's capacity to cope with tough times, to feel safe enough to ask questions, and to know that that they are loved and special.

The magic thing about humans is our capacity to change, grow and learn, even when we are old and grey. Any sustained, respectful and caring relationship with another person provides good emotional, psychological and neurological nourishment (Cozolino, 2005 & 2006; Schore, 2003a; Lonie, 1999). Naturally, the earlier this starts in life, the better the emotional health of the individual. Good relationships with others can be healing and allow an opportunity to safely explore who we are and what we think without needing to resort to fearful, damaging and aggressive behaviours.

Children are traumatised by family violence. A violent environment focuses a child's attention in life on survival rather than on exploration, play, wonderment and growth. Children who live with or have access to family members who are violent don't necessarily want the relationship to stop. They want the violence to stop. They are powerless to choose alternative connections other than with those immediately around them. Good or bad, these relationships are very significant (Bunston, 2001). When your child reaches the age you are now, how do you want them to remember their childhood?

References:

Bunston, W. (2001). *Parkas (Parent's Accepting Responsibility – Kids Are Safe) manual.* Melbourne: RCH Mental Health Service & Djerriwarrh Health Services.

Cozolino, L.J. (2006). The social brain. *Psychotherapy in Australia*,12, 2, 12-17.

Cozolino, L.J. (2005). The impact of trauma on the brain. *Psychotherapy in Australia*, 11, 3, 22-35.

Fletcher, K.E. (1996). Childhood post traumatic stress disorder. In Nash & Barkerly (Eds.), *Child Psychotherapy*, London: Guildford.

Greenfield, S. (1997). *The human brain: A guided tour*. London: Weidenfeld & Nicolson.

Lonie, I. (1999). Unshrinking the hippocampus: evidence based medicine ignores the meeting of neurobiology and psychodynamics. *She Still Won't Be Right, Mate. Will managerialism destroy values based medicine?* Melbourne: Psychiatrists Working Group.

Perry, B.D., (1977). Memories of fear: How the brain stores and retrieves physiologic states, feelings, behaviours and thoughts from traumatic events. In J. Goodwin & R. Attias (Eds.) *Images of the Body in Trauma*. USA: Basic Books.

Perry, P.D., Pollard, R.A., Blakely W.L. &Vigilante, D. (1995). Childhood trauma, the neurobiology of adaption and use-dependent development of the brain: How states become traits. *Infant Mental Health Journal*, 16, 4, 271-291.

Pynoos, R.S., & Nader, K. (1993). Psychological first aid and treatment approach to children exposed to community violence: Research implications. *Journal of Traumatic Stress*. 1, 4, 445-473.

Rossman, B.B., Robbie., Hughes, H.M. & Rosenberg, M.S. (2000). *Children and Interparental Violence: The Impact of Exposure*. USA: Brunner/Mazel.

Schore, A. (2003a). *Affect Regulation and the Repair of the Self*. USA: WW Norton & Company.

Schore, A. (2003b). *Affect Dysregulation and Disorders of the Self*. USA: WW Norton & Company.

Schore, A.N. (2001). The effects of early relational trauma on the right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22, 1-2, 201-269.

Siegel, D.J. (2006). Attachment and self-understanding: Parenting with the brain in mind, *Psychotherapy*

in Australia,12, 2, 26-32.

Streeck-Fischer, A. & van der Kolk, B. (2000.) Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development. *Australian and New Zealand Journal of Psychiatry*; 34, 903-918.

Teicher, M.H. (2002). Scars that won't heal: The neurobiology of child abuse. *Scientific American*, 286, 3, 68-75.

Winnicott, D.W. (1971) *Therapeutic Consultations in Child Psychiatry*. London: The Hogarth Press.

CHAPTER THIRTEEN

PUTTING THE GRO INTO GROUP WORK[1]

WENDY BUNSTON, TARA PAVLIDIS & PAUL LEYDEN

Introduction

Engaging in life demands participating in a complex set of social skills, negotiating your behaviour around, in response to, or in spite of others. Learning about the 'other' starts with learning about the self, and learning about the self is derived through our relationships with others (Crapuchettes, 1997).

Therapeutic group work emulates life, and as such offers a tremendous opportunity for enhancing the individual's experience of intra and inter-personal experiences. However, no particular model, theoretical framework or group work manual is the ultimate authority on how to run a good group. As Douglas (1976) notes,

> *"the purity of the theoretical approach(es), while perhaps providing welcome guidelines through the maze of complexities which comprises group interaction, probably achieves success at the cost of limiting perception" (p.1).*

This paper concerns itself with what we believe "makes for successful group work" (Doel & Sawdon, 2001, p. 437). It reflects our confidence in the value of group work as a therapeutic intervention and identifies what we consider to be some important practice principles underpinning effective group work. Our intention is to offer some inspiration and encouragement to those who are currently, or may in the future, run groups.

---

[1] This article was first published in Australian Social Work, Vol.56. No.1. pp39-48. This current paper is a slightly revised version.

A little background

The Community Group Program (CGP), is a joint Mental Health and Education initiative. Over the past six years we have provided (and evaluated) over 300 different types of groups (Community Group Program 1999, 2000, 2001, 2003) for children and young people and their families within Western and North Western Metropolitan Melbourne. In addition, the mental health members of the CGP also run specialist group work interventions for children and mothers/ carers, and more recently babies and their mothers, affected by family violence. These latter programs are run under the banner of Addressing Family Violence Programs (AFVP) and are generally run within the mental health service or community health centres. The venues for CGP groups are predominantly schools and sometimes within community health centres.

All of our group work programs operate across a school term, with some running for as little as one and half-hours per week, while others may be a whole day, culminating with a three-day camp. One program extends to four days per week per school term (Operation Newstart, 2001). Apart from utilising traditional behavioural and insight orientated therapeutic frameworks, we make use of a range of alternative and creative mediums to engage group participants. These include such things as art, music, dance and movement, adventure-based counselling activities, bike riding and drama.

Growthful Relational Opportunities (GRO)

We operate from an assumption that group work can offer children and adolescents a powerful therapeutic arena in which they can explore and experiment with a range of different situations that mirror the delicate and often difficult dynamics that operate within families and other intimate relationships (Hamori & Hodi,1996). As one's image of self is more often than not derived from the reflection we see in the eyes of others, group work therapy can offer a very creative, intensive and personally exciting way of enhancing and strengthening one's sense of self. Enabling children and young people to have Growthful Relational Opportunities (GRO), is what we believe group work is all about.

The intensity of the group work experience can offer an opportunity to tolerate and sometimes transcend the political intimacy that group dynamics can bring to bear, as well as potentially offer a chance for some level of relational reparation. The security or 'holding' we strive to create for these participants (James, 1984) begins with ourselves as facilitators, the supervision provided for staff, the faith and regard we have for each other as a team, and the support the two respective systems provide for this innovative program.

Whatever the purpose, style, or format of a group, our intention is to link children, young people and families into a process that enhances their self-esteem, while creating a space for them to constructively and safely manage and express their thoughts and emotions. Devising programs that meet kids 'where they are at', allows for an experience of being 'held' and 'heard' (James, 1984; Winnicott, 1971). These are the types of relational experiences that encourage growth tendencies. Irrespective of the type or format of the group on offer, we believe that encompassing certain key principles promotes growth.

Principles of Growth enhancing practices in group work

Creating safety

First and foremost growth occurs when safety occurs. This requires emotional, physical, social and spiritual safety that allows the self to be seen, respected and celebrated. Undertaking prior assessment sessions that are up-front, honest and transparent gives participants an opportunity to find out what the group is about, what is expected of them, and most importantly, a chance to check you out (Sklare, Keener & Mas, 1990). Giving children and young people 'a choice' to attend, places them in a position of strength, and naturally enough, has a positive impact on their motivation levels.

In addition, assessment sessions can provide the cornerstone from which the emotional field of the group is created. It is this emotional field that operates as the culture of the group and one which effectively regulates "to varying degrees, the attitudes and behaviour of the group members toward one another" (Kerr, 1984, p.4). Just as parents or the primary carer/s act as the anchor that securely or insecurely holds the ship in the storm, so too do the facilitators of the group.

All group members' contributing to the creation of 'collective group rules' in the first session goes some way towards placing the responsibility for 'safety in the group with the group'. However, ensuring these rules are usefully adhered to ultimately rests with the facilitator.

Ensuring you work well with co-facilitators adds weight to the emotional strength you bring to a group. This not only offers an ideal opportunity to model some of the wonderful relational wisdoms (about how to engage with and relate well to others) that you are imparting within sessions, but also allows you to operate as a tag team when needed. Developing rhythm between facilitators is a marvellous thing to experience and provides a capacity to complement each other's styles and reinforce the strength of the anchor holding the group together.

A facilitation team that does not work well can be inhibiting but not necessarily disastrous. For example, a facilitation team that can tolerate and transcend its own relational conflict, by osmosis, offers the group a powerful and healthy experience. Conflict is a necessary part of life and managed skilfully models the ability to recognise and work with difference rather than respond with fear, and feel driven to annihilate it (Douglas, 1976). We would contend that it is within the arena of supervision that these conflicts can best be 'held' while the goal of ensuring the safe passage of your group participants is achieved.

Commitment to supervision

Be it within an individual or group context, supervision is just that – 'super-vision'. It is the chance to enlarge your field of vision regarding your work through the eyes of a more knowledgeable professional. Just as the facilitator provides a holding space for clients to grow, so too supervision is intended to create a place in which you broaden your knowledge base and extend your skills (Kahn, 1979). Regular supervision can create a habit of mindfulness that should over time, extend beyond the supervision session to create a constant state of therapeutic curiosity about your own responses and that of others.

Group supervision for those who run groups offers fascinating opportunities to explore the parallels between how the group process operates when you move from the role of the facilitator to that of a participant within a group. Reflecting

on what makes you feel safe and heard, and what encourages your growth is a direct experiential insight and reminder of what you may or may not be bringing to your clients.

Use of self and others

As group work facilitators, we place much emphasis on observing and analysing the dynamics of the group, but unless we are vigilant, we may put much less emphasis on observing and analysing ourselves. How we experience the participants in our groups, and how we find ourselves in turn responding to that experience gives us rich information about not only the participant/s, but also ourselves. Within that dynamic, discerning what belongs to us, to them, and the connection formed between others and ourselves (and in group work that means many 'others') is an ongoing process.

This almost equates to assuming a constant but confident position of 'not knowing' but 'seeking to find out'. This is a hard developmental task for a group facilitator. It does not mean leaving certain behaviour unchallenged or denied, or not trusting ourselves to respond, but calls for alertness to our own internal dialogue. Remaining curious as to why we chose to make a certain comment in relation to a certain event, or what might lie behind a certain participant's behaviours can led us to new and liberating ways of perceiving ourselves and others.

> *It was week one for a group of eight primary school aged children who exhibited poor impulse control and had trouble making friends. One boy in particular had immense difficulty settling down within the group and his obnoxious behaviour soon alienated him from his peers and the facilitators. One facilitator in particular experienced a very strong reaction towards this boy and post group discussed either his expulsion from the group or bringing stringent measures to bear within the group to ensure his behaviour was managed. Within supervision we unpacked the layers of meaning constructed around the dynamics created by and between this boy and others. Revisiting the information gathered from the referral*

and during the assessment, it wasn't hard to move to a space where we could appreciate the litany of losses this boy had already experienced in his short life, and how the imminent arrival of a half-sibling would soon usher in one more.

The facilitator herself had been in the leadership team of a number of groups similar to this one, but as a co-facilitator. This was the first time she considered herself, as did the other two co-facilitators, the most experienced and thus lead facilitator. At some levels, both this facilitator and the young boy were competing for the title of 'most anxious one here'. Connecting with what may be one way of understanding their behaviour opened up new possibilities for connecting. Moving the analysis beyond this boy to herself led to her attending to her own anxiety, and unblocked her capacity to see this little boy's anxiety. Their relationship altered significantly (for the better), as did his behaviour in subsequent groups. Rather than seeking to expel this boy from the group, facilitators developed some creative strategies that promoted his inclusion within the group.

Understanding ourselves as a therapeutic filter through which all manner of diverse intra-psychic material will be processed is fundamental to good group work. It is our capacity to not just react to what is happening, but digesting its meaning and delivering it back to the group in a palatable and nutritious form is what offers them an experience of difference. All groups will test limits. It is 'how' we respond that will either repeat past injustices or affirm that there can be different ways of relating to others.

Attunement to process

Complementing and consolidating the 'use of self and others' is 'attunement to process'. There is a delicate balance between leading a group and being led by the group. Both are necessary ingredients for good group work. The skill is in

discerning when you need to 'take over' the helm, and when you need to sit back and let the participants steer. Some groups are much more task/content focused and require attending to certain specific material each session. Other group work is more psychodynamic and allows processes occurring within the group to take prominence over content. Irrespective of the model or therapeutic approach, the group will develop its own unique language and communication style. Learning to hear what the group is telling you requires listening beyond that which is spoken.

Week four into a group for children who had been exposed to and/or experienced family violence, the facilitation team decided to introduce an activity that specifically explored the impact of family violence. A few minutes into the activity, a girl asked if she could go the toilet. Seconds later another hand shot up and another, until every child in the group was being accompanied to the toilets. The first reaction of the facilitation team was to think that the children were simply mucking about with them. This however was quite out of character for this particular group. It quickly dawned on the team that this activity, while of great interest to them as therapists, was incredibly anxiety producing for the children, and a topic that they were not yet overtly ready to explore.

The trip to the toilets gave the team time to reflect on what had just occurred. They were in agreement that if they persisted with this activity, they might risk re-traumatising some if not all of the children. When the children returned, the team shared with the children their thoughts that maybe this activity might have felt too painful. The children responded in agreement and the group moved on to a new, more light-hearted activity. The group did not return to this activity again. However, the leadership team noted a depth of connectedness between the children that seemed as though the children had indeed shared the commonality of their own individual stories that day without uttering a single word.

Recognising resistance within a group is one thing. Using resistance as a catalyst for change is another. If we are too quick to respond to overt behaviours, and fail to see the underlying communication we may well jeopardise future opportunities to use the relationship. Our capacity to be attuned to the processes occurring within a group can be hampered by our performance anxiety, our need to be 'in control', or our obsession with getting through all the content during each session.

Holding the individual 'in mind' within the group

Building on the previous two principles is the notion of neither forsaking the individual needs over that of the group's, nor allowing the group's needs to oppress those of the individual. Learning what Taffel (1999) calls 'peer smarts' requires developing the ability to form intimate social connections with others as well as learning when to walk away when those connections are inviting you into harm's way. The art of retaining one's own individuality while in a group starts with being honoured for your own individuality by those whom you deem to be important in your life. While not being the parents, kin, or friends of the participants we work with, within the intimacy of a group we take on an important representational role. Salter Ainsworth (1991) suggests:

> *"there is a dearth of systemic investigation of children's relationships with parent surrogates to whom they become attached, and who may play an important role in their lives, especially in the case of children who find in them the security they could not attain with their own parents" (p.36).*

We should never underestimate the impact we can have on children's and young people's lives (Forte, Barrett & Campbell, 1996). We occupy a privileged position in relation to our clients, often possessing very personal information about their backgrounds. We usually enter their lives at times when they are vulnerable, and within the group setting can be part of what is often a very intense emotional experience. Wanting to feel connected to the group, as well as wanting to feel special in the eyes of the facilitator is a normal part of group process.

Additionally, as facilitators and as adults, we are more powerful than the participants within our group. How we use that power may mesh with or stand apart from how other adults have used power in relation to that individual within a group context. How the individual is regarded within a group setting (be that a sibling group, peer group, foster care home, classroom or any other setting where they are one of many), shapes their sense of self in relation to others. Furthermore, how you respond to an individual is keenly observed by other group members and again contributes to their internal working map of how the world operates.

Identifying something unique in each of the participants can assist with keeping the individual 'in mind' within the group. If this proves difficult, reflecting on what information this may tell you about the struggles of that child leads you to creating a space for thoughtfulness within your mind about that particular participant.

> *All manner of strategies, humour and incentives had been utilised in an effort to entice Jay into joining the group at the worktable. He had been referred into this social skills group with a history of violence towards his siblings and peers and of running away from school. Every week without fail he would stay standing in the door way, assuming an air of indifference to the activities of the group. The fact that he continued to turn up each week led the facilitator to feel he was getting something out of attending so he (the facilitator) continued to invite Jay to join in when he felt able to. The facilitator also encouraged other members of the group to invite Jay to join in on different occasions.*
>
> *The facilitator was taken aback at the conclusion of week six to learn from Jay's mother that she felt the group was having a huge impact on her son's confidence. According to her, his behaviour had improved dramatically and Jay talked incessantly about this facilitator to her each week after group. The facilitator checked with her that she had indeed got the right person, and she too noted her surprise that the group and the facilitator in particular seemed to have made such a*

huge impact on her son. The following week Jay joined in with the group activities and continued to do so in subsequent sessions. He remained somewhat quiet, but his enhanced confidence was apparent.

There is no empirical evidence to prove that this boy's change was directly connected to this experience of an adult holding him 'in mind' within this group. However practice wisdom led us to conclude that he felt good about himself because others maintained an interest in inviting him into a connection with them. When others are mindful of our feelings and pay us positive attention we might just be tempted to bask in the warmth of their emotional glow.

Recognising the importance of play

The capacity to play is critical in understanding and working with children, young people and adults alike. Play provides children with an important transitional space through which they can explore the fit between their internal and external world, as well as developing their capacity for reflection, abstract thinking and creative problem solving (McMahon, 1992). It is the space in which the sense of self emerges and as we develop in life, ushers in what Armstrong (1981 cited in Meares, 1993) calls our 'introspective consciousness'. That is our ability to know that we exist as an autonomous self. Young people, as do adults, often crave the permission to be invited into 'legitimate play'. This might be in the guise of outdoor adventure based activities, music therapy, art, word games, humorous interchanges or drama.

Children and young people who have been severely traumatised may however, be stuck in repetitious play that re-lives rather than relieves the trauma. The onus is then on the facilitators to be sensitive to the need to create a safe play space which has boundaries, assists in successful sensory integration, and which seeks to enable these children to process their experience.

"Transitional spaces for fantasy and creative thinking can only develop if there is a person who imposes him or herself between outer and inner reality, helping the child to develop

alternative realities besides the horrible realities of the trauma" (Streeck-Fischer & van der Kolk, 2000, p.915).

Play within the group context takes on an additional depth. The play space is occupied by others who may challenge or amplify the exciting possibilities that the imaginary world brings with it. It is also a chance to play at relationships. Our solitary flights into fantasy do not necessitate taking on the world-view of others. Group play offers clients a chance to sift through and experiment with the imagination of the other. For some, it may also be a chance to learn about what play is, how others play, and how to connect with others through play.

Stephanie was a mother attending our group for children who had lived with family violence. Her major goal was to retrieve the 'close relationship' she had enjoyed with her son prior to a three year relationship she had experienced with a man who had been violent. As part of the program's emphasis on building bridges of connection between the children's and mothers' group, we ensured that each week we played at least one of the games we played with the children, in the mothers' group. During our follow-up feedback session with Stephanie at the conclusion of the program, we asked what she felt had been the most useful part of the program. Stephanie fed-back that each week her son would excitedly ask her what games they had played during her session, and the two of them would make sure that at least once that week they would play the games they had learnt at the group with the rest of the family. Stephanie felt that their playing together had created an opportunity for them to start talking again.

The healthiness of play rests within its explorative, creative and restorative properties. It can be a safe place within which to 'test the waters' and a joyful way of connecting with ourselves and with others. Unfortunately, we can sometimes become so caught up in the seriousness of our 'therapeutic work' that we leave no time for play.

Surrendering your territory

Learning to surrender one's territory, to trust that your co-facilitator has ideas, energy and skills that will enrich your learning requires faith and a capacity to reflect on what might be achieved if you can allow each other turns in leading the dance. Any foray into group work models that use co-facilitation requires an acknowledgement of the strengths and limitations of collaboration. Not all collaborations work well, but those that do usually rest on a mutual regard for the other and the establishment of common goals. Transcending any internal systemic issues that may lead to an implosion is usually achieved through harnessing our energies towards keeping in-step with, rather than stepping over one another.

Conclusion

Clearly an article of this scope can not hope to cover every element important to good group work, but can illustrate those that we consider fundamental. What has become increasingly apparent in our experience is the closely interwoven nature of the principles that guide our work.

Understanding 'self' is fundamental to how we work and a core ingredient of what we offer to any groups we facilitate. Understanding 'other' is imperative to our role as clinicians who have been entrusted with the psychological care of our clients. Preparedness to reflect on 'what we do' and 'why we do' leads to a robust and growth enhancing approach to group work that has the potential to offer clients transformative experiences. A commitment to learning and seeking support through supervision, as well as working collaboratively with others, contributes to building our own secure base as professionals. This mirrors the process we endeavour to create within the emotional field of a group's relational dynamics. This is further complemented through the use of play and attunement to process as we work towards creating a safe environment, which in turn is conducive to each participant's learning and reflection.

The challenge for the group work facilitator is to sit with the rich and varied dynamics that accompany working with groups, to respond to the immense opportunities that this then provides us in understanding what constitutes

'growthful' encounters, and to integrate our learning with our practice. Group work offers us intensely therapeutic and often emotional relational experiences with our clients. This privilege demands that we look to ourselves as much as to our clients for opportunities to affirm, challenge and extend who we are and what we can yet become.

References:

Community Group Program, (2003.) *Create-Evaluate: Community Group Program Five Year Progress Report.* Melbourne: Royal Children's Hospital Mental Health Service/Travancore School.

Community Group Program, (2001). *Connecting Education and Mental Health: Community Group Program Progress Report.* Melbourne: Royal Children's Hospital Mental Health Service/ Travancore School.

Community Group Program, (2000). *Getting Results: Community Group Program Progress Report.* Melbourne: Royal Children's Hospital Mental Health Service (MHSKY)/Travancore School.

Community Group Program, (1999). *A Broader Partnership: Community Group Program Progress Report.* Melbourne: Mental Health Service for Kids and Youth/Travancore School.

Crapuchettes, B. (1997). Spirituality and relationships. *Psychotherapy in Australia*, 4,1, 62-67.

Doel, M,. & Sawdon, C. (2001). What makes for successful group work? A survey of agencies in the UK. *British Journal of Social Work,* 31, 437-463.

Douglas, T. (1976). *Groupwork Practice*. Great Britain: Tavistock Publications Limited.

Forte, J.A., Barrett, A.V. & Campbell, M.H. (1996.) Patterns of social connectedness and shared grief work: A symbolic interactionist perspective. *Social Work with Groups,* 19,1, 29-51.

Hamori, E. & Hodi, A. (1996). Reflection of family transference in group psychotherapy for preadolescents. *Group Analysis,* 29:43-54.

James, C.D. (1984). Bion's "containing" and "holding" in the context of the group matrix. *International Journal of Group Psychotherapy*, 34,2, April, 201-213.

Kahn, E.M. (1979.) The parallel process in social work treatment and supervision. *Social Casework: The Journal Of Contemporary Social Work*, November, 520-528.

Kerr, M.E. (1984.) Theoretical base for differentiation of self in one's family of origin. *The Clinical Supervisor*, 2, 2, 3-24.

Meares, R. (1993.) *The Metaphor of Play: Disruption and Restoration in the Borderline Experience*. USA: Jason Aronson Inc.

McMahon, L. (1992). *The Handbook of Play Therapy*. London: Routledge.

Operation Newstart Western, (2001). *Operation Newstart Progress Report*. Melbourne: Victoria Police/ Victorian Department of Education/Royal Children's Hospital Mental Health Service.

Salter Ainsworth, M.D. (1991). Attachment and other affectional bonds across the life cycle. In C.M Parkes, J.Stevenson-Hinde & Marris, P. (Eds.) *Attachment Across The Life Cycle*. London: Routledge.

Sklare, G., Keener, R. & Mas, C. (1990). Working with groups: Preparing members for here-and-now' group counselling. *The Journal for Specialists in Group Work*, 15, 3, 141-148.

Streeck-Fischer, A. & van der Kolk, B (2000.) Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development. *Australian and New Zealand Journal of Psychiatry*; 34, 903-918.

Taffel, R. (1999). Discovering our children. *The Family Therapy Networker*, 24, 5, 24-35.

Winnicott, D.W. (1971). *Therapeutic Consultations in Child Psychiatry*. London: The Hogarth Press.

CHAPTER FOURTEEN

UNDERSTANDING THE LIFE OF A GROUP: AN EXTENDED DEVELOPMENTAL PERSPECTIVE[1]

WENDY BUNSTON & PETA MILLARD

Preamble

Those who run groups know that groups take on a life of their own. However, they can also appear to move through certain discernable stages. These stages can sometimes, though not always, occur within a specific sequence. This paper extends the popular model of stages first identified decades ago by Tuckman (1965), to include a pre-group *warming* stage as well as a post-group *transforming* stage. Issues regarding the compatibility of the co-facilitation team, as well as their therapeutic intent both before and after the group, are considered. Inherent in these reflections is a belief in the transformative power of group work.

We believe that good group work, irrespective of what theoretical approach is being employed, is dependent on good practice principles. These include: 'creating safety', 'commitment to supervision', 'use of self and others', 'attunement to process', 'holding the individual in mind within the group", 'recognising the importance of play' and 'surrendering your territory' (Bunston, Pavlidis & Leyden, 2003). These principles underpin the planning, processes and procedures put in place to deliver a well-tuned, flexible and growthful

[1] Submitted to the journal ' Australian Social Work', for publication

therapeutic encounter for group participants. In addition to these principles, however, is keeping in mind what can be a useful 'road map' or 'guide book' to make sense of the curious and seemingly distinct stages that can occur during the life of a group. A developmental perspective can offer the facilitator a useful psychological anchor with which to ground themselves when navigating the sometimes treacherous, seldom tedious, but often tremendous terrain that accompanies one's journey through and within a group.

Within the Royal Children's Hospital Mental Health Service, we are a team with a particular work place focus. Essentially, group work is the life blood and livelihood of our team. We do not typically do individual work. However, when issues spill out over the boundaries of a group, the occasional individual, couple or family session may be necessary. It is within this context that we offer our reflections on group work. We recognise that there are many other work place contexts where professionals run groups, some in addition to their many other roles, while others may be employed solely for this purpose.

We provide a 'train the trainer' component to our delivery of groups and as such have worked collaboratively with a multitude of education, community and mental health professionals over the past seven years. We have some flexibility around who facilitates with whom, and as we often co-facilitate with a range of different professionals, we have generally been able to mix and match facilitation teams in an endeavour to find the right fit. We acknowledge right from the outset that not all organisations have this luxury, but would argue that continued use of mismatched facilitation teams come at a therapeutic cost. Alongside our already established programs we put aside the time and space to develop a small number of new groups each year.

Introduction

Over the past six years the Community Group Program has run and evaluated well over 400 groups. We are a child and adolescent mental health team that runs specialist family violence prevention group work programs (under the banner of AFVP - Addressing Family Violence Programs), as well as more generalist self esteem and mental health promotion initiatives with the education department. The groups we run have a therapeutic and/or skills based focus,

have a closed membership, and typically run for up to two hours a week, over 8 to 10 weeks. The menu of groups we offer (about 20 different types of groups in total) cater for a client group that is predominately 5 to 15 years of age. However, we also run parent groups and infant/mother groups.

As counsellors and therapists, we are required to have some insight into the complexities of the lives of the individuals we work with. When facilitating a group, a different level of complexity is required, demanding an appreciation of not just the individual, but the collection of individuals who form their own unique identity as a group. And groups do, we assure you, have a collective 'life of their own'. One of our programs called 'Feeling is Thinking' (FisT), deals with how children manage their strong emotions (Pavlidis & Bunston, 2004), and has been run over 60 times. No two FisT groups have ever been the same, even though the goals for this particular intervention program generally remain constant.

With each unique presentation of the eight individual children that make up one of our group work programs, comes the distinctive 'group identity' that forms within and between this collection of disparate little, and big personalities (including those of the facilitators). As each group takes on some sort of collective form, whether this is one that is fragmented, enmeshed, coherent, disorganised or otherwise, we have learned a few things about what transpires throughout the life of a group. As group work facilitators, how we hold these peculiarities in mind is imperative to how we steady our course.

Our experience suggests that group development is considerably less 'well ordered' than Tuckman's (1965) well known and popularly used 'life stages of a group'. Nevertheless, there is a discernable pathway that groups do seem to move through. We would argue that an extension of the life stages model, as well as a review of its apparent sequential order, is long overdue.

Theoretical parameters

As distinctly diverse as any other group, our multidisciplinary team works from a range of differing theoretical paradigms. These approaches include Psychodynamic (Corey & Corey, 2002; Klien, Bernard & Singer, 1992) and

Cognitive Behavioural Therapy (Petti & Kronenberger, 2002), through to Narrative (Morgan, 2000), Systems Theory (Magen, 1995) and Process Experiential (Greenberg, Watson & Lietaer, 1998), just to name a few. We are also immensely interested in interpersonal neurobiology, the important role relationships play in our day to day functioning, and how therapy (and in our case, group therapy) may offer reparative experiences (Cozolino, 2006, 2005; Siegel, 2006). These bodies of knowledge help frame our focus and fine tune our thinking about what occurs within a group, how to reflect upon our reactions and eventually how to use these insights to inform how we deliver our interventions. There is not the space in this article to do justice to these varied approaches, nor is it the purpose of this article to examine their application in groupwork.

However, an understanding of the thematic journey that groups can take during the course of their life can be incredibly helpful, if only to alleviate our anxiety about the interesting developmental phases that groups can often move through. This allows the facilitator to hold a broad brushstroke conceptualisation of what group behaviours are likely to occur when putting a group of participants together in such an emotionally intense and intimate environment. And, as with the psychological journey of the individual, the developmental path of the group can become stuck, can regress or may never be fully realised, depending on the complexity and psychological mix of the group's members.

Narrative paradigms, 'recovery models' used in groups dealing with addictions, and even psychoanalytic thinking sees the necessity of non-sequential progression. This is the need to, and the normalcy of, reverting back or revisiting earlier developmental phases in order to successfully move forward again. Different authors on group work have offered different accounts of what phases or stages occur over the course of a group (Corey & Corey, 2002; Yalom, 1995; Whittaker, 1980). A common thread through each model is the movement of a group from fragmentation to some form of integration, moving from a place of ambiguity through to attaining a sense of mastery and of closure.

It is however, the generic description of what occurs throughout the life a group, first identified by Tuckman (1965) with some further refinement by Crawley (1978) and Brown (1992) that we have found to be the most accessible, neat and easily integrated, particularly for those who are newcomers to running

groups. These stages are not definitive. However, they do provide a way of normalising what can appear at first overwhelming and confusing to both the new as well as the experienced facilitator.

Identifying five specific phases, and easy to recall because the title of each stage rhymes, are what have been described as *forming, storming, norming, performing* and *mourning*. However, we have found that two other critical phases or stages also exist. These are a pre-group planning stage we call *warming,* and the integrative process that occurs post-group, which we call *transforming.* Like a steadfast pair of matching bookends, the *warming* and *transforming* stages hold the rich and diverse stories of the group together in some sort of colourful and congruent manner. These additional stages ensure that whatever order the books are returned to the bookshelf in, they are held upright.

Warming

Running group work programs is our core business. Building a strong foundation upon which to rest our therapeutic interventions is crucial to our success. Like the old adage 'start off how you intend to finish', we put an immense amount of energy into the *warming* stage, particularly when we design new groups. Beginning with the seed of an idea, mapping out what resources and skills are required, and attending to those first tentative steps in the delicate dance between co-facilitators is a critical foundation to lay before any group can even commence *forming*. Getting ready for a group entails a 'needs analysis': why this particular group, where will the referrals come from, what is the group's therapeutic purpose (and thus which therapeutic paradigm will best inform our interventions), and what type of activities might we undertake to achieve this.

Not everyone has the luxury of choosing their co-facilitator/s. However, getting a 'good enough' match can make the difference between delivering a powerful therapeutic intervention and delivering very little, or at worst something counter-therapeutic. Like a strong marriage, a strong facilitation team is more likely to weather the storms. Taking this *warming* stage seriously means attending to the groundwork that will give your group a starting point that significantly increases the odds of succeeding. Forming a facilitation team based solely on

who's available to run a group is a marriage of convenience, and gambles with the value you offer your participants. In this *warming* stage, even a facilitation team that appears compatible needs to be conscious of sifting through how they distribute tasks, what their expectations are of one another, and how they function as a little sub-group that will be the anchor for the group as a whole. The following example, while describing a particularly lengthy *warming* process, details well the conception through to birth of a group.

An Example of Warming: The Peek a Boo Club

> *Recently, we piloted two baby/mother groups called the Peek a Boo Club, (Bunston, 2006). While the groups themselves were run over two terms (and we are planning to now run more), our pre-group preparation time was significantly longer. There was in fact a lengthy incubation period involved with the idea of running an intervention group for infants. Over many years we had run groups for children and mothers affected by family violence (Bunston & Crean with Thomson-Salo1999). During this time, our assessment sessions consistently revealed that family violence experienced by the children and in some cases also by their mothers started from birth and even conception. In our training of other professionals regarding the impact of family violence on children, we present current neurological evidence which supports the notion that early relational trauma has a significant and damaging effect on the infant's developing brain (Schore, 2003a, 2003a; Teicher, 2002; Streeck-Fischer & van der Kolk, 2000; Perry et al., 1995).*
>
> *It was only 18 months ago, however, that the idea of intervening therapeutically with infants reached consciousness and we began planning. While pulling together a submission for funding this initiative, we started to consider the facilitation team. Not having previously worked with infants, we asked the Royal Children's Hospital Infant Mental Health team (RCH*

IMH) to recommend a suitable professional to join our facilitation team. This was a child and maternal health nurse (who was also completing her infant mental health masters degree). At the same time, we wanted a community based women's domestic violence support worker to assist with the community links and resource support that we hoped to facilitate from this intervention. We approached a colleague from another agency with whom we had established a good rapport over many years.

As a group, we initially discussed the possibilities of what this intervention might look like and got to know each over a series of meetings regarding the funding submission. We also discussed and decided, openly and frankly, whether we felt we were a good match as a facilitation team. We organised supervision with a RCH IMH clinician and began planning. We met perhaps half a dozen times over a six month period and slowly got to know one another. Our initial ideas about what we would be able to provide within this intervention were very grand, and involved a very comprehensive delivery model. We were not successful, however, with our submission. This naturally gave us pause for reflection, and we regrouped to consider if we should even proceed.

Our enthusiasm for the Peek a Boo Club initiative outweighed our disappointment and we went back to the drawing board, reconfiguring what we could offer within our existing budget and resources. Additionally, we approached our local Department of Human Services Child Protection - High Risk Infant Team to assist with referrals and some input regarding ideas and links to other specialist infant services. We also negotiated with the High Risk Infant Team to provide a small amount of funding, which covered the salary of our child and maternal health nurse. The lack of funding was an obvious setback, however the commitment and shared vision of the facilitation team, and our respective organisations, enabled this albeit modified intervention to proceed. The time, care and

effort we put into this project paid off. The result was a 'stand out' experience for all involved. Incredible learning was gained from this new group work intervention, alongside immense enjoyment of one another as a facilitation team and of the participants within the group.

It is our belief that the very hope, energy, imagination and passion we invest in the preliminary *warming* stages of a group conveys itself to potential group members. As facilitators, we project our skill, confidence and enthusiasm into possible participants and others who may wish to refer clients into the group. Attendance at our groups is voluntary, although we recognise that a child's power to say no to adults (parents, teachers or even us) is limited. We do, however, make every endeavour to honour their right to decline being involved in our groups. Even in groups where the participants have been classified as involuntary, our thoughtful attention to the *warming* stage has managed to convey energy that is infectious. It is as though we have made room in our minds and hearts to welcome in those weary travellers who have not yet known they would be our guests.

The pre-group assessment session falls somewhere between this and the next stage. All our family violence prevention programs involve individual (or parent/child) assessments. The formation of the groups is thus incremental, with each assessment session building towards the final group configuration. Within these assessment sessions, the clients as well as facilitators check out the fit between one another, with the facilitators considering the selection of the group as a whole. The assessment process provides another crucial plank in the foundation being built. This process heralds the facilitators' capacity to hold the participants' often horrific stories before the group even starts, as if testing the strength of a room's floorboards to see if it can hold their weight. Our other groups (usually those within a school setting) sometimes involve a whole of group assessment session. Sequentially, where our *warming* stage finishes is where Tuckman's model (1965) commences.

Forming	This refers to the formative phase of the group process, where facilitators are now joined by group members. Together all commence their jining as a group. From our experience, this stage is the birth rather than the conception of the group, and entails the engagement of the group as 'a group'. Anxiety levels are usually high (ours as well as the participants), relationships are tentative ans curiasity about othersis at's peak. This could be on occasion be described as the 'honeymoon' period in the group.
Storming	This stage could be described as the 'reactionary phase'. The honeymoon has ended and group members may be engaging in challenging behaviours, as well as asking, "what are we actually here to do?". This stage, including that of the preceding 'forming' stage resonates with what Melanie Klein described as the 'paranoid-schizoid position'. This refers to a position within "the individual psyche dominated by persecutory mechanisms and mechanisms of splitting". (Wright 1992:191)
Norming	Reaching a general agreement is the focus of this stage, as is the establishment of group norms, roles, and common goals (whether spoken or unspoken). While group rules and/or expectations have actually been established in the forming stage, they may require revisiting or refining at this juncture. This stage is an important precursor to the next.
Performing	This could be described, at least on the surface, as the most industrious period in the group. Members work hard to establish goals, ideally as an integrated unit, or as often occurs, as smaller groups or even individually. This phase, as with the subsequent phase, could be seen as akin to Klein's "depressive position" in so far as the group psyche works towards integrating and tolerating the 'good' and 'bad' aspects of themselves as a collective entity.
Mourning	The 'ending stage' involves a myriad of respponses, including reflecting on and evaluating the group's progress, and experiencing relief or even back to ealier phases (storming or a quick rush to perform) in an effort to disqualify any hurt, anger sadness at leaving one another. The 'depressive' elements of this stage may incorporate the creation of transitional objects as ameans of tempering and tolerating the emotions aroused by terminating something that has potentially been very powerful and special to the group participants.

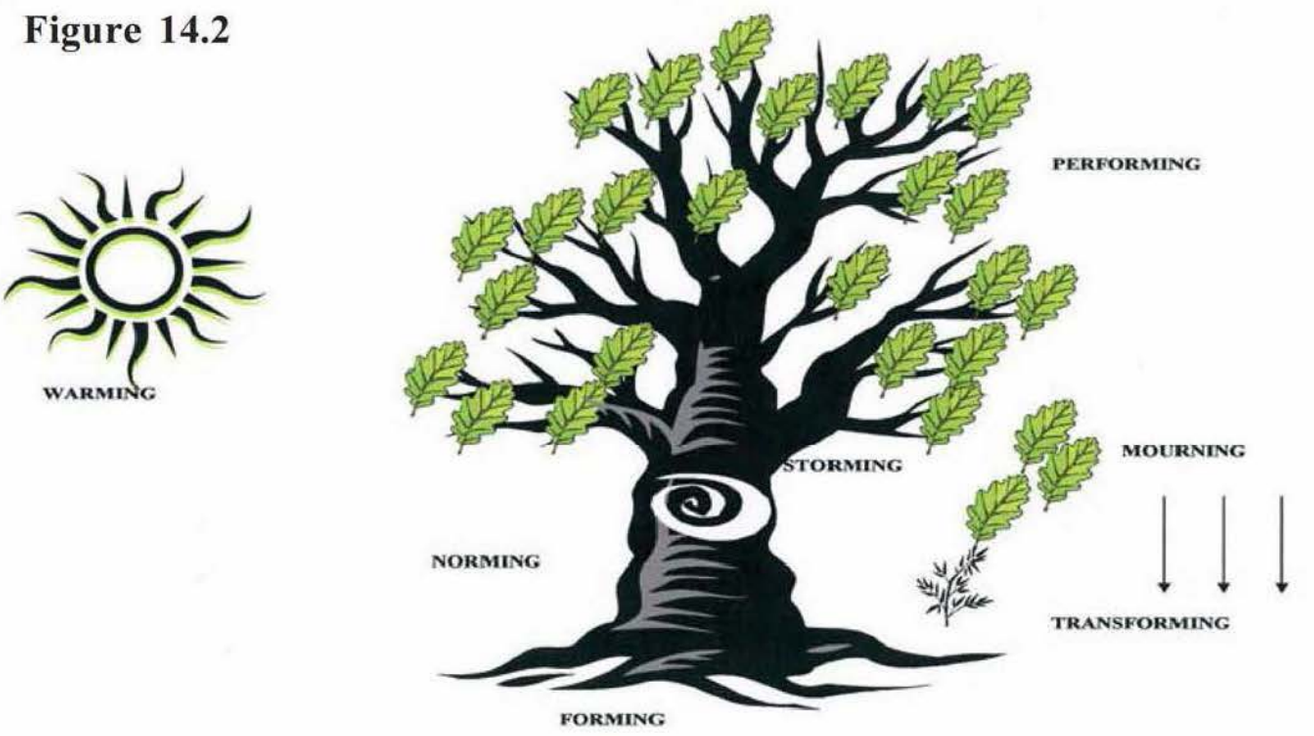
Figure 14.1 Tuckman's Model (1965)

Transforming

Finally, we identify this last, rather ethereal stage that we call *transforming*. More elusive in substance, but the equal and important "matching bookend" to *warming,* this stage involves both a psychological intent and at times concrete expression of on-going growth and integration (see figure 14.2). The cyclical nature of groupwork, as with any intensive therapeutic intervention, extends well beyond the termination of treatment, for better or for worse. In some of our groups (specifically our addressing family violence programs) we have children and families return two months post-group for a reunion, an event they have known about from their very first meeting with us. The ongoing transformative power of groupwork is evident in these reunions, with families taking great delight in showing off what changes they have made. Therapeutically, we find this time post-group allows for an integration of new narratives, with participants developing what we hope will be new scripts of affiliation and attachment.

Reunions, we find, set up an important psychological anchor in the participants' future, where they are 'held', and 'hold' each other in mind (Bunston et al, 2003). Coming together again some time after a group may in fact serve as an important intrapsychic marker for integrating an experience of being 'contained'.

Figure 14.2



This is not unlike clients who post-counselling revisit their therapist sporadically, just to check that they exist (themselves and the therapist) and that there is someone of significance able to validate and bear witness to their growth.

Additionally, the nature of our service delivery program (Community Group Program, 2004) allows for additional referrals into further groups. Some children have moved through three or four of our programs over some two to three years and in most cases, with a continuity of facilitators. Marking their progress over a number of groups gives the therapist an opportunity first hand to see the transforming within, as well as between different groups. The following vignette highlights a program that stayed within the mind of this article's authors well past the cessation of the program. To our great delight, this group experience also stayed within the minds of the participants.

An example of transforming: a 'Girls in Art' group

Certain groups remain fondly etched in your mind long after a group has finished. For many reasons, this particular group was special for the children and the facilitators. A school based 'Girls in Art' group conducted nearly two years ago is one of those groups. As part of the mourning stage within this group, we made flower pots for each other, within which we each planted a handmade, pipe cleaner stemmed tissue paper flower with a message attached (in total there were eleven flowers in each pot). The messages were written on teardrop shaped gift cards. We spoke to the girls not only about how the tears represented our sadness at finishing the group, but also about the symbolism of tears, and how moisture is needed for flowers to grow. Our positive messages of farewell represented the nutrients needed to sustain our growth long after the group finished. These messages and the beautiful pot of flowers we had created could remain as a tangible reminder of our special experience as a group. Not only did we gift a part of ourselves to each other in this ritual, but we created transitional objects

for the girls and ourselves to take forward with us into the future.

Twelve months later, we arranged to go back to meet with these girls in order to capture some of their memories on videotape for our program's five year progress report. We met together again as a group and were overwhelmed with emotion as the girls fondly remembered details of the group and us. They all talked about their flower pots and where they had them in their rooms, and how they still looked at them and remembered the group. We as facilitators still have the flower pots sitting in our offices, and they are often looked at. Both the girls and the experience are remembered with fondness.They told us how they had changed since the group, growing in confidence and better able to make friendships. The eleventh member of this group (and our third co-facilitator) was the assistant principal of the school where we ran the group. To this day he still talks glowingly of 'that art group' we ran out at this school, and how he formed positive relationships with the girls in the group that lasted out their time at his primary school.

Groups stay in your mind, as well as in the mind of the participants. This is not just due to the post-group glow, but because of the '*transformative moments*' that have occurred throughout a program. Even groups you deem less than successful or just 'damn hard work' leave a residue that may work its way through your psyche over weeks, or maybe even years. As we rub up against each other through the intensity of group work, we find we are left with a part of that person, as they are with us. Similarly, as therapists, we may leave a residue that is reparative and hopeful.

Irrespective of whether we may or may not have cause to reunite with past participants at some time in their future, it is important to anticipate and give some attention within the last stages of the group to the memories (implicit and explicit) that may well linger on. Cozolino (2006) suggests that we all have the

relational capacity of activating the neuroplastic processes in the brain in order to alter patterning of behaviour, feelings and implicit memories: "The transformative power of intimacy has its roots in the evolution and development of the brain through parenting, friendship, and love. This same power is used in psychotherapy, education and ministry" (p.16). We firmly believe group work should be added to this list.

Conclusion

The stages of group life as offered by Tuckman (1965), Crawley (1978), Brown (1992) and others (Corey & Corey 2002; Yalom, 1995; Whittaker 1980), and which we have extended, offer a rough, humble and tentative guide to what you might expect to transpire throughout the life of a group. As with life, not everything occurs in sequence, or at all it may seem. Some stages seem to dominate or occur before their time, while others may pass by in the flicker of an eye. Just when you thought you'd weathered the storm, there can be a thunderous collapse within the group that seems to be a particular stage announcing, "I'm back".

Why we find this rough guide useful is that it does seem to capture the essence of the differing cycles that groups do often move through, and as such offers a degree of reassurance to the facilitator. If we hold fast to our 'good practice principles' (Bunston, Pavlidis & Leyden,2003) and intent, we will usually achieve and sometimes surpass something akin to a 'growthful' journey within a group. When working with client groups that have undergone significant emotional, psychological and familial trauma and loss, a broad theoretical framework through which to understand the volatility or submissiveness that may play out within the group's dynamics is mighty reassuring.

References:

Brown, A. (1984). *Groupwork*. UK: Heinemann.

Bunston, W. (2006). The Peek a Boo Club: Group work for infants and mothers affected by family violence. *The Signal, World Association Of Infant Mental Health Newsletter*.

Bunston, W., & Crean, H., with Thomson-Salo, F. (1999). *parkas (Parent's AcceptingResponsibility-Kids Are Safe)*. Melbourne: Federal/State Government- Partnerships Against Domestic Violence (PADV) Initiative.

Bunston, W., Pavlidis, T., & Leyden, P. (2003). Putting the GRO into groupwork. *Australian Social Work*, 56 (1) 40-49.

Community Group Program (2004). *Create/Evaluate: The Community Group Program five-year progress report 1999-2003*. Melbourne: Royal Children's Hospital Mental Health Service/ Travancore School.

Corey, M.S., & Corey, G. (2002). *Groups ProcessaAnd Practice*. USA: Brooks/Cole.

Cozolino, L. (2006). The social brain. *Psychotherapy In Australia*, 12, 2, 12-16.

Cozolino, L. (2005.) The Impact Of Trauma On The Brain. *Psychotherapy Australia*, 11, 3, 22-35.

Crawley, J. (1978). *Small Groups Newsletter*, 1, 2.

Greenberg, L.S., Watson, J.C, & Lietaer, G. (1998). *Handbook Of Experiential Psychotherapy*. New York: Guildford Press.

Klien, R.H., Bernard, H.S., & Singer, D.L. (Eds.) (1992). *Handbook of Contemporary Group Psychotherapy: Contributions from Object Relations, Self Psychology, and Social Systems Theories*. USA: International Universities Press, Inc.

Magen, R.H. (1995). Practice with Groups. In Meyer, C.H., & Mattaini, M.A. (Eds.) *Foundations of Social Work Practice*. Washington DC: NASW.

Morgan, A. (2000). *What Is Narrative Therapy*? South Australia: Dulwich Centre Publications.

Pavlidis, T., & Bunston, W. (2004). *Feeling Is Thinking (Fist) Manual*. Melbourne: Royal Children's Hospital Mental Health Service & Travancore School.

Perry, B.D., Pollard, R.A., Blakely, T.L., Baker, W.L., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation and "use-dependent" development of the brain: How "states" become "traits". *Infant Mental Health Journal*, 16, 4, 271-291.

Petti, T.A. & Kronenberger, W.G. (2002). Cognitive Therapies. In Lewis, M. (Ed.), *Child and Adolescent Psychiatry*. USA: Lippincott Williams & Wilkins.

Teicher, M. (2002). The neurobiology of child abuse. *Scientific American*, March, 68-75.

Tuckman, B.W. (1965). Developmental sequence in small groups. *Psychological Bulletin*, 63, 3, 384-99.

Schore, A. (2003a). *Affect Regulation and The Repair Of The Self*. USA: WW Norton & Company.

Schore, A. (2003b). *Affect Dysregulation and Disorders Of The Self*. USA: WW Norton & Company.

Seigel, (2006). Attachment and Self-Understanding: Parenting with the Brain in Mind. *Psychotherapy in Australia*, 12, 2, 26-32.

Streeck-Fischer, A. & Van Der Kolk, B. (2000). Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development., *Australian and New Zealand Journal of Psychiatry*; 34, 903-918.

Whittaker J.K. (1980). Models of group development: Implications for social work practice. In A. Alissi. (Ed.), *Perspectives on Social Group Practice*. USA: The Free Press.

Wright, E. (1992). *Feminism and Psychoanalysis*. UK: Blackwell.

CHAPTER FIFTEEN

LAST BUT NEVER LEAST: EVALUATION

WENDY BUNSTON & JOHN DILEO

Evaluating our practice

Evidenced based practice is a reality of life. Just thinking you are doing great work does not necessarily prove that you are. Measures are often imperfect, but they do strive to capture progress. The RCH MHS Addressing Family Violence Programs (parkas, jfk and Peek a Boo Club) have used a variety of evaluation tools. Of course none of them are a perfect fit, able to adequately measure intrapsychic change, but they do offer some feedback about a client's progress and areas where we can continually improve.

The parkas program was first evaluated between 1997 and 2000 using simple qualitative pre and post questionnaires designed by the original facilitation team (Bunston & Crean, 1999). The children's questionnaire focused on how they felt about family, school and self, and their thoughts about coming to parkas. The mothers' questionnaire focused on how they viewed the quality of their life, the quality of their relationship with their child, their child's behaviour and their understanding of the way that family violence had impacted on their child.

With the appropriate consent, teachers were also contacted by the group leaders before and after the program to gauge any changes at school. This involved an unstructured interview focusing on the child's academic ability, their behaviour at school and the quality of their peer relationships.

Approximately sixty children/mothers participated in the five groups evaluated and of those, only 15% did not complete the entire program. Those who dropped

out were contacted to identify what had contributed to their withdrawal, and if any further assistance was required. Withdrawal was usually due to a combination of factors, and in particular family stresses. Questionnaires completed by the participants who fully completed the program revealed that 85% found the group useful and the remaining 15% reported some disappointment. Negative feedback was usually associated with the format of the group or lack of improvement in their child's behaviour (Bunston, 2001).

Commencing in 1999, a clinically validated 25 item measure known as the *Strengths and Difficulties Questionnaire (SDQ* - Goodman, 1999) was also introduced. Due to its psychometric qualities and ease of use, the SDQ has gone on to become the predominant evaluative measure for our programs. Data from parent and teacher evaluations of children's behaviour has been analysed. As illustrated in Figure 15.0, 50% of parents and 74% of teachers reported participating children as having overall emotional and behavioural difficulties in the abnormal or clinical range before AFVP. There are some discrepancies between parent and teacher reports. Overall however, peer

Figure 15.0 - *Percentage of AFVP participants who met the abnormal range on the SDQ as infromed by Parent and Teacher reports*

Subscale	Parent Report (n=28)	Teacher Report (n=23)
Emotional Symptoms	54%	26%
Conduct Problems	43%	30%
Hyperactivity	29%	35%
Peer Problems	75%	35%
Prosocial Behaviour	18%	35%
Total Difficulties	50%	74%

Figure 15.1 - *Parent Report (n=18) Teacher Report (n=12)*

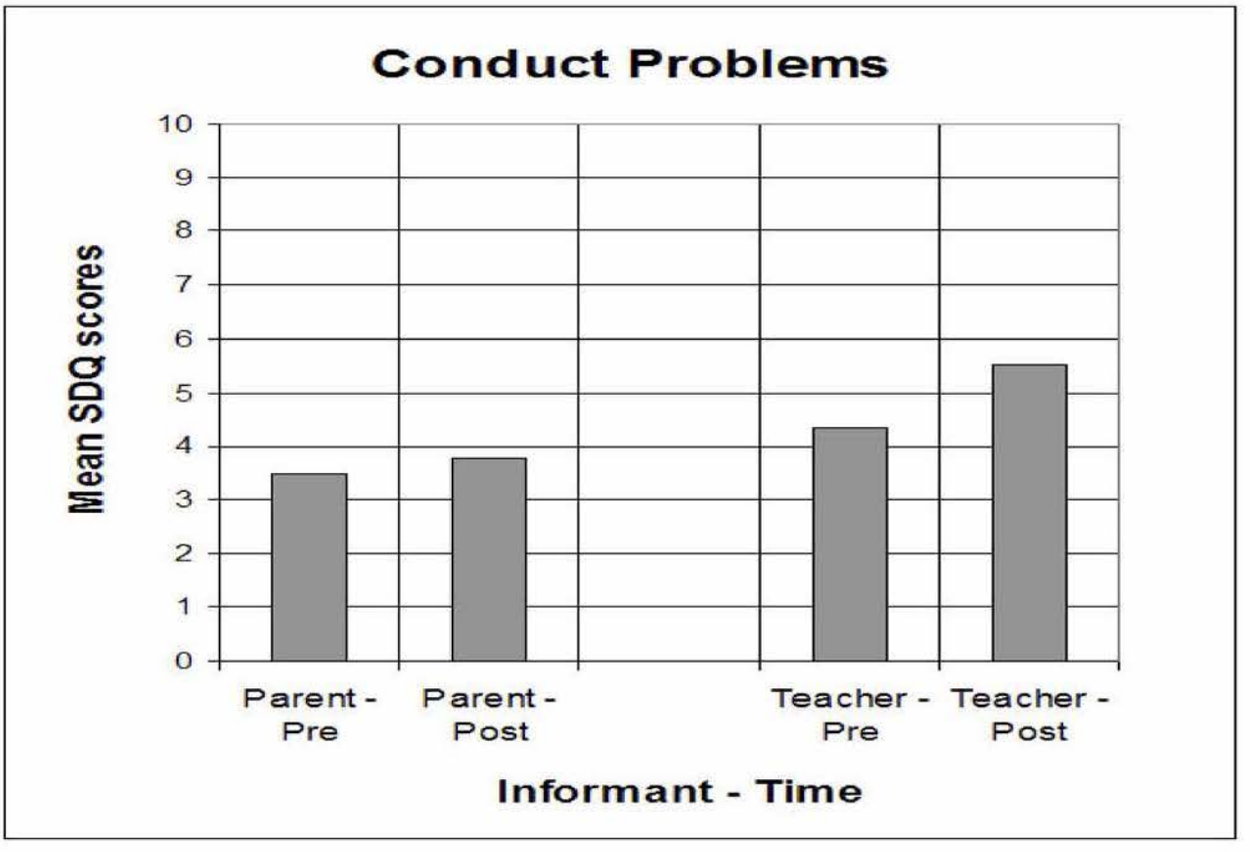


Figure 15.2 - *Parent Report (n=18) Teacher Report (n=12)*

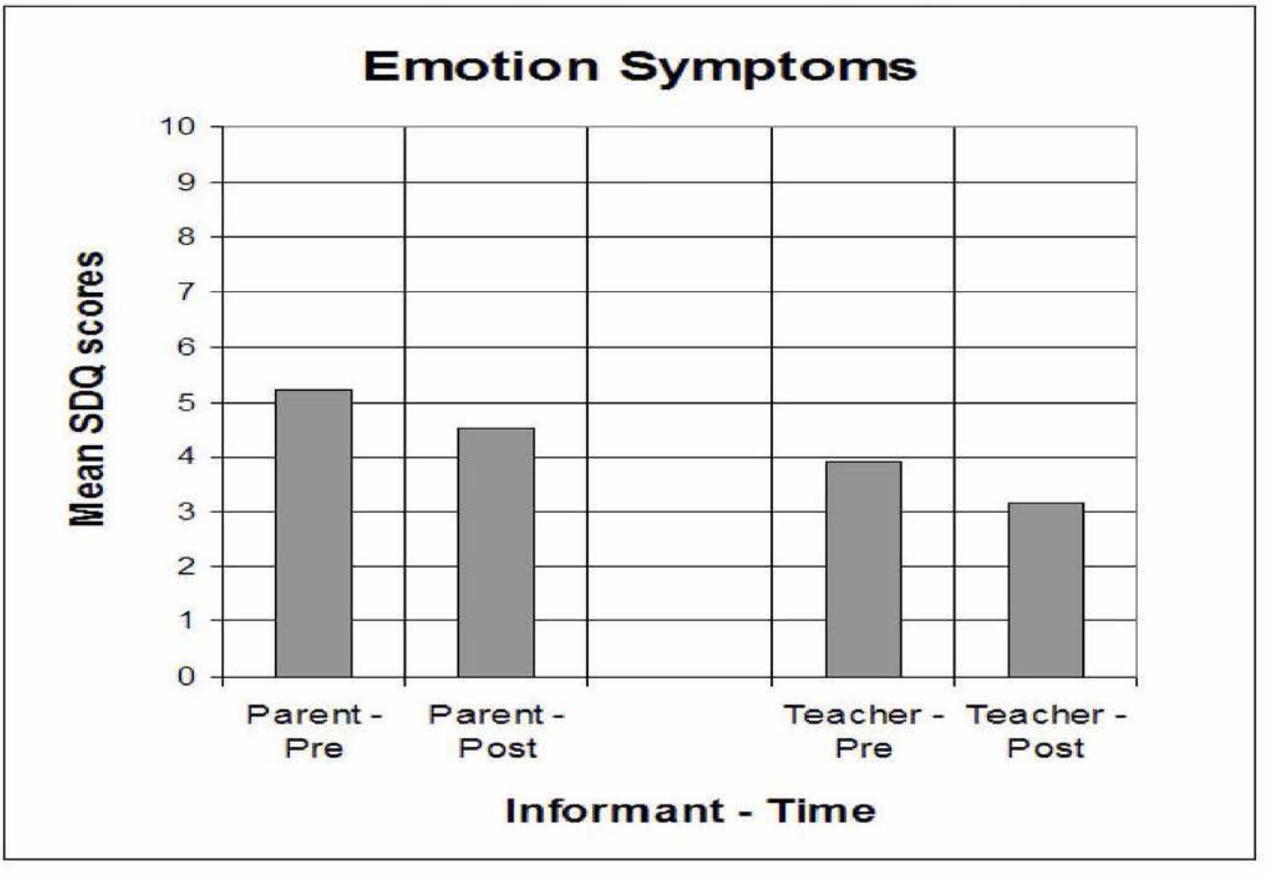


Figure 15.3 - *Parent Report (n=18) Teacher Report (n=12)*

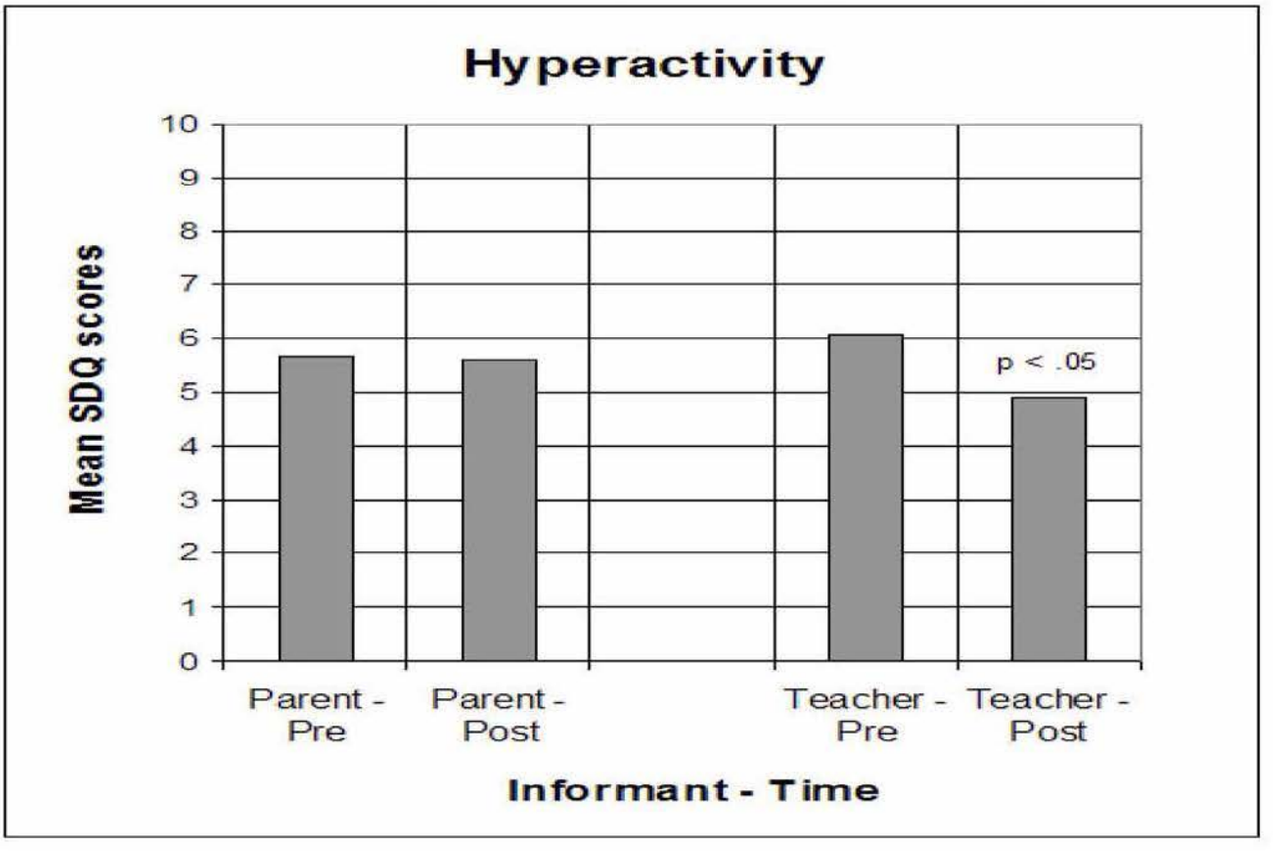


Figure 15.4 - *Parent Report (n=18) Teacher Report (n=12)*

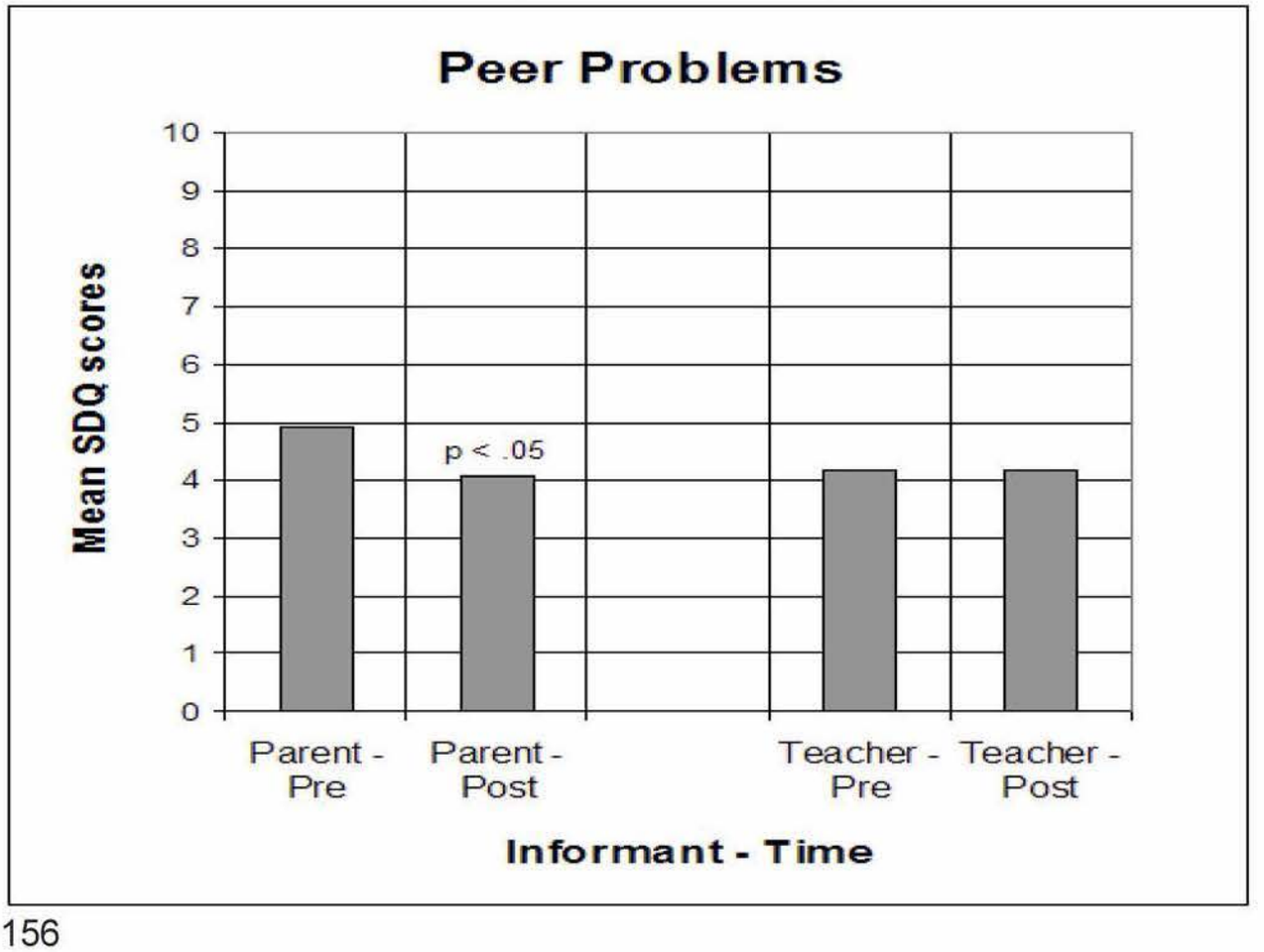


Figure 15.5 - *Parent Report (n=18) Teacher Report (n=12)*

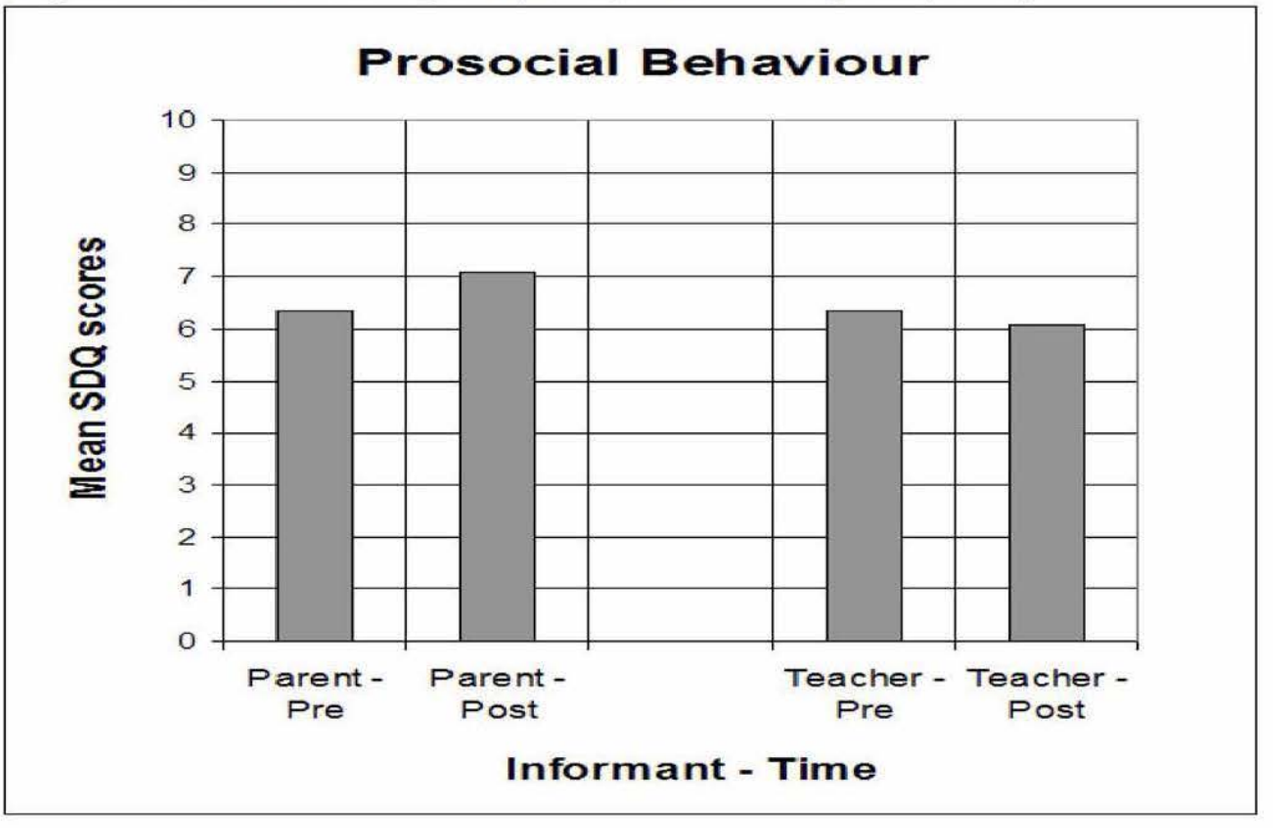
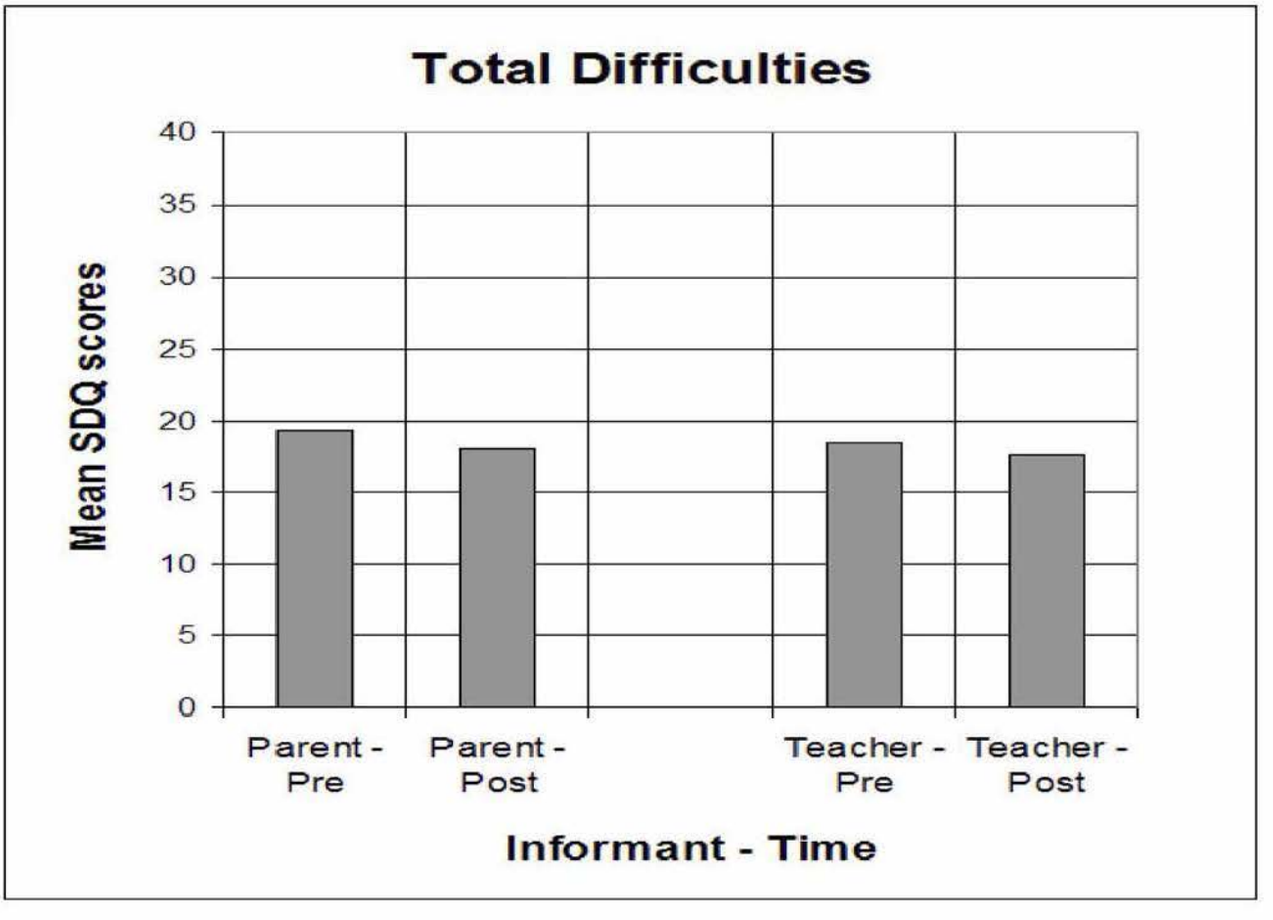


Figure 15.6 - *Parent Report (n=18) Teacher Report (n=12)*



problems are the most significant difficulty reported, followed by emotional problems, conduct problems and hyperactivity.

Statistical analysis of mean SDQ scores as reported by parents and teachers before and after AFVP programs (Figures 15.1 to 15.6) found an overall improvement in total difficulties. Both parents and teachers reported a reduction in emotional symptoms. Teachers reported a significant improvement in hyperactivity, ($t(11) = 2.55$, $p = .03$), and parents reported significantly less peer problems, ($t(17) = 2.65$, $p = .01$). Both parents and teachers reported a significant increase in conduct problems after AFVP. While only two statistical tests found significant results, this is largely influenced by the small sample. The decrease in emotional symptoms and increase in conduct problems is consistent with a program that aims to ameliorate traumatic symptoms and enhance affect regulation over the behavioural modification of the participants. The movement from internalising feelings to the more overt expression of strong emotions as reflected in the results relating to conduct may in fact suggest a move away from avoidance and a 'coming to life'.

Evaluation of parkas showed a significant improvement for children in peer relationships following participation in the group. This finding has particular significance given research indicators suggest that survivors of family violence often have greater difficulty in initiating and maintaining peer relationships (Rossman, Hughes & Rosenberg, 2000). This may offer some indication of the effectiveness of group work as a useful medium for treatment.

Specific family violence measures

Since the first half of 2005 further measures have been used in addition to the SDQ. The *Trauma Symptom Checklist for Children (TSCC* - Briere, 1996) is a well-validated measure of trauma symptoms in children, and has been used to assess 12 participants in our programs. Preliminary descriptive analysis of data from these children suggests that this is a group of children who experience a range of serious trauma symptoms.

The TSCC highlights *critical items* marked by children on this measure. That is, statements that are considered serious enough to require immediate

intervention. Of the 8 critical items on this scale children enrolled in the parkas and jfk programs marked an average of 4 items, with 3 children marking 7 items. Six children said that that they regularly thought about getting into fights, 5 children suggested that they felt afraid that someone might kill them, and 4 children marked responses related to thoughts of hurting others and being scared of men. While this is a small sample, it gives an impression of the children's experience and the immediate need for therapeutic intervention.

While greater numbers of participants are required to conduct statistical analysis of pre and post-test group data, a case study of findings on the TSCC provides some indication of change in trauma symptoms following participation in AFVP groups. For example, the pre-test questionnaire of one child highlighted thoughts, feeling, and behaviours on 6 critical items, and elevated scores on measures of anxiety, depression, and anger. Following participation in the parkas and jfk groups, this child's post-test scores showed a decrease in the number of critical items reported and a decrease in anxiety, depression, and anger.

We have also included another two measures, a self-report measure of parent-child attachment and a child behaviour checklist, as part of our routine evaluation of these programs. The Security Scale (Kerns, 2000) is one of few available measures of attachment for children in middle childhood. The Child Behavioural Checklist (CBCL, Achenbach, 2001) is a well validated broadband behavioural measure that has been widely used in developmental and clinical research to assess a range of internalising and externalising symptoms. The Security Scale, TSCC, SDQ and CBCL are currently being used in an evaluation of the AFVP groups that is being run over an 18 month period for a comprehensive analysis by 2007.

The Peek a Boo Club uses different measurement tools. As a program, it is still in its own infancy so we currently have only small numbers, prohibiting any sound statistical analysis and conclusions. To date however, we have administered the Parent-Infant Attachment Scale (Condon & Corkindale, 1998) pre and post group. As indicated in Figure 15.7 (below overpage), the very early data indicates positive shifts made by the mothers in their attachment with their children and a reduction in their feelings of hostility toward their infant, post group.

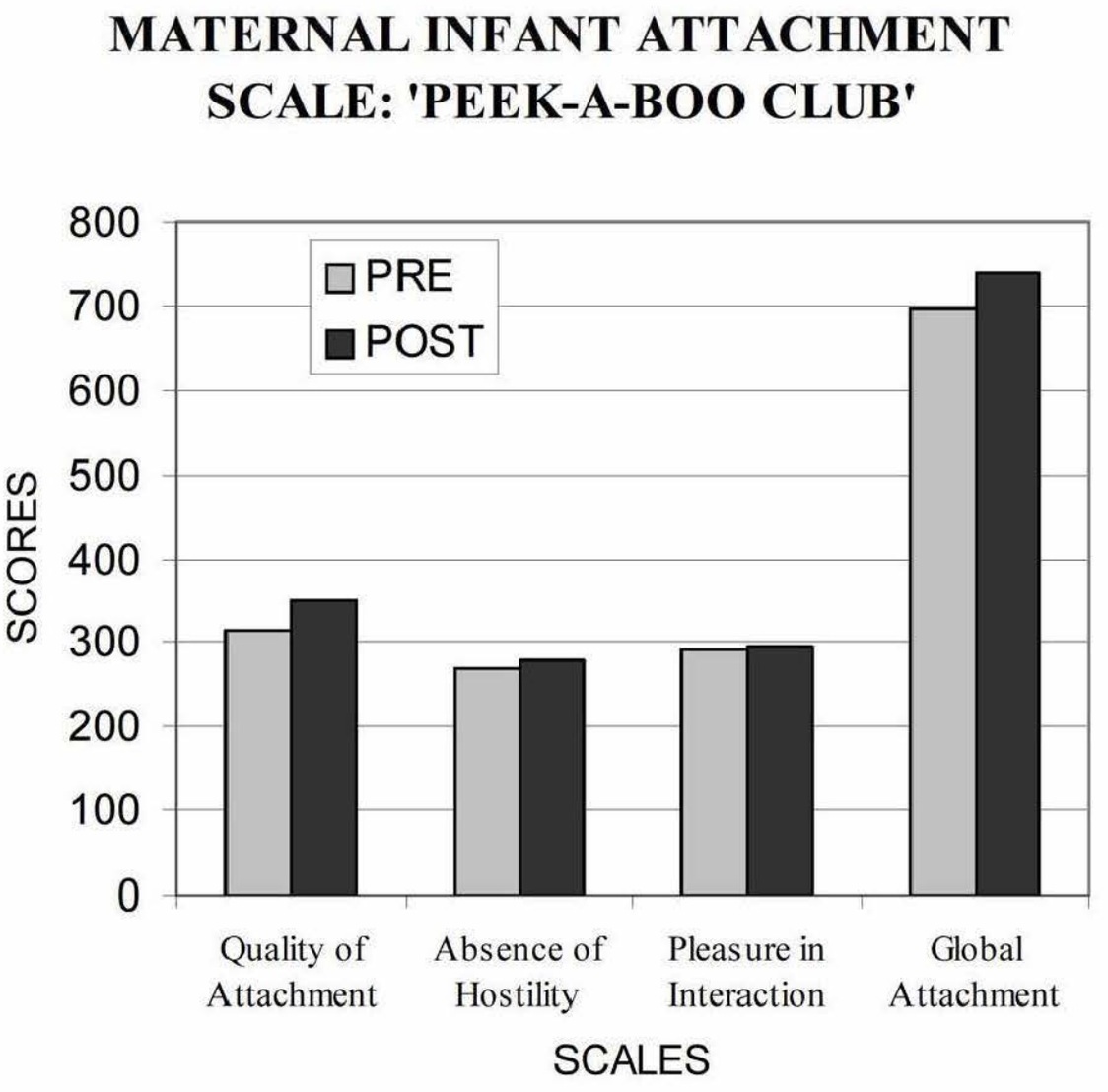


Figure 15.7 *Total scores 'pre' and 'post' of three "Peek-a-Boo Club" programs (n=10)*

We have also asked the mothers to fill in qualitative questionnaires post group. These have been extremely positive with regards to the relational aspects of the group (including forming relationships, infants bonding, learning new ways of relating) and the fun and relaxed environment provided. The most consistent difficulty they faced was getting to the venue, and on time (Bunston, 2006).

Constraints

Undertaking an evaluation of any sort is difficult as so many variables need to be taken into account to ensure that the analysis performed is reliable and

valid. The most basic requirement is ensuring that we gather complete and appropriately administered sets of data (pre and post).

For the families and children we work with, completing questionnaires does not rate as a priority, particularly when faced with the often complex and stressful issues involved in extricating oneself from familial violence. As we have endeavoured to increase the sophistication of the measurement tools used, the number of measures has also increased. This has presented us with some very real practice dilemmas. When does the need for evaluation override our therapeutic duty not to create undue stress through a process that is at the very least challenging, and at most confronting? Our answer is that it never should, yet we also know how important it is to strive for evidence based practice.

Situated within a mental health setting, we are fortunate to have knowledge about and access to a range of clinically validated and reliable measures. However, there are some limitations we must contend with. Firstly, many of these measures are designed to be administered, scored and interpreted by trained psychologists. Secondly, several of these measures are expensive. Given the high attrition rates and difficulty with which such measures are completed by our participants and their parents, it is sometimes difficult to justify expenditure. Finally, we do not have qualified staff to conduct the necessary group analysis and provide meaningful evaluation reports that are empirically supported. Engaging external consultants to conduct such work has been difficult due to challenges related to the transfer of the knowledge, and the level of missing data often found in our databases.

Conclusion

It is no surprise that a number of the children attending our groups present with difficulties in learning and comprehension. Sitting the children and their mothers down to fill in a pile of paperwork is not the most conducive pathway to engagement. We struggle with resistance (ours and theirs) to a process that we hope justifies its necessity. In the last session of our most recent jfk program, one child refused to continue filling in sheet after sheet, complaining that he couldn't do it and it made him feel stupid.

Our first rule of thumb is to 'do no harm'. We certainly do not want to replicate a dynamic that says to our participants, 'you must do this, because we want you to'. That has been their life story and the job of our intervention is to challenge a culture that compels compliance. Conversely, participants have a right to expect 'good practice' and transparency, and to be invited into a process that calls us as practitioners into account.

We take great care in how we administer our evaluation, and ensure that we fully explain why we undertake this process. We strive for informed consent, recognising that these are families who know well how to say yes when they really feel they have little choice. We have ongoing debates about the appropriateness of the measurement tools we are using and have a long way to go in terms of finding what are the best measures and the best way to use them in our work. There are no easy answers to delivering effective evaluation, but plenty of good reasons to question how and why and what we do as practitioners.

References:

Achenbach, T.M. (2001) *Child Behaviour Check List*. Vermont: ASEBA/ Research Centre for Children, Youth and Families.

Briere, J. (1996) *Trauma Symptom Checklist for Children (TSCC),* Psychological Assessment Resources.*

Bunston, W. (2006) The Peek a Boo Club: Group work for infants and mothers affected by family violence, *DVIRC Quarterly*, Issue 1, Autumn:3-8.

Bunston, W (2001) *parkas (parents accepting responsibility-kids are safe) manual.* Melbourne: Royal Children's Hospital Mental Health Service & Djerriwarrh Health Services.

Bunston., W. & Crean, H., with Thomson-Salo, F. (1999). *parkas (Parent's Accepting Responsibility-Kids Are Safe)*. Melbourne: Federal/State Government- Partnerships Against Domestic Violence (PADV) initiative.

Condon, J.T & Corkindale, C.J. (1998) The assessment of parent-to-infant attachment: Development of a self-report questionnaire instrument, *Journal of Reproductive & Infant Psychology,* 16,1, 57-76.

Kerns, K. A., Klepac, L., and Cole, A. K. (1996). Peer relationships and preadolescents' perceptions of security in the mother–child relationship. *Developmental. Psychology,* 32: 457–466.

Robbie Rossman, B.B., Hughes, H.M. & Rosenberg, M.S. (2000*) Children and Interparental Violence: The impact of exposure.* USA: Brunner/Mazel.

Goodman, R. (1999) The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric cases and consequent burden, *Journal of Child Psychology and Psychiatry and allied Disciplines*, 40,5, 791-799.*

* These measures are available from ACER press.

The authors wish to acknowledge Kate Enderby for her contribution to the section on specific family violence measures.

FOR FURTHER INFORMATION CONTACT:

Daniella Tarle
Administration Officer
Addressing Family Violence Programs
Royal Children's Hospital Mental Health Service
50 Flemington Street
Flemington Vic 3031
Ph: [redacted]
Fax [redacted]
E-mail: [redacted]

Or visit our website on:
www.rch.org.au/mhs/services/index.cfm?doc_id=9924

LIST OF THE AVFP TEAM, PAST & PRESENT

Wendy Bunston

Tara Pavlidis

Peta Millard*

Paul Leyden*

Naomi Audette

Merrin Hollyman*

Alexandra Heynatz

Stephanie Pei-Yin Lai

Daniella Tarle

* Past members of the team.

Other publications by the Royal Children's Hospital Mental Health Service's Addressing Family Violence Programs:

- The 'Peek a Boo' Club. Therapeutic group work for Infants and Mothers affected by Family Violence: A reflective practice guide. (Available in 2009)
- Therapeutic Use of Games in Groupwork Manual (2006)
- FisT (Feeling is Thinking) Manual (2004)
- parkas - Parents Accepting Responsibility Kids are Safe Manual (2001)
- Supporting children and young people affected by Family Violence, parkas - Parents Accepting Responsibility Kids are Safe (1999)

Awards received in relation to our ROYAL CHILDREN'S HOSPITAL MENTAL HEALTH SERVICE Addressing Family Violence Programs:

- **AUSTRALIAN CRIME AND VIOLENCE PREVENTION AWARDS 2006** - Certificate of Merit for the AFVP.
- **GOLD AWARD 2006** –'Infant, Child & Adolescent Program Category' for the Feeling is Thinking (FisT) Group Work Treatment Program, awarded by The Mental Health Services Conference Inc. of Australia and New Zealand (TheMHS).
- **HIGHLY COMMENDED 2005 -** National Child Abuse Awards for Responding to Child Abuse and Neglect.
- **GOLD AWARD 2004** - Australian Infant, Child, Adolescent & Family Mental Health Association and The Mental Health Services in Child and Adolescent Mental Health Service Provision.
- **CERTIFICATE OF MERIT 2003** - Australian Crime and Violence Prevention Awards
- **GOLD AWARD 2002** –'Mental Health Promotion or Mental Illness Prevention' for the Community Group Program, awarded by The Mental Health Services Conference Inc. of Australia and New Zealand (TheMHS).
- **MERITORIOUS SERVICE AWARD 2000** – awarded by Djerriwarrah Health Services.

ISBN 0-646-46492-2

Groupwork Vol. 19(3), 2009, pp.77-81. © W&B, 2009. DOI: 10.1921/095182410X511157

Reviews

Developments in Social Work with Offenders (Research Highlights 48)
Edited by Gill McIvor and Peter Raynor
London, Jessica Kingsley Publishers, 2007, 368pp
ISBN 9781843105381 (pbk) £22.99 / US$45.00

According to its cover blurb, this book explains the organisational and legislative changes that have occurred in relation to work with offenders across the UK in recent years and outlines the accumulating body of knowledge about what constitutes effective practice in the assessment, supervision and management of offenders in the community. While the sections on policy and issues comprise contributions from eminent British authorities in the criminal justice field, the section which relates to practice: 'Assessment, Supervision and Intervention', brings in influential writers from Australia, Canada and the USA.

A rather depressing story threads through the volume. While there has been an unprecedented level of policy reform and legislation in this field, it has been largely in support of a political rhetoric of being 'tough on crime', meshing in with wider objectives for 'modernisation' of the public services. With these developments have come, variously, more punitive and coercive community sanctions (alongside a constant increase in the use of imprisonment), more structured methods of assessment and methods of intervention, new-managerialist methods of ensuring practitioner as well as organisational accountability and the prospect of contestability and outsourcing of areas of work. These issues, and others, all receive thoughtful and authoritative attention in this collection.

The contributions draw out interesting and significant distinctions across the three jurisdictions of the UK: England and Wales, Scotland and Northern Ireland. In England, embedded within this welter of change has been the demise of forms of practice with offenders grounded in social work values and methods. However, in Scotland and Northern Ireland somewhat different signals can be distinguished. While acknowledging that the broad thrust of youth justice policy in Scotland

has been in a punitive direction, Whyte, McIvor and McNeill point out, in their different chapters, how, at the same time, a rehabilitative model and its interlinkage with social work values and practices has continued to thrive and has retained a place in governmental discourse. In Northern Ireland a rather different dynamic has been at play. During 'the Troubles' when politics assumed its most turbulent form, for work with offenders to take place at all, it had to be demonstrably outside politics. In this environment, Chapman and O'Mahony argue that an inclusive community partnership approach blossomed, laying the foundation upon which a flourishing restorative base for work with offenders is now grounded.

These observations lead me to my major gripe with the book, particularly revealed in the section on 'Assessment, Supervision and Intervention'. The term 'groupwork' does not appear in the index nor, as far as I could see on reasonably close reading, anywhere in the text. This is the case even though work with groups is highly relevant to the topics considered. For instance, most of the *offending behaviour programmes,* reviewed by McGuire (Chapter 9) and assessed by the *accreditation panels,* which are themselves appraised by Rex and Raynor in Chapter 7, are formulated to be delivered to offenders in groups. The chapters on *risk and need assessment* and on *case management* pass without attention to group issues, although, surely, they must be central to any assessment of 'criminogenic need' or referral to offending behaviour programmes.

The one occasion when group issues do emerge directly is when Trotter contemplates the effect of peer group influence on *pro-social modelling* (Chapter 11). However, the context is implicitly negative: that placement with other offenders for unpaid work is associated with higher reoffending than when working alone or with 'community volunteers'.

But, even if groupwork had been considered, what methods and values might have been discerned? As Trotter observes, there is the positive potential of involvement with community groups and this underpins some of the thinking on restorative justice, as noted above, and can be found especially in McNeill and Maruna's proposals for a strengths-based *desistance-focused* approach to working with offenders. Such approaches represent challenges to the negative focus on deficits, treatments, controls and sanctions which dominate current practice,

as represented in programmes, risk and need assessment and case management, and leave open links with methods and values aligned to social work and to groupwork.

In sum, the volatility of criminal justice policy is well illustrated by this volume as are the challenges to theorists and practitioners to square a recognition of the real politic with integrity to their values and to evidence as they find it. A number of chapters refer to Pathfinder projects, set up in the early 2000s to test a range of approaches to various aspects of work with offenders, which research and experience from around the world had suggested might have potential. Regrettably the achievements of this 'rational' approach have been very mixed. Political expediency led to promising approaches being abandoned before they could be fully or fairly implemented, never mind evaluated, or, alternatively, to be 'rolled out' prematurely with disappointing outcomes.

Although it is less than two years since this volume was published, some parts now seem rather historical. The current economic downturn and its implications for crime, for criminal justice policy and for work with offenders were not even on the horizon when these chapters were written. A number of the changes which were then preoccupying the authors, notably the dismantling of the probation service, have not happened and look increasingly unlikely. Nevertheless, the volume does offer a comprehensive review of the underlying issues facing work with offenders in the UK and of the practices which are currently in vogue. It's a pity, though, that they forgot about groupwork!

Dave Ward
Professor of Social and Community Studies
De Montfort University, Leicester, UK

Addressing Family Violence Programs
Groupwork interventions for infants, children and their parents
Edited by W Bunston and A Heynatz
Melbourne. Royal Children's Hospital
Mental Health Service, 2006, 164pp
ISBN 0646464922 (pbk)

The contents of this illuminating and practical book are the product of 10 years of groupwork based interventions with children and families affected by familial violence. The book comprises 15 essays which attain credibility at both an academic and practical level. The book also has a resonance beyond groupwork interests, in that it is a powerful reminder that practitioners have a responsibility to explore difficult issues with service users at all stages of the life course in manner which allows for safe and creative engagement.

The book considers the work of three key projects that have the following unified set of objectives:

- Providing a safe space to acknowledge children's experience of living with violence.
- Building a safe connection between infants/children and their mother's/carers.
- Providing a therapeutic experience as a prelude to future work
- Educating parents about the impact of family violence on children
- Enabling constructive expression of feelings
- Challenging power, control and gender issues inherent in violent relationships. (p.15)

Wendy Bunston provides two excellent introductory chapters which provide helpful signposts to key issues throughout the book, but also provide some theoretical 'glue' to support the very practical accounts that follow. For example, she explores the issue of group leadership and highlights the benefits of practitioners leading across separate child and parent groups. It was highlighted that this allows workers to identify synergies between what children focus on and what their parents explore. It was also noted that the practitioners could model and promote the connectedness between parent and child through this approach.

The book provides a wealth of tools and tips for prospective group workers. These include relatively familiar tools such as body maps, modelling and metaphoric work. It is the use of metaphors that seems the most cogent in the work with children and there are many vivid and moving examples. In chapter 5 the authors present examples of an art therapy approach called 'Aggro Avenue' which shows the work and thinking that children undertook when drawing and narrating what scenes would happen on a street characterised by 'aggro'. These images were then shared with the parent group to raise awareness of the impact of family violence on their children. The tools described also have applicability for individualised approaches to practice and underline the creativity required to truly seek the voice of service users. For example, there is a strong sense of the pivotal and active contribution that babies make within the group tasks in terms of helping parents to understand communication.

A key benefit of having the written contributions from the practitioners involved in the group projects is that the narrative moves beyond a purely 'how to' approach, to one which allows space for reflective comments. This opens a window to how it actually feels to use the tools with service users who have experienced pain, fear and loss. This is a key strength of the book and one which will find an appreciative audience among practitioners.

Richard Ingram
Programme Director , BA (Hons) Social Work
University of Dundee

'BuBs' On Board:
(Building Up Bonds)

Family violence and mother/infant group work in women's shelters

Report on the Pilot of the
'BuBs On Board' program
in Five Women's Shelters in Tasmania 2008

Wendy Bunston

The Royal Children's Hospital Melbourne
Integrated Mental Health Program

Barwon South West Children's Resource Program

Sidney Myer Fund

Victorian Women's Trust
making a difference

with additional support from the Alannah and Madeline Foundation

October 2008

This report was written by Wendy Bunston.

The pilot of the BuBs On Board was delivered by Wendy Bunston* & Karen Glennen.**

BuBs (Building Up Bonds) On Board

Integrated Mental Health Program

Acknowledgements

We would like to acknowledge and thank the infants and their mothers who consented to be involved in this pilot intervention. We would also like to thank staff from Launceston Women's Shelter, Oakleigh House, McCombe House, Hobart Women's Shelter, Jireh House and the Salvation Army, Tasmania. The Victorian Woman's Trust has been instrumental in funding the development of mother/infant work within the AFVP. Specifically, the BuBs On Board pilot, however, was made possible through the support of the Sidney Myer Fund and further assisted through a grant from the Alannah and Madeline Foundation. Many thanks also to Robyn Sketchley for her input into scoring the data for the report. Finally, we would like to thank Scott Matthews for donating his time and talents in creating the BuBs On Board Illustration used on the front cover of this report.

For citation purposes a shorter version of this report has been published in "*The Quarterly*, DVRC, Edition 3, Spring 2008."

For further information about:

The RCH Integrated Mental Health Service - Addressing Family Violence Programs
www.rch.org.au/mhs/services/index.cfm?doc_id=9924

Barwon South West Homelessness Network: www.bswhn.org.au.

For any enquiries regarding this report contact either: [redacted]r
[redacted]

---

* Wendy Bunston is Manager of the Addressing Family Violence Programs (AFVP) within Melbourne's Royal Children's Hospital Integrated Mental Health Program.
**Karen Glennen is the Coordinator for Barwon South West Regional Children's Resource Program, auspiced by Colac Area Health.

Introduction

'BuBs' (Building up Bonds) On Board, was piloted as an early intervention program for infants and their mothers accessing crisis/ emergency accommodation in order to escape family violence. It was trialed in five Women's shelters within Tasmania in the first half of 2008. The Bubs On Board concept was derived from the work of the Addressing Family Violence Programs (AFVP), an initiative of Melbourne's Royal Children's Hospital Integrated Mental Health Program (RCH IMHP). The AFVP commenced in 1996 and specializes in developing and delivering specialist mental health group work interventions for mothers and infants/toddlers/ children affected by family violence. Specifically, the 'Peek a Boo Club' (Bunston, 2008 & 2006) a therapeutic group work program for infants from birth to 36 months and their mothers provided the basis upon which to develop a transferable group work model to trial in Women's shelters/refuges.

The 'Peek a Boo Club' (PABC), developed in 2005, aims to create a therapeutic arena for the infant and mother to form and consolidate a healthy attachment. This is based on the premise that exposure to intimate relational violence can prevent a mother's ability to focus on her infant's attachment needs. The ability to form healthy or less than healthy attachments are largely formed within the first few years of life making this period of early intervention critical for infants exposed to significant trauma and relational disruption. The PABC's aim is to address the consequences of family violence and provide early intervention to disrupt the intergenerational cycles of violence known to transmit from generation to generation. It also aims to create new futures by engaging women and children early in a pathway that challenges family violence and creates links into a comprehensive service support system.

It was in late 2007 that the Salvation Army in Tasmania began a twelve month project to develop and deliver an early intervention response named 'Safe from the Start'*. As part of their preliminary scoping exercise the worker employed to conduct the project visited the AFVP in September of that year to learn about what work we were undertaking. As a consequence of this meeting we explored the possibility of developing a mother/infant intervention specific to Women's Shelters. The PABC, funded by the Victorian Women's Trust, was seeking further funding to expand its reach. The Sidney Myer Fund made additional funding available to not only expand the reach of the PABC from Western Metropolitan Melbourne to all of Melbourne, but also supported the proposition to trial the BuBs On Board intervention in five Tasmanian shelters.

The Planning Stage

The preliminary work of the 'Safe from the Start' Project had already paved the way for the BuBs On Board pilot to engage with and offer the mother/infant intervention to all the shelters within the state of Tasmania and to collaboratively test out and evaluate this innovative intervention.** The first stage of the pilot occurred in early February and involved meeting staff from each shelter as well as other interested agencies. These meetings looked at the work of the AFVP and our understanding of the impact of relational trauma on infants, toddlers and children. A long time associate of the AFVP from Victoria's Barwon South West Regional Children's Resource Program had expressed interest in the possibility of such an intervention being introduced in Victoria and asked to come along to this first visit. This worker subsequently became involved in every visit, becoming an integral collaborator in the delivery of this pilot, contributing to every phase of its development and the other main trainer.

The second phase of the pilot occurred in April and involved a five day stay in order to visit each shelter individually and meet with the staff who would be involved. We introduced workers to the concept of 'watch,

* For more information about the 'Safe from the Start': http://www.salvationarmy.org.au/tasmania
** At the commencement of the pilot all six shelters within Tasmania were keen to participate in this pilot and its evaluation. However, staffing shortages resulted in one shelter having to subsequently withdraw.

wait and wonder' which encourages a more observational stance, "requiring the parent to follow the infant's spontaneous and undirected activity" (Cohen, Muir, Lojkasek, Muir, Parker, Barwick & Brown, 1999, p.431). This also applied to the workers and how they might take opportunities to assist mothers to become more sensitive and responsive towards their infants. As each visit occurred much discussion was had about just what might this intervention involve and how would the learnings from an eight week therapeutic group work intervention like the PABC translate into the shelter setting where clients were often in crisis and whose length of stay was by necessity short. The decision was made to cast the net wider and not just invite current residents but mothers and infants who had had recent admissions and remain actively involved with shelter staff. A flyer advertising the BuBs On Board pilot was developed to distribute to potential participants and generate some early interest in the group before the actual implementation dates (see Appendix A).

A schedule was then worked out to deliver the intervention, with phase three taking place in the Launceston and Burnie shelters across one week in June and the fourth phase involving a ten day stay in August to deliver the final phase across three shelters in Hobart (see Appendix B). The costs for airfares and accommodation had initially been absorbed by the AFVP, Colac Area Health and the Salvation Army Tasmania. The shelters themselves were then endeavouring to find additional funding to meet the costs for the practical expenses involved in the final three stages. Whilst each shelter committed to contributing to meeting these costs, this added some stress to what were already overstretched budgets. Fortuitously, a late but successful application to the Alannah and Madeline Foundation saw these costs being fully met.

BuBs On Board

Appropriately naming this initiative required some thought. Building Up Bonds and its acronym (BuBs) made the intended targets of this intervention clear. What was needed was a word that captured the importance of the quality of an infant's care giving environment and how imperative it is to their survival, both in the present and in order to lay a solid foundation for their future. BuBs 'On Board' alludes to the sign 'Baby on Board' commonly seen in cars where parents are alerting other drivers to the precious cargo they have on board, their infant, and warning other drivers to take care and cause them no harm. It also has connotations to 'one's home' or their 'board and lodgings.' In both instances it is about privileging the presence of infants living in women's shelters and honouring the significance of the mother/infant relationship. The intervention's objective is to take active steps in such environments to build up the bond between the mother and her infant/s whilst attending to the impact of their exposure to familial harm at this critical stage in their infant's development. It also targets the broader context. The relational quality of the 'board' offered to these traumatized and vulnerable mothers and children through the 'shelter' caregiving environment which can powerfully model an attunement to and appreciation of the internal world of the infant.

The program's aims were twofold:

1. To deliver an intervention which enhances the affectional bonds between infants and mothers where this has been compromised by their exposure to the trauma of severe family violence.
2. To provide 'hands on' training, transferable skills and cultural change to staff with regards to the mental health needs of infants affected by relational violence.

The pilot was not intended to be comprehensive but rather provide shelter staff with an opportunity to observe and experience how such an intervention might possibly be developed within their shelter. It was also a chance for both mothers and shelter staff to

give concentrated time to thinking about the mind of the infant and engaging with the possibility that the environment surrounding the infant does have a direct and powerful impact on their development, for better or for worse. Understanding that the care giving environment directly shapes the infant's social and neural development served to underscore the urgency in implementing work that privileges the interpersonal needs of the infant (Siegel, 2001).

The Intervention

Participation profile:

A total of 43 participants were involved in the nine two hour groups across the 5 shelters. This included 18 mothers aged from 18 to 42 years, and 25 infants from 4 months to 4½ years, with the majority falling between 2-4 years of age. Of the 25 infants involved, 18 were male and 7 were female (see Appendix C). Two trainers and two staff from each shelter assisted with each group. In all but one shelter the two staff were present for the two days and in one shelter one staff member was present across two days, with the second staff member being involved just the one day (a total of three staff all up were involved). Eleven staff from the 5 shelters were involved in the direct delivery of the sessions. Seven of the 11 participating staff were involved in the immediate formal post group processing and write up session. Staff being required to pick participants up before the group and return them back to their accommodation post group, as well as clashing commitments in some instances, impinged on their availability to be involved in the immediate after group process. Comprehensive process notes were written after each group was run and copies of these notes were provided to each shelter.

The first cross-shelter staff debriefing session was held after the conclusion of phase three (4 days of 4 groups in 2 shelters plus one debriefing session) and the second at the conclusion of phase four (a 7 day period of delivering 5 groups and a replacement educational seminar in the remaining 3 shelters plus one debriefing session) (see Appendix B).

These facilitator sessions were held to collectively reflect on the experience and learning of the intervention as well as to discuss the practicalities of each shelter continuing to deliver a 'BuBs' On Board intervention in some ongoing way. Two sessions over 2 days were planned for each of the 5 shelters.

Despite the notion that some participants would be involved in both days, of the 18 mothers only 3 attended a second session. As this pattern of attendance became evident, by necessity each session was then seen as discrete, thus approaching each group as a single session intervention. Nine sessions in all were run rather than the planned ten as on one day participants failed to show up. On this day the trainers still met with staff to offer additional professional development and walk through the practicalities of what would be needed to implement BuBs On Board in an ongoing way within their shelter. The minimum numbers of mothers in each group were 2, with the maximum 3. The minimum number of infants present in any one group was 2 and the maximum 7.

Consent to be involved:

Consent forms were filled in by every mother participating in the pilot (see Appendix D). These were generally filled in at the beginning of the group when explaining the purpose of the group. In some instances, however, the chaos of the group precluded this from happening at the outset, as when a mother and her infant/s arrived late, and the form would be completed during a break or when this would not detract from their participation. Every mother was also given an information sheet to take with them (see Appendix E). This outlined the purpose of the pilot and provided them with the trainers' contact numbers as well as that of a manager in the Salvation in Tasmania should they find post group they had any questions or concerns about their involvement with the pilot. The information on these sheets was carefully explained to all the mothers as was the information being asked for in the evaluation questionnaires. This was in order to ensure that the mothers fully understood what was being asked of them and to provide assistance if there were any problems with literacy.

The activities:

The intention within each session was to create a mother/infant group work experience where the mother engaged with, related to and was encouraged to be thoughtful about their infant. Of additional importance was the capacity for mothers to in some way hold the possibility in mind that exposure to family violence may have had some impact on their child and the mother/child relationship. Singing and play were used to encourage reciprocal relational opportunities and create an atmosphere where the mother and infant were able to enjoy themselves and one another. This created some structure and warmed the participants to the idea that this group was both infant and relationship centered. Very few mothers actually knew the words to the songs sung. When asked what songs they might sing at home with their infants most referred to songs from children's television shows, however, very few seemed able to recall the words. The most known song seemed to be 'Twinkle Twinkle Little Star'. When asked if they had been sung to as children very few could recall this happening.

As singing was used at different stages throughout the session the initial discomfort many mothers seemed to have with singing seemed to dissipate as the group went on, assisted in part by the playfulness of the facilitators and the enjoyment some infants obviously derived from this activity. Whilst some infants enjoyed the energy generated by the group through singing, other infants seemed to find singing foreign and presented as so disregulated that there seemed little ability to sit with and engage in any sort of reciprocal activity or play. Play was encouraged in every session in order to enable an experience of creativeness, an important ingredient for both the infant and the adult in being able to access a better understanding of self (Salo-Thompson, Paul, Morgan, Jones, Meehan, Morse & Walker 1999). It also gave the facilitators some insight into the bond between the mother and infant, their capacity for spontaneity, and their interpersonal matching or mismatching with one another. The different sort of activities and toys used across the spread of the nine sessions included play dough, musical instruments, story books, building blocks and balls.

Structure and space:

As each session was held we learnt to keep the number of toys and activities to a minimum. This enabled more opportunities to see how the mother and infant/s related with one another rather than providing the infant with multiple distractions or over stimulation. The space used for the groups was generally small and, as much as possible, kept clear of too much furniture or other objects. This also kept the interactional space contained, with infants unable to wander too far away from the hub of the group and remain in close proximity. During the group the facilitators were able to observe and track some of the relational patterning that occurred between each mother/infant dyad (and in some groups multiple infants). At times the immediacy of this tracking allowed powerful opportunities to reflect on or wonder aloud about interesting behaviours or relational dynamics that happened in the 'here and now' of the group. This might involve offering an alternative interpretation about a toddler's behaviour as to what a mother may perceive. For example when a toddler quietly took himself away from the group for some time out and his mother stated "I've been told it's just attention seeking behaviour," we offered an observation that this may be his way of dealing with his emotions when he feels overwhelmed, just as we had witnessed his mother do on two occasions when she felt overcome when recalling her partner's abuse, leaving the room for a few minutes to regain her composure.

The facilitators were active participants in activities, modeling accessible and responsive interactions with the infants and the mothers. Discussions within the group explored the pathway that had led these mothers and their infants to accessing emergency accommodation. Questions invited historical accounts that explored the early life experiences of the mothers themselves, encouraging the opportunity to reflect on how they experienced their parents and being parented. When possible we also raised how they now experienced themselves as parents and how their infants might experience them. We also explored how they thought recent events may have contributed to how their infants were developing currently and may develop in the future. This

enabled some mothers to make the link between what they had experienced as hurtful and harmful in their past with what their infants may be currently experiencing. This level of discussion and questioning required deft footwork, encouraging disclosure, reflection and connection. This occurred within a busy setting where the infants sought proximity towards and away from their mothers. How these discussions unfolded varied markedly in each group, and shelter staff moved in and out of the group, engaging predominantly with different infants in the group whilst their mothers talked, and reentering the group as opportunities allowed.

Reflective learning:

Immediately post group, the facilitators met to further explore the multiple dynamics, conversations and interactions that occurred with the two hour sessions through a formal and detailed 'process writing' activity. This involved recalling in detail the chronological journey of the group, from who arrived first and how, to what dynamics occurred between who, and what was being communicated by each. Every minute interchange observed was examined, bringing to life a comprehensive, rich and complex picture of the multiple exchanges that occurred as seen through, and experienced by each of the four facilitators within the group (see Appendix F).

This deconstructing of the group event elucidated a much more refined tracking of the patterning within the mother/infant relationships and capacity to reflect on what might be the quality of the attachments we had witnessed, what might be the levels of trauma experienced, and what were the possible mental health needs of these infants. This information highlighted what workers might look for in future sessions within any mother/infant interaction as well thoughtfulness about developing a useful working hypothesis to guide their work with current residents. Recognizing what might be behaviours or interactions that may be cause for concern and how they might make links with external early intervention services was important. This post group time for reflection and examination, and the cross-shelter debriefing sessions was significant in enabling many of the shelter staff 'mind space' to think about how to bring the infant into focus in their day to day work, their service and importantly, in the minds of the mothers with whom they work.

Some Dynamics Observed

The following scenarios, themselves just snippets out of busy two hour group work sessions, reflect the many intricate themes and dynamics that wove themselves throughout the nine group work sessions delivered. They highlight such issues as the transmission of rigid gender identifications and interactional aggression, relational mis-attunement within the mother and infant dyad, and an inability by mothers to assist their child with the regulation of heightened arousal states. Whilst such presentations are not exclusive to mother/infant dyads affected by family violence, they did appear common throughout the nine sessions.

[redacted], 18 months old, remained sitting on her mother's lap for the first half of the group, demanding toys and then playing with them while perched on her Mum's knee. Occasionally another toddler in the group, [redacted], 21 months old, would approach [redacted] in order to snatch her toys and she would whack him and yell back in reply. On one of these occasions she scratched his face and [redacted]'s mother told her not to be a bully. [redacted] got upset and went and sat on his mother [redacted]'s lap. We had noted previously that [redacted] would go to [redacted] when hurt and would sit on her lap. On this occasion when he returned to Mum for comfort, she asked him "are you OK?" and "what happened?" She then promptly asked him "are you a girl?", "are you a sooky girl?" "Be a boy" and pushed him away and told him to "be strong." And off he went.

[redacted] suddenly realized that she had forgotten her 19 month old son's formula and said she would just pop out to her unit to grab what she needed. She and [redacted] had only arrived some twenty minutes earlier to the group and we suggested that maybe [redacted] would like to take [redacted] with her as

he may be upset at being left. [redacted] assured us he would be fine and happy to play with the other toddler in the room and she disappeared without telling him. The other toddler, 3½ year old [redacted] had being playing with some plastic balls, throwing them up into the air. Despite encouraging her to include [redacted], [redacted] continued to play on her own. [redacted] suddenly realized his mother was missing from the room and became upset. One of the facilitators picked him up which prompted him to cry even louder and he could not be comforted. [redacted] soon returned and rushing in she grabbed [redacted] from the facilitator, seeming angry with the facilitator as though in some way it was due to them that her son was distressed. He immediately ceased his crying, as though nothing had just transpired and [redacted] fed him her bottle.

[redacted], 2 years of age, romped up to his mother and gave her a kiss. [redacted], another mother in the group commented that she wished her son [redacted], 16 months old would give her a kiss like that. [redacted], one of the youngest mothers in the group had recently been given a new mobile phone from her father as a present and on and off during the group she would send text messages. [redacted], familiar with the room being used and shelter staff involved in the group would often smooch up to the staff then wander off to play alone. It was observed by facilitators that on two occasions he approached his mother to try and sit on her lap, but absorbed in her phone texting she made no space available for him and he simply acquiesced and wandered off. [redacted] seemed oblivious to her son's overtures.

Twenty six month old [redacted] was unable to join the group at all, trying instead to run down the passageway or leave the room. He was constantly on the move, with his mother just as constantly yelling out his name, but to no avail. [redacted] would indiscriminately approach the other adults for a hug rather than go to his mother, making no overtures to her whatsoever. Contact occurred only when she was stopping him from leaving the room or preventing him from doing something he was not meant to. He appeared to be capable of extreme aggression wrapping his hands around the neck on another child (until facilitators physically pulled him off) and just as capable of extreme gentleness (hugging and kissing a different child when she was upset). His mother slapped him on a number of occasions which seemed to have no impact, emotionally or physically. She had introduced him to the group as the 'little bugger'. The only time he seemed quiet was at the very beginning of the session when he seemed unsure of his surroundings. [redacted] appeared incapable of joining any activity or sitting still, showing no interest in any of the group activities, music or songs.

These interactions give cause for concern. They occurred specifically within these sessions but just as frequently interactions such as these occur daily and are played out in front of shelter staff. The group session cordoned off the daily routine and announced that this was special mother/infant time and that this time was important. Every mother seemed genuinely concerned about their infant but many underestimated the impact of the severity and duration of violence had had upon their infant's early development and indeed, on themselves and their relationships generally. Unpacking the backgrounds of nearly every mother involved in this intervention revealed that they too had been exposed to violence, abuse, abandonment and neglect in some shape or fashion. They loved their infants, as they understood the concept of love, but often what they said was incongruent with how they behaved towards their infant. They also appeared to have little insight into how their responses directly contributed to the relational difficulties they saw as emanating from their infants.

The Results

After it became clear that most mothers were unlikely to attend more that the one group, a viable pre and post evaluation of the intervention proved difficult. It instead seemed useful instead to try and capture a snapshot of the quality of the relationship between the mother and their infants. A measure used within the Peek a Boo Club, the Maternal Postnatal Attachment Scale (Condon & Corkindale, 1998) is a 19-item self-report questionnaire that measures the quality of attachment, absence of hostility and pleasure in interaction. This questionnaire was filled in by each mother for each infant. Out of the 25 questionnaires 5 were discounted due to errors in recording (3) and not meeting admission criteria* (2).

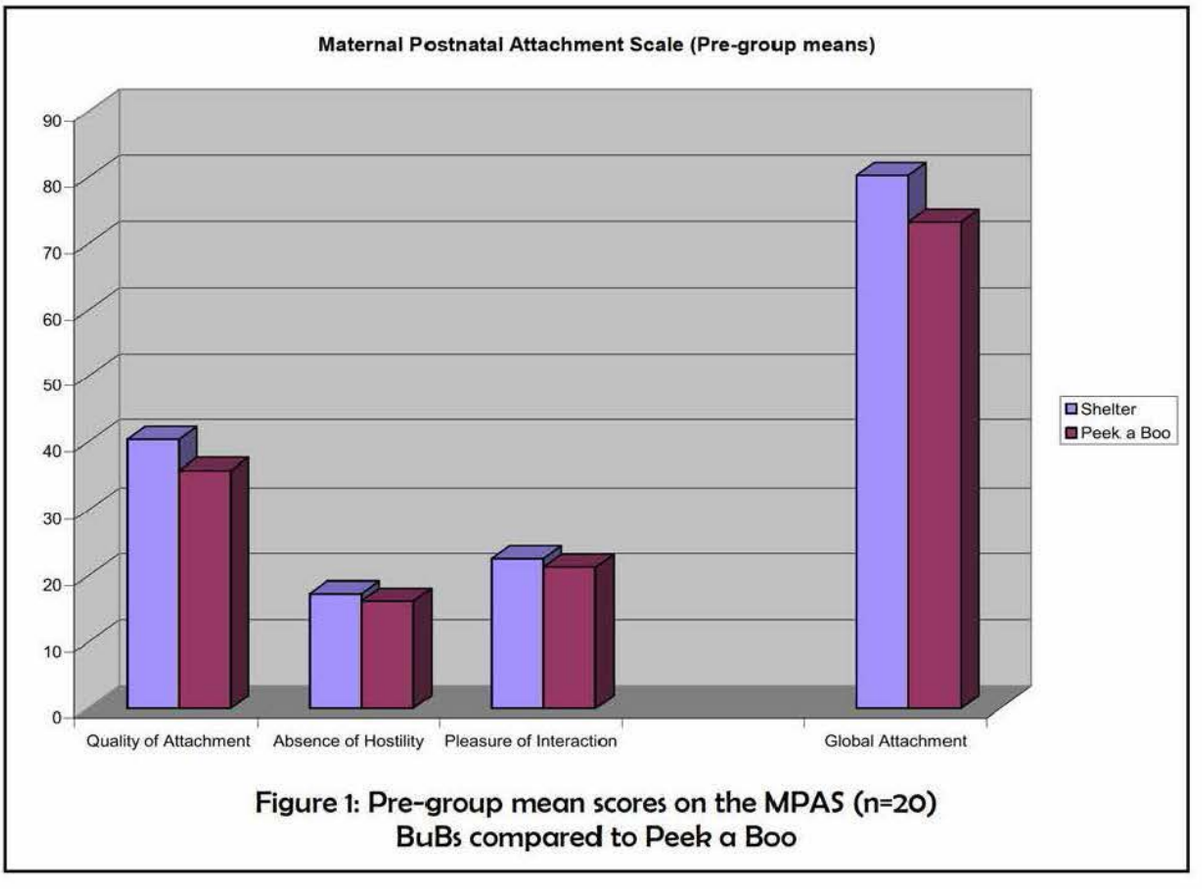


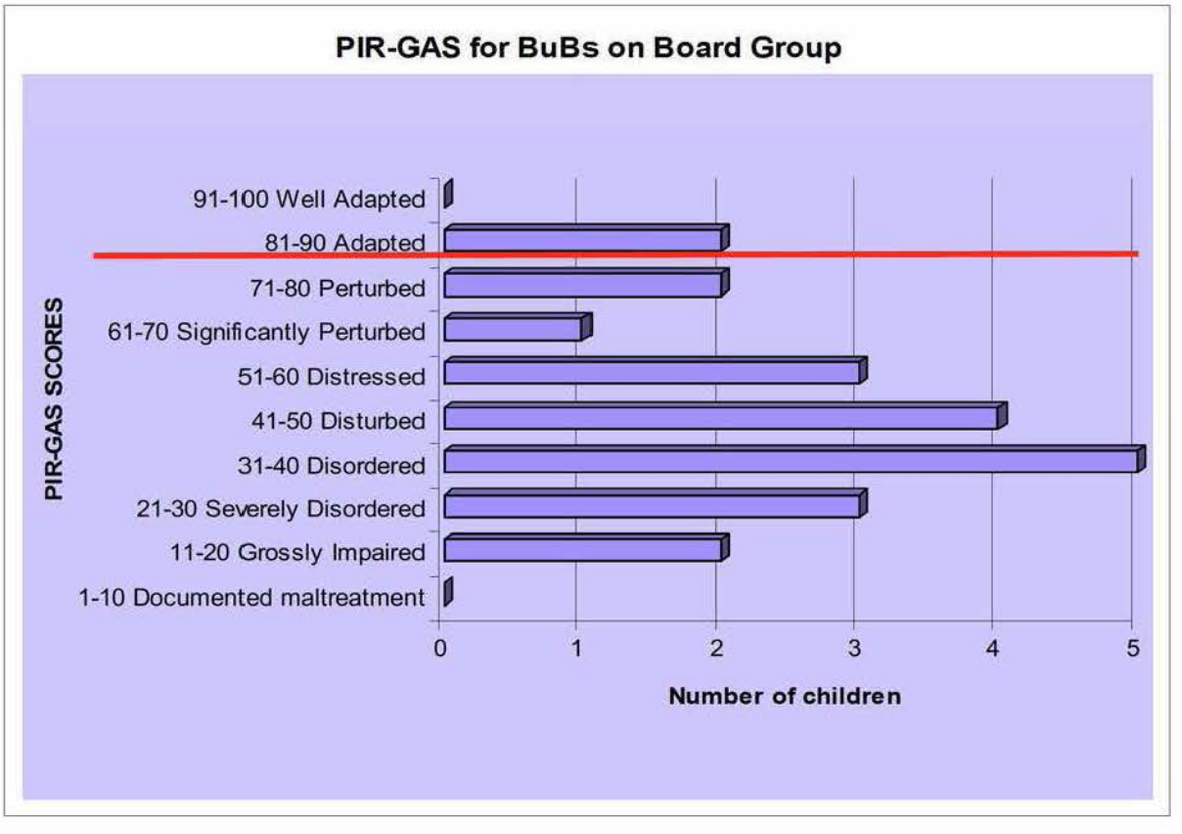
Figure 1: Pre-group mean scores on the MPAS (n=20) BuBs compared to Peek a Boo

The scores of the 'BuBs' On Board fell well below the mean scores for 'normal postnatal mothers' (with no identified experience of violence) as recorded by Condon & Corkindale's (1998) research, but when comparing these with the pre-group mean attachment scores of the Peek a Boo Club, the shelter/refuge group were higher in all domains than those recorded for the Peek a Boo Club. Whilst we cannot know the reason for this, we could infer that many of the women scored extremely high on the questionnaire due to the 'acceptability influence'. Condon and Corkindale (1998) noted that the response to self-report questionnaires is often influenced by what is seen to be socially acceptable, and the lack of attachment to one's infant would be considered undesirable.

* The mothers/infants targeted for this intervention were those currently residing within the shelters and/or active clients of the shelter.

Another possible explanation, congruent with the scoring given by staff (see below) in the Parent Infant Relationship – Global Assessment Scale (PIR-GAS) suggests that these mothers lacked considerable insight into the poor quality of their attachments, and in fact, in many instances over-idealized their relationship. This explanation more readily fits with the mis-attunement the facilitators observed between many mothers and their infants. For example one mother described her relationship with their infant as extremely close; however, the trainers observed the infant using a shelter staff member as their preferred attachment figure when distressed or hurt.

The Parent-Infant Relationship Global Assessment Scale (PIR-GAS), Aoki, Zeanah, Heller & Bakshi, 2002) is a continuously distributed scale of infant-parent relationship adaptation ranging from 'well adapted' to 'dangerously impaired' and was scored by the facilitators after observation of the play/interaction between mothers and infants. The shelter staff were asked for their scores before the trainers expressed their opinions. Very few scores between the four facilitators (trainers/shelter staff) were in vast disagreement. When this did occur considerable discussion occurred and the trainers erred on the side of the staff's assessments as they had previously worked with these infants and their mothers. Staff from one shelter felt this measure was culturally inappropriate in scoring a Sudanese family so three infants were not included. Out of the 22 infants remaining only 2* scored within the 'adapted' range with 20 falling below this range. These findings are alarming and suggest that these infants are presenting with significant and pressing relational difficulties. In addition to this, the majority of infants were also observed to have considerable developmental delays, most notably in relation to language acquisition, sequential reasoning and social referencing. If left unaddressed, these relational, as well as developmental difficulties



* The two infants scored within the 'adapted' range were not currently residing within the shelter, were in stable accommodation and the families had received extensive support and counselling for well over more than twelve months.

may well emerge into longstanding behavioural, emotional, psychological and learning problems.

Participating shelter staff were also asked to fill in questionnaires post the intervention to rate their opinion regarding the effectiveness of the intervention and their learning experience. Nine of eleven questionnaires completed rated the experience 'valuable' (2), 'very helpful' (2) 'Brilliant' (5). Those staff who participated not just in the delivery of the session but also attended the post group 'formal process writing' activity recorded the most positive responses. Written feedback from the shelter staff was rich and comprehensive and included comments such as: "It was amazing to see change in attitude of both clients, the shift was very positive and feedback awesome;" "Mothers are able to think about their children's feelings and impacts of violence in a safe environment;" "Working more from the infant back, through observing the child's world first, getting into what's happening in the child's head;" "Has enhanced my thoughts around questioning, the connection between mother's thinking and child's thinking, being curious about thoughts and the impact of DV on child's thought process" and "I am hoping to establish a similar group program in our shelter" (see Appendixes G and H).

The scope of this pilot was limited to three to four contacts with shelter staff from each of the shelters overall and only two sessions and post group processing delivered in each shelter. The staff reported that many mothers found the intervention very powerful and asked shelter staff when the next BuBs On Board was to be run. In one shelter a mother and her two infants attended one session and hoped to attend the second day but existing appointments prevented them from arriving until the session was nearly over. She and her two children then remained in the room we had used to deliver the group whist the facilitators had gone to another room to start writing up the process notes after the group concluded. An hour later we had decided to have a quick break and found this mother still in the room, re-enacting the very same activities we had used in the group the day before, reading her children the same book we had read, then singing them one of the songs we had sung and then pulling out the play dough we had used.

The children were less engaged with these activities than they had been the day before. One of the trainers asked why she had kept reading despite her children running to the other side of the room and showing no apparent interest. The mother explained that she did not want her children to experience her as 'giving up.' This behaviour could be interpreted in a number of ways. It may demonstrate the potency of the interactional experience of the session that this mother wished to replicate, hoping to capture the sense of intimacy she had felt in the group. It may suggest that she privileged 'our' experience as facilitators, and repeated what we had delivered rather than choosing books and activities she believed or was able to recognise her infants as potentially enjoying. It may be that her repertoire in playing with her children was so limited that she wanted to repeat and therefore master what she had experienced as a new interpersonal experience irrespective of her infants lack of responsiveness, and determined not to teach her children to 'give up.' Whatever interpretation most accurately captured her experience she made it clear that she found the group valuable and she wished to re-experience it. The work hereon in lay in using the mis-attunement witnessed to assist this mother with more sensitively reading her infant's cues and using this to guide her response.

Where are they now

Two of the five shelters are about to commence their own version of the BuBs On Board intervention. They have made contact with other services and professionals within Tasmania to assist in collaboratively delivering the program and ensuring they have access to regular appropriate supervision. Two other shelters are in the process of applying for funding to enable their shelter the staffing resources and supports necessary to deliver this intervention on an ongoing basis.

Conclusion

This small pilot intervention and its findings support the need to intervene early with infants who have experienced considerable familial trauma. Women's shelters/refuges are often the first and a very influential port of call for women and infants/children who have experienced significant trauma and/or familial violence. They offer amazing opportunities at the coalface to do urgent and important relational repair and rebuilding work in mother/infant bonds. Creating time and space to sit with and reflect on mother/infant relationships within families displaced by violence and seeking refuge in women's shelters is vital. Women escaping family violence are robbed of time and opportunities 'to think,' 'to reflect' and 'to relate'. Subsequently, so too are their infants and children, and at a critical time in their formative years when skill acquisition in these areas is crucial to their ongoing development.

Shelters/refuges are, however, as susceptible as the rest of the family violence sector to adopting 'adult centric' and 'reactive cultures' that privilege the pressing demands for securing external stability over making space to attend to their clients internal landscape and the psychological avalanche set in motion for mothers and infants in attempting to escape relational violence. These front line emergency services need support and training from early childhood specialists and child and adolescent mental health services (CAMHS) to feel confident in doing this work well and to have clear pathways for referring families needing further work. The infants in this pilot presented with pressing mental health needs. Can we really afford to wait until these infants eventually come to (or should come but never get to) the attention of CAMHS and other specialists services, or should these services act now and come to them?

References

Aoki Y, Zeanah C, Scott Heller S, Bakshi, S (2002) Parent-infant relationship global assessment scale: A study of its predictive validity. *Psychiatry and Clinical Neurosciences*, 56: 493-497. (Copies of the PIR-GAS can be found on the ZERO to THREE web page, http://www.zerotothree.org/site/PageServer).

Bunston W (2008) Who's left holding the Baby? Infant-led Systems work in Intimate Partner Violence, in J.Hamel, (Ed). *Intimate Partner and Family Abuse: A Casebook of Gender Inclusive Therapy*, Springer Publishing, New York: 155-171.

Bunston W (2006) The Peek a Boo Club: Groupwork for Infants and Mothers Affected by Family Violence, *DVIRC Quarterly*, Autumn, 1: 3-8.

Cohen NJ, Muir E, Lojkasek M, Muir R, Parker CJ, Barwick M & Brown M (1999) Watch, Wait & Wonder: Testing the Effectiveness of a New Approach to Mother-Infant Psychotherapy, *Infant Mental Health Journal* ,20, 4: 429-451.

Condon JT & Corkindale, CJ (1998) The assessment of parent-to-infant attachment: Development of a self-report questionnaire instrument, *Journal of Reproductive & Infant Psychology*, 16, 1: 57-76.

Siegel DJ (2001) Toward an Interpersonal Neurobiology of the Developing Mind: Attachment Relationship, "Mindsight" and Neural Integration, *Infant Mental Health Journal* 22, 1-2: 67-94.

Thomson-Salo F, Paul C, Morgan A, Jones S, Meehan M, Morse S & Walker A (1999) 'Free to be Playful': therapeutic work with infants, *Infant Observation Journal: The International Journal of Infant Observation and its Applications*, 3: 47-62.

Appendix A

ROYAL CHILDREN'S HOSPITAL

MENTAL HEALTH SERVICE

THE SALVATION ARMY

Barwon South West Children's Resource Program

"BUBS (Building Up BondS) On Board"

BUBS On Board is a new program that aims to strengthen the relationship bond between mothers and their babies/toddlers who have lived with family violence. The program involves meeting as a group together with other mothers and babies/toddlers who have lived in either shelter or emergency accommodation. The group will use mother/baby activities that are enjoyable, fun and promote wellbeing in their relationship. It also will allow opportunities for discussion and sharing.

If you have an infant 3 months to 13 months old, a toddler 14 to 24 months, or 24 to 36 months old and would like to be part of this new program, please let staff know.

DATE OF PROGRAM: .....

VENUE: .....

Appendix B

BUBS ON BOARD SCHEDULE

LAUNCESTON/BURNIE 23 – 27 JUNE				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Launceston WS	Launceston WS	OAKLEIGH House	OAKLEIGH House	DEBRIEF *OAKLEIGH*
				11am -1pm

HOBART 28 JULY – 1 AUGUST				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
McCOMBE House	McCOMBE House	HOBART WS	HOBART WS	JIREH HOUSE
10am – 1pm*	10 – 1pm*	10am – 1pm*	10am – 1pm*	10am – 12pm

HOBART 4 AUGUST – 8 AUGUST				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
JIREH HOUSE	DEBRIEF MCCOMBE			
10 – 12pm	11am – 2pm			

*Lunch Included

Session Format/ Structure

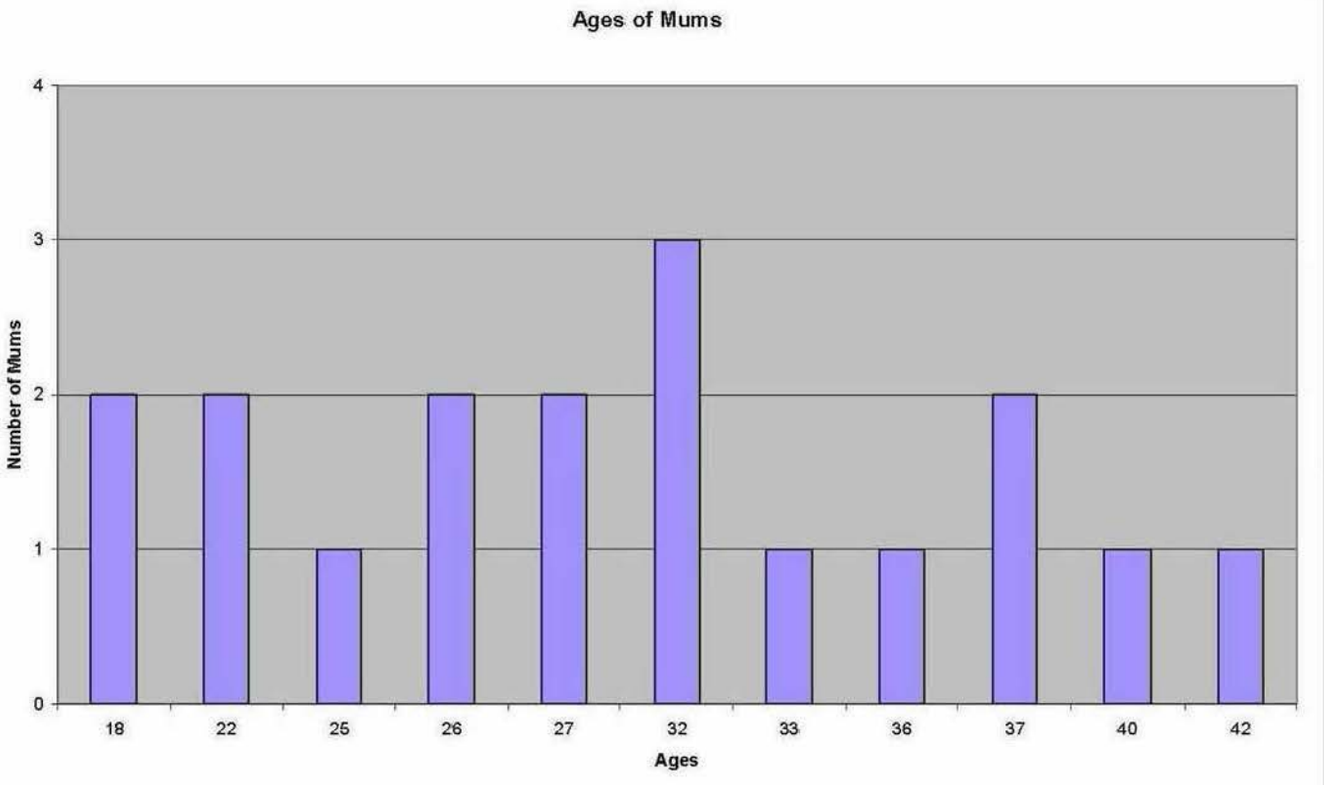
Each shelter is selecting activities that best fit with the resources, culture and skill set of the staff involved. As discussed in each visit, the activities you select should look at:

- **Beginning the group with an introductory/warm up 'infant/toddler friendly' activity**
- **Follow this up with an activity that will be fun and allow each mother to perhaps disclose more intimate information about themselves or their infant/toddler (if they so wish)**
- **Select a few other potential activities that can be used throughout the session including some that are energetic and some that are more sedentary**
- **End with a calming and pleasurable activity to close the group**

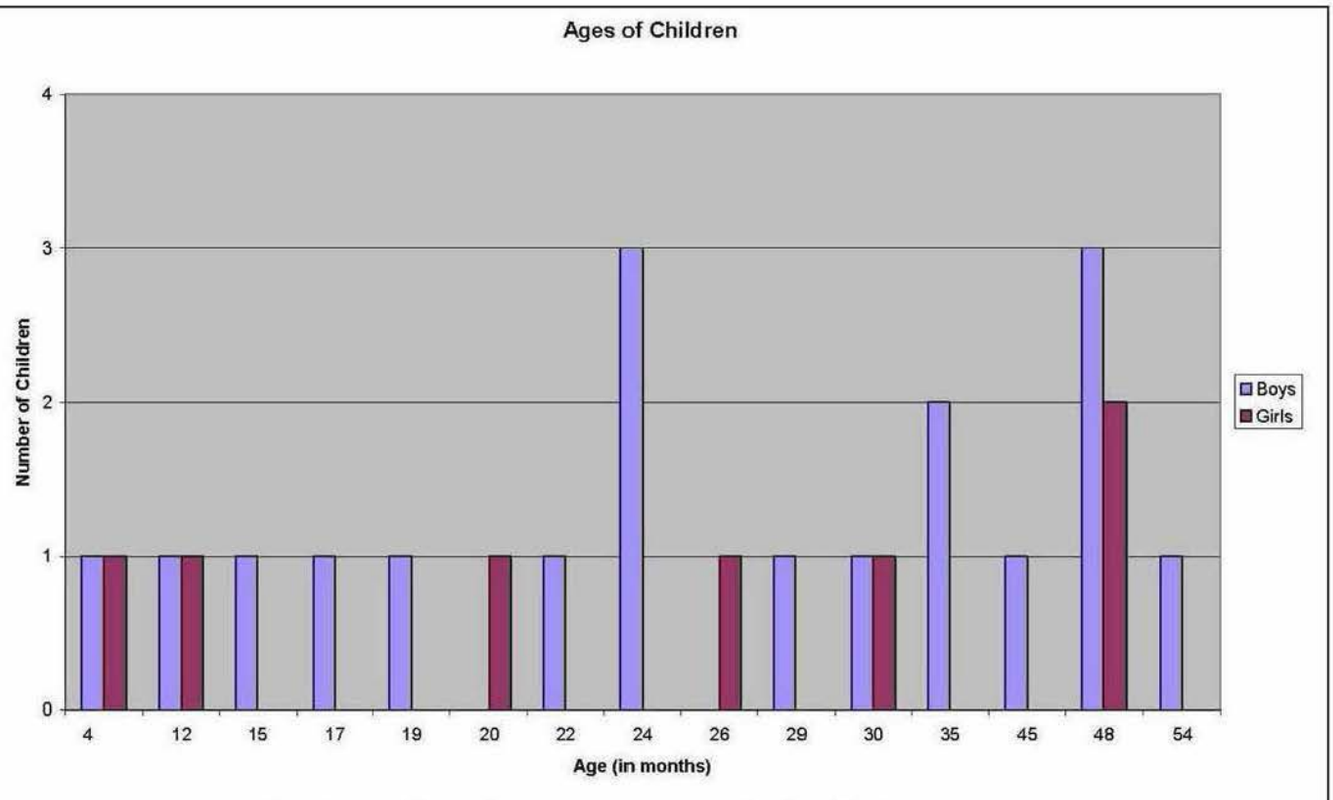
It may well be that we have more activities planned that will be used in the two hour session but this then gives us room to move, selecting what seems to best fit with the group at the time.

Appendix C

Charts: Ages of Mothers, and Children's Ages and Gender.



The youngest mother was 18, the oldest mother was 42.



There were 18 boys: the youngest was 4 months, the oldest was 4 ½ years.
There were 7 girls: the youngest was 4 months, the oldest was 4 years.

Appendix D

The **Royal Children's Hospital** Melbourne

THE SALVATION ARMY

Barwon South West Children's Resource Program

"BUBS

(Building Up BondS) On Board" Consent Form

Venue: _____

Mother's Name: _____

Child's Name: _____ **DOB** _____

	Yes	No
Consent to complete all required pre- and post evaluation material	☐	☐
Consent to be contacted to complete sixth month follow up evaluation material	☐	☐
Consent to use the evaluation outcomes and any materials created within the group for the promotion of the "**BUBS on Board"** only in professional development training/professional publications or for research purposes	☐	☐

Name (Print)	Signed Parent/Carer	Date
_____	_____	_____

Alternative Contact Details

Name _____

Address _____

Relationship to the infant _____

Contact Numbers (BH) _____ (AH) _____

Mobile _____

Appendix E

ROYAL CHILDREN'S HOSPITAL

MENTAL HEALTH SERVICE

THE SALVATION ARMY

Barwon South West Children's Resource Program

"BUBS (Building Up BondS) On Board"

BUBS On Board is a new program that aims to strengthen the relationship bond between mothers and their babies/toddlers who have lived with family violence and who have who have lived in either shelter or emergency accommodation.

The facilitators running **BUBS On Board** also hope to use the evaluation and the material gathered from this program to possibly develop professional development training and/or professional publications. All information involving the mothers and infants/toddlers participating in this new program will remain strictly confidential. If you have any questions or concerns about your involvement within the **BUBS On Board** program please do not hesitate to contact:

Wendy Bunston (Royal Children's Hospital Integrated Mental Health Service): [redacted]

Karen Glennen (Barwon South West Children's Resource Program): [redacted]

Nell Kuilenburg (Salvation Army Hobart): [redacted]

Appendix F

Example of Session Process Notes*

Samantha and Felix (xx months) Samantha was one of xxx children. Her parents still together. Said was no violence between her parents although did suggest maybe she was attracted to certain types of men due to her childhood. Was first married xx years ago, widowed after xxx as he was involved in a … Has xxx older children. Been with Felix's dad Terry for xx years. Violence got really bad in the last x years. Left him x months ago, all partners had been violent. Described this last relationship as most violent, also described being beaten when pregnant and bleeding – stated she was lucky to have Felix, but then described how a previous partner had put her in hospital and had broken bones. Decided last relationship as not as bad as she had now learnt to fight back.

Gillian and Trevour (xmonths) had met her partner, Frank and been together x when she conceived. Did not initially live together but tried it out for xxx months. Frank did not want to have a child, wanted her to get rid of child but Gillian thought she had made the mistake of getting pregnant so should live with it. Frank threatened to stab her in the stomach while pregnant. Frank threatened to hurt them but she stood up to him and… She has xx siblings, xxx still at home with her mother, her parents spilt x years ago. Describes her mother as not disciplining her when growing up nor her father (Gillian's grandfather was very violent) and she did not want to bring her children up that way. Frank has made several attempts to see Trevour since his birth but loses interest when Gillian sets the parameters of the contact. Homeless currently, lived last x weeks in shelter, first few weeks with mother (who attended birth) but then with different friends after this.

Samantha and Felix arrived first, brought by worker from … Felix entered the room happily, not phased by room of adults. Stayed in close proximity to Mum in first little while, ventured out towards Karen, by touching Karen's hand, after a number of ventures towards Karen came forward and touched his nose against hers and then walked away and covered his face. Could have been Peek a Boo but then went to Mum and leaned in towards her shoulder then went back to Karen and touched nose to nose more directly, then to Mary and touched her nose with his, then went to Claire and her nose and then back to Karen and rubbed his nose to hers.

Then Felix sang songs, did not attempt to join in, sat on Mum's lap watched us but did not engage with the process himself. His behaviour very insular, finished singing. Went to Mary and joined in some scribbling with Mary, unaware the borders of the paper, getting frustrated at not getting the tops off to work, scribbled for very short period of time. Was interested in the bubbles because he could move around and chase at them. Enjoyed them coming from different directions. Wendy asking Samantha a lot about his early experiences of violence, Felix not paying much attention but came over to Mum, walked around her and touched her on the shoulder but then put his arms around her neck, as the discussion was occurring about the violence. Appeared to be him needing to check on her, her voice had changed, Mum struggling not to tear up. Was in relation to what he had seen, how it was impacting on Felix,

* These notes have had names changed and certain information removed to ensure confidentiality.

Samantha had been saying how she had learnt to deal with it and able to fight back and this appeared to occur as she was recognizing he was unable to do this for himself. She had described him as strong, able to cope, would hurt himself in playground and not cry unless it was really serious. I spoke about how he perhaps had no words for his distress and had leant to just suck it up like she had, not show his distress.

Claire had tried to get Felix to blow on the bubbles, but he tried to suck on it, unable to grasp concept of blowing, more oral, sucking on the crayons, bubble stick. Lost interest in bubbles, Karen rolled the ball to him and decided to get cars. Mary had to gain his interest in the cars, did not exhibit Mum's comment that he loved the cars at this point. Wanting to go outside, grabbing Karen's hand to go through door. Come back to the cars and more able to engage in play. Samantha still talking about the language concerns, thinks maybe it was related to the violence.

Gillian then arrived with Trevour. Came in and sat down with Trevour sitting in her lap and facing outwards. Felix was carting around a car, came over and just looked at him, Gillian went on instant alert. Gillian sat opposite Mary as she was a familiar face. Asked them to sit in closer and Samantha moved in to the other side of Karen, sitting next to Gillian. Moved either to protect Trevour from Felix, regulating his behaviour in relation to Trevour. Samantha, good tracking and protecting Felix. Before this, had ascertained that these mothers did not know each other. Reintroduced the concept of group.

Gillian stated she had not experienced violence, but explained her partner Frank had threatened her a lot, had threatened to stab her in the stomach when she was pregnant. She did not think he would. Pregnancy not planned, conceived after they had been together xx weeks. Frank very controlling. Then we had a break and Gillian was struggling with all her equipment, Karen offered to help and Gillian just handed Trevour to Karen, he was a deadweight, She did not tell him she was leaving. Trevour would not look at Karen, moved his head about to avoid Karen's gaze. Karen left by herself in room with Trevour, tried to sing, tried to give him a few things and would hold and just dropped it. Found the little toy tennis racket and put in on his nose, making a game that was potentially safer. He started to smile then.

Wendy returned, then Gillian came back with the bottle and farex?! fed baby and she appeared very comfortable, appeared intuitively aware of how he needed to be positioned. Asking about her background, Oldest of xxx. Parents separated xxx years ago and Dad has girlfriend. Said she left home …This was first time of her being homeless but she said she had run away a few times when teenager partying with friends.

Karen went to see what was happening with Samantha and Felix outside. As coming in Samantha needed to go to toilet and just left Felix by himself and had picked up truck. He didn't react, grabbed Karen's hand took her up and down, would not come into the room, Karen told him Mum's in toilet. Samantha came out of toilet, went straight to kitchen to return cup, then came to Felix, no reaction to the reunification. Came into room, bum shuffled into the room, pushed the car with his feet. Everyone back, Wendy had been

talking to Gillian about how she was brought up, and tried to bring Samantha into conversation about how they had been brought up and how they want to bring their boys up. Discussed their masculinity, and how to bring them up as boys. Trevour very focused on Felix at this point. Felix had tried to pull Karen out to play and Karen been able to engage in a game with the textas.

Had a discussion about how a baby makes sense of their world and talked about their preverbal self and ability to control themselves as much as they can through gaze. Also about how if they are confronted by conflict they may have no choice but to disappear into themselves if the adults around them cannot take care of this for them. Recounted Trevour's experience of avoiding looking at Karen when left with her, that was his only defense in coping with a stranger, and Karen spoke about how he liked her. Talked about Trevour's focus on Felix playing with Karen and how he would think about what he was seeing, what was his experience of seeing a child playing with an adult, is the image a safe, unpredictable or violent one.

Finished group with singing "Put You Left Hand In…" Felix loved the movement of us all moving in and lifting our hands down and then up and singing ooohhhh Hokey Pokey, laughed with delight. Gillian held Trevour in front of herself and did the movements with him. Kelly Anne appeared to enjoy this moving but Trevour did not particularly. He did smile at the conclusion of the song, maybe out of relief? When the group concluded Felix became very angry, screaming and appearing not to want to leave.

Thoughts/feelings/observations

Karen noticed that Gillian keeping hold of his fingers, controlling what he was able to do rather than let him explore. Gillian did not see the behaviour of her partner as violent nor did she see her responses towards him as violent. Samantha also saw her ability as standing up to her partner as involving physical aggression rather than being assertive. Difficult to get to smile spontaneously.

Felix displayed a number of repetitive behaviours, spinning around until he drops, Samantha explained this as his dancing, and also walking with his head along the ground and bum in the air. He uttered no discernible words during the two hours and his only way of verbalising was to grunt or scream. Felt he was rather insular, whilst able to navigate around the room not really engage with anyone or care that they were there. Only had a functional interest, ie., to open the door for him. Some aspergers traits?

Neither parent mindful about separations. Very good at practical care level, clean & well dressed but nurturing connections more evidently, intuitively, lacking. No looking to others for contingent caregiving role. Gillian said Trevour liked her singing to him, had read to him early on but not recently. Question about her ability to play with him. Lack of Trevour wriggling around, interest in surroundings etc.

Appendix G

The Royal Children's Hospital Melbourne

"BUBS (Building Up BondS) On Board"

Evaluation Sheet

What has been the most useful part of the BUBS On Board experience for the mothers and infants involved in the program?

How has this experience changed your ideas about mother/infant work?

What has been the most useful part of this experience and what components might you feel you want to implement in your workplace?

How would you rate this as a learning experience?

1. Poor 2. Adequate 3. Valuable 4. Very Helpful 5. Brilliant

Why?

Appendix H

The **Royal Children's Hospital** Melbourne

Integrated Mental Health Program

"BUBS (Building Up BondS) On Board"
Evaluation Sheet - Responses

What has been the most useful part of the BUBS on Board experience for the mothers and infants involved in the program?

- Time to really see their children and the effects of the past on their child and their relationship.
- Learning that they can learn from their children while spending time in play with them. Recognising that they can work on the skills they already have. Evaluating.
- I feel that both mums have had reinforcement that their relationship with their children is quite extraordinary considering their own experiences throughout life. They are really progressing okay as a family unit.
- Networks - connection to each other and organization. Some awareness for 1 client.
- I think the "together time" has been great. For the mums to get together, see their children play, has been fantastic as they don't get a great chance to do that/interact. Also to start to THINK about their children's mental health has been an opener.
- It was amazing to see change in attitude of both clients, the shift was very positive and feedback awesome. It have mums a chance to talk in a relaxed easygoing environment.
- Mothers are able to think about their children's feelings and impacts of violence in a safe environment. Taking the opportunity to view what child's needs might be.
- Learning from Wendy's and Karen's approach and questioning style. Watching the different style of group culture. Verifying my observations.
- Specifically talking about DV - their experiences, their childhoods and their children.

How has this experience changed your ideas about mother/infant work?

- Yes, to be more in tune to what's happening.
- Yes! Working more from the infant back, through observing the child's world first, getting into what's happening in the child's head.
- It has opened my mind more on maybe how to approach mum in a different way in regards to mum/child relationship and where they are at the present time.
- Has enhanced my thoughts around questioning, the connection between mother's thinking and child's thinking, being curious about thoughts and the impact of DV on child's thought process.

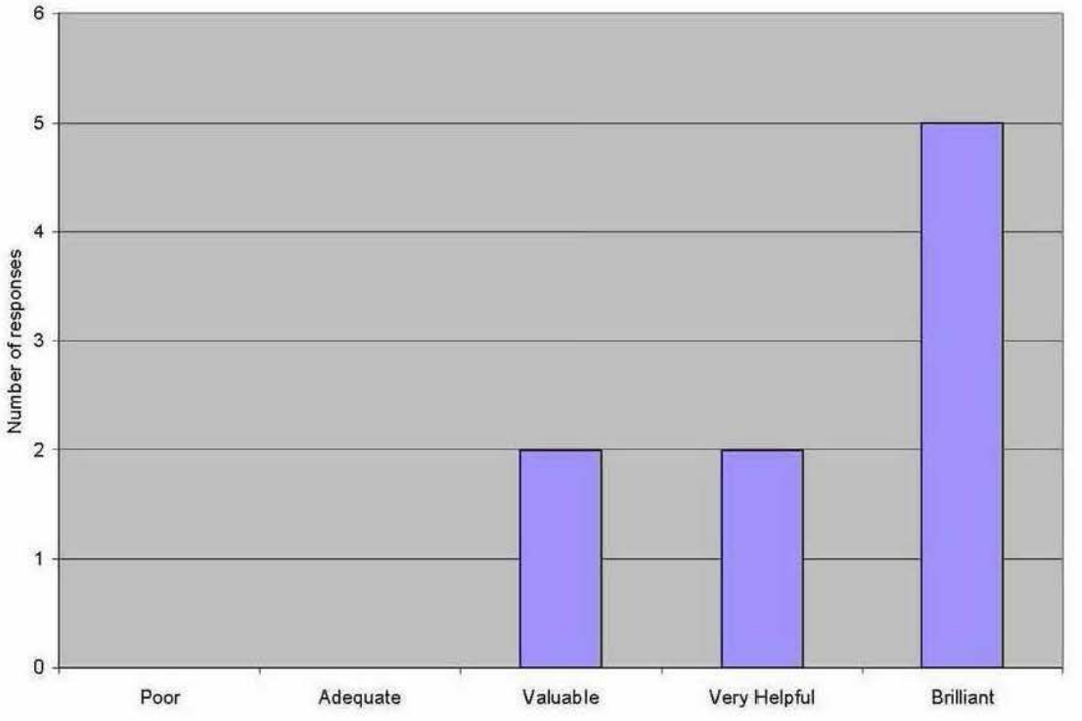
- It's inspired me to "get back into it." It's helped me realize why some of our mums are the way they are and sometimes it feels like we're just pure "childcare." I'm now inspired to get in and work with the mums/children.
- It brought back to me why I am in this job. I have lost sight a little on working with mums and child. I am now feeling positive, empowered and ready to run with new challenges.
- Yes, there is more possibility and scope for this in our organisation.
- Reinforced my sense of the importance of the work in the lives of the mother/infant relationship following trauma/abuse.
- Not really – just a few more good pointers!

What has been the most useful part of this experience and what components might you feel you want to implement in your workplace?

- Singing and modeling child play, and development, building the bond between mother and child. A space to let go of the world and focus on each other.
- Has confirmed the changes I've wanted to implement re working with children, and given me a better 'focus' ie. the child first.
- As above – questioning about thoughts. Being more curious. Seize the moment.
- I would really like to become more involved with mum and child together now that I have heard the benefits that I may be able to make for them rather than just the child on their own.
- Inspired to hold group sessions weekly with mums at our centre, to work with them, open their eyes to their children and their needs.
- Meeting all together in small group was great. I would like to run with it and hopefully being a program similar to Pilot over the last couple of day.
- Being exposed to ways of investigating and asking questions that open up parents' ideas about their children's experiences as valid expressions.
- I am hoping to establish a similar group program in our shelter.
- Solidified the idea in our workplace, stimulated grant writing to get the funds to allow it to happen.

Appendix H (Cont)

How would you rate this as a learning experience?



Why?

- Strengthening and empowering mother child bond. Getting the mother to really see her child.
- Gives me a different way of working within a short space of time. Eg. More direct, more child-focused.
- As I was unfortunate not to attend all 2 sessions I feel the debriefing on day 3 allowed me to grasp some aspects of Wendy's work around mum/child.
- Opened up my mind to new ideas. Gained confidence in my own ability – continue what I'm doing with this information on board.
- Opened not only our clients' eyes but also re-inspired/excited the staff. For a while have felt there hasn't been much "help" in this field out there, so to have you both down has been GREAT! You're both fantastic! Thankyou!
- I loved the passion of both Wendy and Karen. Also re-affirmed what we do does make a difference.
- I think this experience is helpful as it shows how easy it is to involve women and children in a group. Interspersing activities with talking.
- This is an area that I have been interested in for a very long time, and hope to drift the team focus within the shelter more towards "privileging the babies and toddlers" in the service.

Summary of Evaluation (Quantitative and Qualitative) of 4 Infant/Child and Parent Interventions to Address Family Violence

1. The Peek-a-Boo Club™ (PABC), was an early intervention group work program for infants (0 – 4) and their mothers affected by family violence. It ran from mid-2005 until early 2012. It used an 'infant led' approach to facilitate the repair of relational ruptures in the infant/mother attachment as a consequence of experiencing family violence. The demographic data of 128 mothers who participated over a specific period (2007–2011) were collated and the results of a small quantitative pre- versus post-pilot evaluation of 30 groups over this same time period was also analysed. The results of the evaluation indicate some limitations in the methodology, attributed in part to the challenges and complexities involved in collecting data from this 'hard to reach', ambivalent and vulnerable client group, Overall, however, the PABC intervention was associated with improved scores on outcome measures assessing infant, mother and infant–mother functioning. The reliability change index (RCI) analysis showed that only some of the improvements were clinically significant. Although the absence of a control group makes it difficult to draw definitive conclusions as the effectiveness of PABC, the outcomes combined with qualitative reports of the mother, suggests improvements. Post-intervention, analysis showed that infants had improved socio-emotional competence and had less challenging internalizing, externalizing and dysregulating behaviours. This combined with mother's reports of improvements in the infant's gaze, levels of affection, pleasure, pro-social interactions and compliance would suggest positive shifts were found in infant's functioning. More importantly, it shows a mother's capacity to reflect, notice and delight in their infant's capacities to relate; factors that were not always evident at the outset of their involvement. The results suggest that infants appeared to have developed new ways of regulating and modulating their behaviours, whilst mothers were more attuned and available to assist the infants to contain strong emotional responses.

2. 'Dads on Board' ™ was a 'two-pilot' group work intervention for fathers who had participated in a 'Men's Behaviour Change Program' and their infants/ toddlers. It expanded on the PABC model, and sought to create a therapeutic space where play, exploration and curiosity about the mind of their infant were encouraged, as was altering interactional patterns in order to interrupt the transmission of violence. It had clear objectives around enhancing the father's ability to read and respect their infant's relational cues. It also explored how their behaviour and relating style as a parent had a direct impact on their infants/toddler's emerging personality and capacities. The program was originally intended to target 'fathers and their infants only', however partners were invited to participate in every assessment and subsequently expressed a desire to also attend the intervention. The numbers are too small to draw any statistical inferences however the results from Parental Postnatal Attachment Scale (seven fathers) show that there had been an overall positive shift for fathers and mothers in their perceptions of and relationship with their infants. Qualitative feedback was very positive from all participants including the children and as one mother noted "I would never have believed the changes I have seen in their relationship had I not witnessed what I saw happening in this group".

3. Parents Accepting Responsibility Kids Are Safe (PARKAS), commencing in 1996, was established as a two tiered group work program for children (aged 8 to 12 years) affected by family violence and their parents. Sixty qualitative questionnaires

were completed by the participants who fully completed the program between 1997 and 2000 revealed that 85% found the group useful and the remaining 15% reported some disappointment. Negative feedback was usually associated with the format of the group or lack of improvement in their child's behaviour. Statistical analysis of mean Strength and Difficulties Questionnaires (SDQ) scores (1999 to 2006) as reported by parents and teachers before and after AFVP (predominantly PARKAS) programs found an overall improvement in total difficulties. Both parents and teachers reported a reduction in emotional symptoms. Teachers reported a significant improvement in hyperactivity, ($t(11) = 2.55$, $p = .03$), and parents reported significantly less peer problems, ($t(17) = 2.65$, $p = .01$). Both parents and teachers reported a significant increase in conduct problems after AFVP. While only two statistical tests found significant results, this is largely influenced by the small sample. The decrease in emotional symptoms and increase in conduct problems is consistent with a program that aims to ameliorate traumatic symptoms and enhance affect regulation over the behavioural modification of the participants. The movement from internalising feelings to the more overt expression of strong emotions as reflected in the results relating to conduct may in fact suggest a move away from avoidance and a 'coming to life'. Evaluation of parkas showed a significant improvement for children in peer relationships following participation in the group.

4. BuBs (Building Up Bonds) On Board was a pilot program for infants and mothers impacted by family violence and implemented in five women's shelters within Tasmanian within 2008. It involved a total of 43 participants were involved in the nine two hour groups across the 5 shelters. This included 18 mothers aged from 18 to 42 years, and 25 infants from 4 months to 4½ years, with the majority falling between 2- 4 years of age. Of the 25 infants involved, 18 were male and 7 were female. This intervention was only able to offer a one-off group work intervention and as such and it seemed appropriate to collect a snapshot of the quality of the relationship between the mother and their infants, in an area where so little has been reported. The Maternal Postnatal Attachment Scale (Condon & Corkindale, 1998), self-report questionnaire, was administered. The scores of the 'BuBs' on Board fell well below the mean scores for 'normal postnatal mothers' (with no identified experience of violence) as recorded by Condon & Corkindale's (1998) research. The Parent-Infant Relationship Global Assessment Scale (PIR-GAS), Aoki, Zeanah, Heller & Bakshi, 2002) was administered to facilitators of the BuBs On Board intervention, and found that out 22 infants, 20 fell well below the 'adapted' range. The majority of infants were observed to have considerable developmental delays, most notably in relation to language acquisition, sequential reasoning and social referencing. These findings are alarming and suggest that these infants are presenting with significant and pressing relational and developmental difficulties. If left unaddressed, these difficulties may well develop into longstanding behavioural, emotional, psychological and learning problems.

Summary prepared by Wendy Bunston: [redacted]

XML Template (2014) [18.12.2014-12:42pm] [1–21]
//blrnas3.glyph.com/cenpro/ApplicationFiles/Journals/SAGE/3B2/ANJJ/Vol00000/140050/APPFile/SG-ANJJ140050.3d (ANJ) [PREPRINTER stage]

Article

Australian & New Zealand Journal of Criminology
0(0) 1–21

DOI: 10.1177/0004865814559925
anj.sagepub.com

Evaluating relational repair work with infants and mothers impacted by family violence

Wendy Bunston
wb Training & Consultancy, and La Trobe University, Victoria, Australia

Kathy Eyre
The Royal Children's Hospital, Melbourne, Victoria, Australia

Anthony Carlsson
The Royal Children's Hospital, Melbourne, Victoria, Australia

Kristen Pringle
Alfred Child and Youth Mental Health Service, Victoria, Australia

Abstract

This paper describes the delivery of a therapeutic infant/mother group work intervention program called The Peek-a-Boo ClubTM, which ran from mid-2005 until early 2012. It examines the importance of intervening early with infants and mothers impacted by family violence. The intervention used an 'infant led' approach to facilitate the repair of relational ruptures in the infant/mother attachment as a consequence of experiencing family violence. It provides an overview of the intervention and work undertaken to enhance the quality of the attachment between mothers and their infants. In particular, it presents the demographic data of 128 mothers and their infants who participated over a specific period (2007–2011) and then the results of a small quantitative pre- versus post-pilot evaluation of 30 groups over this same time period. Further qualitative data is also included. The challenges and complexities involved in collecting data from this 'hard to reach', ambivalent and vulnerable client group are discussed. The results of the evaluation indicate some limitations in the methodology, however, overall The Peek-a-Boo ClubTM program was associated with improved scores on outcome measures assessing infant, mother and infant–mother functioning. Though only a small study, it supports intervening early to assist mothers and infants impacted by family violence in order to repair relational disruption, and encourage mother's availability to respond sensitively to their infant's efforts in managing affect regulation. A more comprehensive, tailored and systematic evaluation of such interventions is recommended.

Corresponding author:
Wendy Bunston, PO Box 750, Moonee Ponds, Victoria 3039, Australia.
Email: wendy.bunston@bigpond.com

Keywords
Group work, infants' affected by family violence, infant–mother relationship, program evaluation, treatment intervention

Introduction

The first two years of a child's life is a time like no other. Human development is at its most rapid and most vulnerable. Notwithstanding the importance of adequate nutrition and shelter, the quality and experience of an infant's relationship with their primary caregivers are the key determinants in how their future neurobiological, emotional and cognitive capacities will unfold (Schore, 2005; Siegel, 2012). Early and persistent traumatic relational experiences, when not ameliorated by that caregiving system, leave 'scars that won't heal' (Teicher, 2002), negatively impacting on the growing child's cognitive, language and learning capabilities and ability to form healthy attachments (Levendosky, Bogat, & Martinez-Torteya, 2013; Schechter & Willheim, 2009). One of the most significant protective factors shown to buffer infants against the detrimental impacts of having lived with family violence is the quality of their attachment with their non-offending parent (Hibel, Granger, Blair, & Cox, 2011; Martinez-Torteya, Anne Bogat, Von Eye, & Levendosky, 2009). Severe attachment difficulties can be a precursor to developing lifelong mental health, behavioural and interpersonal problems (Breidenstine, Bailey, Zeanah, & Larrieu, 2011; Lieberman, Chu, Van Horn, & Harris, 2011). Attachment patterns have been shown to transmit across generations, making attempts to intervene early and address mother infant attachment difficulties resulting from family violence urgent and important work (Johnson, 2013).

Early intervention can counter early childhood trauma (Carpenter & Stacks, 2009; Lieberman et al., 2011), yet there is a dearth of intervention programs specific to infants and their mothers who have been exposed to family violence. This paper describes a therapeutic infant/mother group work program, the Peek-a-Boo ClubTM (PABC) and the pre- versus post-pilot evaluation of 30 groups over a 5-year period (2007–2011). The complexities inherent in not only delivering, but evaluating such an intervention will also be explored.

The PABC was originally developed within the mental health program located within Melbourne's Royal Children's Hospital. It aimed to positively rework relational ruptures and attachment difficulties resulting from exposure to family violence. The program was primarily informed by Object Relations and Attachment Theory frameworks. The 'object' is typically understood to be the infant's mother, as usually this relationship is the first intimate relationship the infant experiences and learns from. As a result of this experience, the infant forms an attachment over those first few years which is discriminating, has specific features and is subsequently enduring (Ainsworth & Bowlby, 1991). Equally, we were informed by 'social justice' practices that advocated for the right of the mother and the infant to 'be safe' and 'kept safe'. Using a therapeutic play space, we encouraged positive relational and regulatory experiences as we visited past traumas.

Further to this was a rigorous embedding of an 'infant led' approach to this work (Morgan, 2007; Paul & Thomson-Salo, 1997). As facilitators we consistently modelled how we: honoured the subjectivity of the infants; followed their lead; and were overt in

our curiosity about their meaning making. Being 'infant led' required "curiosity about just what the infant/child maybe thinking, imagining, expressing and feeling. Infants and children are not objects that we do things to, nor are they passive participants in the therapeutic process whom we work on. Rather, they are willing, able and available unique subjects who are communicating volumes to their external world about how their internal world is faring (Bunston, 2008, p. 335).

We also explored the mother's past experiences of being parented, both negative and positive (Lieberman, 2007), and tied these together with their current experiences of being 'the parent'. We used concepts such as 'Watch, Wait & Wonder' (Cohen et al., 1999), to encourage mothers to be patient and available to their infant's invitations to engage, and then reflect on and be curious about the meanings behind their behaviour. Similarly, we used the behaviours, interactions and dynamics that occurred within the room itself to identify and overt powerful opportunities for relational repair in the 'here and now' (Tronick & Beeghly, 2011). Although the groups consistently explored a number of themes, the intervention was not manualised, nor was it simply a set of principles; it was relational. Each group had a life of its own and it was the facilitation team's job to enable a space for each group's own unique 'life' to come alive and grow.

The model

The facilitation team consisted of up to four workers, two of whom were infant mental health trained clinicians. Facilitators who were not clinicians from the Mental Health Service were trained up in the PABC model either through 'in-situ' training or training workshops. The group participants were infants (0–4 years), and their mothers, who had been exposed to significant levels of family violence. On average, a PABC group consisted of four mothers and four infants, however, twins or a sibling under 4 were occasionally included. The PABC provided 11 sessions in all (8 weekly 2 hr groups, 1 reunion group and individual pre- and post-group sessions) and took a full day, consisting of: room preparation; group facilitation; writing process notes; follow up phone calls; attendance at clinical group supervision; and production of a weekly therapeutic newsletter.

The pre-group program of mother–infant assessment session (conducted in 2 hr with two facilitators) provided an opportunity to engage with both the infant and the mother, observe their interactions and collect information. The 'Working Model of the Child' interview was adapted (Benoit, Zeanah, Parker, Nicholson, & Coolbear, 1997), with additional questions exploring the infant's and mother's own experiences of violence, the mothers potential for violence and how both mother and infant may have felt about the father (often the perpetrator). Questions were also sensitively asked about the conception of the infant, and the mother's feelings upon learning she was pregnant. Additionally, consent forms were completed, evaluation measures administered, demographic information collected, limited confidentiality discussed and our legal responsibility to report any child protection issues made clear.

The individual post-group session offered 'reciprocal feedback', further referral options and community support and the post-group reunion session was held 4–8 weeks after the final group. Group members were made aware that a reunion would

be offered at the conclusion of the group. This, we felt, held the group psychologically whilst they prepared to say goodbye.

Video feedback techniques are often used in mother/infant treatments with high risk groups (Beebe, 2005; Puckering, 2004). Where this intervention differed is through relying on the immediacy of 'real time' interactions, and the subjectivity and agency of the infant themselves to bring about opportunities for therapeutic change. Infants are incredibly sociable, receptive and spontaneous within a safe therapeutic space. When seen and thought about as active participants in the group, and particularly in the mother/infant relationship, they are as powerful as any other participant in activating change.

The intervention

Whilst the model remained the same, each group itself was unique. Common themes and issues arose over the course of the intervention and moved through three distinct phases:

Beginning sessions: Weeks one to three – 'Encouraging Engagement'

These three weeks focused on engagement and safety and we remained flexible about group members joining until week three. Along with personal introductions, we established group expectations and a shared understanding of the purpose of the group. The degree of structure was fluid depending on the facilitator's levels of experience and comfort, however some aspects varied little. Rituals included a 'hello' and 'goodbye' song, and a mid-way shared morning tea. The room set-up remained the same, creating a clear, safe space (physically and emotionally) that was inviting and not overwhelming. The emphasis was on encouraging interaction, curiosity and reflection rather than overstimulation. Large floor cushions were arranged in a circle so that everyone was at eye level with the infants and a small number of simple toys were available.

Whilst the first session involved a sense of anticipation and anxiety for both facilitators and participants, the focus was on engagement and creating an emotionally safe space. Initially, a welcoming "hello" song was sung followed by a warm-up game inviting general introductions. This led onto discussions about the purpose of the group, following the lead of the infants, asking about member's hopes and expectations and some volunteering of the dyad's narrative of their experience of family violence. As part of setting up a culture of observation and reflection mothers were asked to reflect on what they thought their infants needed, to imagine what the infant's might want to share with us, how their infant may be communicating with gesture, facial expression, vocalization or proximity and what both the mothers and infants would need from the group to be safe? Activities were often infant initiated and involved playing music, singing, movement, scarf play (such as peek-a-boo) and games with balls and/or dolls. For example, an infant playing with a Lion puppet led onto the group singing the song, "Leo the Lion". Activities were also introduced by facilitators to continue to establish engagement, explore issues and encourage infant and mother attunement. For example, an activity used involved asking mothers to choose an animal that best represented themselves and another to represent their infants, then to imagine what animal the infant might choose for themselves and their mother and discussing the reason for their choices. This was extended to include: what the mother would prefer to be (and

developed into a discussion around sense of self, perception of their identity as a mother and a reflection on hopes for the future); what animal they might prefer their infant to be; and choosing animals for other family members, including the infant's father. This inclusion provided one of several entry points for reflecting therapeutically about the meaning of fathers in the lives of the infant and the mother (and how these potentially differed). Activities such as these allowed facilitators to make tentative reflections, interpretations or links as intra-psychic material emerged.

Each group concluded with the ritual of singing "Twinkle, Twinkle, Little Star" as infants sat or lay with their mothers on large cushions whilst a large, starry transparent fabric held by group facilitators was waved over the group participants, creating an image of stars twinkling in the night sky above. During these first weeks, the infants would show through their play how much they remembered people and activities within the group, which allowed opportunities to explore the concept of memory and highlighted the children's capacity to recall and re-enact what they may have seen. This was sometimes a confronting experience as some mother's held the belief that their infant was 'too young' to remember.

Toddler sessions were often more flexible, bringing in new activities or toys that engaged their interest, i.e. drawing, books and more physical games.

Middle sessions: Weeks four to six – 'Encouraging Reflection'

During these weeks, the groups began to settle into a rhythm, sharing experiences and exploring issues in greater depth. Mothers would often bring questions, issues and dilemmas to the group, and in doing so, facilitate discussion and sharing. Questions/themes which arose included: How might you talk to your infant/toddler about their father: when separated; when a baby has no access; or when they do have access etc.? How do you talk to the infant about their experience of what they have witnessed? Do you separate the violent acts from the person? Can a person be loving and terrifying? What is family?

Family of origin issues were also often explored through conversations initiated by the mothers and sometimes by facilitators, recollecting who played with them, and/or sang to them as children, or how they parent compared to how they were parented. Intergenerational, cultural and gender issues relating to family violence were also explored. The role of the facilitators was not to provide answers, but make overt the complexities of these issues and the implications for how the infant thought about self and about other. The facilitators worked to bind the individual participants' narrative to the group collective so that meanings could be shared and explored.

Remaining 'infant led' during these discussions was important as was making space for mothers to observe and think about what their infants were doing. How the infant interacts invariably raises issues about how they needed assistance in managing strong feelings and how to express these safely, as well as the challenges inherent in limit setting. The 'watch, wait and wonder' approach outlined previously continued to facilitate reflection and was also often explained overtly to the group. Activities encouraging observation, i.e. sharing gaze via a mirror, often opened up discussion about how the infants watched their mothers and others and prompted questions such as: What does the infant see when they look at themselves and/or their mother's face in the mirror?; How do mothers feel they were watched, or kept in mind by their parents?

Blowing bubbles, playing peekaboo or hide and seek was often introduced and provided opportunities for shared delight and reciprocal interaction. These playful activities allowed for observation of the dyads, how they managed separations and reunifications, their capacity for mutual delight and opened up dialogue about mis-attunements and ruptures (perceived or real) in the infant mother relationship. Toddlers 'playing at hiding' was particularly common and often allowed the group to discuss and explore times when the mother and/or infants had been forced to hide.

During these 'middle' weeks facilitators began to talk about the group's end, which often overted feelings of ambivalence, grief, sadness and/or anger for some families and consideration of work that still needed attention. Questions often asked included: What do we want to talk about before the group finishes? Have we talked enough about the impact and meaning of violence – others and ours? How do I talk to my babies about the violence? How do we deal with and tolerate our babies' anger or aggression? How so we think we parent and have been parented? Whilst these themes commonly arose, each group presented with its own distinct material for discussion.

Often groups had unique 'stand-out' event/s or topics that defined that particular group. Such examples include: 1. A toddler accidently hurt another – this was a defining moment and provided an opportunity to unpack the meanings all group members gave this incident (intentional, unintentional and how conflict is enacted, managed), which provided a powerful entry into examining undercurrents of conflict between group members and broader realisations about the violence all group members had experienced. 2. Another group grappled with the thorny issue (consciously and unconsciously enacted) of rejection as one mother disclosed her decision to relinquish her older child to a foster family. This mother was swiftly judged by some group members but led to reflections on feelings of abandonment they had felt from their mothers and on occasions, their own ambivalence towards their infants. As facilitators it was important to allow permission for painful material to be made conscious, acknowledge its complexity and use the group space to safely explore its meaning.

Ending sessions: Weeks seven to nine – 'Encouraging Consolidation'

Sessions became more reflective as the group entered a rhythm of responding to what presented itself in the room at the instigation of the infants and became more self-directed. Past activities were revisited anew, as infants and toddlers crave repetition, allowing opportunities for further exploration of play and infant–mother engagement, and reflecting on the group ending. In planning the ending, many groups chose to bring in special, culturally significant food, honoring the different backgrounds of group members. In the final group session, mothers were asked to also complete post-evaluative measures and a written feedback form. A memento of the group was also given to the infants and mothers in the final session, i.e. photographs taken, songs sung, or their own small piece of starry fabric. These were transitional objects to hold onto from the inside world of the group to the world outside the group.

In the individual post-group feedback session with each dyad and the concluding reunion group, the same rituals, space and toys were used. This gave a chance to reconnect and process what had happened since the group concluded. It was also an opportunity for facilitators to feedback what they had seen and what had changed, and for

XML Template (2014) [18.12.2014-12:42pm] [1–21]
//blrnas3.glyph.com/cenpro/ApplicationFiles/Journals/SAGE/3B2/ANJJ/Vol00000/140050/APPFile/SG-ANJJ140050.3d (ANJ) [PREPRINTER stage]

mothers to also provide feedback. As infancy is a time of such rapid development, there was much to capture and reflect on in these sessions.

As highlighted earlier, writing post session process notes and attending supervision were critical to this intervention, as both, in different ways unpacked and allowed facilitators to reflect on, process and digest what was always rich and intense intra-psychic material. This expatiated facilitator's capacities to digest the material of the group, the dynamics unconsciously paralleled in the facilitation team itself and contain the often 'crisis driven' nature of work in order to enable 'thinking' to remain (Bunston, 2013a). Additionally, the therapeutic newsletter provided a powerful container and therapeutic thread for all participants, keeping their material in our mind, and the group in their mind (Bunston, 2013b). Complex material was able to be digested by facilitators and given back to the mothers in a palatable form, further refining an important tenet of the intervention, offering an "opportunity to take something enormous and terrifying from the outside world and make it into something smaller and perhaps a little less frightening within their internal world" (Jones & Bunston, 2012, p. 223). An example of such material is taken directly from a newsletter written in 2009;

Gretel (24 months – name changed) very quickly settled into the new group and joined Chloe (30 months – name changed) in her travels around the room. At first, she seemed to find the game Chloe was playing a little frightening. This game was a continuation of a game Gretel has played in earlier groups where she used a snake or the whale to pretend to scare each person in the room, moving towards them with the toy and going – 'grrrrffff'. This was perhaps giving her a sense of control and playing with creatures that can be scary and turning them instead into something that can be enjoyed rather than feared.

This is an interesting idea when thinking about the complex nature of people and how people who can both frighten us and give us pleasure. What was very curious to observe was that Gretel moved from finding these creatures, and the snakes in particular, frightening, to moving to playing with them and at one point even giving one of the rubber snakes a good whack with the music stick.

Methods

Program participants

Although the first PABC commenced in 2005, this paper specifically examines an evaluation undertaken between mid-2007 until late 2011 involving 30 groups, with 133 infants and 105 mothers. Mothers identified 65.5% of the infants as 'Australian'. Whilst in 2010,

two culturally specific groups were run, one indigenous and the other Sudanese, the PABC groups, overall, reflected the diverse range of cultures that make up Metropolitan Melbourne and in particular the outer Western Suburbs (Health, 2013, p. 5).

Participants were referred from across Melbourne with over half (17 of the 30 groups) facilitated in collaboration and 'on-site' with health professionals from outside of the RCH Mental Health Program. Referrals were largely from Maternal Child Health, Child Protection, Women's Support Services, or when co-facilitating with an external service from their existing client base. Despite being faced with issues to do with homelessness, lack of resources and their infant's health, only a small proportion (17%) of participants failed to attend the majority of the program.

Demographic information

Demographic information particular to infant participants were collected through forms required by the Victorian Government's Department of Human Services (DHS) state-wide Child and Adolescent Mental Health Services (CAMHS) in addition to PABC referrals forms and assessment interviews. Some mothers were, however, reluctant to disclose all their personal details and a third chose not to disclose certain information, skewing the details of participants. Demographic data was available for 128 of the 133 program participants and collated on a database (reflected in Tables 1, 2 and 3).

Table 1 lists the demographic details of participants. This involved infant males (53.9%) and females (46.1%) with a mean average age of 20.4 months (SD = 11.31). The mothers ranged from 18 to 53 years (average age 30.24) (SD = 5.95) and reported the father's average age as 34.51 years (SD = 7.15). Families were typically 'stay at home' single mothers and only 13.3% of families consisted of both parents. Most infants were naturally conceived with the majority born at term by normal vaginal delivery. Four mothers (3.1%) reported that the conception was through rape whilst 35 (27.3%) mothers did not disclose.

Table 2 lists mental health issues reported by mothers. The most common mental health issues identified were depression (35.2%), posttraumatic stress disorder (PTSD) (7.8%) or a personality disorder (6.3%), however, 48.4% of mothers did not disclose mental health issues. Paternal mental health issues, as reported by mothers, were depression (6.3%) and PTSD (3.2%), with 86.7% not disclosing. Substance use was self-reported by 12.5% of the mothers and, according to the mothers, 33.6% of fathers used substances. Few mothers indicated that their children had mental health issues (86.4%) but did identify issues with behaviour (10.2%), anxiety (2.5%) and their attachment (0.8%).

Table 3 lists forensic and violence demographic data. Of the families involved in the program: 52.3% had police involvement due to intimate partner violence (IPV) (33.6% reported no police involvement and 14.1% did not respond); 53.9% had Family Violence Orders (FVO) in place (32.0% reported no FVO and 14.1% did not respond); and 19.5% had Family Law Orders (FLO) in place (57.8% reported no FLO and 22.7% did not respond). The types of violence reported were physical (89.1%), verbal (87.5%), emotional (67.2%), financial (36.7%) and sexual (21.9%). Mothers typically reported having experienced two or more types of violence (91.4%) and approximately 19.0% of

Table 1. Descriptive characteristics of PABC infant–mother participants.

	Sample ($N = 128$)	
	%	*n*
Infant participants		
Female	46.1%	59
Male	53.9%	69
Infant participant's nationality		
Australian	62.5%	80
African	8.5%	11
Asian	3.9%	5
Other	3.9%	5
Not disclosed	21.2%	27
Parental relationship		
Separated	78.9%	104
Together	13.3%	17
Not disclosed	5.5%	7
Child cohabitates with		
Mother	82.0%	105
Parent	9.4%	12
Foster care	2.3%	3
Grandparents	0.8%	1
Not disclosed	5.5%	7
Number of siblings		
Only child	31.3%	40
One	25.0%	32
Two	28.9%	37
Three or more	9.3%	12
Not disclosed	5.5%	7
Conceived of rape		
Yes	3.1%	4
No	69.5%	89
Not disclosed	27.3%	35
Birth type		
Vaginal	50.8%	65
Caesarean	7.0%	9
Emergency caesarean	3.1%	4
Not disclosed	39.1%	50
Birth term		
Full term delivery (>37 weeks)	51.6%	66
Early delivery (<37 weeks)	10.2%	13
Not disclosed	38.2%	49

XML Template (2014) [18.12.2014-12:42pm] [1-21]
//blrnas3.glyph.com/cenpro/ApplicationFiles/Journals/SAGE/3B2/ANJJ/Vol00000/140050/APPFile/SG-ANJJ140050.3d (ANJ) [PREPRINTER stage]

Table 2. Mothers' reports of mental health status of infant–mother participant and biological fathers.

	Sample ($n = 128$)	
	%	*n*
Prior maternal mental health diagnosis		
Depression	35.2%	45
Anxiety	3.1%	4
PTSD	7.8%	10
Axis II diagnosis	6.3%	8
Other (ID, PND)	4.6%	6
No diagnosis disclosed	48.4%	62
Prior paternal mental health diagnosis		
Depression	6.3%	8
PTSD	3.9%	5
Anxiety	1.6%	2
Other (ID, bipolar)	2.4%	3
No diagnosis disclosed	86.7%	111
Maternal substance use	12.5%	16
Paternal substance use	33.6%	43
Infant's sibling mental health diagnosis		
Behavioural	10.2%	12
Anxiety	2.5%	3
Attachment disorder	0.8%	1
No diagnosis disclosed	86.4	102

mothers reported experiencing all of the above forms of violence. The identified perpetrator of violence was largely reported to be the father of the infant (74.2%), whilst a smaller portion of mothers identified that the violence was perpetrated by both the mother and the father of the infant (13.3%). Nearly half of the families (43.0%) required Child Protection involvement (48.4% reported no Child Protection involvement and 7% did not respond), and only 6.3% of infants were currently or had previously been placed in foster care (7.0% did not respond).

Program evaluation

The capacity to create a wait-list control group was problematic. Small referral numbers, the ambivalence of mothers in seeking help and the urgency of intervening took precedence over evaluative demands. It is acknowledged from the outset that the inclusion of a control group would have enhanced our evaluation, however, this proved untenable to achieve in the real-life delivery and demands of this unique program. Poor literacy, anxiety about information being collected and the critical priority of engagement meant that not all pre-measures were successfully completed, and as such the

XML Template (2014) [18.12.2014-12:42pm] [1–21]
//blrnas3.glyph.com/cenpro/ApplicationFiles/Journals/SAGE/3B2/ANJJ/Vol00000/140050/APPFile/SG-ANJJ140050.3d (ANJ) [PREPRINTER stage]

Table 3. Frequency of external agency involvement and family violence experienced by infant–mother participants.

	Sample ($N = 128$)	
	%	*n*
Child protection (past and current)		
Yes	43.0%	55
No	48.4%	62
Not disclosed	8.6%	11
Foster institutional care		
Yes	6.3%	8
No	86.7%	111
Not disclosed	7.0%	9
Police intervention		
Yes	52.3%	67
No	33.6%	43
Not disclosed	14.1%	18
Types of violence reported		
Emotional	67.2%	86
Financial	36.7%	47
Physical	89.1%	114
Sexual	21.9%	28
Verbal	87.5%	112
Amount of violence		
One type	2.3%	3
Two types	29.7%	38
Three types	21.9%	28
Four types	25.0%	32
Five types	19.0%	19
Not disclosed	6.3%	8
Perpetrator of violence		
Father	74.2%	95
Father and mother	13.3%	17
Other family member	3.1%	4
Sibling	2.3%	3
Not disclosed	7.1%	9
Family violence orders		
Yes	53.9%	69
No	32.0%	41
Not disclosed	14.1%	18
Family law orders		
Yes	19.5%	25
No	57.8%	74
Not disclosed	22.7%	29

effectiveness of the program may be underestimated, or skewed. Notwithstanding the very real difficulties inherent in obtaining this information, it remains important to present what data we were able to collect about a cohort that is severely under-represented in the literature, largely because they are so difficult to reach.

Data collected

Standardised measures

Three measures were used to assess the functioning of mother/infant attachment and selected because of reliability, affordability and ease of use.

Infant functioning. The Brief Infant Toddler Social Emotional Assessment (BITSEA) (Briggs-Gowan & Carter, 2002) is parent-completed tool that screens emotional/behavioural problems and socio-emotional competence in one- to three-year-old children (Briggs-Gowan & Carter, 2002). The BITSEA consists of 42 items that are summed to produce a Problem subscale (31 items) and a Competence subscale (11 items), with high scores indicating higher levels of domain. The Problem subscale assesses emotional/behavioural problems, such as aggression, withdrawal, negative emotionality and anxiety. The Competence subscale assesses areas of socio-emotional competence, such as prosocial behaviours and compliance. The BITSEA has known test retest reliability ($r = .79–.92$) and internal consistency (Cronbach's $\alpha = .79$ for problems scale and $\alpha = .65$) (Briggs-Gowan, Carter, Irwin, Wachtel, & Cicchetti, 2004).

Mother–infant attachment. The Maternal Postnatal Attachment Scale (MPAS) (Condon, Corkindale, & Boyce, 2008) is a self-report scale that quantitatively measures the quality of parent infant attachment. The scale consists of 19 items on a 5 point scale, with '1' indicating low attachment and '5' indicating high attachment. The items are summed to provide an overall global score of attachment and subscales for Quality of Attachment, Absence of Hostility and Pleasure in Interaction. Higher scores indicate higher levels of each measure. The MPAS has a high test retest reliability ($r = .86$) and an internal consistency ($\alpha = .78$; Condon et al., 2008).

Clinician rating of carer–infant functioning. The Parent–Infant Relationship Global Assessment Scale (PIR-GAS; Zero-To-Three, 2005) is a clinician rating of the global adaptive status of the relationship between the primary caregiver and the infant. The PIR-GAS uses a continuous qualitative scale that contains nine anchor points, ranging from "severely disturbed" (10) to "well-adapted" (90). Little is known on the psychometrics of the PIR-GAS (Müller et al., 2013); emerging research has reported inter-rater reliability ($r = .83$; Aoki, Zeanah, Heller, & Bakshi, 2002) and intra class correlation ($r = .86–.90$; Salomonsson & Sandell, 2011). A pre-intervention rating for each dyad was determined by clinical observation of the interactions and relationship between the mother and infant dyad in their first week of the group and by interview and observational information obtained at initial assessment. A post-intervention rating was determined in the last session of the group program.

XML Template (2014) [18.12.2014-12:42pm] [1–21]
//blrnas3.glyph.com/cenpro/ApplicationFiles/Journals/SAGE/3B2/ANJJ/Vol00000/140050/APPFile/SG-ANJJ140050.3d (ANJ) [PREPRINTER stage]

Evaluation of design and challenges with data collection

Whilst the demographic information pertains to the 128 program participants, the quantitative evaluative outcome data is based on only a third to half of this number (BITSEA ($n = 38$), MPAS ($n = 62$) and PIR-GAS ($n = 50$)). Both the MPAS pre-group self-report questionnaire and the BITSEA pre-group screening tool (for infants 12–36 months) were completed during the pre-group assessment with the respective post-group measures completed during the last session of the group program. When necessary, interpreters were used with families from culturally and linguistically diverse (CALD) backgrounds, assisting mothers to fill in the forms. During the final session of the PABC, mothers also completed a qualitative participant feedback form.

Statistical analysis

The demographic data was analysed using the SPSS (Statistical Package for the Social Sciences) version 19.0. Preliminary data screening was performed to ensure the suitability of the data for analysis. Incomplete data sets on five infant–mother participants were removed; analysis was performed on $N = 128$ infant–mother participants. All evaluative measure outcome data were screened prior to analysis to ensure that there were no statistical violations and that the data was normally distributed. Based on skewness and kurtosis ratios, only scores on the Quality of Attachment, Absence of Hostility, and Pleasure in Interaction subscales of the MPAS were significantly negatively skewed. As a result, these subscales were transformed using a reflect square root transformation. All transformed variables were reanalysed and found to be normally distributed, and unless otherwise indicated, the transformed values were used in the analyses.

To determine whether changes in the outcome measures used were clinically significant, a reliability change index (RCI) was calculated for each score and subscale of each participant. The RCI was calculated by dividing the magnitude of change from pre- to post-intervention by the standard error of the difference score (Jacobson & Truax, 1991). Internal reliability was calculated for each of the measures in the current study. Participants were categorised on their individual RCI score as having shown significant improvement ($RCI > 1.96$), no change ($RCI \geq 1.96$ and ≤ 1.96) or significantly deteriorated ($RCI < -1.96$).

Results

The means and standard deviations of the measures of the mothers' reports of infant functioning, the quality of maternal and infant attachment and the clinician rating of global functioning are listed in Table 4.

Infant functioning (BITSEA)

A paired t test was conducted to compare pre- and post-program scores on mother's reports of infant functioning. Results show that mothers reported that their infants were significantly more socially competent post-intervention ($M = 17.42$, $SD = 3.49$) than at

Table 4. Pre- and post-intervention outcome measures of infant functioning, infant maternal attachment and infant–mother functioning from mothers informants and clinician ratings.

	Pre-program		Post-program		
	Mean	SD	Mean	SD	*p*
BITSEA problem ($n=38$)	20.68	8.97	15.55	6.59	<.001
BITSEA competence ($n=38$)	16.47	3.65	17.42	3.49	.047
MPAS Global Score ($n=62$)	73.55	13.13	76.72	9.68	.025
Quality of attachment	36.37	5.68	37.03	5.56	<.001
Absence of hostility	17.11	4.73	17.602	4.97	<.001
Pleasure in interaction	19.78	5.21	21.42	3.37	<.001
PIRGAS ($n=50$)	49.62	16.60	53.25	13.88	.046

pre-intervention ($M=16.47$, $SD=3.65$), $t(37)=-2.05$, $p=.047$. The results also show that mothers reported that their infants displayed significantly less problematic behaviours post-intervention ($M=15.55$, $SD=6.59$) than at pre-intervention ($M=20.68$, $SD=8.97$), $t(37)=4.18$, $p<.001$.

Infant maternal attachment (MPAS)

Paired-sample t tests were conducted to compare pre- and post-program scores on the Quality of Attachment between the infant and mother. The results show that at post-intervention the score on overall global attachment ($M=76.72$, $SD=9.68$) was significantly higher than at pre-intervention ($M=73.55$, $SD=13.13$), $t(61)=-2.30$, $p=.025$. At a subscale level, results showed significant improvements post-intervention for Pleasure in Interaction (pre-intervention $M=17.98$, $SD=5.21$ versus post-intervention $M=21.42$, $SD=3.37$), $t(61)=4.71$, $p=<.001$, Quality of Attachment (pre-intervention $M=36.37$, $SD=5.68$ versus post-intervention $M=37.03$, $SD=5.56$), $t(61)=7.65$, $p=<.001$ and Absence of Hostility (pre-intervention $M=17.11$, $SD=4.73$, versus post-intervention $M=17.60$, $SD=4.97$), $t(61)=7.65$, $p=<.001$.

Clinician evaluation of infant–mother relationship using PIR-GAS

A paired-sample t test was calculated to determine whether there were any differences in the clinicians rating of adaptive functioning between the mother and infant at pre- and post-intervention. The results show that clinicians reported better adaptive functioning post-intervention ($M=53.25$, SD 13.88) than at pre-intervention ($M=49.62$, SD 16.60), $t(49)=-2.05$, $p=.046$.

Reliable change index results

Analysis of the RCI showed that around 10% of participants had significant improvement post-intervention in their scores on MPAS Global functioning and MPAS Pleasure in Interaction, with 90% having no significant change. Only 3% of participants reported

XML Template (2014) [18.12.2014-12:42pm] [1-21]
//blrnas3.glyph.com/cenpro/ApplicationFiles/Journals/SAGE/3B2/ANJJ/Vol00000/140050/APPFile/SG-ANJJ140050.3d (ANJ) [PREPRINTER stage]

significant improvements post-intervention in their scores on MPAS Quality of Attachment (94% showed no change and 3% had significant deterioration). Participants demonstrated either no change (92%) or significant deterioration (7%) in Absence of Hostility based on their RCI score.

Based on their reliability change scores, 8% of participants demonstrated significant improvement post-intervention in their clinician ratings (86% showed no change and 6% had significant deterioration).Whilst no significant improvements were found for problem behaviours, 16% of infants showed significant improvement in the social competence scores (79% showed no change and 5% had significant deterioration).

Qualitative feedback form

A participant satisfaction survey was completed during the last group program session, which consisted of six questions: What was the best thing about coming to the PABC? What was the worst thing about coming to the PABC? In what ways do you think your relationship with your baby has improved? How has coming to the PABC helped your baby? Have your feelings/thinking about yourself as a mother changed since coming to the PABC? Have you noticed anything about yourself or your baby over the weeks of coming along to the PABC? This method of evaluation had over 80% compliance and consistently indicated a high level of satisfaction. The most common response to the question "what was the worst thing?" was that the group was not long enough. Additional specific feedback included:

What was the best thing about coming to PABC?

"Support, information, understanding, watching x interact with others"

"Watching my child with others, facilitators really know how to help with the kids"

"You treat me from the heart, you treat me like your sister, you helped me with the bond with my child"

"Getting out of the house, watching x play and have fun with other kids"

In what ways do you think your relationship with your baby has improved?

"I now understand why certain things are happening so I can find ways to deal with them. We are happier as things are calmer as issues have been worked through".

"Taking more time to sit down on the floor and play with x, much more than I did before Peek-a-Boo"

"Showed me to talk to x, I now understand that it's important to talk to him whether he understands or not"

"We are closer"

How has coming to the PABC helped your baby?

"Due to recommended resources x now sleeps and is happier and calmer and we enjoy our time more"

"I think she has really enjoyed it and has looked forward to coming every week".

"X really enjoyed being at the group, it was really great bonding time for x and myself".

"Developed relationship with others adults, the relationship with (male facilitator) will help him relate to men- he had never had that chance"

Discussion

Information collected about those participating in the PABC intervention provides some insight into the status of infants and mothers (predominantly from greater Western Metropolitan Melbourne) affected by family violence from 2007 to 2011. The large number of single mothers (78.9%) participating may be attributed to their being no partner to prevent them from seeking outside support. The significant number of fathers (albeit mothers report) 'using substances' (33.6%) does correlate with other findings (Easton, McMahon, & Moore, 2011). However, physical violence features at a significantly higher rate than in other studies measuring frequency and types of violence used (Coker, Smith, McKeown, & King, 2000). The data supports the extent with which violent acts are used within family violence to exert control, with 70% of the women reporting that they experienced three or more forms of violence (Kelly & Johnson, 2008).

Of all respondents, 13.3% of mothers acknowledged that they also used violence. Whilst this violence may be understood as reciprocal, we suspect this rate is much higher and not always reciprocal. Our belief is that the shame associated with women using violence and the social debate associated with the prevalence of men's violence, silences this discussion. We concur with Cho and Wilke (2010) that "attempts at understanding the nature of female perpetrated IPV should not be influenced by fears of a backlash from a male dominant social structure. Instead, it should lead to better understanding of the dynamics of IPV that is critical to better serve victims" (Cho & Wilke, 2010, p. 399). In this instance, the ones most silenced and less served are the infants.

Whilst 70% of the women reported that conception was not forced, only 3% reported rape, with 27.3% not disclosing. Our experience is that these disclosures would be significantly higher if collected again post-program. There is great shame, ambivalence, and for some resentment, which surrounds the conception of many infants born into a relationship where there is IPV (Gee, Mitra, Wan, Chavkin, & Long, 2009). This is an important clinical area for exploration for those working with mothers and infants affected by family violence, exacerbating already painful and distressing maternal feelings towards the infant.

Research has found a strong correlation between IPV and high levels of maternal depression (Levendosky, Bogat, Huth-Bocks, Rosenblum, & von Eye, 2011), this correlation is supported by 35.2% of the mothers in this study reporting depression.

Involvement with Child Protection was also reported as significant with 43% of mothers disclosing their contact over concerns about their children. Australian child protection figures show children under the age of one are most likely to have those concerns substantiated, followed by those aged between one and four years. Further still, over half the mothers reported contact with police. This speaks to the severity of the violence experienced, with research indicating that women are more likely to contact police when the violence is severe and life threatening (Lee, Park, & Lightfoot, 2010).

Overall, the PABC intervention was associated with improved scores on outcome measures assessing infant, mother and infant–mother functioning. The RCI analysis showed that only some of the improvements were clinically significant. Although the absence of a control group makes it difficult to draw definitive conclusions as the effectiveness of PABC, the outcomes combined with qualitative reports of the mother, suggests improvements. Post-intervention, analysis showed that infants had improved socio-emotional competence and had less challenging internalizing, externalizing and dysregulating behaviours. This combined with mother's reports of improvements in the infant's gaze, levels of affection, pleasure, pro-social interactions and compliance would suggest positive shifts were found in infant's functioning. More importantly, it shows a mother's capacity to reflect, notice and delight in their infant's capacities to relate; factors that were not always evident at the outset of their involvement. The results suggest that infants appeared to have developed new ways of regulating and modulating their behaviours, whilst mothers were more attuned and available to assist the infants to contain strong emotional responses.

Maternal perceptions of overall attachment showed improvement in the MPAS scores. At a subscale level, the results showed an improvement in 'Quality of Attachment' and a 'Pleasure in Interaction' as well as a reduction in 'Hostility' between mothers and their infants. This indicates a triggering of strong protective factors in the mother–infant relationships, suggesting a possible reworking of maternal representations; an important step in interrupting the transmission of intergenerational violence.

The results from the PIR-GAS found clinician assessed improvements in the adaptive status and dynamic of the mother/infant relationship. In particular, the infant and mothers' overall functional levels improved; the levels of distress and conflict in the relationship reduced; the levels of resolution in the relationship improved; more adaptive flexibility in the relationship was observed; and the infant's developmental progress was more positively influenced by the improved quality of the infant–maternal relationship.

The RCI was used to evaluate the effectiveness of the PABC. Results indicate that only a small percentage of participants (8–15%) reported statistically reliable improvements on some of the outcomes measures used. Interpretation of the change found in participants of the current study is difficult because of a lack of studies in infant mental health, and in family violence in particular, that report the RCI. The small change could be attributed to the use of measures inappropriate for this population and/or not sensitive enough to detect change. Additional research is needed to investigate, for example, what is the optimal number of sessions for interventions that targets infants and mothers affected by family violence and can improvements be sustained?

These outcomes suggest that dyadic group interventions can assist mothers and infants who have experienced significant relational disruption – creating opportunities in the 'here and now' for the infant/mother relationship to rework inhibitive maternal

representations and encourage availability to respond sensitively to their infant's efforts in managing affect regulation. The MPAS scores generally reflected that the mothers presented with either overly negative or idealised representations of their infant(s) pre-group, echoing concerns expressed by others that such rigidity in maternal thinking "constitutes a risk to future parenthood among high-risk mothers" (Flykt et al., 2012, p. 135). Significantly, post-program these scores reflected mothers holding a more realistic picture of their infant and their relationship, and an improvement in their attachment experience overall. Further, adopting an 'infant-led' approach can be reparative in attending to disruptions in attachment. A large proportion of the mothers attending the program had left violent relationships suggesting a desire to actively protect their infant from harm. The earlier a mother leaves a violent relationship the greater the opportunity there is to develop a secure attachment with their child (Levendosky et al., 2011).

This evaluation certainly highlights the difficulty in obtaining data and sourcing appropriate measures. Re-collecting demographic details of participants at the conclusion of the program would have been illuminating, and in hindsight, also a valuable indicator of the impact this intervention. Engagement and service delivery took precedence over collecting data. Had we more time and resources, further measures could have been included, however, the challenge remains as to how to collect data without compromising engagement. Additionally, the age range of some assessment tools proved problematic. Ideally, using measures targeting infants and toddlers 0–5 would allow for maximum data collection. The BITSEA can only be administered on infants aged 1–3 years, so information for infants under 12 months (not reported here) was collected using the Crying Patterns Questionnaire (James-Roberts & Halil, 1991).

Notwithstanding the difficulties presented in undertaking this small evaluation, there is sufficient evidence to indicate that the program was beneficial and justifies a more methodologically sound study. The short term nature of the intervention precludes any ability to lay claim to interrupting the transmission of intergenerational violence. However, neither does this eliminate the possibility that such early work, undertaken at such a pivotal time in the life of the infant/mother relationship has as much potency for repair as does family violence for relational rupture.

Recognition of the high costs that family violence wrecks on the physical, social and economic fabric of our society is not unique to Australia (WHO, 2013). What these costs are, have been easier to identify than how to address them. Further still, how this then translates into supporting interventions which endeavour to reach this sometimes hidden, often suspicious and particularly vulnerable client group is complex and not necessarily assisted by economically driven agendas to roll out, across all sectors, blanket responses that risk missing the target group altogether. The complexity of how to both reach and then research this client group needs urgent attention, thoughtfulness and time. Smaller, community driven projects being undertaken by service providers are worthy of both financial and research support. As (Breckenridge & Hamer, 2014) notes, "Traditionally, quantitative research methodologies grounded in the natural sciences (with the randomised control trial as the ideal model) have tended to dominate understandings of what is accepted as the 'best' or 'gold standard' evidence. However, criteria for gold standard evidence are not easily implemented in the complex arena of DFV practice and do not fully encompass the importance of the worker–client relationship" (p. 1).

XML Template (2014) [18.12.2014-12:42pm] [1–21]
//blrnas3.glyph.com/cenpro/ApplicationFiles/Journals/SAGE/3B2/ANJJ/Vol00000/140050/APPFile/SG-ANJJ140050.3d (ANJ) [PREPRINTER stage]

The results of this evaluation are encouraging and indicate that not only is it possible to engage this vulnerable client group in treatment but also to impact positively on their functioning and attachment. Given the overwhelming evidence that exposure to family violence does impair the neurobiological, psychological and social functioning of infants, the present findings add support to the urgency of intervening early. Focusing on improving the functioning of mother–infant relationships may break the cycle of poor attachments as well as mitigate future mental health issues.

Acknowledgements

We would like to recognise the contributions and talents of other members of the PABC program including Robyn Sketchley, Meredith Banks, Katie Waters and Tim O'Leary as well as the amazing support provided by Susannah Duncan. Finally, we are indebted to the Sidney Myer Fund and The Grosvenor Foundation, through the Victorian Women's Trust, for funding this program. For any further information about any of the data, samples or models used in this research please contact Kathy Eyre: kathy.eyre@rch.org.au, or download material about the AFVP on http://dvrcv.org.au/help-advice/service-providers/practitioners-working-children.

References

Ainsworth, M. S., & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist*, *46*(4), 333.

Aoki, Y., Zeanah, C. H., Heller, S. S., & Bakshi, S. (2002). Parent–infant relationship global assessment scale: A study of its predictive validity. *Psychiatry and Clinical Neurosciences*, *56*(5), 493–497.

Beebe, B. (2005). Mother-infant research informs mother-infant treatment. *Psychoanalytic Study of the Child*, *60*, 7–46.

Benoit, D., Zeanah, C. H., Parker, K. C. H., Nicholson, E., & Coolbear, J. (1997). "Working model of the child interview": Infant clinical status related to maternal perceptions. *Infant Mental Health Journal*, *18*(1), 107–121.

Breckenridge, D., & Hamer, D. (2014). Traversing the maze of 'evidence' and 'best practice' in domestic and family violence service provision in Australia. *Australian Domestic & Family Violence Clearinghouse Issues Paper*, *26*, 1–15.

Breidenstine, A. S., Bailey, L. O., Zeanah, C. H., & Larrieu, J. A. (2011). Attachment and trauma in early childhood: A review. *Journal of Child & Adolescent Trauma*, *4*(4), 274–290. DOI: 10.1080/19361521.2011.609155.

Briggs-Gowan, M., & Carter, A. (2002). *Brief-Infant-Toddler Social and Emotional Assessment (BITSEA): Manual. Version 2.0*. New Haven, CT: Y. University.

Briggs-Gowan, M. J., Carter, A. S., Irwin, J. R., Wachtel, K., & Cicchetti, D. V. (2004). The brief infant-toddler social and emotional assessment: Screening for social-emotional problems and delays in competence. *Journal of Pediatric Psychology*, *29*(2), 143–155.

Bunston, W. (2008). Baby lead the way: Mental health group work for infants, children and mothers affected by family violence. *Journal of Family Studies*, *14*(2–1), 334–341.

Bunston, W. (2013a). The group who holds the group: Supervision as a critical component in a group with infants affected by family violence. In L. M. Grobman, & J. Clements (Eds.), *Riding the mutual aid bus and other adventures in group work* (pp. 179–184). PA: White Hat Communications.

Bunston, W. (2013b). "What about the fathers?" bringing 'Dads on Board^{TM}' with their infants and toddlers following violence. *Journal of Family Studies*, *19*(1), 70–79.

Carpenter, G. L., & Stacks, A. M. (2009). Developmental effects of exposure to intimate partner violence in early childhood: A review of the literature. *Children and Youth Services Review*, *31*(8), 831–839.

Cho, H., & Wilke, D. (2010). Gender differences in the nature of the intimate partner violence and effects of perpetrator arrest on revictimization. *Journal of Family Violence*, *25*(4), 393–400.

Cohen, N. J., Muir, E., Lojkasek, M., Muir, R., Parker, C. J., Barwick, M., . . .Brown, M. (1999). Watch, wait, and wonder: Testing the effectiveness of a new approach to mother-infant psychotherapy. *Infant Mental Health Journal*, *20*(4), 429–451.

Coker, A. L., Smith, P. H., McKeown, R. E., & King, M. J. (2000). Frequency and correlates of intimate partner violence by type: physical, sexual, and psychological battering. *American Journal of Public Health*, *90*(4), 553.

Condon, J. T., Corkindale, C. J., & Boyce, P. (2008). Assessment of postnatal paternal–infant attachment: development of a questionnaire instrument. *Journal of Reproductive and Infant Psychology*, *26*(3), 195–210. DOI: 10.1080/02646830701691335.

Easton, C. J., McMahon, T. J., & Moore, B. C. (2011). Drug abuse and intimate partner violence: A comparative study of opioid-dependent fathers. *American Journal of Orthopsychiatry*, *81*, 218–227. DOI: 10.1111/j.1939-0025.2011.01091.x.

Flykt, M., Punamäki, R.-L., Belt, R., Biringen, Z., Salo, S., Posa, T., . . .Pajulo, M. (2012). Maternal representations and emotional availability among drug-abusing and nonusing mothers and their infants. *Infant Mental Health Journal*, *33*(2), 123–138. DOI: 10.1002/imhj.21313.

Gee, R. E., Mitra, N., Wan, F., Chavkin, D. E., & Long, J. A. (2009). Power over parity: Intimate partner violence and issues of fertility control. *American Journal of Obstetrics and Gynecology*, *201*(2), 148e141–147.

Health, V. G. D. (2013). *2012 Regional health status profiles: North and west metropolitan region.* Melbourne, Victoria: S. G. Victoria.

Hibel, L., Granger, D., Blair, C., & Cox, M. (2011). Maternal sensitivity buffers the adrenocortical implications of intimate partner violence exposure during early childhood. *Development and Psychopathology*, *23*(2), 689–701.

Jacobson, N. S., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology*, *59*(1), 12–19.

James-Roberts, I. S., & Halil, T. (1991). Infant crying patterns in the first year: Normal community and clinical findings. *Journal of Child Psychology and Psychiatry*, *32*(6), 951–968.

Johnson, K. (2013). Maternal-infant bonding: A review of literature. *International Journal of Childbirth Education*, *28*(3), 17–22.

Jones, S., & Bunston, W. (2012). The "original couple": Enabling mothers and infants to think about what destroys as well as engenders love, when there has been intimate partner violence. *Couple and Family Psychoanalysis*, *2*(2), 215–232.

Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, *46*(3), 476–499.

Lee, H. Y., Park, E., & Lightfoot, E. (2010). When does a battered woman seek help from the police? The role of battered women's functionality. *Journal of Family Violence*, *25*(2), 195–204. DOI: 10.1007/s10896-009-9283-y.

Levendosky, A. A., Bogat, G. A., Huth-Bocks, A. C., Rosenblum, K., & von Eye, A. (2011). The effects of domestic violence on the stability of attachment from infancy to preschool. *Journal of Clinical Child & Adolescent Psychology*, *40*(3), 398–410. DOI: 10.1080/15374416.2011.563460.

Levendosky, A. A., Bogat, G. A., & Martinez-Torteya, C. (2013). PTSD symptoms in young children exposed to intimate partner violence. *Violence Against Women*, *19*(2), 187–201.

Lieberman, A. F. (2007). Ghosts and angels: Intergenerational patterns in the transmission and treatment of the traumatic sequelae of domestic violence. *Infant Mental Health Journal*, *28*(4), 422–439.

Lieberman, A. F., Chu, A., Van Horn, P., & Harris, W. W. (2011). Trauma in early childhood: Empirical evidence and clinical implications. *Development and Psychopathology*, *23*(02), 397–410. DOI: 10.1017/S0954579411000137.

XML Template (2014) [18.12.2014-12:42pm] [1–21]
//blrnas3.glyph.com/cenpro/ApplicationFiles/Journals/SAGE/3B2/ANJJ/Vol00000/140050/APPFile/SG-ANJJ140050.3d (ANJ) [PREPRINTER stage]

Martinez-Torteya, C., Anne Bogat, G., Von Eye, A., & Levendosky, A. A. (2009). Resilience among children exposed to domestic violence: The role of risk and protective factors. *Child Development*, *80*(2), 562–577.

Morgan, A. (2007). What am I trying to do when I see the infant with his or her parents. In F. T. Salo, & C. Paul (Eds.), *The baby as subject* 2nd ed. Melbourne: Stonnington Press.

Müller, J. M., Achtergarde, S., Frantzmann, H., Steinberg, K., Skorozhenina, O., Beyer, T., . . .Postert, C. (2013). Inter-rater reliability and aspects of validity of the parent-infant relationship global assessment scale (PIR-GAS). *Child and Adolescent Psychiatry and Mental Health*, *7*(17), 1–10.

Paul, C., & Thomson-Salo, F. (1997). Infant-led innovations in a mother-baby therapy group. *Journal of Child Psychotherapy*, *23*(2), 219–244. DOI: 10.1080/00754179708254543.

Puckering, C. (2004). Mellow parenting: An intensive intervention to change relationships. *The Signal*, *12*(1), 1–5.

Salomonsson, B., & Sandell, R. (2011). A randomized controlled trial of mother–infant psychoanalytic treatment: II. Predictive and moderating influences of qualitative patient factors. *Infant Mental Health Journal*, *32*(3), 377–404.

Schechter, D. S., & Willheim, E. (2009). The effects of violent experiences on infants and young children. In J. Charles, & H. Zenah (Eds.), *Handbook of infant mental health* (pp. 197–213). New York, NY: The Guilford Press.

Schore, A. N. (2005). Back to basics attachment, affect regulation, and the developing right brain: Linking developmental neuroscience to pediatrics. *Pediatrics in Review*, *26*(6), 204–217.

Siegel, D. J. (2012). *Developing mind: How relationships and the brain interact to shape who we are*. New York, NY: Guilford Press.

Teicher, M. H. (2002). Scars that won't heal. *Scientific American*, *286*(3), 68–75.

Tronick, E., & Beeghly, M. (2011). Infants' meaning-making and the development of mental health problems. *American Psychologist*, *66*(2), 107.

WHO. (2013). *Global and regional estimates of violence against women*. Geneva, Switzerland: W. H. Organisation.

Zero-To-Three. (2005). *Parent-Infant Relationship Global Assessment Scale (PIR-GAS)*. Washington, DC: Zero-To-Three.

Wendy Bunston was manager of the Addressing Family Violence Programs within the RCH Mental Health Program, Melbourne, and is a senior clinical social worker, family therapist & infant mental health worker running her own consultancy. She is currently a PhD candidate and teaches at La Trobe University.

Kathy Eyre is senior Occupational Therapist and an infant mental health worker within Melbourne's RCH Mental Health Program. Kathy previously worked as a facilitator within the RCH Peek-a-Boo Club program.

Anthony Carlsson is a Researcher with the CASEA Program within Mental Health at Melbourne's Royal Children's Hospital. He is a D Psychology (Clinical) at Swinburne University of Technology.

Kristen Pringle is an Occupational Therapist/Senior Clinician with Avenues Education within Alfred CYMHS and is a clinical consultant in private practice. Kristen was previously a facilitator in the RCH 'Peek-a-Boo Club' program.

parkas

PARENTS ACCEPTING RESPONSIBILITY KIDS ARE SAFE

author: Wendy Bunston
developed by: Wendy Bunston & Helen Crean

ROYAL CHILDREN'S HOSPITAL

MH SKY Mental Health Services for Kids & Youth

DHS

parkas manual

Royal Children's Hospital
Mental Health Service (MHSKY)
& Djerriwarrh Health Services – Melton

Published by:

Royal Children's Hospital
Mental Health Service (MHSKY)
50 Flemington Street, Flemington, VIC 3031
& Djerriwarrh Health Services – Melton
Cnr of Yuille and High Streets, Melton, VIC 3337

ISBN: 0-9578815-1-7

The parkas program was developed by:

Wendy Bunston – Royal Children's Hospital Mental Health Service (MHSKY)

Wendy Bunston is a senior social worker, trained family therapist and current manager of the Community Group Program, Royal Children's Hospital Mental Health Service (MHSKY)/Travancore School. She has specialised in working with children and adolescents considered at 'high risk', within the areas of sexual violence and family violence and has both locally and nationally published and presented her work in these areas.

Helen Crean - Djerriwarrh Health Services

Helen Crean is a senior counsellor within the Djerriwarrh Health Services (DjHS – Melton Campus) counselling team. She is a psychiatric nurse and trained Gestalt therapist. She has worked extensively within the areas of drug and alcohol, child psychiatry and family violence.

Cover design by Jocelyn Harvey
Cover artwork by children in the parkas program
Cartoon illustrations by Matt Golding - Three Fingers Cartoons
Editing and layout design by Karen Cosson with assistance from Daniella Tarle

Acknowledgements

The developers of the parkas program gratefully acknowledge the following professionals, organisations and members of the community for their generous contributions and assistance to both the parkas program development and this manual.

Supervision and Additions to the Text:

Ruth Wraith
Joan Eddy
Dr Bob Salo
Peter Anderson
Frances Thompson-Salo
Tara Pavlidis
Rosemary Geer
Ruth Rechner

Assistance in Leadership to the parkas program*:*

Shelley So
Nicole Milburn
Peter McKay
Alan Moore
Colleen Adams
Luisa Marianni
Lisa Plumridge
Tony Murphy
Donna Prince
Alan Palavikis
Deidre Tranter

Contribution of Poems (Appendix C):

Donna Vickers

Organisations and individuals who have given practical and financial assistance to the program:

- Royal Children's Hospital Mental Health Service (MHSKY)
- Djerriwarrh Health Services
- McKillop Family Services - St Anthony's
- Timeout - Parenting Resource Program (Western Region)
- Partnerships Against Domestic Violence – Victorian Department of Human Services
- Travancore School

And for their contribution to funding the manual:

The Commonwealth Department of Family and Community Services.

And most importantly, we acknowledge all of the children, parents and carers who have participated in the* parkas *program.

Contents

Foreword 7
A note from the author 9
About this manual 10
Professional acknowledgments 10
Glossary of terms used in parkas 11

Section one – development of the parkas program 13

Preamble 15
Introduction 15
Childhood trauma and family violence 16
Definitions of family violence 17
Key elements of the parkas program 18
Model 1 – parkas model 19
Clinical leadership team 20

Section two – the parkas program for mothers and kids 23

Aims and objectives of the parkas program 25
Summary of objectives 26
Theoretical frameworks 26
Mother/child dyad 27
Referrals 27
Assessment procedure 28
Ways of working 28
Format and process oriented content 29
Supervision 30
Leadership resources 30
Evaluation by participants 31
Conclusions about the parkas model 32

Section three – program session outlines 35

A word before starting 37
Session one – kids 38
Session one – mothers 40
Session two – kids 41
Session two – mothers 43
Session three – kids 44
Session three – mothers 46
Session four – kids 47
Session four – mothers 49
Session five – kids 50
Session five – mothers 52
Session six – kids 53
Session six – mothers 54
Session seven – kids 55
Session seven – mothers 56
Session eight – kids 57
Session eight – mothers 58
Session nine – kids 59
Session nine- mothers 60
Session ten – joint farewell session and party 61
Two week follow up – individual mother feedback sessions 63
Reunion 63

Section four – pilot parkas program for dads and kids 65

Background 67
Aims and objectives 68
Assessment procedure 68
Leadership team 68
Overview of the program for dads and kids 69
Structure and content 69
Evaluation of pilot program for dads and kids 72

Section five – Djerriwarrh Health Services – Family Violence Prevention Program 75

Philosophy guiding our work 77
Diagram 1: dynamic of family violence 78
How the FVPP works 78
Men's and women's group components 79
Flowchart 2: DjHS – FVPP Participation Pathway 80
Community Leadership 81

Section six 83

References 85
Recommended reading list 87
Appendices 88

Appendix A

Information Flyers
1. For professionals i
2. For parents iii
Referral form iv
Assessment form vi
Contracts
Kids xii
Parents xiii
Consent forms
Consent for release of information xiv
Transport consent form xv
Consent to use materials produced xvi
Consent to evaluate xvii
Evaluation
Kids xviii
Parents Pre Questionnaire xix
Parents Post Questionnaire xxi
Letters to school re questionnaires xxiv
Parkas Certificate – example xxvi
Parkas Reunion – example xxvii

Appendix B

Summary of Games i
Name Game ix
Ship Ahoy xi
Dead fish xiii
Wishes xv
Best Dream xvii
Worst Dream xix
The perfect family xxi
Sentence completion xxiii
Stars xxvii
What if? xxix
What would I Do? xxxi

Positive Power xxxiii
Jigsaw xxxv
Post It Notes xxxvii
That was then -This is now xxxix
Grand Prix 1 xxxxi
Grand Prix 2 xxxxiii
Aggro Avenue xxxxv

Appendix C - Poems

Limbo i
Undignified ii
A right to live iii

Foreword

Fortunately the impact of family violence on the psychological, emotional and social development and functioning of children is now taken very seriously in most child centred settings such as schools, health and welfare organisations, and in legal processes including the Children's Court, Family Court and Juvenile Justice facilities.

Children experience great distress as a result of being involved in a family where violence is present. Frequently, this distress is not *heard* by the adults in the child's environment. If it is heard it may not be *listened* to, and if it is listened to, the communication from the child may not be *acted upon* in a way that helps the child feel understood and supported, and which enables them to know their burden is shared with a caring, responsive and responsible adult.

The parkas program has evolved to facilitate children and their families to 'hear', 'listen' and 'respond' to each other in relation to the violence they have experienced. Hearing, listening and responding are core principles underpinning the therapeutic leadership and process of parkas.

There are a number of unique features to the parkas model, which differentiates it from other programs in Australia:

- It is a joint mental health and community health program, locating specialist mental health expertise firmly within the community in which the families live and resourcing the community systems the families relate to on a regular basis;
- The same leaders run the children's and parents' group, providing connectedness, continuity of relationships and integrated understanding of individual and family issues and dynamics;
- The parkas program is designed and conducted as a process, with each section building on the preceding ones and simultaneously providing the basis for the forthcoming ones;
- Material from the children's and the parents' groups is cross-integrated as well as being integrated within their own groups.

As a supervisor to the program in 1998 and 1999 I would like to offer some comments.

The parkas program presented in this document is a new and creative initiative arising from the recognition by the authors, Ms Wendy Bunston and Ms Helen Crean, for the need for more communication between family members about the violence experienced by the children of those families. Consequently the program is a 'living' project and the methodology presented here is not set in stone but will develop as knowledge, experience and expertise also develop.

Readers of the document will quickly become aware that conducting a program on the parkas model is complex, requiring a high level of skill in the professional staff. It is also demanding of time, and emotional and physical energy. Therefore, such a program is not to be regarded lightly as a panacea. It demands to be recognised as a specialist option for professional staff who work with children and families who have been affected by family violence.

When conducting a parkas program, leaders need to have the capacity within themselves to be able to respond flexibly to their developing understanding of the emergent issues and their increasing understanding of the psychodynamics present. Clear theoretical frameworks provide the opportunity for this to happen and regular supervision provides the reflective thinking and

personal space to bring clarity to what often appears to be a confused, multidimensional set of experiences and observations.

Supervision has proven to be an essential element in the provision of the parkas program.

During the development of this pilot parkas program a number of changes to format and content were introduced in order to improve this evolving specialist treatment technique. An example of this was the inclusion of a range of different therapeutic mediums through which to engage the children, such as art and music therapy, as well drama and puppetry. The content covered within a particular program was altered according to the unique presentation of each client group.

Provision of the space to *play* and to have *fun*, was found to be important in both the children's and the parents' group. In many families playing and humour had never been part of the family experience, or if it had, these had been lost.

This document, designed as a model to assist workers who wish to conduct similar programs, is easily accessible through a clear and detailed index, a discussion of the theoretical underpinning of parkas, the leadership and supervision resources which are needed, and a session by session discussion of the provision of the Program content including the role of the group leaders.

The overarching aims of the parkas program include:

- Creating a space where the child and their parents can discover and experience the means to some emotional healing. It is not designed to present to children what they must, should or may be feeling and how they must or should manage their behaviour;
- Ensuring that the children and their parents feel psychologically and emotionally safe at all times;
- Honouring and supporting children's attachments to their parents and significant others.

The parkas program is an important initiative that focuses on children and the need to listen to and learn from them about their emotional world in relation to family violence.

Ruth Wraith
Head of Department of Child Psychotherapy
Royal Children's Hospital Mental Health Service (MHSKY)

A note from the author

From its inception, parkas has promoted a group work focus that is child sensitive. As the program has evolved, this premise has remained at its core and is the centre from which the training, the manual, and other parkas projects have flowed. While the parkas model was originally developed and run as a collaborative program by Djerriwarrh Health Services (DjHS) and Royal Children's Hospital Mental Health Service (MHSKY), in the last eighteen months it has run under the auspice of the Kids Safe From Violence – West (KSFV-W) Collective. This is a collection of eight agencies in western metropolitan Melbourne working collaboratively to promote child sensitive models of practice that privilege the emotional, psychological and physical safety of children.

parkas has provided DjHS and MHSKY with a powerful beginning point in developing a creative therapeutic response to address these children's often poor experience of being parented. As other agencies and organisations have adopted the parkas model, it has become clear that they have been surprised at the amount of time and energy involved in running the program both physically and psychologically. Groupwork, and specifically groupwork with children and parents who have experienced significant trauma, is very demanding work. The ability to be attuned to and to contain the dynamics that operate across the two groups (the children's and mothers in particular), is immensely draining, as well as rewarding work.

As this model continues to evolve it is anticipated that its structure will change and different configurations may emerge. This may involve increased joint parent and child sessions. It may mean developing a program that is shorter in its time frame, or maybe extended beyond the time frame suggested within this model. Currently MHSKY and DjHS are experimenting with differing structures that remain true to the underlying philosophy and goals of parkas whilst also considering the program in a different format, including experimenting with adventure based interventions that may involve families camping outdoors.

What will not change, however, is our commitment to honouring the experience and attachments of the child. Nor would we advocate splitting the leadership team to run different components of the program. It is *imperative* that the same leadership team is involved in all aspects of the program delivery as this acts as the secure base that holds together and integrates the experience of all of the participants (children and parents). It is this factor that differentiates parkas from the other existing groupwork models.

parkas is a process orientated program. Remaining true to a child sensitive focus means remaining true to a process that is child led and not set by the compass of adult expectations. Children feel safe when they are heard, irrespective of whether their communication with us occurs verbally or non-verbally. They also feel safe when their environment can meaningfully tolerate who they are and what they have to offer, and reflects back an affirming and respectful image of self.

Helen and I faced considerable challenges in developing this program. We found the children and families to be great teachers and immensely enjoyed each other's company, as well as that of the participants. We hope you will find this manual instructive. We also hope that you will continue to evolve this model and bring to it your own unique skills, energy, humour and ideas.

Wendy Bunston
March 2001

About this manual

The parkas manual is the product of a collaborative initiative between the Royal Children's Hospital Mental Health Service (MHSKY) and Djerriwarrh Health Services (DjHS) – Melton.

Over a five year period the two organisations committed substantial amounts of time and resources into developing a groupwork program that honoured the experience of children who have lived with family violence. This collaboration has drawn in numerous additional organisations and players and resulted in the creative and energetic parkas program. This manual aims to capture the collective practice wisdom of our own and of the many professionals who have been involved in running the parkas program.

This manual is intended to provide counsellors and clinicians with a comprehensive practical guide to running their own groupwork program with children and families affected by family violence after completion of the DjHS and MHSKY two day training workshop – parkas: *The theory and application of groupwork methods in working with children and parents affected by family violence.*

We recognise that not all primary caregivers of children are mothers, as relatives, foster caregivers and friends of the family, to name a few, can and do take on this role. However, to make it easy on the eyes of the reader we have used the word 'mother' throughout the manual rather than 'mother/carer'.

This manual predominantly concerns itself with the mothers and children' s parkas program but includes a special section on a pilot program undertaken with dads and kids in 1999.

In the following pages you will find information about:

- the theoretical frameworks and neurological findings regarding the impact of trauma on children.
- a description of the program content.
- an evaluation and conclusion regarding the parkas program.
- session outlines for the ten week groupwork parkas program.
- activity sheets as well as games for the sessions.
- proformas of administrative documents, flyers, invitations and certificates.

Professional acknowledgments:

The parkas program has received the following professional acknowledgments:

- 1998 - Certificate of Merit from the Australian Heads of Government - Australian Violence Prevention Awards as part of the Djerriwarrh Health Services - Family Violence Prevention Program.
- 1999 - parkas program document published by the Federal/State Government Partnerships Against Domestic Violence Initiative, one of the seven child focused groupwork identified examples of good practice.
- 2000 - Helen Crean and Wendy Bunston received a Djerriwarrh Health Services Meritorious Services Award for the development of the parkas program.

Glossary of terms used in parkas

Process: The parkas program focuses on *how* the participants in the group think, rather than what they think about - how do the dynamics emerge in the group, what are the interactions between the individual and their environment, and what are their patterns of relating. It then uses the information gathered from these patterns to respond to these processes within the group. It includes exploring how the person makes sense of their internal world, and how this shows itself in their external world. Rather than what is said, the emphasis is on *how* is it said and sometimes, more importantly, what is not said.

Holding: A term which originates from Winnicott (Winnicott, Shepard and Davis, 1989) and refers to the *holding environment* provided by the primary carer in relation to the infant's physical as well as emotional, psychological, physiological and environmental worlds. The reliability and response of this environment lays the foundation for how the child will see her/himself and relate to the external world in the future.

Containment: Bion developed the concept of container/contained (Symington and Symington, 1996). This idea involves the notion that parts of the self (that is, the infant) that are *too painful* or perceived as *too bad* are evacuated into the other (that is, the mother). Containment occurs through the ability of the other to tolerate and modify the elements that have been split off. Through this relationship containing the *too painful* or *too bad* elements, the infant (or client) can reintegrate and re-experience these elements, enabling the development of psychological growth and reflective thinking (James, 1984).

Supervision: A safe, professional space in which to consult with another professional/s in relation to direct counselling/therapy/group work practice. Ideally a supervisor for the parkas program should have considerable experience and/or training in group work processes and childhood development. The supervisor provides a consistent, reflective and interactive arena for the group leaders to make sense of what has occurred in the context of the group dynamics and to assist in untangling the multiple levels of meaning and emotions that the group provokes for the participants as well as for the leaders.

Projections: These function as defense mechanisms, where unacceptable parts of one's self are transferred to another person. The other person is then seen as possessing those unacceptable parts and may be identified as intolerable or persecutory (Wright, 1992).

Psychodynamic: The interplay of emotions between group members and group leaders allows some insight into the internal world of individual group members. Interventions and treatment are then guided by dynamics that emerge within the group and can be safely attended to and worked through in this context.

Intra-psychic: The internal world of the individual and the mechanisms that regulate the relationship with self at the level of the conscious and unconscious and digest what information the individual brings in from the external world about self.

Other useful definitions of terms used in this manual, and also important to understanding childhood trauma, can be found through the Child Trauma Academy Website - **www.bcm.tmc.edu/cta/Glossary.htm**

section one

development of the parkas program

DEVELOPMENT OF THE PARKAS PROGRAM

Preamble

The parents accepting responsibility kids are safe (parkas) model of working with children and their families who have been affected by family violence is one that continues to evolve. This manual encapsulates our learnings four years into what has been both an exciting and tumultuous journey. It is not offered as a definitive program, but as a foundation framework upon which to build further. We are indebted to the families who have joined us on this journey and in particular to the children who have been our constant teachers in showing us how to equip ourselves for such a journey. Remaining open to seeing, hearing, learning and sitting with the experiences of these children has been invaluable. As in any learning experience we have had our assumptions challenged and our horizons broadened. We hope the following pages do justice to the many people who have already contributed to the program. We also hope they assist those who continue the development of the parkas model, thereby adding to an ever-emerging understanding of the complexities involved in working with family violence.

This manual is written with two particular audiences in mind; mental health clinicians, and professionals undertaking work with family violence in community agency settings. It is a program that in all probability could be run in two very different ways; using a psychodynamic model (process orientated) or a behavioural model (content and activity oriented). Whilst we have utilised a psychodynamic model and would advocate a group such as this being run psycho-therapeutically, it does also incorporate behavioural strategies. Those choosing to adhere strictly to the content suggested for each session as well as the utilisation of the activity sheets may find it helpful to inform potential referrers and participants that the group will be run with a greater emphasis on individual behaviour than group dynamics. This provides referrers with a clear idea of the suitability of the parkas program for particular clients and also for the clients themselves to have some idea of what to expect as a participant of the program.

Introduction

Djerriwarrh Health Services (DjHS) is an acute, residential and primary care service for the local government communities of Melton and Moorabool in the outer west of Melbourne. It operates services on three campuses, two of which offer primary care. The DjHS Primary Care Division has for over ten years provided generalist counselling and support services. In addition to generalist counselling and support, DjHS offers specialist programs in family violence prevention. Many clients enter the Family Violence Prevention Program (FVPP) through the generalist duty and counselling assessment service.

Royal Children's Hospital Mental Health Service (MHSKY) is an integrated mental health service for children and young people, who are in need of mental health services and live in the Melbourne western metropolitan region. MHSKY delivers a range of quality services to its clients through a service model that incorporates a central location (hub) and community locations (spokes and satellites). One such satellite was established in 1996 at the Melton Campus of Djerriwarrh Health Services, previously known as the Melton Community Health Centre. A small team of mental health workers provide assessment and treatment to those children and families requiring services within the local area.

The DjHS and MHSKY collaboration. The DjHS Melton Campus has for many years provided treatment, support and educational programs for men who have been violent and women who have lived with violence. Whilst these programs initially incorporated treatment modules which explored parenting difficulties, the absence of a specific program for children had been apparent. In 1996, when MHSKY was in the process of establishing their out-posted clinic at DjHS, discussions began about the development of a joint specialist child-focused component to the Family Violence Prevention Program (FVPP). The parkas program is the groupwork model for these client groups that emerged over a four-year period.

Childhood trauma and family violence

Within community health, mental health, and in particular, child and adolescent mental health, clinicians are increasingly recognising the impact of undiagnosed and untreated trauma in childhood as potentially manifesting itself in severe behavioural, social and psychiatric problems during adolescence and adulthood. A child living with family violence is indisputably traumatised. More often than not, violent events are not confined to isolated incidents, but are of an ongoing subversive nature leading to chronic traumatisation. Unresolved trauma in childhood becomes inextricably intertwined with a child's emerging personality and infiltrates all levels of their intra-psychic functioning (Terr, 1991; Van Der Kolk and Saporta, 1991).

The potential for inter-generational transmission of violence has been clearly identified in the literature on childhood trauma, and has been estimated to occur in about one-third of all individuals who are subjected to severe neglect or abuse (Kaplan and Pinner, 1996; Eth, 1996). Pynoos and Nader (1993) suggest that the ability to regulate aggression and the development of conscience may be affected. Following a violent incident, children can fluctuate between identifying with the perpetrator, the victim, or if someone else was present and intervened, the rescuer. Trauma not worked through can compound over time, and individuals are more prone to rigidly adhere to a predominant identification with one of the roles modeled during the conflict. As Pynoos and Nader (1993) note,

> *when the trauma is violent and massive, there may be continued risk of life threatening or violent behaviour throughout adolescence. A major goal of therapy is to return the child to a normal developmental path with a maturing conscience, and as a result, to help alleviate dangerous unconscious re-enactment behaviour. Unanswered intervention fantasies can lead to marked changes in behaviour and personality (p 546).*

Trauma associated with familial violence lives on well past the cessation of the violence itself (Bunston, 1999). Even when the perpetrator of the violence has gone, the psychological and physiological symptoms associated with being traumatised have seldom abated, despite the best efforts of these children and the adults around them to make it appear otherwise (Perry and Pollard 1998; Perry 1997). We know that the impact of exposure to trauma during childhood is far reaching and all the more so when instigated by those to whom one has strong attachments (Fletcher, 1996; Bretherton 1991). The legacy of traumatisation is that although the events themselves may pass, the psychological effects are unlikely to in the short term.

It is also the case that many children, despite no longer living with the perpetrator, whether it be a male or female parent, will have continued contact with that person. They may have complex family structures, involving step-parents (who may be violent), same-sex parents and/or different children in the family having different fathers. There may be older children who are violent not only towards their siblings, but towards their parents as well. The configurations of family violence can be many and varied.

Consequently, the parkas program was developed to address all forms of family violence and does not prohibit the inclusion of children who still reside in families where there is known to be some risk of ongoing violence. In these instances, great care is taken to ensure the pace of the group is set by the child who we assess may be at the greatest risk. We also enter into a clear contract with the adult who has engaged in perpetrator behaviours in the past - this has occurred on two occasions when the father was attending the men's component of the Family Violence Prevention Program (FVPP) and still resided with the mother and child attending parkas.

The group process is careful not to strip away the sophisticated defense mechanisms developed by children in negotiating their way through the often volatile and chaotic familial environments in which they live. Rather the focus within the group is on containing the conflicts played out within the group, and which may reflect the dynamics that operate within their home lives, through providing a safe sanctuary in which to attain some resolution (see *Theoretical Frameworks* in section 2).

Definitions of family violence

The following definitions have been taken directly from V-NET (now known as *No To Violence - NTV*. Male Family Violence Prevention Association Incorporated Victoria).

Emotional violence and controlling behaviour which does not accord equal importance and respect to another person's feelings and experiences.

Physical violence and controlling behaviour which involves attacks, or threats of attack, on one's physical safety and integrity.

Verbal violence and controlling behaviour which includes verbal put downs and ridicule of any aspect of a person's or child's being, such as their body, their beliefs, occupation, cultural background, skills, friends or family.

Sexual violence and controlling behaviour which includes all sexual behaviour without consent, or threats of such behaviour, such as unwanted touching, rape, exposing himself/herself and making someone view pornography.

Social violence or controlling behaviour which includes all behaviours that limit, control or interfere with a person's or child's social activities or relationships with others, such as controlling their movements and denying them access to their family and friends, therefore, effectively isolating them.

Financial violence and controlling behaviour which includes not giving a person access to their share of the shared resource, expecting them to manage the household on an impossibly low amount of money, and criticism and blame of them when they are unable to manage.

Spiritual violence or controlling behaviour which includes all behaviour that denigrates a person's or child's religious or spiritual beliefs and prevents them from attending religious gatherings or practising their faith. It also includes harming, or threatening to harm, a person or child in religious or occultist rituals.

Other controlling behaviour which denies a person's right to autonomy and equality especially when used frequently or in combination with violence (Younger 1995).

Key elements of the parkas program

The *age group* targeted for children is eight to twelve years of age. Developmentally, this is an age group that can begin to recognise and acknowledge the impact of trauma in their lives, as well as to verbalise their experience of having lived with violence. Mothers referred into the group are expected to have undertaken either individual and/or group work in relation to their own exposure and experience of domestic violence and are required to be available to the emotional issues that may be generated for their child through involvement in the children's group.

The age group for this program could certainly vary outside of the age range specified above, as long as the activities utilised were modified accordingly. It is important to recognise the relevant developmental differences for children of varying ages with regard to cognitive functioning, their ability for self-awareness and reflection, and their awareness of others. That is, for younger children, the use of more expressive mediums such as art, play, music and drama could be more developmentally appropriate. This is not to say that these mediums are not similarly useful for an older age group. The older the age group, the more likely it is that the group will also want space to articulate their experience. This provides them with opportunities to interact and bond with others in the group as much as it allows them to give voice to their experiences.

The *criteria for eligibility* for children to participate in the group has remained flexible, since the gamut of family violence is broad and incorporates a range of differing configurations. Children who have experienced violence at the hands of siblings, same-sex parents, step-parents, and extended family members, have all been included in the groups. In addition, some of the children continued to live with the perpetrator where these fathers were members or graduates of the DjHS men's groupwork program. These fathers were required to actively support their child's involvement in the program. Some of the children had continued contact with their fathers, or had fathers who were seeking contact through the Family Court.

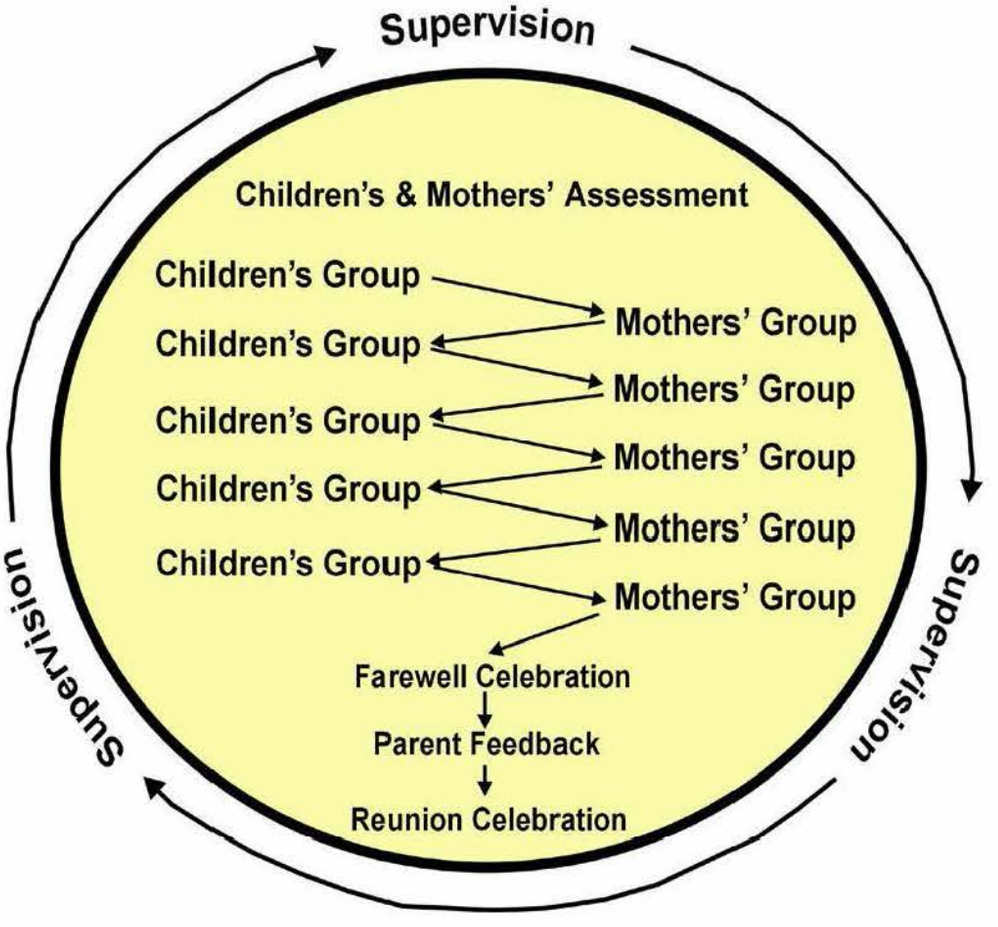
As emphasised earlier, a defining factor of parkas is that the same leaders run both the children's group and the mothers' group. This has allowed leaders to access and integrate the material of the children with that of their mothers. Drawing on a collaborative community development model, the program has also incorporated a number of other important players, including childcare workers from a local family support agency, social work students and volunteer community leaders who were participants in the DjHS community leadership training program (see section 5 *DjHS – FVPP, Community Leadership*).

parkas has been split over two days with the children's group occurring on a weekday from 1.30pm to 3.00pm and the mothers' group on the following day from 10.00am to 12.00noon. DjHS provided resources to assist with transport for those mothers facing transport difficulties. The weekly supervision sessions were scheduled for the afternoon of the day the

mothers' group was held. This allowed the content of both groups to remain fresh in our minds whilst also providing us with sufficient time to reflect upon and process both our own experiences within the group and our responses to the group dynamics and material generated within the groups.

The last session (week 10) is a joint session. This involves the children meeting at their usual time with their mother's joining them an hour later for a final farewell celebration and party (see section 3 – Session Outlines).

Model 1 - parkas model



Key elements of the program's structure

- The same leadership team runs both the children's and the mothers' groups.
- Material from each group is integrated into the other.
- The children's group runs for 1½ hours on a weekday afternoon.
- The mothers' group runs for 2 hours the following morning.
- Weekly supervision for the leadership team is held as soon as possible after mothers' group.
- The group sessions are held for 8 to 10 weeks.
- The final group is a joint session, which is also a farewell celebration.
- An individual feedback session is provided to each mother.
- A follow-up reunion is held two months after the completion of the groupwork.

Clinical leadership team

An integral component of the parkas model has been that the same leaders run both the children's and the mothers' group. This has provided an invaluable grounding in, and integration of, the material produced within both groups, as each group informs the subsequent groups. The two clinicians that developed the parkas model have been involved in running all of the parkas programs referred to in this manual, and have been assisted by a variety of different people undertaking various support roles. These have included social work students, other allied health professionals interested in being trained in the parkas model, and community participants from the women's and men's community leadership program (see section 5 DjHS – Family Violence Prevention Program).

It is imperative to the success of the parkas model that the clinical staff members work across the two groups. Within the body of this document, references to the *group leaders* or *leadership team* essentially refers to the clinical staff (whether this is the two developers of parkas or the two developers plus other trained professional staff members) who have operated as the core facilitators. This is not, however, intended to detract from the other vital contributions made by those who have provided supportive and/or co-leadership roles within the group. Two community leaders (from the DjHS - FVPP) have been involved in assisting with the children's or the mothers' group, but have not been involved across both groups.

The need to define what we mean when referring to the leadership team is in recognition of the need for people running these groups to have a suitable level of professional training and expertise in the area of mental health and/or counselling.

section two

the parkas program for mothers and kids

THE PARKAS PROGRAM FOR MOTHERS AND KIDS

Aims and objectives of the parkas program

The overall aim of this program is to create a psychologically safe space for children to begin to acknowledge and process both their traumatic experiences and the accompanying feelings of loss and pain. This occurs within the context of a psychotherapeutic group work structure that builds a bridge of communication through the leadership team facilitating both the children's and mothers' groups, which enables immediate access to, and integration of, each group's experience of family violence.

The program endeavours to provide an opportunity for children to emotionally and psychologically re-connect with their mothers around what has often been a shared experience of trauma. Concurrently there is a recognition that these children may still feel strong attachments towards the perpetrators of the violence.

The specific objectives of the program are:

- To provide an emotionally contained environment for these children to acknowledge and articulate their own personal experience of family violence, and for this to be validated in the presence of a group of their peers who have similarly lived with emotional, physical and psychological trauma. This involves a process of *'bearing witness'* (Blackwell, 1997) through giving recognition to what has been the experience of living with family violence, which may still be ongoing for some children.
- To facilitate the space for a positive shared experience between children and their mothers, by opening the way for them to communicate about some very painful and unresolved issues from their past, and within their ongoing relationship with one another.
- To provide a positive therapeutic experience as a potential prelude to other future work. Providing these children with an enjoyable, safe and positive experience of working within a therapeutic group may plant the seed for advanced work to be undertaken within future therapy. It is also intended to enhance their self-esteem, establishing a foundation through which the power, control and gender issues inherent in violent relationships may be challenged.
- To acknowledge the significance of the father or step-parent in the lives of these children, despite the level of violence they may have perpetrated. Failure to acknowledge the relationship with their father, stepfather or step-parent, whom these children often love, and sometimes even idolise, risks not honouring the complexity of their internal world and their frequently conflicting loyalties. This may bring about their emotional, and even physical, withdrawal from the group. *The treatment must address the pre-existing relationship with the perpetrator … complicated issues of identification, intense conflicts of loyalty, issues related to loss and often pre-existing vulnerability arising from a chronic impulse ridden environment* (Pynoos and Nader, 1993, p545).
- To raise the awareness of parents about the sustained and debilitating impact that family violence has both on their children, and themselves as carers.
- To assist parents to gain an understanding of the inter-generational transmission of violence, in order to facilitate the breaking of the cycle of abuse.

- To support children in developing appropriate, creative and safe ways of managing their feelings, such as depression and anger.
- To support children and parents in challenging rigidly held gender prescriptions and maladaptive patterns of relating. This involves encouraging a positive shared experience that can begin to deconstruct the estrangement or enmeshment that may have evolved in their relationship during past efforts to survive the violence.

Summary of objectives

- Providing a safe space to acknowledge their experience of living with violence.
- Building safe connections between children and their mothers.
- Providing a positive therapeutic experience as a prelude to possible future work.
- Honouring the attachments of the child.
- Educating parents about the impact of family violence on children.
- Enabling constructive expression of feelings.
- Challenging gender stereotypes.

Theoretical Frameworks

parkas is informed by systemic thinking which promotes a collaborative and competency-based approach with children and families, whilst building on the existing strengths of clients and their connections with local services (Gambrill, 1983). It also incorporates a strong psychodynamic framework that privileges the processes and dynamics operating in the group, in particular, Winnicott's concept of *'holding'* and Bion's concept of *'containment'* (James, 1984; Winnicott, 1971).

It has been important to have a solid working knowledge of *attachment theory* (Bowlby, 1988) which recognises the need for children to have a secure emotional base, in conjunction with an appreciation of childhood development within a context of emotional and physical abuse (Donovan and McIntyre, 1990). All this is set against a backdrop that recognises the impediments affecting a client group who have been significantly traumatised by family violence, and one which also acknowledges the multiple levels of attachment evident in family work (James, 1984; Burnham, 1986).

An essential theoretical cornerstone of this program has been securing appropriate supervision which incorporates the dual focus of childhood developmental theory and group process. This has provided the leaders of the group with the opportunity to integrate the range of theoretical frameworks necessary to inform the ongoing development of the program and to build upon existing skills and expertise in refining and responding to the unique presentation and circumstances of each group program.

More recently the clinical staff within the leadership team have familiarised themselves with the neurological impact of trauma on infant's and children's developing brains. This has involved understanding that the sensitised neural response of infants and children to trauma can, over an extended period of time, result in the emotional states aroused to cope with the trauma, developing into longstanding personality traits (Perry, Pollard, Blakely, Baker and

Vigilante, 1995). This heightens the preventative and educative importance of intervention groups such as parkas.

Mother/child dyad

An infant's sense of self is taken from its relationship with its primary caregiver. Often in our society this is the relationship with mother. The way in which this primary caregiver emotionally holds the emerging internal world of the infant directly contributes to how this infant will perceive and know themselves as their personality develops (Wright, 1992).

This is overlaid by the infant or child's relationship with significant others; father, siblings, step-parent or step-siblings, or others closely involved with them. In a healthy, familial environment these relationships can be expected to complement and strengthen an infant or child's growing sense of self and their place in the world.

Where family violence is a significant feature of an infant/child's world, a healthy emotional developmental path may not be realised. The need to survive becomes the organising principal through which all relationship dynamics are then filtered. An environment of violence can damage the important ingredients of consistency, stability, nurturing and security necessary for the healthy emotional development of the individual and their relationship with their immediate external world. Creating therapeutic opportunities to begin to develop or rebuild strong and healthy attachments becomes the focus of our work within parkas.

An awareness of the history of violence within a family can assist in understanding how the mother/child dyad may have been compromised and what aspects of their attachment to one another are positive and can be further enhanced (Holmes 1993). The leadership team can model the formation of healthy attachments through their work in emotionally *'holding'* and *'containing'* the anxiety, anger, shame, guilt or sadness, which mothers often feel in relation to how they have been mothered and how they themselves mother. This can in turn allow space for the mothers to develop emotionally and to come to terms with the reality of their own emotional trauma as a parent. When mothers feel that they have had an experience of being held and understood, they may be better placed to translate that into holding and understanding their child.

Referrals

Referrals for children and their mothers have generally come from within DjHS Family Violence Prevention Program (FVPP) or from MHSKY, with the occasional referral originating from local schools or the local council.

Flyers advertising upcoming groups (see Appendix A) provide a clear outline of the goals and objectives of the program; the importance of the mother having undertaken their own work in addressing the impact family violence has had on them individually, and; an ability to create space in their mind to understand and hold the experience of their child. *Referral forms* specific to parkas have been developed (see appendix A). A one to two hour assessment session follows in which the purpose and format of the groups is clearly explained, a full family history is collected, and the extent and forms of violence (physical, emotional, verbal, financial, psychological, sexual) that the child has been subjected to is documented.

Assessment procedure

It is important from the outset for the worker to clearly identify, or name, what has happened, and not to collude with the secrecy and/or minimisation that those who have lived with violence have often been socialised into. This is done respectfully, with consideration of the hurt, anxiety and embarrassment that this may engender. The child is included in this assessment process, and is sometimes asked to relate their perception of events in the presence of their mothers. At times, without being prompted, the child chips in with their version or recollections anyway, often surprising mothers with their recall of events. The information asked of the child and mother is detailed in the *Assessment Form* (see Appendix A).

We also believe it is important to gain some understanding of the emotional availability of the mother to the issues that may be generated for the child through their involvement in the children's group (see Appendix A – *Information Flyer for Professionals*). Should they appear to lack significant insight into, or appreciation of, the world of their child it may be advisable to recommend they undertake some individual and/or groupwork for themselves before proceeding with parkas. In some instances, despite the mother having already undertaken a considerable amount of their own work, they may demonstrate an impaired ability to connect with their child's experiences. The powerful group dynamics between the mothers themselves, and/or the material that flows between the children's and mothers' group may provide the impetus for a shift in the ability of the mother to place themselves in the *'emotional world'* of their child. At times the program may prove to be more significant for the child alone, in offering them a safe place to affirm their experience of family violence in the presence of other children and the group leaders.

We are clear from the outset as to the formal policy of both our agencies, as well as our professional commitment, to make a notification to the Child Protection Service if we assess any child to be *'at risk'* at any time. We request all participants to sign a contract acknowledging their awareness of this condition, as well as their commitment to respect the confidentiality of others in the group. *Informed consent* is also sought in relation to evaluating the program (see Appendix A). Permission is sought before contacting outside agencies, such as schools, and in using any materials from the group for professional training purposes, writing or presenting papers at conferences. This highlights to parents the principles of honesty and transparency within which parkas operates, and also models accountable and truthful behaviour from the outset.

Ways of working

Creating safe, enjoyable and imaginative ways of working has been imperative to the success of the parkas program. This has helped sustain the energy necessary to run such a professionally and emotionally demanding project. It has also required a commitment by the leadership team to work flexibly and honestly. Recognising when to change the tempo of an activity, replacing ideas that do not successfully match with a particular group, and a willingness to acknowledge and explore what has not worked well, have all required a high level of trust and confidence within the whole leadership team.

Each group work program is unique and challenging. This is due to the amalgam of factors brought to each one. These include the existing skills and expertise of the clinical (core) group leaders drawn upon, the strengths and experiences of the community leaders who

participate, and the fact that each program in itself teaches the leaders something new about the dimensions of family violence.

The ability of all of the group leaders to *'hold'* and *'contain'* the emotional undercurrents that ripple throughout the life of the group, and within the lives of the participants, has been paramount. Equally important has been creating clear boundaries to keep the program firmly child focussed, providing access to alternative individual supports to participants if required, and ensuring that we as leaders are *'held'* through accessing good quality supervision.

Format and process oriented content

There are a range of themes which are important to cover in each session and these guide the content of the parkas program. These are, however, secondary to the ability to stay with the material that emerges from the group dynamics - what the children themselves articulate and what they act out. It has been particularly powerful to match the mothers' group content with that of the children's group, endeavouring to cover similar themes to those that have emerged from the children's group and to play at least one of the games that the children have played together.

This mirroring process allows for connection points to be built between the mother and child. Material produced in the children's group, for example, the drawing of their family or *What you would wish for* work sheets (see Appendix B) has often been taken into the mothers' group and vice versa. With the mothers and children's knowledge and informed consent, the mothers and children have been keen to see what the other has produced. Creating mutual opportunities for parents and children to explore their playfulness and have fun is a powerful therapeutic intervention utilised within this model.

The content within the groups has incorporated a variety of overarching themes, such as healthy ways of expressing anger, the definitions and the impact of emotional abuse, conflict management, gender relations and family relationships. However, the primary content of these groups has been produced by the children and not the leaders. *It is imperative that the psychological safety of these children is protected through allowing them to set the emotional pace of the group.* Children who have experienced violence will automatically engage some level of psychic shut-down to protect themselves from further re-traumatisation; "avoidance and psychological numbing indicate that a child continues to restrict behaviour or regulate emotions in an effort to control their recurrent impressions and negative affect" (Pynoos, 1993, p 217).

This is usually reflected in a child's inability to stay with a particular activity, or a heightened need for individual members of the group to *'act out'. Rather than prohibiting this behaviour, it is important to understand what this information is suggesting about the emotional life and fragility of the children, and to alter the content and tempo through particular activities to bring the children back to a position of safety.* Containing these impasses through the use of humour and creative redirection within the group allows the children to experience a different and hopefully more healthy resolution of emotionally traumatic and stressful events. The extent to which the leaders can absorb and tolerate the projections of these children and mothers creates a space for some small intra-psychic healing. Similarly, it is important that leaders are able to deconstruct these projections within the safety of their own supervision sessions and are then able to use what material has been transferred onto them as leaders to inform their therapeutic role within the groups.

The focus of the program is on the experience of the children. This is not to suggest, however, that this is separate to the experience of their mothers, as the often enmeshed nature of the mother-child relationship sees a paralleling process that operates at all levels, both consciously and unconsciously within their relationship. A constant challenge for the group leaders is to assist the mothers within the program to refrain from interpreting their "children's avoidance of any mention of the trauma as successfully putting it behind them" (Pynoos, 1993, p 219).

The children's participation in the program is about giving them permission to safely retrieve these emotions as opposed to coaching them in the fine art of suppression. This is about the children having their feelings recognised and validated by other people, helping them to understand those feelings and finding ways to express them that are appropriate for themselves and the various social contexts within which they live.

Often parents can equate their children's good behaviour with having overcome their trauma, rather than appreciating that their child's acting out may in fact prove to be a far healthier and accessible expression of their rage, helplessness, confusion or angst. This is to prevent the child from silently embedding the trauma so deeply into their psyche that it pervades the very core of their emerging personalities (Herman 1992). Sometimes the most traumatised children in a group are those who demand little outside attention, yet whose internalised world presents as very disturbed. An example of this was a young girl within one of the groups who would quietly and methodically set about annihilating her toy animals when playing alone in her bedroom. Another was a boy who gave little verbal acknowledgment of his trauma but whose graphic and violent drawings within the group spoke volumes about the horrors he had endured.

Supervision

Critical to the success of any therapeutic group work is the provision of adequate, regular and supportive professional supervision. This mirrors the *'holding'* process that the leaders endeavour to provide for the mothers to *'hold'* and contain the emotional experience of the children in the group. parkas has been fortunate in accessing a range of professionals to provide supervision. We began with a supervisor who was Gestalt trained and extremely experienced in group therapy processes. Subsequent supervisors have included a child and adolescent psychiatrist and two supervisors who were qualified in child psychotherapy with considerable knowledge in childhood development. This latter child psychotherapist was also a specialist in childhood trauma.

The importance and value of the broad-sweeping meta-perspective that supervisors can provide on the dynamics that permeate all levels of functioning within groupwork practice cannot be underestimated. This can include the agency context, the schools the children attend, the relationship between the leaders, through to the relationships between mothers and their children, and the group participants themselves.

Leadership resources

parkas has had as few as three, and up to five, leaders running particular programs. The initial program was led by the two developers of the parkas model with a social work student assisting. This worked particularly well as the two facilitators were backed up by the invaluable practical and energetic support of the student. The student was eager to help with

pre and post interviews with the children's teachers, preparing certain activities, assisting with transport and organising afternoon tea for the children's group.

The clarity of roles was also very important. The two developers of the parkas model were clearly carrying the leadership role, whilst the student provided support to the leadership team within a learning context. In subsequent groups we have included up to two extra clinical staff, as a way of providing direct training in the parkas model, and found the roles have become more disparate. Too many leaders can both overwhelm participants and dilute the security the leadership team offers to them. Negotiating the tricky attachment issues that are generated within the participant-leader relationship are perhaps better managed with fewer leaders. Given these experiences the optimal number of leaders recommended would be three. However, we recommend four leaders for groups where there are more than eight children in the group, or one or more of the children experience significant behavioural problems.

The introduction of community leaders (see Section 5 – DjHS FVPP) has been an effective and most important co-leadership resource. A mother who had participated in a previous parkas group became a peer leader in the mothers' group, offering a level of support and guidance to other mothers that affirmed and acknowledged their struggles in bringing about change in their relationships with their children. We have also had a male community leader co-lead two of the children's groups.

Evaluation by participants

The children and mothers participating in the very first three parkas groups were given simple qualitative pre and post-questionnaires (see Appendix A). The children's questionnaire focused on how they felt about family, school and self, and their thoughts about participating in parkas. The mother's questionnaire focused on how they viewed the quality of their life, the quality of their relationship with their child, their child's behaviour, and their level of understanding of the impact the family violence had on their child.

Where parent and child consent was given for contact with the child's teacher, group leaders made contact pre- and post- parkas to gauge any changes in children at school. This involved an unstructured interview focusing on the child's academic ability, their behaviour at school, and the quality of their peer relationships.

Approximately sixty children and mothers participated in these first few groups, and of those, only 15% did not complete the entire program. Contact was made with those who *dropped out* in an attempt to identify what had contributed to their withdrawal and if they required any further assistance. This contact showed that withdrawal was usually the result of a combination of factors, particularly significant family issues. Questionnaires completed by the participants completing the full program revealed that 85% found the group useful and the remaining 15% reported some disappointment. Negative feedback was usually associated with the format of the group or lack of improvement in their child's behaviour.

More recently we have incorporated some quantitative measures to help evaluate the program. The instruments employed are the *'Strengths and Difficulties Questionnaires'* (Goodman 1999) which include parent, teacher and self-report forms, chosen for their brevity and sensitivity to behavioural changes. However, if one wanted a more detailed assessment we would recommend the *'Behavioral Assessment System for Children'* (BASC: Reynolds

and Kamphaus 1992). As these children have been exposed to traumatic events, their post-traumatic stress and related psychological symptomology could be assessed with *the 'Trauma Symptom Checklist for Children'* (TSCC: Briere 1996).

Conclusions about the parkas model

Key elements of what we have learned in parkas

Listening → Hearing what the kids are telling us through → Non verbal representations
Behaviour
Re-enactment/play

Flexibility → Creating material which is 'child sensitive' → Their needs
Their likes
Their wants

Connecting → Honouring the child's connections → Recognise attachments
Group work for both parents
What are the parent's attachment issues

Challenging → Recognising the dynamics of Family Violence → Promoting alternative ways of interacting
Modeling positive behaviour
Overting abusive patterns or thinking
(See 'Cycle of Violence' -FVPP Section 5)

How we have learned it

Experiential → Empathically engaging and containing: → Group drives the process
Learning from one Group informs subsequent Groups
Building trust within the Leadership Team
The 'dance' of the therapists

Supervision → Crucial to the work we do: → Ensure workers are available to do the above
Stay focused on aims and objectives
Assist in integrating theory with practice
Seeing and understanding beyond the obvious

parkas has been an exciting initiative undertaken in a spirit of inter-agency collaboration and community participation. It has attracted support from a number of different services and the parkas mothers and children's model was recently adopted by Kids Safe From Violence – West (KSFV-West). This is a collective of some eight agencies in the Melbourne western metropolitan region formed specifically to provide services to children who have been subjected to family violence. KSFV-West is particularly interested in expanding the parkas model to work with specific NESB communities, and adapting the model to cater for those children and parents who have experienced life as a refugee.

The parkas model will continue to evolve as different agencies and personalities become involved in its delivery. Opportunities to create more interactive sessions for parents and children are an important area for future development. One suggestion we believe worthy of further investigation is for the mothers and children's groups to come together prior to the final celebration. We have also considered developing a similar ongoing support group for parkas kids to those that are currently being provided in the women's and men's component of the FVPP. This of course would require additional leadership resources from both agencies, but would be an invaluable future project aligning the allocation of time and resources committed to the children's component of the FVPP to that of the women's and men's groups. This would further assist in working towards breaking the inter-generational cycle of violence.

Within the father's group program, (see section 4 – Pilot parkas program for dads and kids) we intend to develop a specific parenting module before inviting men to attend further parkas programs. We are also very interested in video taping particular sessions. This would give us direct material with which to work when exploring father/child interactions within the men's individual feedback sessions. It was also apparent that despite the age variation in the children, they would have benefited from some separate group time away from their fathers, similar to the opportunity provided in the mothers and children's program.

The strength of this model has been its commitment to flexibility, and using as our compass for future work, the learnings we have gathered from the emotional lives and experiences of the children who have participated in parkas. However, we are not prepared to be flexible in the few significant principles underpinning the parkas program. These principles are:

- to ensure the psychological and physical safety and wellbeing of the children in our groups
- to allow the children to set the emotional pace of the material covered
- to honour the children's attachments to others.
- to ensure a secure, integrated holding environment is provided through the leadership team's involvement in all aspects of the parkas program delivery.

As the leadership team, we honour the importance of this work through accessing high quality supervision and facilitate the sessions in a manner that ensures they are an experience of healing, safety and fun for all participants.

section three

parkas program session outlines

PROGRAM SESSION OUTLINES

A word before starting ...

Session outlines for the ten-week group program follow, but before you jump into them, please read and consider our advice.

What differentiates parkas from other existing groupwork models is that the same leadership team runs the mothers' group *and* the children's group. It is *imperative* that the same leadership team is involved in all aspects of the program delivery *as this acts as the secure base that holds together and integrates the experience of all of the participants, both children and parents.*

parkas has been run as a psychotherapeutic group, with *process* rather than *content* steering each group's unique journey. The task of the group leaders is to build a positive and honest bridge between the children's and mothers group, and to keep the group members safely on board. The focus has been on creating a safe and enjoyable space for both the children and mothers alike so they can discover their own paths of communication and healing within the program.

The following program session outlines provide the structure, activities, games and tools that we have found useful and are intended as a *guide* only. **You will find all the games and activity sheets referred to in the session outlines in Appendix B**. They represent the culmination of *all* of the activities used across the five parkas programs we have run to date. That is, they are chock-a-block, and if used as presented, would result in the exhaustion of both the participants and the leaders! Our advice is to *cut and paste* the activities identified to best fit with the particular members within each group, and to encourage the skills and ideas of the group leaders and participants to grow with the identity of each group. We do recommend that the *specific objectives* of each session guide the structure you develop, and that you let the needs of the children steer the course, combined with your reflections through supervision.

SESSION ONE ~ KIDS

SPECIFIC OBJECTIVES

- ★ Formation of emotional and psychological safety within the group.
- ★ Introduction of the participants to each other.
- ★ Explanation of the relationship between the children's group and the mothers' group.
- ★ Overview of the group program, the number of sessions, finishing dates, the final session is the only joint session, and so on. Introduce the notion that the mothers' group will do some of the same games and activities that the kids do.

MATERIALS

Name tags, soft rubber balls, variety of small plastic animals (mix of wild, farm, domesticated), butchers paper, pencils and textacolours, drinks and snacks for the break, lollies for games, *Strength Cards* (these are cartoon like cards that identify particular strengths – see Reading List Section) and a large piece of paper for the 'group picture'.

NOTES FOR GROUP LEADERS

Before you proceed please make sure you have read the previous page, *A word before starting ...*

The assessment session has already provided a powerful foundation upon which the subsequent groupwork sessions will build. This is often the first occasion the child and mother have so openly, in the presence of the other, voiced their experiences of the violence that has occurred within their family. We have found that it is not necessary to constantly raise the issue of family violence as it is a theme that weaves its way throughout the content and processes the children themselves create within parkas.

WARM UP AND CHECK IN

1. Game: *Name game* using ball/balls (see Appendix B). Then pair up with another person, ask three things about them and introduce them to the group.
2. Chat about group members, for example, school, footy, family, oldest/youngest.
3. Help kids to develop their own set of 'ground rules' for the group - that make them feel safe both in and about the group. Write these rules on butchers paper and bring along each week so they can be put up as a reminder of what was agreed.
4. Game: *Poison Ball* (see Appendix B).
5. Game: *Dead Fish* (see Appendix B).

BREAK

6. Draw a picture of your family. Introduce your family to the others in the group and tell everyone what things each person you have drawn likes.
7. Animals (which is most like you, which is most like your mum).
8. *Strength Cards* (which card/s is most like you, like your mum).

GROUP CLOSURE

★ Begin children's collective large group picture – get each person to leave a hand print, draw or write one thing that has been important for them about the group each week. This is an emerging group picture that everybody, including the leaders, contributes to each week. It is a way of marking the groups' collective journey throughout the life of the program and also serves to bring closure to the session each week. Paralleling this activity, the mothers also create a group picture in their sessions, with both pictures being put on display at the final group session which is a joint session of the two groups.

SESSION ONE ~ MOTHERS

SPECIFIC OBJECTIVES

★ Formation of emotional and psychological safety within the group.

★ Introduction to each other and explanation of the relationship between the children's group and the mothers' group.

★ Overview of the group program, and introduce the notion that the mothers' group will 'mirror' activities of the children's group.

★ Establish the child-sensitive focus of the group through activities that encourage the mothers to see things from their child's perspective.

MATERIALS

Name tags, soft rubber balls, variety of small plastic animals (mix of wild, farm, and domesticated), butchers paper, pencils and texta colours, morning tea, *Strength Cards* and a large piece of paper for the group picture.

WARM UP AND CHECK IN

1. Ask the mothers to introduce themselves and talk about their child attending the group.

2. Game: *Name game* using ball/balls.

3. Mothers talk about what they would like to get from the group, what they'd like their kids to get from the group.

4. Mothers develop their own set of 'ground rules' that would make them feel both safe in and about the group.

5. Activity: *'Getting To Know You'* (same as children's).

6. Draw a family picture, introduce the picture to the group, stating what things each person you have drawn likes.

7. Activity: *Select the animal and Strength Card that best represents their child and best represents them.*

BREAK

8. Provide feedback from the children's group on their activities.

9. What animals children picked for themselves and picked for their mothers.

10. Show the mothers the pictures the children drew of their family, and state what they described about those people.

11. Allow time to discuss similarities and differences between their child's picture/animal representations and what they had drawn or selected for themselves.

GROUP CLOSURE

★ Begin mothers' collective large group picture - leave a hand print, draw or write something that has been important to them about the group – see Session One ~ Kids.

SESSION TWO ~ KIDS

SPECIFIC OBJECTIVES

★ Begin to build connections between the group members.

★ Bring the material produced by the mums in Session One to the children's group. Feedback to the children the comments each mother made about her work.

★ Introduce themes associated with living with family violence.

MATERIALS

Name tags, soft rubber balls, ground rules, butchers paper, pencils and texta colours, *Strength Cards*, activity sheet, drinks and snacks for the *break*, lollies for games and large group picture.

NOTES FOR GROUP LEADERS

Group Leaders need to attune themselves to the emerging dynamics and specific identity of this particular group. Begin to elicit which activities seem to work well – are the participants more sedentary, more active, more talking, less talking, prefer activity sheets, drawings and artwork, use of music - and which do not. It is helpful to place the ground rules developed in Session One up on the wall each week.

It is important to make a judgement about just how much of the feedback material from the mothers' group is appropriate to provide to the children's group, and whether this is best provided to the group as a whole or to children individually. This might be around material that is considered particularly sensitive, counter-therapeutic in its content, or simply not appropriate to the issues the children need to address.

The game *'Dead Fish'* is very popular with the children and works particularly well if the group proves difficult to contain, and can be interspersed throughout the whole program. In one particular group we collected raffle tickets with the name of the winner of each game of dead fish to put in a box. During the celebration at the end of group we drew a 'winner' who received a voucher donated by the local 'Pizza Hut'.

WARM UP AND CHECK IN

1. Game: *Poison Ball.*
2. Sit in a circle and briefly check in about the week with each child.
3. Show children the family pictures their mothers drew the week before and allow for discussion.
4. Whiteboard or Butchers paper - generate a list of things that kids in the group think they may have in common with each other and encourage discussion about them.
5. Game: *Duck, Duck, Goose.*

BREAK

6. Activity sheet - for example. *Happiest dreams, scariest dreams* (see Appendix B).
7. Feedback to the children the *Strength Cards* and animal representations each mother selected for her self and what she selected for them.

GROUP CLOSURE

★ Add to the children's collective large group picture started the week before.

SESSION TWO ~ MOTHERS

SPECIFIC OBJECTIVES

★ Encourage the formation of the group identity, and a sense of what experiences they share as parents who have lived with family violence.

★ Bring the material produced by children into the mothers' group and facilitate a safe space to discuss and sit with the feelings generated by the work of the children.

★ Begin to explore the impact family violence has on children.

MATERIALS

Name tags, soft rubber balls, ground rules, butchers paper, pencils and texta colours, activity sheet, morning tea and the group picture.

WARM UP AND CHECK IN

1. Briefly check with each mother on how the past week has been.
2. Discuss what may have been significant for the mothers from the first week.
3. Discuss how the mothers think their children have found their group so far.
4. Game: *Duck, Duck, Goose* - using chairs in a circle rather than sitting on floor.
5. Using a whiteboard or butchers paper, generate a list of what the mothers think they have in common with each other, and what things they think their children would describe as being in common with the other children.
6. Compare the list generated by the children and allow for discussion.

BREAK

7. Activity sheet: H*appiest dream, scariest dream.* Ask the mothers to imagine they are their child and complete the sheet.
8. Compare these drawings with their child's drawing. Hand them out individually with the option for group discussion if they feel comfortable.
9. Explore ideas regarding what issues and experiences their children have faced in living with family violence.
10. Open up discussion about the experiences the mothers have of their own parenting.

GROUP CLOSURE

★ Add to mothers' collective large group picture started the week before.

SESSION THREE ~ KIDS

SPECIFIC OBJECTIVES

- ★ Group leaders facilitate the strengthening of the connections children are making with other members in the group, and their identification with the group itself.
- ★ Tease out perceptions of gender. Identify if their associated descriptions include how men and women express anger as well as the role it has in their relationships.
- ★ Assist children to select and identify with their own positive role models.

MATERIALS

Name tags, soft rubber balls, ground rules, butchers paper, pencils and texta colours, *Strength Cards*, activity sheet, drinks and snacks for the *break*, lollies for games and the large group picture.

NOTES FOR GROUP LEADERS

Sub groups or dyads begin to emerge around this phase of the group with some tussling for the top spot. Given the family modeling the children have been exposed to, the group may well provide the perfect vehicle for re-enacting the dynamics that have played themselves out with a degree of repetition at home. When managing the impasses that are likely to re-emerge for these children, group leaders need to utilise considerable skill in creating humorous, emotionally containing and constructive alternatives in helping these children move safely through their anxiety about the growing emotional importance they may feel about the group.

It is important to ensure that the content generated by different activities is child-led, and that group leaders endeavour to resist imparting their own beliefs, attitudes and assumptions about gender, and expressions of anger. The children have at times experienced both men and women as angry, and men and women as inappropriately passive. Interpreting, or assisting children with their answers may inhibit them from sharing their own personal experiences. Similarly, it is wise to monitor the content and tempo of activities, and move onto other activities or games if the group becomes increasingly agitated or avoidant through material they may experience as distressing.

The intention of parkas *is to emotionally hold children safely through the experience of the group, not to re-activate traumatic interactions where they are again left feeling traumatised and powerless.*

WARM UP AND CHECK IN

1. Partners ball game.
2. Sit in a circle and briefly check in with each child how their week has been.
3. Revisit Activity Sheet: *Happiest Dreams, Scariest Dreams* they filled in the week before and compare it with the sheet their mothers filled in about them.
4. Game: *Octopus*.
5. Explore definitions of gender, what words describe men and women, what things do they like?
6. What words describe boys and girls, what do they like?

BREAK

7. Game: *Ship Ahoy!*
8. Activity: *Who are your Heroes* - ask the children who they would like to grow up to be like and why.

GROUP CLOSURE

★ Ask children to select a *Strength Card* that best describes another child in the group.

★ Add to children's collective large group picture.

SESSION THREE ~ MOTHERS

SPECIFIC OBJECTIVES

★ Strengthen the connections between group members and their identification with the group as an activity in itself.

★ Tease out perceptions of gender, explored if their associated descriptions include how men and women express anger and the role anger has in relationships.

★ Assist the women to recognise the people they have positively identified with and the qualities they wish for in their children.

MATERIALS

Name tags, soft rubber balls, ground rules, butchers paper, pencils and texta colours, *Strength Cards*, activity sheet, morning tea (which they can now probably contribute to) and the large group picture.

WARM UP AND CHECK IN

1. Partners ball game.

2. Briefly check with each mother how the past week has been.

3. Invite comments on how they think their child is finding the group.

4. Explore their definitions of gender and compare this with the definitions generated by the children. Encourage discussion around these things.

5. Identify what has shaped each mother's perceptions around gender.

6. Identify from their experiences how men and women express anger and exert power and control. Also identify their ideas of how anger can be expressed in positive ways.

BREAK

7. Discussion: Who are the people in their lives who have acted as positive role models? Who were their heroes?

8. Guess which hero their child selected.

9. Who would they like their child to model themselves upon. What qualities do the mothers possess which they would like to pass onto their children.

10. Share the role models selected by their children and allow for discussion.

GROUP CLOSURE

★ Select a *Strength Card* they would like for their child and for themselves.

★ Add to mothers' collective large group picture.

SESSION FOUR ~ KIDS

SPECIFIC OBJECTIVES

★ Explore the children's experience of anger, that of both others and of themselves.

★ Facilitate discussion about how children can safely express their anger and identify how they have protected themselves from the anger of other people.

★ Create a safe space for children to voice their feelings in relation to other people's anger and their own.

MATERIALS

Soft rubber balls, ground rules, butchers paper, pencils and texta colours, drinks and snacks for the *break*, lollies for games, and the group picture.

NOTES FOR GROUP LEADERS

We have found that the children are capable of giving quite graphic descriptions of both violence and angry responses, particularly when encouraged by the comments of their peers. They do, however, struggle to make sense of these experiences particularly when the violence has been perpetrated by somebody they love. A particularly powerful activity has been the introduction of Aggro Avenue. The children give visual representations of their experience of violence within the safety of the group and a collective story emerges.

It is important to respect the survival/defense mechanisms of the children and to restrain from imposing conflict resolution strategies onto the children. To do this may in fact place these children at greater risk in potentially volatile situations with their parents. Most children in the group will continue to have contact with the perpetrator (fortnightly, weekend contact, etc), and unless the perpetrator has undergone their own therapeutic work, they are unlikely to respect new behavioural strategies their child may have discovered in order to stand up more appropriately for their rights.

When undertaking activities such as Aggro Avenue that may directly tap into traumatic memories and experiences it is imperative that the children are not left emotionally vulnerable and in a state of arousal when they leave the group. The trauma needs to be honoured and acknowledged, with the children again setting the pace, and leaders allowing a safe space to talk, and walk through what they may be feeling. This involves being alert to the children's feelings and listening to what they are telling you, rather than imposing what you think or feel they should be feeling.

As a facilitator it may be important to give voice to what they might be feeling when it is appropriate to do so, for example "That must have felt very frightening", "I wonder if you felt like nobody cared about you", and so on. Knowing when and

how to speak for children, and when and how not to, sometimes boils down to practice wisdom and experience. Returning to a space of safety means bringing the children back to the here and now, assisting them to safely engage with their own defense mechanisms and ending with an activity that is positive and fun.

Supervision, debriefing with the other facilitators, and critical self reflection helps in developing good therapeutic judgement around when it is helpful to give voice or meaning to something significant that happens for our clients within groupwork settings. Ensuring that any traumatic and painful issues that may arise for individuals, and/or the group, are respectfully attended to, assists the children to return to a level of safety and emotional functioning. This allows for that individual, and the entire group, to walk out of the session feeling they are able to adequately undertake whatever commitments and activities they have planned in their lives once the group is finished for the week.

WARM UP AND CHECK IN

1. Game: *Treasure Chest.*
2. Sit in a circle and briefly check how each child's week has been.
3. Feedback to the children the heroes the mothers identified for themselves and the hero they thought their child selected.
4. Inform the children which hero the mothers would like them to have and what qualities they possess that they would like to pass on to their child.
5. Game: *Charades.*
6. Activity: *Aggro Avenue.* Encourage the children to create their own *Aggro Avenue* and place themselves in it. This activity involves placing a large long stretch of butchers paper along one wall and asking the kid's to draw what they think would make up an *Aggro Avenue.*

BREAK

7. How do you express anger? Have there been times when you have expressed anger in ways that were useful, and in ways that weren't useful? Use the whiteboard and encourage discussion.
8. How does anger feel? Where do you feel it?
9. Using butchers paper draw an outline of a body and ask the children to identify where in the body their different feelings sit.
10. Game: *Duck, Duck, Goose.*

GROUP CLOSURE

★ Add to children's collective large group picture.

SESSION FOUR ~ MOTHERS

SPECIFIC OBJECTIVES

★ Explore how the mothers express their anger and the children's perceptions of how anger is expressed by themselves and others.

★ Facilitate discussion about how the mothers can safely express their anger and the ways they have protected themselves, or others, successfully from the anger of others.

★ Explore how they think their children experience anger and identify the strategies the children have learnt to protect themselves.

★ Create a safe space for mothers to voice their feelings about anger directed towards them by other people, and their own anger in response to the anger of others.

MATERIALS

Soft rubber balls, ground rules, butchers paper, pencils and texta colours, morning tea and the group picture.

WARM UP AND CHECK IN

1. Game: *Treasure Chest.*
2. Ask each mother to identify two things for themselves and two things for their child that have been important about the group so far.
3. How do people express anger? Can you express anger in useful ways, and in ways that aren't useful? Use the whiteboard and encourage discussion.
4. Show the mothers their children's *Aggro Avenue*, and give them the opportunity to contribute and place themselves on *Aggro Avenue.* Discussion.

BREAK

5. How does anger feel? Where do you feel it?
6. Using the outline of a body on butchers paper ask the mothers to identify where different feelings sit in their body.
7. Compare the body outline drawn in the children's group with that of the mothers.

GROUP CLOSURE

★ Add to mothers' collective large group picture.

SESSION FIVE ~ KIDS

SPECIFIC OBJECTIVES

★ Exploration of how children keep themselves safe and how they think adults have kept them safe in the past and can keep them safe in the present and in the future.

★ Encourage validation and normalisation of the children's responses to anger through peer discussion about '*how do you keep yourself safe?*'.

MATERIALS

Soft rubber balls, ground rules, butchers paper, pencils and texta colours, drinks and snacks for the *break*, lollies for games and the group picture.

NOTES FOR GROUP LEADERS

The group is starting to move towards termination at this stage and it is necessary to begin preparing group members for closure. The very last session is a joint session; the only one in which the two groups come together. The introduction of a special activity for the final joint session should be raised during session five. We have experienced sessions four and five to be critical in holding the anxiety of group members about whether they really want to be part of the group and re-visit issues they may now consider to be in and of the past. This is occurring simultaneously with the group moving towards ending.

It may be useful at this point for the facilitators to imagine that for some participants it is almost as though they are journeying across a lake. They are now almost to the middle where they can see both the place where they began their journey and the place they have yet to reach. Participants often experience ambivalence about returning to the place they already know, or moving forward to the other side of the lake, which is as yet, unknown. Our job as facilitators is to assist them to safely and constructively complete this particular therapeutic journey across to the other side.

During this phase mothers and/or children may fail to attend, for example people ring in sick or other appointments suddenly arise. To assist with this we will often telephone mothers and/or kids in advance to see how they are faring and to encourage their attendance at the next session. Given the subject matter of parkas the children in particular become quite anxious if other children are absent, fearing they may have come to some harm. As much as possible it is the task of group leaders to both verbally and emotionally hold and contain the children's anxieties and fantasies. If you have been forewarned by the parent about their own or their child's non-attendance it is critical to inform the rest of the group about these planned absences.

Follow up for a parent or child who chooses not to return is important so that facilitators can provide feedback that their decision has been respected. If it is the case that the group program was not the most helpful support for them at this

time the facilitator can offer them assistance to find another more appropriate means of support. It is also an opportunity to say goodbye – for both members and leaders.

WARM UP AND CHECK IN

1. Game: *Footy Frenzy*.
2. Sit in a circle and briefly check how the week has been for each child.
3. Bring in *Aggro Avenue* and give children the opportunity to look at the contributions of their mothers.
4. Discuss with the children how the mothers thought their children expressed anger. Look at the outline of the body image that the children produced and the body image the mothers produced.
5. Game: *Ship Ahoy*.

BREAK

6. Using butchers paper or the whiteboard create a list of things the kids think they can do to keep themselves safe.
7. Develop a list of things adults can do to keep kids safe.
8. Activity sheet: *Wishes.*
9. Brainstorm ideas with the children about a special end of group activity to show their mothers at the final session's joint group party.

GROUP CLOSURE

★ Add to the children's collective large group picture.

SESSION FIVE ~ MOTHERS

SPECIFIC OBJECTIVES

★ Facilitate an awareness of the survival-protective mechanisms both the children and mothers have developed.

★ Facilitate discussion of children's rights to safety and how and what parents can do realistically in situations where children still have contact with the perpetrator.

★ How do we respect/facilitate/support the attachments of the child whilst keeping them safe.

★ Encourage validation and normalisation of the mother's responses to anger through peer discussion about '*how do you keep yourself safe?*'

MATERIALS

Soft rubber balls, ground rules, butchers paper, pencils and texta colours, morning tea and the group picture.

WARM UP AND CHECK IN

1. Game: *Charades.*

2. Identify one significant interaction (positive or negative) that has taken place between yourself and your child during the past week.

3. Discuss the *Continuum of Anger*, that is, the range of emotional responses that can reflect anger – sadness, withdrawn, belligerent, from passive to aggressive, and so on.

4. Discussion: *How do you keep yourself safe? Who makes you feel safe? How do you keep your kids safe?*

5. Feedback the suggestions the children produced about how adults can keep children safe.

6. Develop a list of things adults can do to keep children safe.

7. Activity Sheet: *Wishes*. Get the mothers to complete for themselves and then share the results from the children's. Allow for discussion.

BREAK

8. Brainstorm ideas for mothers to design a special end of group activity to show their children at our final session joint group party.

GROUP CLOSURE

★ Continue work on the collective large group picture.

SESSION SIX ~ KIDS

SPECIFIC OBJECTIVES

★ To identify the cycle of anger.

★ To identify what are the triggers to make us angry.

MATERIALS

Soft rubber balls, ground rules, butchers paper, pencils and texta colours, drinks and snacks for the *break*, lollies for games, continue large group picture and any materials for the final group activity eg., CD player, video camera etc.

NOTES FOR GROUP LEADERS

This session recognises not only behaviours of others that are abusive but also ways in which we may well abuse ourselves or be abusive of ourselves.

It explores the triggers that leave group members feeling vulnerable and powerless and what activities and behaviours people engage in to make them feel better and/or back in control.

WARM UP AND CHECK IN

1. Game*: 'What's the time Mr/Mrs Wolf'.*
2. Sit in a circle and briefly check with each child how the week has been.
3. Discussion: *How I feel about coming to parkas?*
4. Discussion and activity: *What different feelings are there?* This is to broaden children's familiarity with the range of different emotional responses (see *post it notes* – to assist kids in picking out what feelings might apply to them and/or posting in a box the top 3 things they feel the most).
5. Select any additional *Activity Sheet* leaders think is appropriate for this time.

BREAK

6. Game: *Hangman or Celebrity Heads* (the name of a celebrity is stuck above head, three kids up front, take turns to guess who they are through 'yes' and 'no' answers from rest of the kids. If the question asked gets a 'yes' the child gets to ask another question. Whoever guesses the correct Celebrity Head first wins).
7. Ask the children to create a list of the ways in which they think adults do not 'take care' of themselves (the adult) or of children.

GROUP CLOSURE

★ Add to children's collective large group picture.

SESSION SIX ~ MOTHERS

SPECIFIC OBJECTIVES

★ To explore the breadth and depth of emotions we experience as human beings and the behaviours stemming from our feeling states.

MATERIALS

Soft rubber balls, ground rules, butchers paper, pencils and texta colours, morning tea, continue large group picture and any materials for the final group activity eg., CD player, video camera etc.

WARM UP AND CHECK IN

1. Game: *Hangman.*
2. Feedback from the children's group discussion regarding '*How do I feel about coming to* parkas'. *How do you think your kids feel about coming to* parkas?
3. Discuss the range of different feelings and how you behave when you feel them, for example, '*when I feel sad I ... go for a walk, cry, drink'* ... and so on.
4. Activity: Simply choose one of the activity sheets not used thus far and complete it imagining you are your child.

BREAK

5. In what ways do we not take care of ourselves; in what self-abusive behaviours do we engage? Feedback from the children's group about the ways in which they think adults do not 'take care' of themselves?
6. Generate discussion around how mothers think their children lack self care and self-esteem?

GROUP CLOSURE

★ Add to mothers' large group picture.

SESSION SEVEN ~ KIDS

SPECIFIC OBJECTIVES

★ To identify the resources and strengths of the children.

★ To facilitate a shared experience for the children's group through creating and contributing to a team activity.

★ To assist and encourage the children in working together as a group.

MATERIALS

Soft rubber balls, ground rules, butchers paper, pencils and texta colours, drinks and snacks for the *break*, lollies for games, continue large group picture and any materials for the final group activity eg., CD player, video camera etc.

NOTES FOR GROUP LEADERS

The final themes covered in parkas focus on the strength and resilience of both the children and mothers. The children's group activity provides them with a vehicle through which they can symbolically re-enact the issues generated within these sessions and endeavour to access a healthy and respectful resolution of these issues.

The last two sessions require significant levels of energy by the team leaders in supporting the children and the mothers to organise an activity to present to each other at the week ten joint farewell session. This involves assisting both the children and mothers to create their own 'show piece', for example a song, a dance or a play. This will also include gathering props for the performance and a rehearsal.

In our experience this group activity, for the children in particular, tends to replicate both the content covered thus far, and the dynamics modeled within their interactions with each other and the group leaders.

WARM UP AND CHECK IN

1. Game: *Scarecrow Tiggy.*

2. Sit in a circle and briefly check in with each child how the week has been.

3. Exercise: *What do I do well?* The children create a list of what they do well.

4. Activity Sheet: *Stars.*

5. Game: *Celebrity Heads.*

BREAK

6. Design and rehearse the children's ideas for the end of group activity.

GROUP CLOSURE

★ Add to children's large group picture.

SESSION SEVEN ~ MOTHERS

SPECIFIC OBJECTIVES

★ To identify the resources and strengths of the mothers.

★ To facilitate a shared experience for the group through creating and contributing as a team activity.

★ To assist and encourage the mothers to work together as a group.

MATERIALS

Soft rubber balls, ground rules, butchers paper, pencils and texta colours, morning tea, continue large group picture and any materials for the final group activity eg. CD player, video camera, etc.

WARM UP AND CHECK IN

1. Game: *Celebrity Heads.*

2. Exercise: *List two things your child has done well in the last week.*

3. Exercise: *What do I do well?* Ask the mothers to create a list of the things they do well.

4. Activity Sheet: *Stars* – complete as though they were their kids.

5. Feedback the *Stars* Activity Sheet completed by the children's group.

BREAK

6. Design and rehearse the mothers' ideas for the end of group activity.

GROUP CLOSURE

★ Add to mothers' collective large group picture.

SESSION EIGHT ~ KIDS

SPECIFIC OBJECTIVES

★ Create a holding structure that enables the children to create their own stories via the group activity whilst recognising that they may struggle with a sense of loss about moving towards the final stages of the group program.

★ Assist the children to access their own ideas and confidence in creating their shared story.

MATERIALS

Soft rubber balls, ground rules, butchers paper, pencils and texta colours, drinks and snacks for the *break*, lollies for games, continue large group picture and any materials for the final group activity eg., CD player, video camera etc.

NOTES FOR GROUP LEADERS

The main focus of this session for the children is to begin winding down and adjusting to the impending closure of the program. The mothers are encouraged to consider broader contextual and inter-generational issues relating to family violence. Implicit is the challenge to end the cycle of violence within their children's generation.

We have found that the mothers may, more so than the children, encounter some awkwardness in their preparations for their final group activity. The group leaders can assist the mothers to stay on track and sit with possible feelings of embarrassment and discomfort, in coming together to play. Having fun and enjoying one's playfulness is one of the first things lost in the context of family violence. This activity also creates a special space to enjoy the intimacy of the group and is a very important tribute to offer their children in the final session.

WARM UP AND CHECK IN

1. Game: *Musical Chairs.*
2. Sit in a circle and briefly check with each child to see how the week has been.
3. Exercise: parkas *Sentence Completion Sheet.*
4. Game: *Poison Ball.*

BREAK

5. Feedback from mothers' group on their Activity Sheet: *Stars - w*hat the mothers thought their children were good at.
6. Continue work for the final group activity.

GROUP CLOSURE

★ Add to the children's large group picture.

SESSION EIGHT ~ MOTHERS

SPECIFIC OBJECTIVES

★ Maintain energy levels around the mothers' contribution to creating a shared group activity.

★ Facilitate a discussion about inter-generational family violence and broader contextual considerations.

★ Encourage the mothers to embrace the strengths and resources they want to pass down to their children.

MATERIALS

Soft rubber balls, ground rules, butchers paper, pencils and texta colours, morning tea, continue large group picture and any materials for the final group activity eg., CD player, video camera etc.

WARM UP AND CHECK IN

1. Game: *Musical Chairs.*
2. Exercise: *Identify two things they consider they have done really well in the past week.*
3. Exercise*:* parkas *Sentence Completion Sheet* fill in as though they were the children.
4. Feedback from the children's group on the content of their Activity Sheet.
5. Discussion: *What do you want your children to learn? Who taught you?* Generate a list.

BREAK

6. Exercise: *How do you want your children to learn these things?* Generate a list.
7. Continue work for the final group activity.

GROUP CLOSURE

★ Add to the mothers' collective large group picture.

SESSION NINE ~ KIDS

SPECIFIC OBJECTIVES

★ Dress rehearsal for the children's group activity.

★ Provide space for the children to acknowledge the importance of the group and of each other whilst maintaining the excitement and anticipation surrounding the final weeks farewell celebration.

MATERIALS

Soft rubber balls, ground rules, butchers paper, pencils and texta colours, *Strength Cards,* drinks and snacks for the *break*, lollies for games, continue large group picture and any materials for the final group activity eg. CD player, video camera etc.

NOTES FOR GROUP LEADERS

Week nine is the last time the children and mothers will meet as separate groups. It is important to provide some time for members to acknowledge this ending as the energy put into the final preparations for the joint session can overshadow the importance of creating some time for closure.

Some structured activities like the *Sentence Completion Sheet, Pass the Parcel* (with inserted notes, for example, "to the person with the longest hair", or "my best time ever was") can help to create a quiet center in which to connect with one another. However, if the tempo of the group does not permit this, the final *Strength Card* activity becomes important. It is a safe way for the children and mothers to acknowledge the importance of each other.

WARM UP AND CHECK IN

1. Game: *Sharks and Islands.*
2. Sit in a circle and ask each child to identify what has been the best and the worst thing for them about the parkas Program.
3. Game: *Pass the parcel.*
4. Feedback from the parkas *Sentence Completion Sheets* from the mothers' group.

BREAK

5. Final dress rehearsal.

GROUP CLOSURE

★ Sit in a circle and pick a *Strength Card* for each member of the group.

★ Complete the collective group picture to be shown at final joint session.

SESSION NINE ~ MOTHERS

SPECIFIC OBJECTIVES

★ Dress rehearsal of the mothers' group activity.

★ Provide space for the mothers to acknowledge the importance of the group both for their children and for each other, whilst maintaining the excitement and anticipation surrounding the final weeks joint party and farewell.

MATERIALS

Soft rubber balls, ground rules, butchers paper, pencils and texta colours, *Strength Cards,* morning tea, continue large group picture and any materials for the final group activity eg. CD player, video camera etc.

WARM UP AND CHECK IN

1. Game: *Pass the parcel.*

2. Ask the mothers to identify what has been the best and the worst thing for their kids about being in the parkas program.

3. Discussion about 'self care'. *What things do you do to take care of yourself and to take care of your children?*

BREAK

4. Final dress rehearsal for the next week.

5. Housekeeping preparations for the farewell session, food and beverages for party.

GROUP CLOSURE

★ Mothers pick a Str*ength Card* for each member of the group.

★ Finish the mothers' collective large group picture.

SESSION TEN ~

JOINT FAREWELL SESSION AND PARTY

SPECIFIC OBJECTIVES

- ★ Create a sense of occasion that honours the importance of the relationships and shared experiences within the group.
- ★ Symbolic re-connection of the mothers with the children through the shared activities and presentations.

MATERIALS

Award Certificates for each child and mother – (see Appendix A), camera, video camera – (if consent given), some food and beverages from the agency, materials necessary for both final group activities – ie. CD player, CD's, video recorder, props, etc.

NOTES FOR GROUP LEADERS

The final combined group operates both as a closure ceremony and a journey back from the separateness of the mothers and children's groups to the mother-child dyad. This is achieved through the kids having between an hour to an hour and a half for their final dress rehearsal and room set up, before the mothers arrive. One group decided to quickly make tickets for their mums before they were allowed in. The children have traditionally presented their performance first to their mothers as the audience. This is then reversed with the children observing the mothers' performance. As well as the performances of each group, the final session marked the unveiling of the collective art work created by both groups during the course of the group work program.

The next phase engages the mother and child dyad. Through the presentation of certificates to the mothers and children, with all the pomp and ceremony we can muster, an official photo of mother and child is taken for them to keep as a memento of their time in parkas. All participants are provided an opportunity to make a speech, but not everyone takes up this offer. At different times mother and kids have chosen to address the group. The nurturing ritual of sharing a meal together is followed by the final farewells.

We have recorded these occasions on video for some groups who have then taken responsibility for getting copies made for each participant. If you are planning to hold a reunion (see Appendix A) handing out the invitations at this final session is recommended, or at the very least, providing information about the timing of this event.

We suggest that the format for the final joint farewell session is planned around the individual needs of each group. The key is finding the appropriate fit for your group within the resources you have at your disposal. We do strongly recommend that you provide a memento, for example, a Certificate, of the occasion.

Use your initiative, be creative, but above all have fun and celebrate!!

Two Week Follow Up – Individual Mother Feedback Sessions

This has been an important forum for both the mothers and the group leaders. The two week follow up sessions have been organised as an individual feedback and review session with the mother to discuss their child's behaviour and progress in the group program. Leaders provide recommendations for the participants, for example, ongoing individual or family work.

We also value the feedback from the mothers about their individual experience of the group and ask for specific ideas about what could be improved, and which activities would benefit from more or less time. Additionally, we explore their assessment of their own participation within the group, the strengths apparent to us in their relationship with their child, and what strengths they may identify in themselves and their child. This again adds to the sense of closure of the group program and brings the focus back to the mother/child dyad. An important element of the review is receiving their feedback. This is also the time to attend to any unfinished business in relation to group dynamics which require addressing.

Reunion

The energy and excitement that abounds during the final joint session often precludes the opportunity for participants to say goodbye fully. The reunion, which we have held approximately two months after completion of the program, has a much slower pace and allows, albeit sometimes reluctantly, the recognition that parkas has finished and provides a chance to say goodbye and finish up. This is amidst the inevitable catch-up and enjoyment of the day. Thus far, the events we have arranged for the reunion have generally taken up most of the day, with the added incentive of missing a day of school for the children.

Flexibility exists about who attends the reunion. In some group programs, it has been very clear that the children need their own space, while for others, the children have been very vocal in wanting their mothers to participate. Another important factor to consider is the level of cohesion in the mothers' group. One particular mothers' group we ran proved particularly difficult for the leaders to hold together, leading us to assess that it may have been counter-therapeutic to involve the mothers in that reunion. Essentially, we were more confident of the children's attendance than their mother's.

The reunions to date have occurred in a place away from the venue where the groups were held, and have introduced the children to a completely new activity. Our most popular activity involved employing a sessional music therapist who brought along a range of very cool instruments for participants to play, including drums and electric guitars. The children produced a 'demo tape' of their mornings work, which provided a special memento for them to take home. The 'jamming session' was followed by a lunch stop at McDonalds and then an opportunity for final farewells.

As the reunion occurs approximately two months after the final group session we have been able to see how the children have fared. We have often been pleasantly surprised at the internal shifts made by many of the kids as they have voluntarily shared details of their lives, for example, that they have not been in trouble at school or that they talk to their mums more.

section four

pilot parkas program for dads and kids

PILOT PARKAS PROGRAM FOR DADS AND KIDS

Background

In mid 1999 we piloted our first parkas group for fathers and children, and at the time of printing this is the only fathers' and children's group we have run.

The pilot program was initiated and developed in response to requests made by clients within the men's component of the Family Violence Prevention Program (FVPP) at DjHS (see section 5) for assistance in learning how to appropriately 'parent'. The aim was to facilitate a shared, enjoyable and safe interactive experience between the fathers and their child/ren. The primary focus was on the father/child relationship and providing an opportunity for these men to experience *'being'* with their children. Within the mothers group the emphasis is on both building/rebuilding healthy connections between them and their children, and using peer affirmation to assist in the healing process. Within the fathers group, our assumption was that these men, who had been perpetrators of violence within the family, had at best fragile and/or ambivalent attachments with their children. Upon reflection, we have perhaps made some misguided assumptions about the quality of the attachments of the children with the mothers and think that our learnings from the dads group could have some useful applications in the mothers program.

These assumptions, however, led to thinking differently about the configuration of the children's component of the group. Rather than focusing on a developmentally peer appropriate climate for the children, we zeroed in on the father/child dyad as our pivotal point for group dynamics. The activities within the group included art, music and activity based therapy, with four children, aged between four and thirteen, participating. The intent was to creatively and gently introduce these fathers to an experience of learning to *'be with'*, *'listen to'* and *'recognise and tolerate'* their children's need to play. The activities encouraged the father and child/ren to create things together, rather than on the group necessarily forming as a whole. Also built into the program were opportunities to give direct feedback to the fathers on their interactions with their child/ren.

The men involved in this group were three fathers who had almost completed the men's component of the FVPP, who were invited to attend the seven week dads and kids group. We had a smaller pool of clients (ie. men attending the DjHS FVPP treatment groups to address their violence) from which to draw referrals, as distinct from the mothers group (ie. where referrals were taken from a number of different sources). Furthermore, only a small number of men currently attending the FVPP were identified as potentially suitable referrals for the group. Their suitability was determined by the progress they had made within the men's component of the FVPP, their capacity to acknowledge the impact of their violent behaviour on their children, and their level of commitment to change in relation to their parenting role.

As the groupwork content was primarily designed to create opportunities for the children and fathers to bond, over and above activities that would bond the children together, we were surprised at how connected the children became with each other. What made this most surprising was that the ages ranged from a four-year-old female up to a thirteen-year-old male. *Once again the children were our teachers.* They enjoyed each others company immensely and interacted along the lines of a pseudo-sibling group, adopting specific roles in relation to one another. The thirteen year old was quite protective of the two youngest

children (siblings aged four and six) and also good humoured and patient with a somewhat precocious eleven year old female in the group.

Aims and objectives

- To facilitate a shared, enjoyable and safe interactive experience between the father and child/ren.
- To introduce fathers to an experience of learning to *be with* their child.
- To provide fathers with an experiential opportunity to empathically engage with their child.
- To facilitate each father's ability to listen to their child's needs over their own.
- To provide an opportunity for the father to learn to recognise and tolerate their child's need to play.
- To provide a safe, contained environment for father and child to experiment with intimacy and play.

Assessment procedure

The fathers involved in the program were selected by one of the group leaders who had also been involved in running the Men's Treatment Program of the FVPP. As this was our first father-child group, we were careful to invite only the involvement of men who had demonstrated significant progress in their work to date. We held formal assessment interviews, as we did with the mothers group, to gauge their capacity to sit with, and demonstrate some insight into, the needs of their children. We also required the support of the children's mothers for the kids to attend the group.

Involving both the children and fathers in the interview process provided a very clear message to the fathers of our commitment to privileging the experience and reality of the child over that of the father. It also gave us a first hand opportunity to see how comfortable, or uncomfortable, the children felt in the presence of their father.

Assessment interviews were conducted for four father-child dyads. Three of the fathers presented as committed to improving their relationship with their children, while the fourth father demonstrated little insight into his child's needs and appeared punitive in his interactions with him during the interview. This father subsequently decided he had little need for parkas as he believed he already had a very good relationship with his child and in fact dropped out of the FVPP altogether not long after the assessment interview. As many of these men are voluntary participants in the FVPP, leaders are powerless to proceed with any further interventions unless any reportable offence/s come to their attention.

Leadership team

The leadership team within this pilot program varied considerably from previous parkas groups. The two clinical staff who had developed the parkas model were joined by a male community leader who had previously assisted in running the children's side of the mothers and children's groups. A qualified music therapist joined the leadership team in week three and week six to facilitate the activities undertaken during these two sessions. In week four and week five, two art teachers from the Travancore School (a specialist school that

provides educational services to Royal Children's Hospital Mental Health Service - MHSKY clients), joined the leadership team. As a complete leadership team, we met on two occasions outside of the group sessions, first to plan, and then to review, the work we had undertaken. This was invaluable in terms of sharing ideas and observations from varying perspectives and learning from one another.

Overview of the program for dads and kids

The dads and kids pilot program was a seven-week program organised in the format that appears below.

Week one	**Assessment Undertaken** (same procedure as for mothers' group) 45-60 minutes each	Including: ▪ Contracts ▪ Evaluation ▪ Program Overview
Week two	**Dads Group** Approx 1½ hours	▪ Share History ▪ Violent incidents child has been exposed to ▪ Questionnaires
Weeks three – six	**Dads and Kids Group** 2 hours – experiential Incorporation of individual feedback throughout sessions	▪ Music Therapy ▪ Art Therapy ▪ Farewell Session
Week seven	**Group feedback and debriefing for Dads.** 1½ - 2 hours	▪ Questionnaires ▪ Where to from here

Structure and content

The program involved seven evening sessions held on the same weeknight as that of the men's treatment and support groups, but in a different part of the building.

Week one – assessment

On the first night we assessed each of the four fathers with their child or children present for the interview. We used the same assessment format as that used for the mothers assessment session. One of the fathers interviewed did not proceed into the group. The remaining three fathers and four children were offered, and accepted, places within the program. As the focus was on connection between the children and their fathers, we felt comfortable including two siblings into the program.

Week two – fathers group

The fathers met as a group for this session without their children. The purpose of this was to gather a shared history from the fathers about the extent and length of time these men had subjected their children to violence. It was also perhaps, at a subconscious level, a second chance for us as leaders to assess the appropriateness of our selection of these men, and to see how they interacted as a group, before joining with the children. All three men revealed that their children had been exposed to their violent behaviour prior to and/or from the day of their birth, up until 18 months ago when they began attending the FVPP.

Using a whiteboard, we mapped out the range of violent incidents and violent relationships to which their children had been subjected and exposed. We compared this to their own experiences of being parented and explored what sort of fathers they saw themselves as now, and in the future. We then explored the impact of violence on children's emotional, physical and neurological development. The importance of committing to the whole program was emphasized, and we concluded the session with the men filling out questionnaires relating to their parenting styles and their child/ren's behaviour.

Week three – fathers and kids group session i

This was the first of our three joint group sessions for fathers and children. We employed a music therapist who had previously assisted us in running our parkas reunions. This provided the group with a wonderful joining activity, involving a range of musical instruments, which impressed both the children and fathers. The session began with introductions, a name game and revisiting, as a group, the purpose of the program. We then launched into an instrumental foray that by the end of the session actually sounded like music. This was recorded for further use in our final joint session when the music therapist made a second appearance. All group members were given the task to bring in a CD or tape of their favourite song for the next music session in week six.

The joint group provided the leadership team with an opportunity to see first hand how these fathers interacted with their children. The learnings gained during this session prompted us to make individual feedback times with the fathers the following week to discuss our observations. Initially we had planned to provide feedback to the fathers at the completion of the whole program, rather than during or after each session. However, the musical activities highlighted just how difficult these men found it to work alongside their children without taking over. It also demonstrated to the leadership team just how quickly these men could lose sight of their children's needs as they became consumed by their own, demonstrated by the speed with which they became engrossed in playing on the drums or electric guitar themselves.

Week four – fathers and kids group session ii

This was the first of two sessions utilising art as the main therapeutic medium. We were fortunate to have two art teachers to assist in actively focusing on the father and child/children creating something together. We also had a variety of art materials to select from which assisted in creating activities that were appropriate to the spread of ages in the group.

As we had five members in the leadership team at this point the two clinical staff were able to take each father out of the group for about twenty minutes to provide individual feedback. We discussed their reflections on the previous week and shared our own observations. We were very specific in our feedback and suggested alternative ways of interacting with their child/children. This proved to be immensely powerful for the fathers as it gave the men something concrete to work with immediately upon their return to the group.

Week five – fathers and kids group session iii

The second week with the art teachers involved continuing with the activities not completed the week before. We saw a notable shift in the connection building between the children as their comfort with one another increased. By the end of this session the group had almost divided into two groups – children and fathers. The children, tiring of their artwork, left their ceramic pieces for their dad to finish, and began madly tearing around the room playing chasey. This was a fascinating experience for us as leaders as we watched the fathers become quite intent on their own play, something we suspect they had had little experience in doing.

It became apparent at the time, and even more so upon reflection within supervision, that the men were very much in a comfortable space, feeling quite 'held' by the leadership team. At the same time they were looking to the leadership team for guidance in relation to how they should respond to their children. As one of the men noted in our very last feedback session, *"I was initially very worried that I should be telling him off for mucking around when he should have been finishing his plate. But you guys seemed pretty relaxed about the kids mucking around so I just relaxed too."*

Session six – fathers and kids group session iv

With the music therapist making a second appearance, the kids and fathers brought along their favourite song on CD or tape, as requested in week three. The session began with an appreciation of everyone's individual tastes, and ended with us joining together to produce our very own group song. Each person was given the opportunity to play their favourite song and to talk about why they had chosen it. This activity created a more personal atmosphere between group members, and gave the group leaders an invaluable insight into individual group members. Perhaps more telling than the reasons participants provided as to why they selected a certain song, were what the words of the song told us as group leaders about each individual and their value systems.

The music therapist, not having seen group members for three weeks, noted a significant positive shift in two of the fathers' interactions with their children. The third father, whilst a little more relaxed, still struggled with listening to, and allowing his child to contribute to creating the pace set in their relationship. The session culminated with cutting a demo tape of the groups music for the participants to take home. We then celebrated our final joint session with a special supper and let the kids know that we would be contacting them in the next two months to arrange a group reunion.

Week seven – group feedback and debriefing for dads

The final session involved only the men. We discussed their experience of the group, what they had learnt about themselves and what they had learnt about their children. We gave

them feedback about our observations and asked for feedback about the program - what they would keep the same and what they would change. The men were very enthusiastic about their involvement in this pilot program and keen to participate in any further groups if possible. The men then filled out a post-group questionnaire and were asked to pass on questionnaires to the children's teachers requesting information about any noticeable changes in the children's behaviour since attending parkas.

Reunion

While the reunion took place during the same timeslot, a weekday evening, the venue was an old converted tram at the local McDonalds, which we had booked out for two hours. On top of the kids and fathers excitement of DjHS shouting everyone a meal, we enjoyed a number of pass the parcel games which included prizes and a fun sentence to complete with the removal of each layer of newspaper. This finished with a presentation of parkas certificates to each member of the group and the opportunity to make a farewell speech.

The reunion occurred approximately two months after the last program session. This gave the leaders an opportunity to see what, if any, sustainable improvements had occurred in the relationship between the children and their fathers. Marked differences were evident in the relationship between two of the fathers and their children; they enjoyed more relaxed and intimate relationships. However, in the case of the third father, it appeared little change had occurred.

Evaluation of pilot program for dads and kids

As group facilitators, we noted substantial positive shifts in two of the men through the course of the pilot program. This was substantiated through the feedback sessions with the children's mothers, organised as part of their continued involvement in the FVPP men's program. Two of the partners contacted reported improved relationships between the men and the child/ren. These two men were also invited to join the community leadership team with DjHS some eight months after they had completed parkas.

The third father did not respond so positively, and subsequent to the cessation of parkas eventually dropped out of the FVPP altogether. However, prior to his departure staff had an opportunity within individual sessions to challenge some of the concerns noted during the parkas fathers group.

Overall, our evaluation questionnaires demonstrated positive attitudinal shifts in the children's behaviour and the fathers parenting styles. As with the mothers parkas group program evaluation, we utilised the *'Strengths and Difficulties Questionnaire'* for the fathers, but this time we also employed a modified questionnaire exploring parenting styles. An unexpected hitch was the reluctance of the children's teachers to fill in questionnaires. As none of the children at the time were residing with their fathers, the schools were not comfortable in releasing any information to these men. In the future we would need to do more preparatory work with the schools and perhaps enlist the assistance of the children's mothers with this process, and/or the leaders themselves making contact with the schools.

The interactive nature of this pilot program proved to be particularly enlightening for the leadership team, prompting us to explore its application to the mothers and children's program. Equally, opportunities to more fully integrate parkas into the men's and women's

modules of the overall FVPP is seen as the next step in the evolution of parkas. Whilst this project in still very much in its infancy, it has been useful to dip our toes in the water. Despite the cessation of violence, many of these children continue to experience fragmented relationships with their parents.

section five

djerriwarrh health services - family violence prevention program

DJERRIWARRH HEALTH SERVICES
FAMILY VIOLENCE PREVENTION PROGRAM (FVPP)

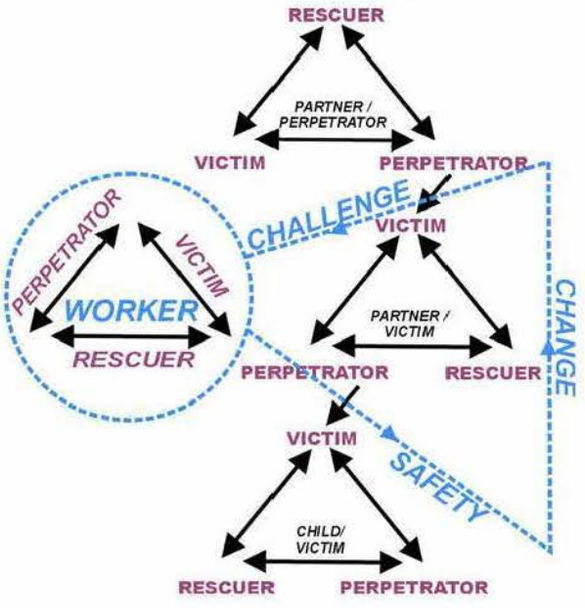
Philosophy guiding our work

In order to fully gain an understanding of the development of the parkas program it is useful to understand the context within which the children's component of the *Family Violence Prevention Program* (FVPP) sits. The DjHS Family Violence Prevention Program (FVPP) model has been largely informed by structural/feminist thinking and is guided by principles that recognise that fundamental inequalities exist within all stratums of society with respect to class, gender, race/ethnicity. Identifications around sexual preference, spiritual and/or cultural practices and disabilities further delineate these three areas of social classification. These inequalities invariably contribute to the nature and incidence of family violence.

In conjunction with the over-arching feminist/structural philosophies of the program and a baseline commitment to the cessation of family violence in all its forms, the FVPP incorporates a commitment to embracing community development principles. This occurs through the representation and participation of service users and residents at every level of program development. Adult learning models are utilised, self-directed treatment goals are promoted, and linkages are made with and through agencies in the target communities as a way of promoting an integrated model of working with all family members affected by family violence.

In addition to this underlying philosophy, has been the development of our own emerging practice wisdom, resulting from over ten years of working with adults, and more recently children, affected by the trauma of family violence. This developing theory, grounded within our practice, involves an understanding that each individual family member living with violence can exist in an inter-dependent dynamic where all members can move between three roles: that of perpetrator, victim and rescuer, see diagram below. It is this dynamic that gives rise to inter-generational cycles of violence. We understand that as part of this dynamic, each one of us is capable of engaging in abusive behaviour and this reality must be confronted and dealt with in order to *break* the cycle.

Diagram 1: Dynamic of Family Violence



The challenge for workers, when working with families and individuals where this dynamic is apparent, is to provide a therapeutic, safe space through which individuals and/or families can develop an 'alternative' cycle of inter-relationships. This therapeutic space requires setting appropriate boundaries, creating clear rules around safety, challenging abusive patterns and behaviours, and promoting positive change, as depicted in *Diagram 1.* Workers themselves are at times vulnerable to playing out these dynamics of rescuer, perpetrator and victim. It is therefore imperative that workers create accountable work practices with their colleagues and access regular supervision where they can review and reflect on their own work practice issues.

How the FVPP works

The DjHS FVPP comprises three main groupwork components: the men's, women's and children's (parkas) programs, as well as a peer education/peer support component, known as our *community leadership program*.

Each component has created unique community linkages with other organisations that best complement the work undertaken in that area. These linkages fill in the gaps, offer mutually beneficial partnerships, and provide a range of differing services to the FVPP, including such things as childcare, transport, group materials, co-facilitators for groups, and venues. One such partnership, for example, involved the Shire of Melton which provided all of the above for one part of the women's group component.

parkas is an example of a comprehensive collaboration between two primary organisations, from inception through to its planning and implementation. This process included a literature search, visits to agencies currently operating children's groups, the development of the parkas model, its implementation, evaluation and refinement.

Men's and women's group components

Men are most commonly 'referred' to DjHS by other agencies, such as the Department of Human Services - Child Protection Unit, Correctional Enterprise (CORE), or by individuals, most notably their partners. From the outset we make clear the understanding to those men referred into the men's program, that they are coming to the agency because they have an issue with their abusive behaviour. As an acknowledgment of this understanding we insist that that the man referred *must* make contact themselves with the agency before an assessment appointment is made.

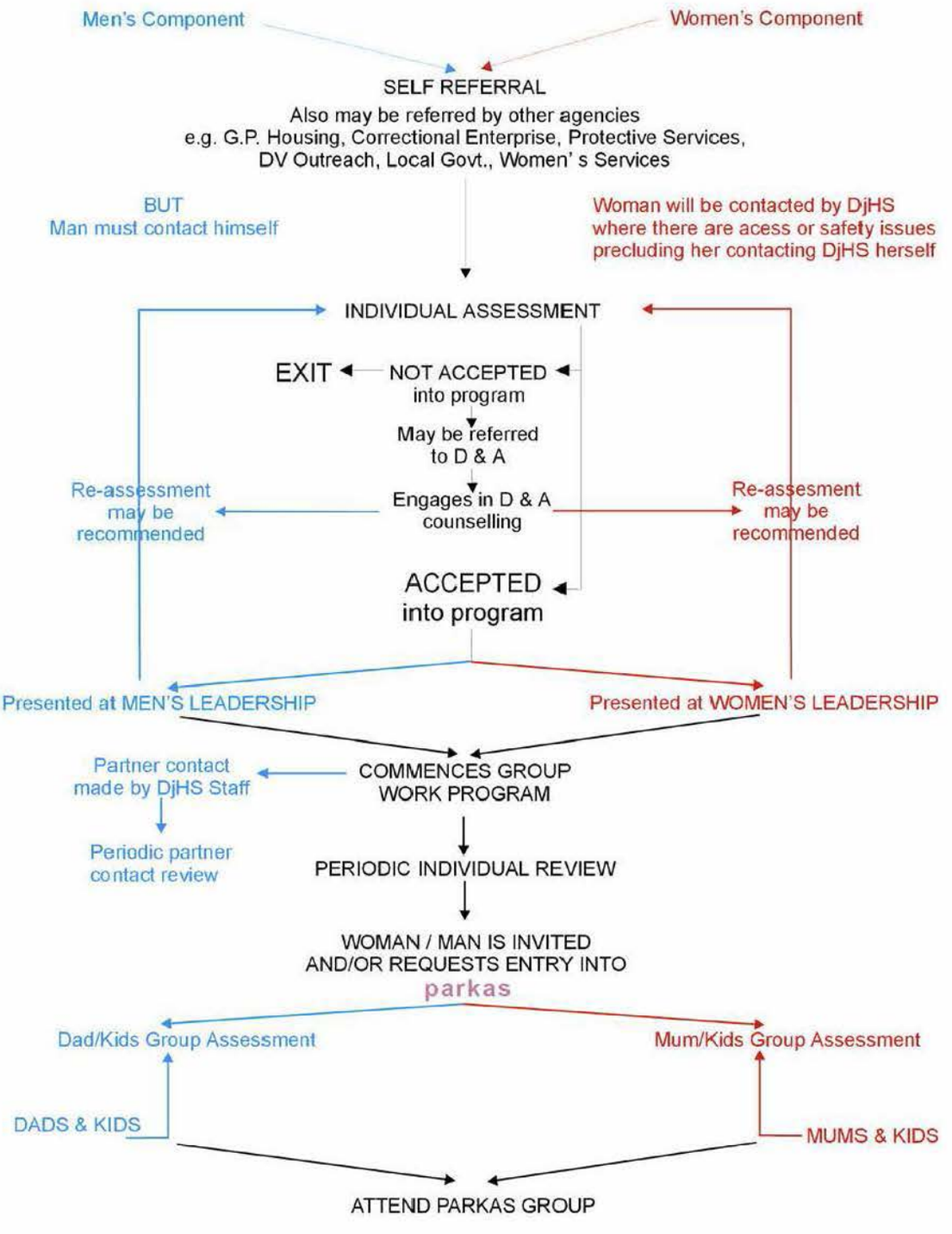
Women are generally self-referred or referred by other agencies, most notably general practictioners, the Department of Human Services - Child Protection Unit, and Domestic Violence Outreach Services. DjHS will initiate contact with a woman if there are difficulties with either having Family Court Contact Orders honoured or ex-partners failing to abide by Orders, or safety issues that may prevent her from making contact. Whilst some women identify family violence as the reason for contacting the agency, it is not uncommon in a general intake assessment interview at DjHS for some women to describe relationship difficulties which some workers would define as abusive in nature, while the client themselves may not. If it is apparent to the assessment worker that issues of family violence are present, these will be clearly named by the counsellor, who then presents to the client a range of options for discussion. The counsellor works with the client to decide how she may wish to proceed at this point.

Of paramount concern in contact with FVPP clients is the issue of safety for both clients and workers. From the outset it is made very clear to the client that the agency can offer only *limited confidentiality* during the program. This means that if at any stage of their involvement in the program it is the assessment of workers that clients are engaged in behaviours that pose a risk to themselves or others workers may notify a mandated or emergency response service. These services include child protection, the police, or a mental health crisis response team. Behaviours of risk include but are not limited to, drink-driving with children in the car, leaving children unattended, stalking or harassing a partner and delusional presentation.

Men and women are informed about the condition of limited confidentiality prior to an assessment commencing. Once assessed and accepted into the program, men and women participate in regular reviews of their progress. They can choose to exit at any time. Re-entry into the program is always through the individual assessment procedure.

The group components in both parts of the program involve a variety of group structures and content, including time limited group modules and on-going group modules. Some are primarily focussed on information and education, others are more psycho-therapeutic in their focus.

Flowchart 2: DjHS – FVPP Participation Pathway



Community leadership

Community Leaders in the FVPP are men and women who have been participants in the men's and women's group programs. These are men and women who participated in FVPP and have demonstrated their commitment to addressing the issue of family violence and have also been assessed by counselling staff as having effectively addressed and attended to the affect of family violence in their lives. Peer education and peer support is pivotal to the success of the FVPP. Men who become community leaders *must* have completed at least twelve months of the men's program and have demonstrated they have lived free of perpetrating behaviour for at least twelve months (one way of substantiating this is through partner contact). Women who become community leaders must have completed the time-limited components of the program and lived free of the abusive relationship for at least twelve months.

In order to become a community leader the men and women must meet with DjHS counselling services staff once per week as part of the men's/women's leadership group. This leadership group provides the forum for planning, development and implementation of the whole program. The progress of each individual participant is reviewed, as is the overall delivery of the program.

Community leaders participate in co-facilitating groups with each other as well as with the DjHS counselling services staff. Their presence is invaluable in modelling first hand the change process and is one of the most powerful dynamics at work in assisting men and women to move from an abusive lifestyle to one that is free of abuse. Comprehensive training, supervision and de-briefing is undertaken by all men and women wishing to become community leaders, and is an ongoing requirement of their involvement in the leadership component. Men and women leaders have also played a critical role in various combinations of the children's, mothers and fathers groups in the parkas program. For example, one mother participated as a community leader in the mothers group, and a father participated in two children's groups.

section six

references, reading and appendices

REFERENCES

Blackwell, D., 1997. Holding, containing and bearing witness: the problem of helpfulness in encounters with torture survivors, *Journal of Social Work Practice*, 11, 2: 81-89.

Bowlby, J., 1988. *A Secure Base*, London, Routledge.

Bretherton, I., 1991. The roots and growing points of attachment theory, in C.M. Parkes, J. Stevenson - Hinde and P. Morris (Eds.), *Attachment Across the Life Cycle*, Routledge, London.

Briere, J., 1996. *Trauma Symptom Checklist for Children (TSCC),* Psychological Assessment Resources.

Bunston, W., 1999. Back to Their Future : Family Violence, Childhood Trauma and Future Relationships, *Victorian Association of Family Therapists Inc. (VAFT) News*, 21, 4: 5-13.

Burnham, J.B., 1986. *Family Therapy*, Routledge, London.

Donovan, D. and McIntyre, D., 1990. *Healing the Hurt Child: A Developmental/Contextual Approach*, USA, Norton.

Eth, S., 1996. A Developmental-Interactional Model of Child Abuse, in C.R.Pfeffer (Ed.) *Severe Stress and Mental Disturbances in Children*, American Psychiatric Press, Washington D.C.

Fletcher, K.E., 1996. Childhood Posttraumatic Stress Disorder, in Nash and Barkely (Eds.), *Child Psychotherapy*. Guilford Press, New York.

Gambrill, E., 1983. *Casework: A Competency Based Approach*, Prentice-Hall, New Jersey.

Goodman, R., 1999. The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden, *Journal of Child Psychology and Psychiatry and allied Disciplines*, 40, 5: 791-799 (Available from ACER).

Herman, J.L., 1992. Complex PTSD: A Syndrome in Survivors of Prolonged and Repeated Trauma, *Journal of Traumatic Stress*, 5, 3: 377-391.

Holmes, J., 1993. *John Bowlby and Attachment Theory*, Routledge.

James, C., 1984. Bion's 'containing' and Winnicott's 'holding' in the context of the group matrix, *International Journal of Group Psychotherapy*, 34: 201-213.

Kaplan, S. and Pinner, E.T., 1996. Physical and Sexual Abuse and Mental Disturbances in Children, *Severe Stress and Mental Disturbance in Children*, American Psychiatric Press, Washington D.C.

Mattesich, P. and Monsey, B., 1992. *Collaboration: What makes it work.* Amherst Wilder Foundation, Minnesota.

Perry, B.D., 1997. Memories of Fear: How the Brain Stores and Retrieves Physiologic States, Feelings, Behaviours and Thoughts from Traumatic Events, in J. Goodwin and R.. Attias (Eds.), *Images of the Body in Trauma*, Basic Books, USA.

Perry, B.D. and Pollard, R., 1998. Homeostasis, Stress, Trauma, and Adaptation: A Neurodevelopmental View of Childhood Trauma, *Stress in Children*, 7, 1: 33-51.

Perry, B.D., Pollard., Blakley, T.I. and Vigilante,D., 1995. Childhood Trauma, the Neurobiology of Adaption, and "Use-dependent" Development of the Brain: How "States" Become "Traits", *Infant Mental Health Journal*, 16, 4: 271-289.

Pynoos, R.S. , 1993. Traumatic Stress and Developmental Psychopathology in Children and Adolescents, in J.M Oldman, M.B.Riba and A.Tasman (Eds.), *American Psychiatric Press Review of Psychiatry*, Vol 12, American Psychiatric Press, Washington D.C.

Pynoos, R.S. and Nader,K., 1993. Psychological First Aid and Treatment Approach to Children Exposed to Community Violence: Research Implications, *Journal of Traumatic Stress*, 1, 4: 445-473.

Pynoos, R.S., Steinberg, A.M. and Wraith, R., 1995. A Developmental Model of Childhood Traumatic Stress, in D.Ciccheti and D.Cohen, *Developmental Psychopathology*. Volume 2. Risk, Disorder and Adaptation, John Wiley and Sons, New York.

Reynolds, C. and Kamphaus, R., 1992. *BASC – Behaviour Assessment System for Children*, Circke Pines, MN: American Guidance Service Inc. (Available from ACER)

Symington, N. and Symington, J., 1996. *The Clinical Thinking of Wilfred Bion*, Routledge, London.

Terr, L.C., 1991. Childhood Traumas: An Outline and Overview, *American Journal of Psychiatry*, 148, 1: 10-20.

Victorian Government, 1995. *Children and Young Person Act 1989: Act No. 56/1989*, Government Printer, Melbourne.

Van Der Kolk, B.A. and Saporta, J., 1991. The Biological Response to Psychic Trauma: Mechanism and Treatment of Intrusion and Numbing, *Anxiety Research*, 4: 199-212.

Winnicott, C., Shepard, Davis, M. (Eds.), 1989. *Psychoanalytic Explorations – D.W.Winnicott*, Harvard University Press, USA

Winnicott, D.W., 1971) *Therapeutic Consultations in Child Psychiatry*, The Hogarth Press, London.

Younger, B., 1995 *Stopping Men's Violence in the Family*, V-NET Inc. Vic. Australia.

Wright, E., 1992. *Feminism and Psychoanalysis. A Critical Dictionary*, Blackwell.

RECOMMENDED READING LIST

Healing the Hurt Child: A Developmental/ Contextual Approach. By Denis M. Donovan and Deborah McIntyre, Norton, USA, 1990.

Trauma and Recovery: The Aftermath of Violence-from domestic abuse to political terror. By Judith Herman, Basic Books, USA, 1997.

Play Therapy with Children in Crisis: A Casebook for Practitioners. Edited by Nancy Boyd Webb, Guilford Press, USA, 1991.

From Group Dynamics to Group Psychoanalysis. Edited by M.Kissen, John Wiley, N.Y., 1976.

Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society. Edited by Bessel A. van der Kolk, Alexander C. McFarlane and Lars Weisaeth, Guilford Press, N.Y., 1996.

Looking Forward Through The Life Span: Developmental Psychology. By Candida C. Peterson, Prentice-Hall, Sydney, 1984.

Casework: A Competency-Based Approach. By Eileen Gambrill, Prentice-Hall, New Jersey, 1983.

Memories of Fear: How the Brain Stores and Retrieves Physiologic States, Feelings, Behaviours and Thoughts from Traumatic Events. By B.D. Perry in J. Goodwin and R.. Attias (Eds.), Images of the Body in Trauma, Basic Books, USA. 1997

Homeostasis, Stress, Trauma, and Adaptation: A Neurodevelopmental View of Childhood Trauma. By B.D. Perry and R. Pollard in Stress in Children, 7,1: 33-51

Browse the website of the **Child Trauma Academy :** www.childtrauma.org **or email:** childtrauma@bcm.tmc.edu

Strength Cards are available from St Lukes, PO Box 315, Bendigo, Vic. 3550. Telephone: (03) 5440 1100 Facsimile: (03) 5442 2316

section six

appendix a

parents accepting responsibility kids are safe

What: A ten week, two-tiered program for children aged between 8-12 years and their mothers or carers who have experienced family violence.

Who: **Kids Group**
Mums/Carers Group

When:

Where:

Facilitators:

Referrals: Please contact

AIMS

- To create a psychologically safe space for children to begin to acknowledge and process the feelings of grief, loss and pain experienced as a result of the traumatic impact of family violence.
- To build a healthy bridge of communication between mothers/carers and their child as a means of safely re-connecting around what has often been a shared experience of family violence.
- Recognise and process the strong level of attachment the child may still have with the perpetrator of the violence.

SPECIFIC OBJECTIVES

- To provide an emotionally contained environment in which children can articulate their own personal experiences of family violence, and for this to be validated in the presence of a group of peers with similar experiences.
- To facilitate a positive shared therapeutic experience between children and their mother or carer.
- To provide these children with an enjoyable, safe and positive experience of working within a therapeutic environment.
- To acknowledge the significance of the father or step-parent in the lives of these children, despite the level of violence they may have perpetrated.
- To raise the awareness of parents about the impact of violence on themselves and their children.

- To support children in developing more appropriate and safe ways to manage their anger.
- To support children and parents in challenging rigidly held gender prescriptions and maladaptive patterns of relating.

CONTENT AND FORMAT

- Weekly group sessions approximately 1½ hours duration for children, and 2 hours for mothers or carers.
- The groupwork uses a combination of artwork, games, music, exercises and discussion.
- The groups are structured so that the mothers and carers group mirrors the content of the children's, allowing for points of connection to be shared outside the group.
- Themes covered within both groups, largely have been generated by the children themselves, including healthy ways of expressing anger, creating trust, what keeps you safe, and definitions of violence.
- The group is psychodynamic in nature, and builds on the existing strengths and competencies of the children and mothers/carers whilst privileging the processes and dynamics operating in the group.

CLIENT GROUP

- Children aged 8-12 years, who have been victims of and/or exposed to family violence.
- **Mothers and carers who have undertaken either individual and/or group work** in relation to their own exposure and experience of domestic or family violence. Mothers and carers need **to be available to the emotional issues** that may be generated for the child through their involvement in the children's group. It is also highly recommended that mothers or carers have access to their own individual supports should the group trigger any issues they may need to revisit in relation to their own past.

parents accepting responsibility kids are safe

Domestic violence affects every member of the household.

Do you understand the impact violence has had on you?

Do you sometimes wonder how it has affected your kids?

The parkas group program focuses on the impact of violence on all members of the family. The program involves two groups – one for mums/carers and one for their child. These two groups meet at different times but cover the same issues. At the end of the ten week program the two groups meet together for a final combined celebration.

The next parkas groups start: **Group for Kids - [date]**
Group for Mums - [date]

If you are interested in finding out more about this group, speak to [name] at [address] or telephone [number].

If you would like to attend but transport is a problem, please talk to [name].

parents accepting responsibility kids are safe

REFERRAL FORM

Name of parent/s:	
Address:	
Telephone:	
Name of child/ren:	

FAMILY INFORMATION

Name	Age/D.O.B.	Relationship	Occupation

GENOGRAM

REASONS FOR REFERRAL _____

_____

_____

_____

Level and types of violence the child has experienced or been exposed to:

_____

_____

Parent's previous therapeutic involvement: _____

Therapist's assessment of parent's progress and demonstrated insight into parenting capacity: _____

Referrer: _____ **Telephone:** _____

Agency: _____ **Date of Referral:** _____

SIGNATURE:

ASSESSMENT - PARENTS AND KIDS

Mother's Name: _____ DOB: _____

Address: _____

_____

Telephone: _____ Occupation: _____

Father's Name: _____ DOB: _____

Address: _____

_____

Telephone: _____ Occupation: _____

Child/ren referred to the program

Name: _____ DOB & Age: _____

Address: _____

Name: _____ DOB & Age: _____

Address: _____

GENOGRAM

QUESTIONS FOR THE CHILD/REN

What has mum or dad told you about this group?

_____

_____

_____

Do you want to be in this group? YES NO NOT SURE

Have you spoken to a worker before about violent things that have happened at home? YES NO

What sort of really angry/violent things have you seen or heard happen at home?

_____

_____

Do you know that mum or dad has been going to a group or seeing a worker?

YES NO NOT SURE

Have you noticed any changes in them?

_____

_____

Why do you think mum or dad want you to come to the group?

_____

_____

LEGAL ISSUES/DHS INVOLVEMENT

What is the history of violence that the family has experienced?

_____

_____

_____

_____

What, if applicable, are the contact (access) arrangements?

FAMILY BACKGROUND

Mother's family history (include experience of abuse)

Father's family history (include experience of abuse)

Current relationship (quality, issues, etc)

Child's developmental history (any significant events)

Parental concerns about the child/ren

_____

_____

_____

_____

FOR THE CHILD

Describe your family to us.

_____

_____

_____

_____

What is it like living in your family?

_____

_____

_____

_____

What is it like when someone gets angry in your family?

_____

_____

_____

_____

EDUCATION

School attended: _____

Year level: _____

Teacher's name: _____

Relationship between family and the school

_____

_____

What is the school like?

FOR THE CHILD

Tell us something about your friends.

FOR PARENTS

What are your goals for the group?

What supports are currently in place?

Any other relevant information?

Worker's impression of the child (relatedness, affect, and so on)

Assessor to discuss with the parents and children to ensure they understand the following:

- Contract – understanding safety measures ☐
- Ongoing consultation with group leaders, counsellors and other relevant people ☐
- Commitment to the group ☐
- Confidentiality and respect ☐

Social contacts within the group ☐

Follow-up and evaluation ☐

Transport and child care (parents) ☐

Outcome of assessment

_____

_____

SIGNED: _____ **DATE:**_____

parents accepting responsibility kids are safe

CONTRACT FOR KIDS

I _____ understand and agree to stick to the following guidelines about the parkas program:

1. The reason for coming to parkas has been explained to me.
2. I will let group leaders know if anything that is happening at home is worrying me.
3. I will keep private the things that other kids talk about in the group.
4. I will not talk about what is said in the group to other kids who aren't in the group.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

parents accepting responsibility kids are safe

CONTRACT FOR PARENTS

I _____ understand and agree to abide by the following guidelines for participating in the parkas program:

1. I will immediately inform group leaders of any physical or emotional harm that occurs or I believe is at risk of occurring.

2. I will accept responsibility for ensuring the safety and well-being of my child/ren at all times.

3. I agree to respect and ensure the confidentiality and rights of all group members involved in the parkas program.

4. I agree to group leaders having access to relevant information provided by other workers involved with my family.

I also understand that group leaders of the parkas program are bound by the following guidelines:

- Group leaders are mandated professionals bound by the Children's and Young Persons Act (1989) to report to the Department of Human Services any information that may place a child at risk.

- If any participant of the parkas program (adult or child/ren) requires additional support, group leaders will provide assistance to arrange this.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

parents accepting responsibility kids are safe

CONSENT FORM FOR RELEASE OF INFORMATION

I _____

of _____

authorise the parkas group leaders to obtain or provide confidential information relating to my own or my child/ren's involvement in the parkas program

from

_____

to

_____

_____

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

parents accepting responsibility kids are safe

TRANSPORT CONSENT FORM

Parent/Carer name _____

of _____

_____

Child's name_____

Date of birth _____

I, _____, being the parent/carer of the above-named child consent for her/him to be transported by parkas workers to the parkas groups.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

parents accepting responsibility kids are safe

CONSENT TO USE MATERIALS PRODUCED

We ask for your consent to allow us to use some of the artwork or other materials produced in the group program. The material would be used in forums such as training and conference presentations, professional development or in the publication of our program evaluation. This may also include the use of any video-taped material.

The source of any material will remain confidential.

I _____

of _____

_____

consent/do not consent to the use of group artwork or other materials for the purposes described above.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

PARKAS

parents accepting responsibility kids are safe

QUESTIONNAIRE FOR KIDS

1. **Which face shows how you feel when you are at home?**

2. **Which face shows how you feel when you are at school?**

3. **How has coming to parkas made you feel about yourself?**

Yuk Not so good Good Very good

4. **How has coming to parkas made you feel about your family?**

Yuk Not so good Good Very good

5. **Is there anything about going to sleep at night that scares you?**

_____

_____

6. **What was the best thing about coming to parkas?**

_____

_____

7. **What was the second best thing?**

_____

_____

8. **What was the worst thing about coming to parkas?**

_____

_____

parents accepting responsibility kids are safe

CONSENT TO PARTICIPATE IN THE PROGRAM EVALUATION

An important component of the parkas program is ongoing evaluation and we request your consent to be involved in this process.

The evaluation will involve you completing a questionnaire prior to the group commencing and again on the completion of the program. It will also involve contacting your child/ren's teacher/s to request completion of a behavioural questionnaire regarding your child/ren.

We value your participation to evaluate the effectiveness of the group program as it helps us look at what needs to be changed, so we can improve the way we run groups in the future.

I _____

of _____

_____

consent/do not consent to participate in the evaluation of the parkas program.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

parents accepting responsibility kids are safe

QUESTIONNAIRE FOR PARENTS

The following questions are part of our evaluation of the parkas group. Your responses will help us to establish how useful the group is, and what improvements could be made.

Thank you for your time.

1. **How would you rate the quality of your family life at the moment?**

   Excellent Good Reasonable Poor

2. **How would you rate the quality of your relationship with your child at the moment?**

   Excellent Good Reasonable Poor

3. **How would you rate your child's behaviour at present using the following scale?**

   1 2 3 4 5

   No problems Out of control

4. **How do you feel you understand your child's behaviour?**

   Would like to know more Quite well A little

5. **Does your child freely and openly discuss their feelings about their experience of witnessing domestic violence with you?**
6. **To what extent?**

_____

_____

_____

_____

_____

7. **Do you feel the violence your child has witnessed currently affects their behaviour?**

8. **How do you perceive your relationship with your child's father?**

9. **Does your child exhibit any adult-like behaviours? If yes, please describe:**

10. **Does your child exhibit any child-like behaviour? If yes, please describe:**

11. **Does your child experience any sleeping difficulties (for example bed-wetting, nightmares, sleepwalking, scared of the dark)?**

12. **Are there any further comments you would like to make?**

parents accepting responsibility kids are safe

QUESTIONNAIRE FOR PARENTS

The following questions are the second part to our evaluation of the parkas group. Your responses will help us to establish how useful the group was, and what improvements could be made.

Thank you for your time.

1. **How would you rate the quality of your family life at the moment?**

   Excellent Good Reasonable Poor

2. **How would you rate the quality of your relationship with your child at the moment?**

   Excellent Good Reasonable Poor

2a. How much of this do you believe is connected to your participation in parkas?

All A lot Some None

3. **How would you rate your child's behaviour at present using the following scale?**

   1 2 3 4 5

   No problems Out of control

4. **Has your participation in the group enhanced your understanding of your child's behaviour?**

   All A lot Some None

5. **Has your child's ability to express or communicate their feelings altered since participation in parkas?**

   None Some A lot

   In what ways:

   _____

   _____

   _____

6. **Has there been any change in the way your child relates to their brothers or sisters?**

   None Some A lot

7. **Has there been any change in the way your child relates to their father?**

   None Some A lot

8. **Has your child demonstrated any adult-like behaviours since participating in parkas?**

   _____

   _____

   _____

9. **Has your child demonstrated any child-like behaviours since participating in parkas?**

   _____

   _____

   _____

10. **Has your child experienced any difficulties since participating in parkas? If so, please describe.**

    _____

    _____

    _____

11. What did you find to be the most helpful part of parkas?

_____

_____

_____

12. What did you find to be the least helpful part of parkas?

_____

_____

_____

13. What would you like included in future parkas groups?

_____

_____

_____

parents accepting responsibility kids are safe

PRE-EVALUATION LETTER TO TEACHERS

Insert Date

Dear

Regarding:

You may be aware that during this school term the above named child is going to participate in a program for families who have experienced violence.

As part of this program we would like your assistance in completing a pre-evaluation questionnaire. Your time is appreciated and your contribution is important in helping us to develop a picture of school life for this child. We have attached a consent form for release of information signed by the child's parent.

For your information here are the details of the program

Dates:

Time:

We are aware that participation in this group may generate feelings and sensitive issues for this child. Should you have any questions about the parkas program, or concerns for the child, please do not hesitate to contact us on [number] .

Yours sincerely,

parents accepting responsibility kids are safe

POST-EVALUATION LETTER TO TEACHERS

Insert Date

Dear

Regarding:

You will be aware that during this school term the above named child has been participating in a program for families who have experienced violence.

You will recall that at the start of this program we requested your assistance in completing a pre-evaluation questionnaire. The program has now finished and we would like you to repeat the questionnaire. This helps us to see if any changes for the child have occurred at school. It also assists us to evaluate the effectiveness of the program.

Once again your time and assistance with this task is greatly appreciated. We have attached the consent form for release of information signed by the child's parent.

If you have any other feedback or comments please contact us to discuss these further on [number].

Yours sincerely,

CERTIFICATE OF ACHIEVEMENT

_____

Who has attended the parkas group for mums/carers and kids

_____

Leaders _____ _____ _____

parkas reunion

WHEN:

WHERE: **MEET AT**

WHAT: **A HEAVY ROCK "MUSIC MAKING FEST"**

WHO: **KIDS ONLY!!**

WHY: **BECAUSE THEY CAN COPE WITH LOUD MUSIC**

WITH:

RSVP (let us know if you are coming) :
Contact:

section six

appendix b

SUMMARY OF GAMES

The games listed below will often be known under other names and have a variety of different rules. The kids will quickly let you know what rules or variations are most familiar to them.

Whilst some are competitive by nature, we endeavour to minimise the competitive elements and maximise the fun by handing out prizes, such as minties, to everyone.

Treasure Chest

Break the big group into equal numbers of smaller groups ie. five to a group. Each group then elects a runner.

The group leader makes up a list of about twenty (time permitting) items of things in the room or that children have on them. They call out a list of items, for example - sock, pair of glasses, shoelace, book. It's best not to use to use anything breakable with the children.

The group then supplies the item to the runner who must take it to the game scorer (the same or another group leader) as quickly as they can. The first runner to reach the scorer wins a point. The leader continues through the list and the team with the most points wins.

Poison Ball

Choose two people to throw the (large but soft rubber) ball from either side of the room. Ask all other participants to stand in the middle.

The two people on the outside throw the ball to each other, trying to hit those in the middle.

When a participant gets 'hit' by the ball they are *out* and must stand aside for the rest of the game. They can re-enter the game if another participant offers them a 'spare life' – which is earned if they catch the ball before it reaches the 'thrower' on the other side.

The two people on the outside can also attempt to throw the ball over the top of participants to each other. If the ball is caught by the person on the other side without it touching the ground, they can call out 'freeze'.

'Freeze' requires those in the middle to 'freeze' like statues, and to give the ball throwers an opportunity to 'hit' (gently!) one of the participants, as they are unable to move away from the ball.

Should the participants in the middle move to avoid the ball during 'freeze' they automatically become 'out' regardless of whether or not the ball hits them. This is because you are not allowed to move during 'freeze'.

However, if one of the participants in the middle should catch the ball during 'freeze', they earn a 'spare life'. They can choose to keep this 'life' to use at a later time, if they go 'out', or they can offer this 'life' to someone who has already gone out.

If this person chooses to give away their 'life' to another (a very noble sentiment), the other person is able to rejoin the game. A 'life' can only be used once, thus the person loses their spare 'life' and if they are 'hit by another ball they must go out.

Octopus (Scarecrow Tiggy)

Octopus is similar to Scarecrow Tiggy. One person volunteers to go 'it' and their job is to 'tag' as many people as possible.

Once 'tagged' a person must stand like a 'scarecrow' - a statue with arms out and legs open wide enough to allow someone else to crawl through their legs.

NOTE: If participants are not physically comfortable with this idea, facilitators may need to vary the way the game is played.

The people who are 'scarecrow' are not allowed to move, however, they can earn a new 'life' if they can get someone else to crawl through their legs.

What's the time Mr/Mrs Wolf?

Someone volunteers to be 'Mr or Mrs Wolf'. 'The Wolf' stands by themselves at the far end of the room with their back to the others. A ball is placed behind them.

The aim of the game is for the others to creep up and try to take the ball and run back to the other end of the room without getting caught by the 'Wolf'.

The kids sneak up behind the wolf, calling "What's the time Mr/Mrs Wolf?" The 'Wolf' responds by saying the time, for example, one o'clock, four o'clock, and so on, and looks over his/her shoulder (every few seconds).

When the 'Wolf" looks over his/her shoulder the kids have to freeze. If someone looks likely to get the ball the 'Wolf" yells "Dinner Time!" and tries to catch the others.

Partners Ball Game

The kids get into a circle and are paired up with the person standing opposite them in the circle. Each pair has a ball to throw to each other.

The idea is to throw the ball between partners as many times as possible without dropping it, or hitting the other balls being thrown across the circle by the other pairs.

A point is scored if the ball is dropped, but it is the pair with the least amount of points that wins.

Name Game

The kids stand in a circle facing each other. They must say the name of a person and throw the Koosh (soft-flour filled ball) ball to them.

A person goes 'out' and stands outside the circle if they fail to say the name of the person they throw the ball to, or if they throw the ball in a manner too difficult for the other person to catch.

If a person fails to catch the ball, when it is thrown reasonably, then they go out and must stand aside.

Duck, Duck, Goose (For Kids)

The kids sit in a circle on the floor.
One person volunteers to go first and be the 'caller'.
The 'caller' walks around the back of the circle and lightly taps each person on the head saying either 'Duck' or 'Goose'.

When a person is called 'Goose' they must get up and chase the 'caller' around the circle and try to sit back in their own spot first.

Whoever misses out on the spot becomes the 'caller' and continues with the game. This game can be spiced up by having two or more people (depending on the size of the circle) moving around the back of the circle, and changing the direction of which way you run around the circle.

Duck, Duck, Goose (For Parent/Carers)

Same as above except that parent/carers sit on a chair in a circle instead of on the floor.

Sharks & Islands

Place a few large pieces of butcher's paper on the floor to act as an island. These need to be large enough to fit almost all the kids.

The kids need to walk around and whilst this is happening yell out different types of swimming strokes for the kids to act out. (ie, freestyle, backstroke etc)

At any point the facilitators can call out "SHARKS". At this time all the kids must try and fit on the butcher's paper. Those kids that are unable to fit on the paper are 'out' (ie. eaten by the sharks). After each call the paper should be folded into smaller pieces so that it is harder for all the kids to stay on, till eventually only one child is left and they are the winner.

Footy Frenzy (Fruit Salad)

The children sit on the floor in two rows facing one another with their legs together stretched out in front of them. Ensure there is sufficient space between the rows so the children can run over the pairs of legs.

Each pair facing each other is given the name of a footy team in either AFL or Rugby League. When the name of their footy team is called, the pair must get up and run over the legs of the other pairs to the end of the row, back around their own row and into the middle of the row to get back to their original place. The first person back to their place earns a point for their row.

To make this more fun, call out in quick succession a number of names of footy teams, and/or the name 'AFL' or 'Rugby League' when everyone has to get up and run back to their place at the same time.

NAME GAME

MATERIALS

None

PREPARATION

None

ACTION

Ask the group to sit in a circle. Request a volunteer to state their name and something about themselves they are happy to share with the group. The person on the right repeats what the first person said and adds their own name and a statement about themself. This procedure continues round the circle with the person on the right repeating what the preceding ones have said, adding their own information, until everyone has had a go.

Statements shared about self could be age, grade at school, favourite toys.

VARIATIONS

1. The game can be kept simple by merely having everyone repeat the names in this manner.
2. Players may complete a supplied statement. An example would be: *'I went to market and bought a shirt'*. The second player repeats this and adds an item of their own, with the game continuing around the circle. Other useful beginnings could be:

(a) *I'm going on holidays so I packed …*
(b) *I went shopping for Christmas and bought …*
(c) *I went to a party and took …*

Many other statements can be invented to suit any type of group.

COMMENT

This is an excellent memory game which children find a lot of fun to play. If players have difficulty remembering, other members of the group can give clues as prompts.

Adapted from: *Taught not caught 1983*

The children line up one behind the other in the centre of the room, or in a space large enough for the running aspect of this game.

The leader gives commands that the children respond to by following specific actions as outlined below. A person goes 'out' if they are the last one to respond or if they do the wrong action for the command. The children given 'out' sit quietly. Allow the winner to give commands. The game can be played more than once if time allows:

- *Captain's aboard* - stand to attention and salute
- *Climb the rigging* - climbing action on the spot
- *Scrub the deck* - squat down and pretend to scrub the deck
- *Captain's girlfriend coming* - Blow a kiss (optional)
- *Hoist the main sail* - one hand over another like pulling up a sail
- *Port* - run to right of room
- *Starboard* - run to left of room

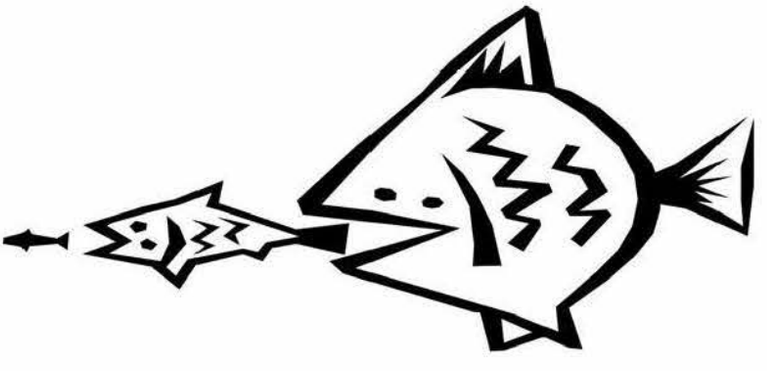
Dead Fish

This is a good activity to use as a wind down after an active session. Relaxation music can be played to help them along the way.

Each child finds a place on the floor where they have enough space around them to lie in a comfortable position and keep extremely still.

Ask the children to close their eyes and become relaxed & floppy, like a dead fish.

Get the children to settle as a dead fish for a minute (or the designated time) and then bring their attention back to the room. Ask them one by one to come up to you. Provide feedback and reward stickers.

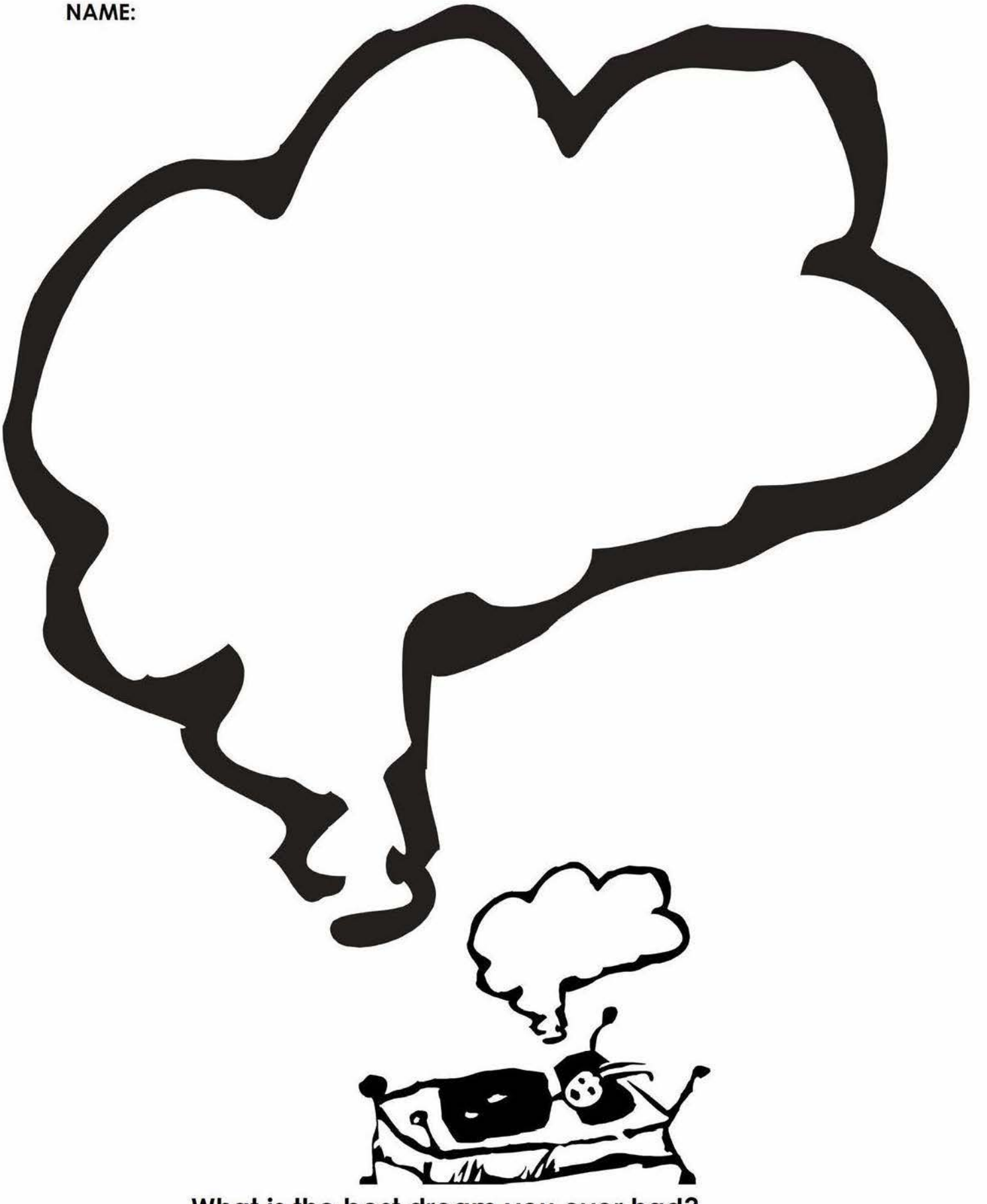


WISHES

Name:

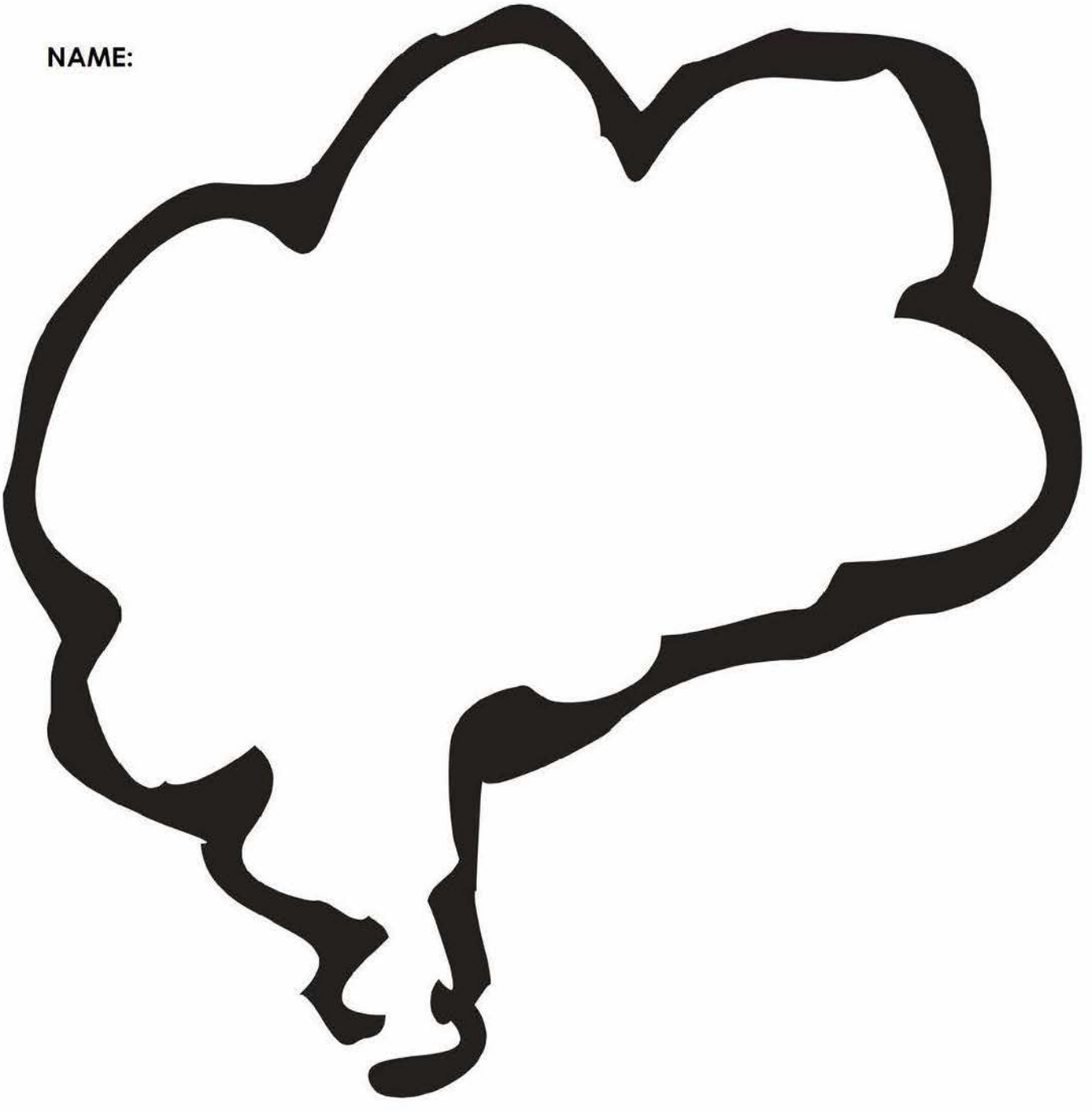
If you could have anything you wanted what would it be?
Write or draw the things you wish for in the bubbles below.

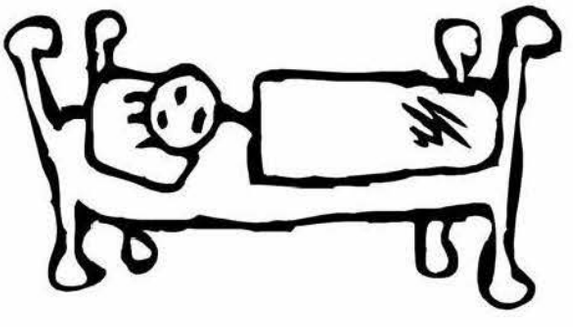
NAME:



What is the best dream you ever had?

NAME:





Can you draw the worst nightmare you have ever had?

THE PERFECT FAMILY...

NAME:

Have you ever felt like making some changes to a member of your family – maybe a brother or sister, or even a mum or dad? Well now you can!

Imagine what these people would need to be like to become 'perfect' and write or draw your ideas in the boxes.

 **Mother**	
 **Father**	
 **Sister**	
 **Brother**	
 **Grandparents**	
 **Pets**	

COMPLETE THESE SENTENCES

My best time ever was

_____

My worst time ever was

_____

I love it when

_____

I feel scared when

_____

When I was younger I used to

_____

When others are angry I feel

_____

When I am angry I

_____

What hurt me more than anything was

_____

I was really happy when

_____

I get lonely when

_____

My favourite person is

_____

Sometimes when I'm in bed at night

_____

The best time of the week is when

_____

I find it hard to

_____

What confuses me is

_____

What I want to learn about is

_____

I think it was really unfair when

_____

What I want to learn about in this group is

_____

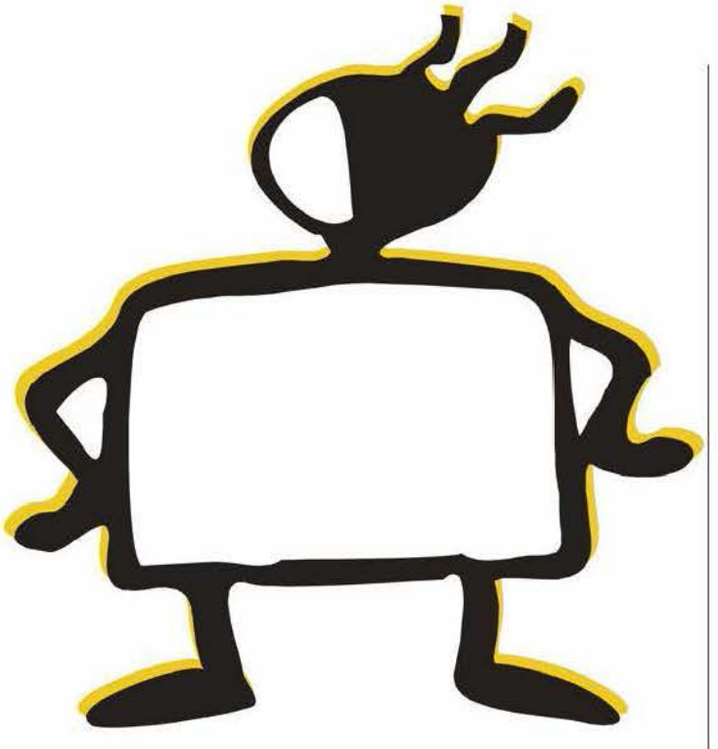
NAME:

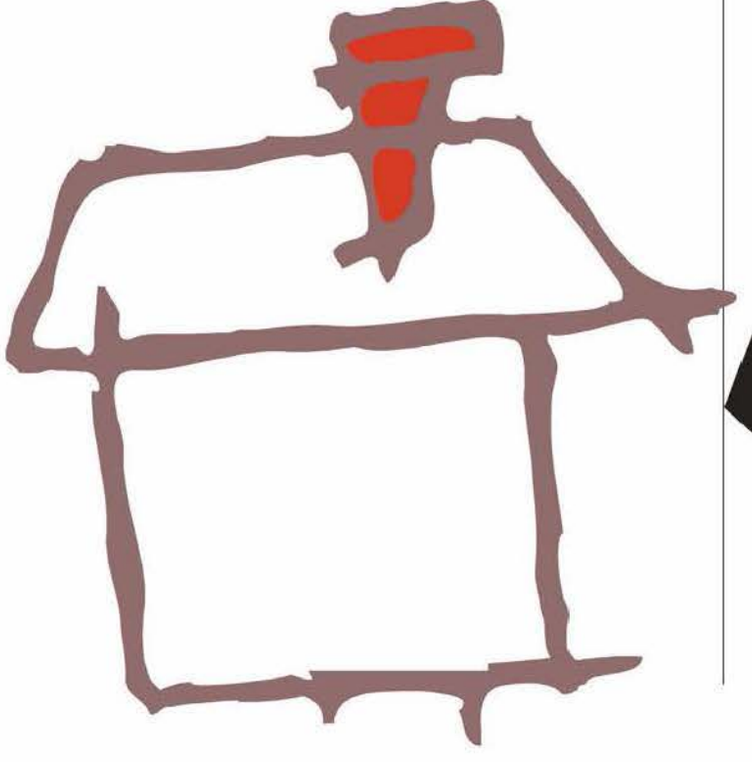
Think about some of the things you are good at and write or draw them in each star.

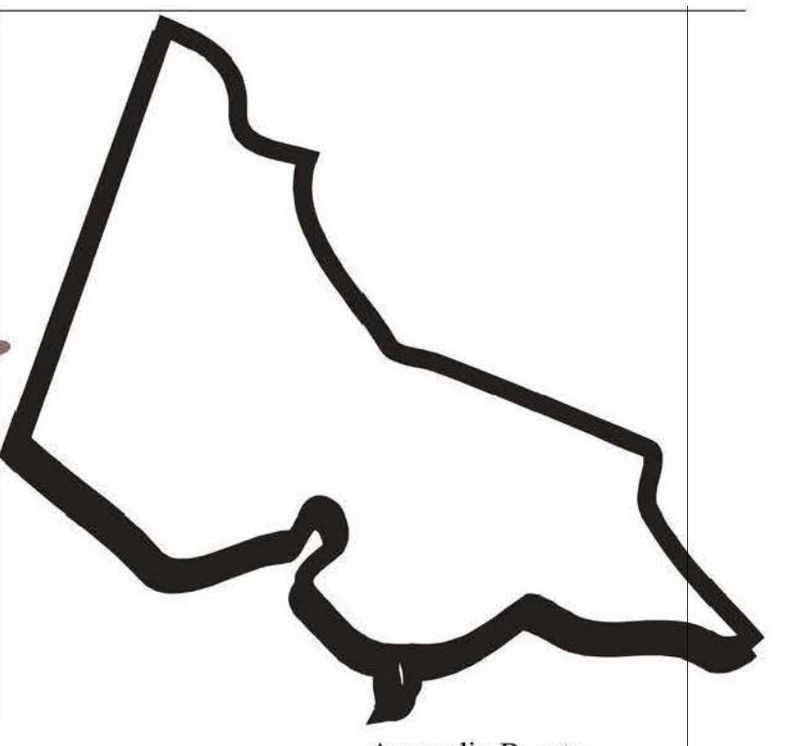
WHAT IF?

NAME:

Imagine you were able to make some choices and change things in yourself, your home, your family and your world.
What would be some of the changes you would make? Draw or write them below.







WHAT WOULD I DO?

NAME:

It's time to make some decisions about the situations below!
Tick which one you would prefer.

Which child in the family would you rather be?

The baby

The only child

The oldest

What would you not like to have happen to you?

Become lost

Move house

Go to hospital

If you are worried about something who would you rather tell?

No-one

Your friend

Your Mum

What would be the your favourite way to spend your time?

Riding your bike

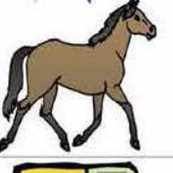
Going to school

Watching t.v.

Which would you rather be?

Lion

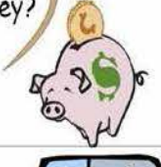
Mouse



Horse

What is the best way to use your pocket money?

Spend it



Save it

Give it to others

Which thing would you most hate?

Have a fight

Change schools

Get into trouble

What would you prefer in the future?

Go overseas

Have children

Get married

Which place would you most like to visit?

Your grandparents

The movies

Your friends

POSITIVE POWER

NAME:

If I were an adult I would _____

I feel good when I _____

The best thing about me is _____

If I want to I can _____

A thing that people like about me is _____

Something I decided was _____

I'm getting better at _____

I like being the leader because _____

People respect me when _____

I feel proud about _____

What I like about my family is _____

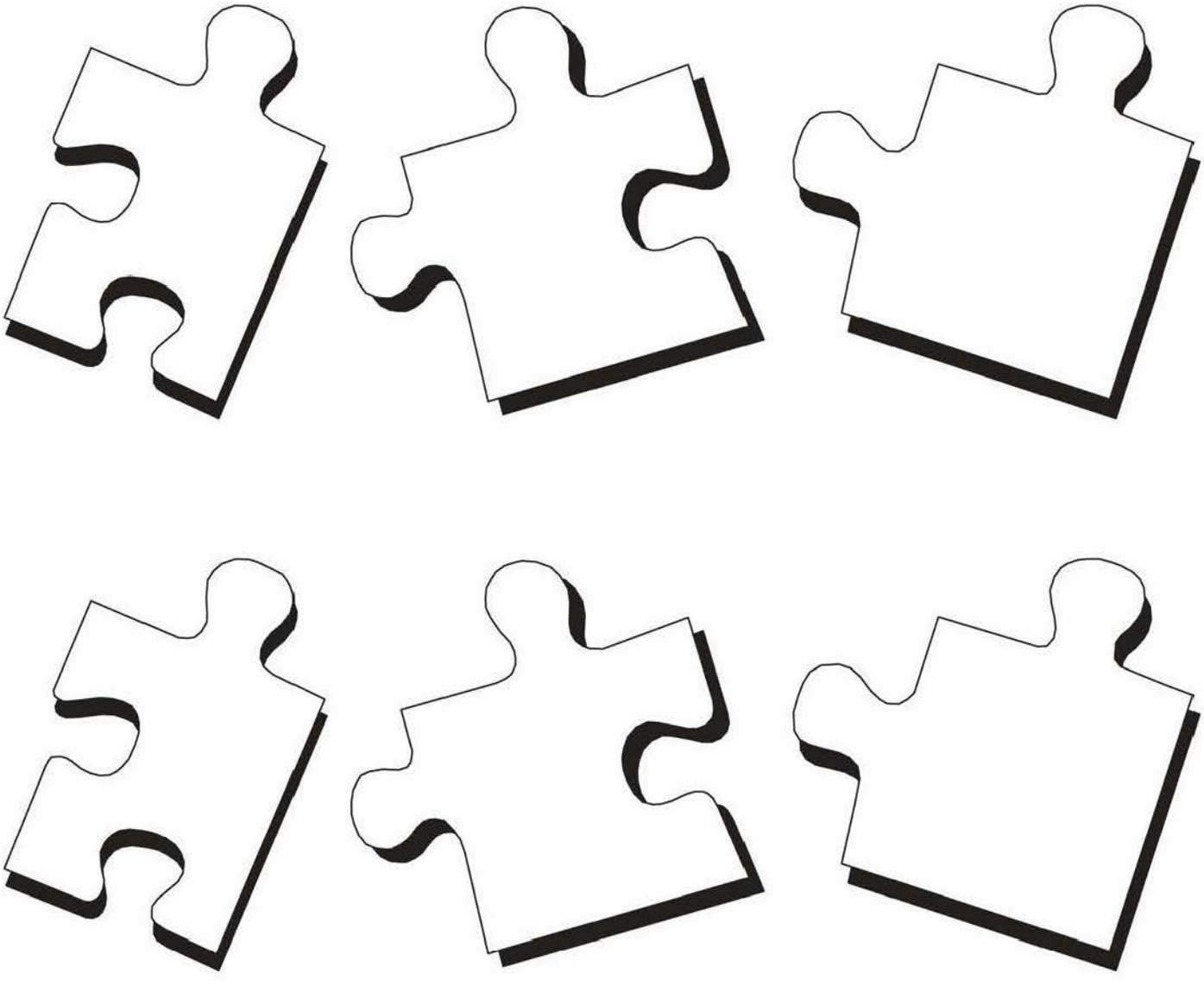
JIGSAW

NAME:

Sometimes we show different parts of our lives or personality to each other or to ourselves.

Think about some of the different parts of yourself and write a word that describes you in each of the jigsaw pieces below.

Also think of an example of when you show that part of yourself.



POST IT NOTES

MISSING OUT ON THINGS BECAUSE THERE IS NOT ENOUGH MONEY	I FEEL **ANGRY** AT MY BROTHERS AND SISTERS WHEN I DON'T GET ALONG WITH THEM	I FEEL **NERVOUS** WHEN I LEAVE MUM TO SPEND TIME WITH DAD	WHEN MUM AND DAD HAVE ARGUMENTS ……..
THAT I DON'T GET ALONG WITH MY BROTHERS AND SISTERS ……	THAT MUM AND DAD ARE NOT TOGETHER ….	I FEEL **DISAPPOINTED** WHEN I MISS OUT ON THINGS BECAUSE THERE IS NOT ENOUGH MONEY	WHEN MUM AND DAD HAVE ARGUMENTS ……..
I FEEL SCARED WHEN MUM &/OR DAD DRINK TOO MUCH ……	WHEN THERE IS VIOLENCE IN MY HOME ……	**THAT I DON'T GET ALONG WITH MY BROTHERS AND SISTERS ……**	WHEN MUM SAYS NASTY THINGS ABOUT DAD ……..
I CAN'T SAY AND SHOW HOW I AM FEELING …	I FEEL **ANGRY** AT MY BROTHERS AND SISTERS WHEN I DON'T GET ALONG WITH THEM ……	**I FEEL ALONE BECAUSE NO ONE KNOWS HOW I AM REALLY FEELING….**	I FEEL **CONFUSED** WHEN DAD SAYS MEAN THINGS ABOUT MUM ….
WHEN DAD SAYS MEAN THINGS ABOUT MUM …	WHEN MUM AND DAD HAVE ARGUMENTS …	**I FEEL FRUSTRATED WHEN I CAN'T SAY OR SHOW HOW I AM FEELING ……**	I AM **CONFUSED** ABOUT WHY MUM AND DAD CAN'T GET ALONG ….
I FEEL ANGRY AT MUM AND DAD FOR NOT BEING TOGETHER ……	**NO-ONE** KNOWS WHAT IT IS REALLY LIKE FOR ME ….	**I FEEL SAD THAT MUM AND DAD ARE NOT TOGETHER …**	WHEN IT COMES TIME TO LEAVE MUM AND SPEND TIME WITH DAD ……

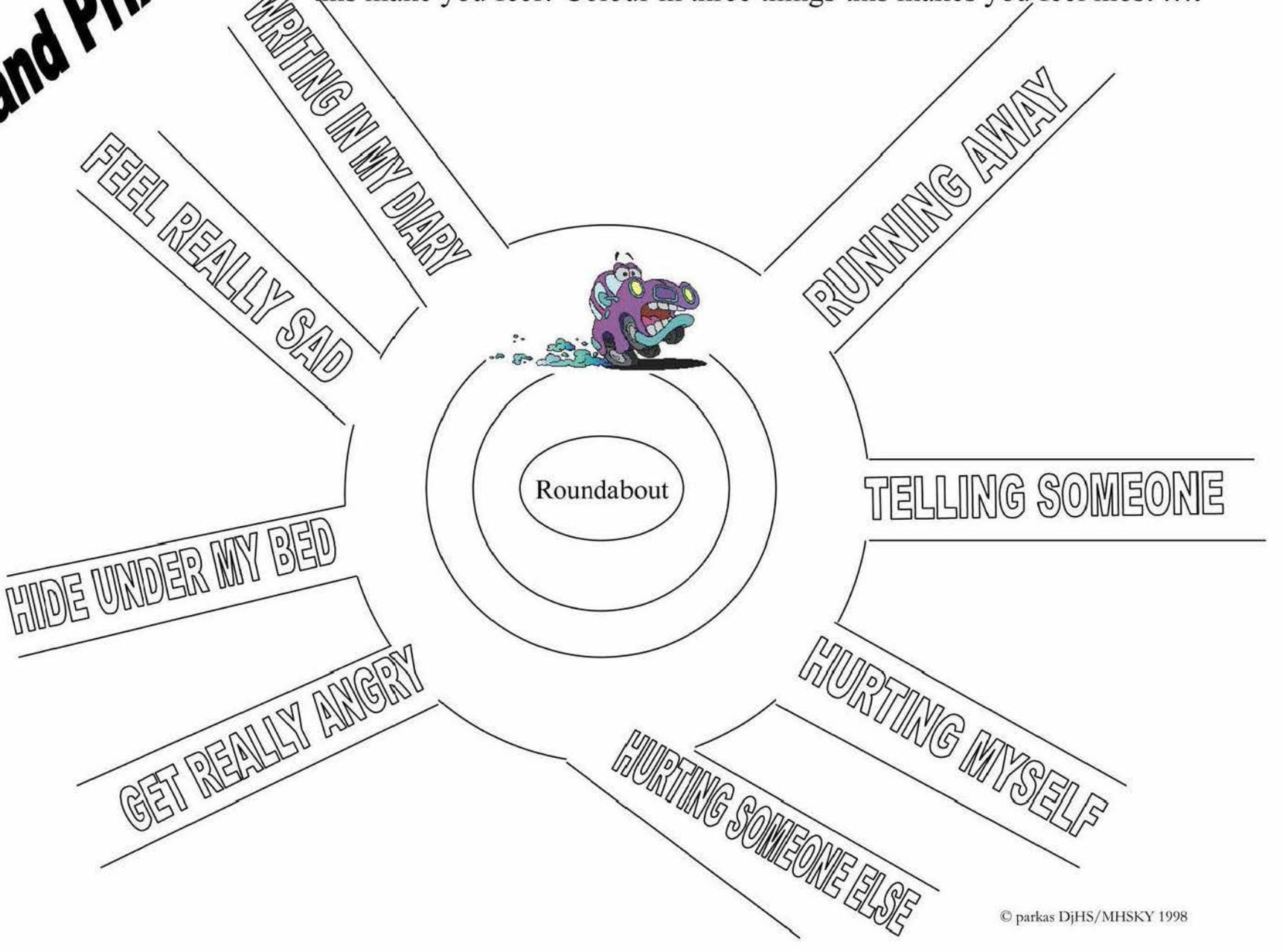
THAT WAS THEN, THIS IS NOW

NAME:

	WHEN I WAS A LITTLE KID	**NOW**
WHAT UPSET ME		
WHAT MADE ME ANGRY		
WHAT MADE ME LAUGH		
WHAT I WANTED MOST		
WHAT MADE ME HAPPY		
WHAT I HATED		
MY GREATEST WISH		
WHERE I FELT SAFE		

Grand Prix 1

Do you feel like people around you sometimes spin out of control? How does this make you feel? Colour in three things this makes you feel most ….



Grand Prix 2

Do you ever feel like you are spinning out of control?

Colour in three things you do when this happens.

LISTEN TO LOUD MUSIC

Rock St

HURT MYSELF

Hurt Highway

SCREAM, YELL

Aggro St

Roundabout

Farewell St

WANT TO RUN AWAY

Safe St

TALK TO SOMEONE

FEEL LIKE CRYING

Sad St

HIT SOMEONE

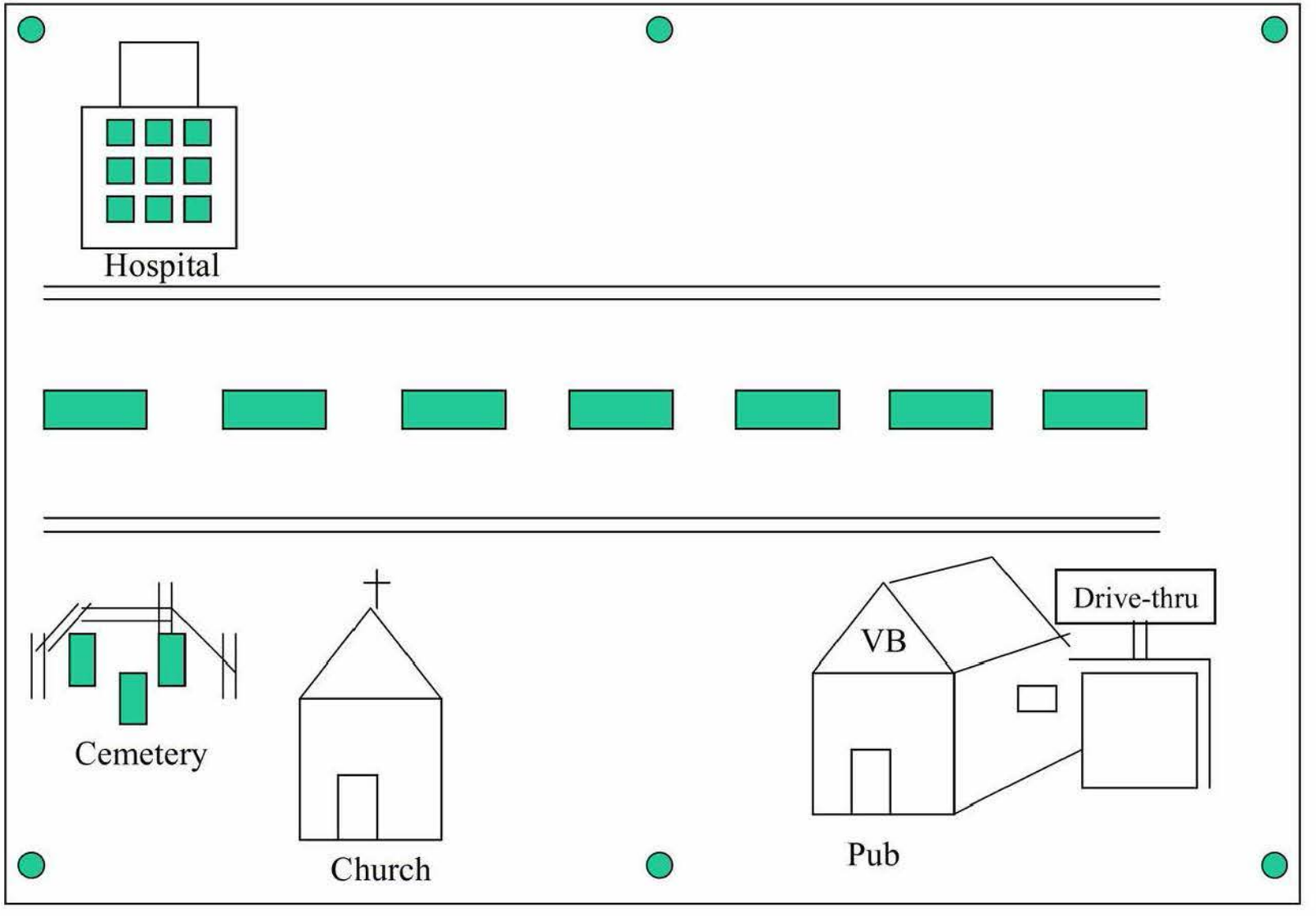
BREAK SOMETHING

Bashburn Ave

Cracked Crescent

AGGRO AVENUE

EXAMPLE



section six

appendix c

UNDIGNIFIED!

Bang!
The door slams. The silence is deafening.
Amongst the tears the pain is overwhelming.
You pick yourself up off the floor
or what other undignified place you might find yourself in.
Your body bruised and battered, aches so badly.
Your mind, an uneasy sea of questions
And the sad thing is, you wonder why?
You head for the bathroom to see the damage made by the person you have loved.
The same person who tells you over and over again how much they really do love you.
And how sorry they are – until next time.
They take your mind, body and soul into their contradictory minds and damaging hands. And they totally destroy you.
They strip you naked of your identity, your dignity, your confidence and the right to be an individual.
An individual with rights, just like any other human being that walks upon this big world we all share.
Even though at the time you seem to question yourself, and think, this and that is why he beat me,
and start to think, well maybe I did push him too far, or maybe I really shouldn't have spoken back.
You should never think you deserve a beating.
I have lived through the terror and it took me a long time to be able to say,
He was the one at fault!

Mum of six.

LIMBO

by [redacted]

In my child's mind, and in my child's heart,
Loneliness can be the cruelest friend.
Anger, confusion, no communication
When will this hurting ever end?

I can never seem to talk to anyone
About the horrible way I feel inside
People don't have time, they don't understand,
So in the darkness, I'm left to cry.

I can't communicate on an adult's level
Therefore you'll never understand, you see
I just can't quite grasp reality,
My past is forever haunting me.

I really don't mean to be cheeky and horrid
Or say those nasty things that hurt my mum.
I don't mean to get into trouble at school,
Being scolded constantly isn't really fun.

But: I now go to a group called parkas
Which is there to help kids like me
They help us to deal with our demons
And help teach our minds to become free
I'm starting to learn how to talk to mum
About "my secrets" I hold in my life
It's nice to know I'm not the only one
That has been through all this strife.
I'm slowly learning to become patient,
It's nice to have a break from stress
I'm slowly feeling like a child again
At last my mind can rest.

I love you all at parkas
For giving me my childhood again
I hope your group helps more kids like me
You'll forever be my friends.

A RIGHT TO LIVE!

Night falls
The children are tucked in their beds, asleep after the confusion of the night before
The police have been and gone. And so has he … or has he?
Your body and mind still hurt from the physical and mental abuse he dealt you
Your family has had their say on their own behalf
It's easy to give others advice and say what's best for you and the children … but where are they now?
At home tucked neatly inside their own untarnished little world
And here am I, sitting up all alone, waiting for the violence you have not seen.
Only I felt it in every way –
From the black eyes and broken ribs to the torment and mental abuse
I sit in the dark
The dark is my only friend, as I can see out but he can't see in if there is no light to aid him
I sit close to the phone. It's my only protection.
I jump at every noise in case it's him coming for me again.
I check the children in their beds. I check their locked windows.
How many times? I have lost count.
My wounds hurt, but at least they will disappear
The mental abuse will always haunt you, forever?
Even when you go to court because he wants access to the children, you will never be free.
The Family Law Court says ***he*** is their father and ***he*** has rights to see them.
But it turns its back on your rights – your right to be free and live in peace.

Perspectives from Masters and Doctoral Students.

This column focuses on the perspectives of clinicians/students who are engaged in infant mental health research at Masters and Doctoral level. It features a sample of current ethically approved research projects. The column aims to highlight the diversity of student research across the globe that is being conducted by WAIMH members, while also providing a global community of interest and support for each student's research.

If you are a WAIMH member/WAIMH student member who is currently engaged in Masters or Doctoral research, and you have ethical approval for your study, we invite you to share a little bit about your study. This would entail providing the following:

1. Project working title;
2. Name of your institution and department;
3. Name/s of your supervisors; and
4. A working abstract about your research.

This column features a doctoral research project being conducted by: Wendy Bunston, La Trobe University, Bundoora, Australia. Social Work and Social Policy Department of Community and Clinical Allied Health.

Title: ***How Refuge provides 'refuge' to infants: Exploring how 'refuge' is provided to infants entering crisis accommodation with their mothers after fleeing family violence.***

Doctoral Researcher: Wendy Bunston. La Trobe University, Bundoora, Australia. Wendy can be contacted by email at: [redacted]

Supervisors:
Associate Professor Margarita Frederico and Dr Mary Whiteside.

The purpose of this research is to discover what constitutes 'refuge' for infants. This research explores what the refuge setting provides to the infant in order for the infant to feel safe and protected from harm, following their departure from a relational home experience which involved the use of violence. It elucidates what actually occurs for the infant who first enters a refuge at a time when both mother and infant are likely to be traumatised by their sudden departure from a violent relationship, and/or from their familiar surroundings. It attempts to understand how the infant experiences feeling safe simply by moving into another setting with their mother and what specific things occur for the infant when they enter refuge accommodation with their mothers which facilitates the experience of the infant of feeling safe. Additionally, it is interested in teasing out what the notion of 'refuge', that of providing safety and protection to infant, and what that means to the mothers and workers in the refuge setting. This research is concerned with giving voice to those who are least acknowledged to have a voice in our society, the pre-verbal infant. As such it has focused predominately on infants under 12 months of age. Drawing on infant observations, interviews with mothers and

focus groups with staff, this research has been conducted in Women's Refuges within Australia, England and Scotland. It utilises a new 'infant led' qualitative research methodology. This new synthesis brings together the knowledge of 'intersubjectivity' with 'constructivism' in the context of infant led practice. What it offers is a way of respectfully understanding the perspective of the infant within the environment of Women's Refuges.

Copyright © eContent Management Pty Ltd. *Journal of Family Studies* (2013) **19**(1): 70–79.

'What about the fathers?' Bringing 'Dads on Board™' with their infants and toddlers following violence

Wendy Bunston BSW, MaFT, GCOrgDyn, GDInfMH[1]
WB Training and Consultancy, La Trobe University, Melbourne, VIC, Australia

Abstract: *This paper examines a group work intervention developed for fathers who had successfully participated in a men's behaviour change program and who wished to undertake further work to strengthen and improve the bond between themselves and their infant/toddler (up to age 4). It focuses on two groups run in 2010–2011, uses material directly taken from each program and explores in detail how this intervention was developed, how the program was structured, the profile of the fathers involved and the subsequent inclusion of their partners within both groups. It also includes a small evaluation. Pivotal to this intervention was the implementation of an 'infant-led' approach.*

Keywords: fathers, infant-led work, family violence, group work, men's behaviour change programs, Peek-A-Boo Club™

While many partners separate as a result of family violence, there are many who seek, or are ordered to receive professional treatment, and remain with their family. How do these family members re-negotiate their most intimate familial relationships following violence, particularly when young children are involved? How might separated fathers remaining in contact with their children, and who have been violent and perhaps themselves parented by abusive and punitive caregivers, intrinsically challenge the internal dialogue they have within themselves about what it means to be a 'dad' and/or a 'man'. After well over a decade of work specifically with children, infants and their mothers who had experienced significant family violence, my colleagues and I were left with a profound question, 'what about the fathers?'

Some fathers, while physically absent (either having left or been left by the mother) were undoubtedly still present in the minds and imaginations of the children and women we worked with. These fathers were the 'ghosts in the nursery' (Fraiberg, Adelson, & Shapiro, 1975) who continued to haunt the infants/toddlers we worked with in our infant/mother groups. Though not physically present in the room (and for some infants not present in their lives at all) the fathers of the children were still felt and experienced as very real, often frightening and sometimes mourned apparitions appearing throughout the infants' (and mothers') play, conversations, and interactions.

Where fathers were still actively involved in the infants/children's lives, either through regular access or remaining in the family home, conversations very quickly emerged expressing ambivalence, idealisation or denigration about the 'father' of the infant/toddler in the room (Jones & Bunston, 2012). This particularly occurred where the father had been identified as the perpetrator of the violence, which in most instances was the case. What could we take from our work with infants and mothers that could inform work with men who wanted to reconnect safely and positively with their children?

This paper aims to talk in some detail about an 'infant-led' group work intervention undertaken with infants and their fathers. This work was specifically developed to target fathers who had participated in men's behaviour change programs as a result of their violence. It will focus on two such groups using case material and directly quoting from the therapeutic newsletters written each week and sent out to the group participants before the next weekly session took place.

Background

Two 'Dads on Board™' groups were run in 2010 and 2011 as a weekly 2 hour therapeutic group

[1] *Correspondence to*: Wendy Bunston, WB Training and Consultancy, PO Box 750 Moonee Ponds, VIC 3039, Australia; tel: 0400 1500 67, e-mail: wendy.bunston@bigpond.com, w.bunston@latrobe.edu.au

work programme for fathers and their babies/toddlers (up to age 4) over an 8 week period. They were run by staff from within the Addressing Family Violence Programs (AFVP) which was part of Melbourne's Royal Children's Hospital's Integrated Mental Health Program. Support and referrals for the groups came from three Men's Behaviour Change Program[2] in western and north western metropolitan Melbourne with staffing and resources fully funded by philanthropy[3].

We were very clear from the outset that this was therapeutic work and 'would not' supply participants with formal reports post-group, nor make recommendations regarding custody arrangements. We also developed clear objectives for the group which included assisting fathers to:

- accurately read and understand the relational and communicative cues of their infants/toddlers
- develop a curiosity and respect for the subjectivity of their infants/toddlers
- understand the concept of 'holding' their infants/toddlers, physically, emotionally and psychologically
- appreciate how their behaviour and relating style as the parent has a direct impact on their infant's/toddler's emerging personality and capacities.

We informed potential participants that the 'size of the group was purposefully kept small and activities undertaken in the group were to be 'infant-led' with the focus on keeping the infants/toddlers safe through play, interaction and reflections which are emotionally and psychologically respectful of the infant's world'.

The 'Dads on Board™' intervention was modelled on the work of the AVFP's award winning Melbourne based 'Peek-A-Boo Club™' intervention for mothers and infants affected by family violence (Bunston, 2006, 2008a). This work sought to:

> provide a therapeutic space within which the infants and mothers can safely play with alternative ways of experiencing and communicating with one another. Our focus is on the internal/external world of the infant, the internal/external world of the mother and their dyadic relationship ... it is within the context of their relationship with their primary caregiver/s that the infant's evolving attachment repertoire is being organised. Through targeting the infant/mother relationship we are endeavoring to disrupt the cycle of violence known to transmit from generation to generation. (Bunston, 2008a, p. 338)

'Dads on Board™' similarly sought to create a therapeutic space where play, exploration and curiosity about the mind of their infant were encouraged, as was altering interactional patterns in order to interrupt the transmission of violence. 'Infant-led' work endeavors to balance the scales and to give the infant equal rights in the therapeutic relationship (Jones, 2007). Furthermore, it sees the infant as a potential entry point for therapeutic change (Bunston, 2008b; Jordan, 2012) taking an 'infant-up' rather than 'adult-down' approach where the infant is seen as 'a subject, in his or her own right' (Thomson-Salo & Paul, 2001, p. 14).

Group assessment and composition

A community reference group consisting of representatives from the supporting men's behaviour change programs was created to support the work of the AFVP team in developing the 'Dads on Board™' program. Referrals received included fathers who remained with their partners as well as those who did not. Three separated fathers were referred but two did not follow through whilst the third participated in an assessment but was ambivalent about attending, feeling coerced by the referrer. He subsequently opted for some individual dyadic work. A further five referred fathers who remained in their families participated in assessment sessions.

All but one assessment session (due to convenience for the family) was conducted in the family home by one or both of the core 'Dads on Board™' facilitators, with a third support facilitator. Undertaking home-based assessments were

[2] Kildonnan Uniting Care, Djerriwarrah Health Services & Relationships Australia, Sunshine (Melbourne), VIC.

[3] RE Ross Trust specifically funded the 'Dads on Board™' work and was supported by the AFVP team which was funded by the Sidney Myer Fund as well as the Grosvenor Foundation within the Victorian Women's Trust.

based on a practice developed by the 'Peek-A-Boo Club™' that when safe to do so and with consent, home visits gave facilitators a rich insight into family dynamics, settings and lifestyles. This practice was also initially influenced by the work of UK's 'Mellow Parenting' program (Puckering, 2004) which found that home visits enhanced engagement with socially isolated families leading to a greater likelihood of subsequently attending centred based services.

The whole family unit was encouraged to be part of the assessment session so any interactions between family members could be observed and the infant was seen as central to the intervention from the outset. It was also important to gauge the support of the mother for this intervention and to explore how she felt their infant would manage in a group without them. One idea originally explored by the facilitators was to host a parallel group of the mothers in a nearby room so if the infant needed them they could have ready access; however, in four of the five assessments the mother remained present for the whole session and interest in the mothers also being part of the group was expressed. The partner of our fifth father elected not to join in on the assessment and subsequently chose also not to attend the group. This particular father had the primary caregiver role in this family unit while his partner worked.

The assessment itself was comprehensive, usually lasting around 2 hours using the questions and observation guidelines developed by the 'Peek-A-Boo Club™' and incorporating questions taken from the 'working model of the child' interview schedule developed by Zeanah and Benoit (1995). Acting as suggested areas to guide the assessment process these (in summary) focus on:

1. Possible things to look for (observation of the infant) such as:

- How mother/baby or father/baby communicate with one another?
- How they read each other's cues?
- Who leads and who follows?
- How comfortable are they with each other's touch?
- How often do they look at each other?
- Do they return each other's gaze/turn away?
- How expressive is the baby?
- How interested is the baby in her/his mother/father/toys/surroundings?
- How does mother/father talk to her baby?
- How does mother/father comfort baby/baby respond to comforting? and;

2. Possible questions to ask (how parent understands infants/their own experience):

- Motivation to attend to group and understanding of its purpose
- Nature, extent and impact of violence on infant/partner
- Current relationship status/feelings towards partner
- Own experience of being parented/family background
- Information (feelings) about and during the pregnancy
- Information (feelings) about the birth and after
- Baby's development/personality/feelings
- Thoughts/wishes/concerns about baby's future

The assessment session reinforced the importance of keeping the infant/toddler safe, involved signing consent forms as well as filling in evaluation questionnaires. At the conclusion of these assessments we had five couples and eight infants accepted into these two groups[4]. External complications subsequently led to one less couple attending, leaving our first group with seven participants (four adults and three infants). Our second group also had seven participants (three adults and four infants). The oldest father participating in these groups was 40 with the youngest 31. The oldest female was 35 and the youngest 27. The oldest child was 4 years of age and the youngest 3 months. One couple were tertiary educated, while the remaining parents went as far as secondary school and currently had, or had had manual occupations. Two of the parents had been

[4] Although informed written consent to present material from these groups had been obtained, some information regarding the group has been altered slightly in order to protect the anonymity of the participants.

born in Asia, one parent identified as a second generation migrant, one of Aboriginal descent and the remainder identified as Anglo-Australian. All families had one primary breadwinner and one primary caregiver of the children. Two of the primary caregivers also worked in casual employment.

'The Dads on Board™' intervention

The theory

An approach that privileges 'process over content' is seen as crucial to this intervention. This includes a confidence that the important unconscious themes needing to emerge in the group will do so spontaneously through our interactions and play. Our job as facilitators is to recognise these when they do and we bring them to consciousness so they can be reflected on and spoken about. Ideas taken from object relations (Klein, 1975) and attachment theory (Bowlby, 1988) inform our practice whilst utilising a number of key concepts in thinking about just what we do within the group. These include: 'thinking relationally'; 'being curious'; 'holding hope'; 're-engaging one's past' and 'seeing infants as an entry point for change'(see Bunston, 2011, p. 13/14). Using the 'here and now' and wondering aloud about what occurs in the moment acts as a powerful provocateur for reflecting on one's past as much as the present. It also acknowledges that infants are social creatures who 'exist and develop in the context of relationships' (Lieberman, 1997, p. 3).

The facilitation team

The facilitation team remained the same for the duration of the whole group and consisted of two core facilitators (a male and a female) with a third support facilitator, a female student psychologist. Both core facilitators were employed by the mental health service of the Royal Children's Hospital. One was specifically employed for this intervention and had a background in early childhood development and was very experienced in working with fathers. The other facilitator was a senior mental health clinician who had further qualifications in infant mental health. Both core facilitators were also experienced in running the 'Peek-A-Boo Club™' intervention.

The context and structure

Each group ran for 2 hours weekly over 8 weeks. Both were in a local community based child and adolescent mental health venue which had plentiful parking. We had a large room which was relatively clear of furniture and had large colourful cushions placed on the floor to intentionally create an infant/toddler friendly space. Colourful soft plastic balls, musical instruments, some puppets and plastic animals made up the bulk of the toys we included but which we kept at a minimum so that the toys did not take up more focus than the relationships. The first group had fewer children of a younger age so this set-up worked very well. The second group consisted of more children who were older and much more active. They responded well to engaging in more physical play and were keen to draw so we quickly included the use of butcher's paper and non-toxic texters.

The time and day had been negotiated in the first instance with the participants and was based on what both suited the infant/toddlers' routines and the parents' working hours. Each group's structure was very loose. We endeavoured to commence with a welcome song, then a catch up with each participant and encouraged as much play and reflection as the group allowed, leaving the group to flow in whatever direction it needed to as we increasingly got to know each other's story. We would give voice to what we saw and invite reflections from the parents. For example, as was noted in week one of our first group and captured in our weekly newsletter;

> Our first session got off to a roaring start with 'Isobel's story'[5] leading the way. Isobel (3 months old) really engaged with the group, having lots to say and showing great interest in her surroundings and particularly in Jake and Brian (Toddlers). She seemed to gurgle in agreement as Marion (her mother) recalled an incident over the weekend where Isobel made her protest known to Mum and Dad about their fighting by detaching herself from the breast and vocalising during feeding as if to say:
>
> 'stop fighting'.

[5] Names have been changed to protect the identity of the participants.

> 'Marion then had to reassure her that they would stop before Isobel would settle and reattach.
>
> Taken directly from Group 1 Week 1 – Therapeutic Newsletter.

The infants and toddlers provided many such nuanced interactions which we would tease out and explore. Each week we also provided a morning tea mid-group and then engaged in further play and reflection and closed with a song. The closing ritual involved inviting the parents and their children to lay on large cushions on the floor beside each other whilst the facilitators held a huge star studded scarf over them, lifting it gently up and down whilst we all sang *Twinkle Twinkle Little Star*.

The Therapeutic Newsletter

Therapeutic newsletters were a practice adopted from the 'Peek-A-Boo Club™' and involved facilitators immediately post-group writing up the observations, themes and issues that emerged each week as part of our process notes and then incorporated these into the newsletter. This was then posted out before the next session to each family. The content was both serious and playful and highlighted what we as facilitators noticed about their children and themselves and was a record of what happened that week and what had been discussed;

> It had been a tough night for Barry, Marion (parents) and Isobel (baby) with not much sleep, and it had been a tough week for Jeff, Franca, (parents) Brian and Jake (toddlers). The outside world (like troublesome neighbours) can often invade our space, threatening our sense of safety and security. This might re-awaken past experiences where we have felt powerless and threatened and helpless as to know what to do, making our distress feel even stronger. What strategies do we as adults use to manage ourselves when overwhelmed and just what strategies do our infants and toddlers have at their disposal? It was interesting to explore how we adults were soothed or comforted when we were small. Franca remembered going to her Nona who would simply hug her. But is a hug ever simple????
>
> Group 1 Week 2 – Therapeutic Newsletter

The purpose of the newsletter was to encourage the parents to keep the work of the group in mind, to demonstrate our commitment as facilitators to keeping them in mind between each weekly session and to flesh out and make accessible some of the complex issues and ideas that emerged each time we met together. As we had found in our previous infant/mother groups, the newsletters took on a life of their own and became very important mementoes of the group for the families. We would regularly use the scribbles and pictures from the children and parents to scan into our weekly therapeutic newsletters.

The supervision

In asking the participants in our groups to reflect, so too must we as facilitators. Ending what had always been a busy and often exhaustive day each week involved us then attending supervision. 'Supervision provides a vital space within which to reflect upon our work and as group work facilitators, to understand ourselves as part of rather than separate to the group process' (Bunston, 2013, p. 183). This work is complex, often emotionally challenging and specialised. Infant-led work requires expertise, often beyond that of the facilitation team and in a space where the nuances of not just the participants' dynamics, but the facilitation team's dynamics are also safely unpacked, thought about and used to inform the work undertaken in the group. We accessed supervisors who were infant mental health trained and also familiar with the complexities inherent in working to address family violence.

Themes to emerge: Meeting the groups objectives

The identified objectives for 'Dads on Board™' are complementary. They each have a different focus but are intimately interlinked. Our aim was to bring about an emotional experience, response or interaction that could then be reflected upon in the 'here and now' with the infant and parent. With the infants and toddlers present in the therapeutic space, opportunities abound as they constantly seek out opportunities to connect, with their caregivers or with others. The relationship participants formed with the facilitators, and with each other, served to ground this process and hold the anxieties of the parents and

their infants. The Therapeutic Newsletter served to bind these experiences together in a meaningful narrative and synthesise the discoveries made within the group each week.

Reading the communicative signals of their infants and toddlers

The first group was much quieter with a younger cohort of infants and toddlers whilst the second group had four toddler/pre-school aged children who quickly became rowdy and chaotic. In the second group facilitators needed to contain the space and create more capacity to observe and reflect on the interactions we observed within the room and their meanings. This was assisted by introducing the parents to the very accessible concept of 'watch, wait, wonder' (Cohen, Lojkasek, & Muir, 2006; Cohen, Lojkasek, Muir, Muir, & Parker, 2002). This idea encourages the parents (and the facilitators) to not always immediately jump in, but allow time to observe and be curious about the infant and wait to be invited into their play. In the midst of noise and chaos it can be hard to think but we would, in the quieter moments that presented themselves, wonder about this in the group.

> It is interesting to think about what the loudness in our Dads on Board group meant. Was it fun, was it scary. Did the children feel free to run wild or did they feel a little scared being in a new place, with new people and perhaps new rules? Both Theo and Graham (fathers) noted that if the children were at home they would have yelled at them to be quiet. Louise (mother), on the other hand felt quite comfortable with the noise as she said it was something she was used to.
>
> Group 2 Week 1 – Therapeutic Newsletter

> From week one and the newsletter where we wrote: 'The group was loud, it was busy, it was new and in some ways it was overwhelming'; we finish the group in week eight with: 'the group was loud but we all knew what to do! We danced, with ourselves, with each other and as a group and we had fun'.
>
> The group finished as it had started; loud. But it had purpose, it had camaraderie and it had emotion. We had fun and we had sadness. Ruby (4) showed us that it is sad and frustrating when we think about saying goodbye!
>
> Group 2 Week 8 – Therapeutic Newsletter

Reading their infant's/toddler's cues became of interest to the parents outside of the group and those moments were also being captured.

> Franca and Jeff (parents) spoke about how outside of the group they felt they were becoming much more aware of Brian's (4) cues during the past week, listening when he asked them if they were fighting during what they described as a 'passionate discussion'. Not only did they listen to what Brian asked them but they also heard what he was saying …
>
> 
>
>
> and responded accordingly, by removing themselves from the situation and Jeff took himself to a 'time out' that involved playing with Brian.
>
> Group 1 Week 4 – Therapeutic Newsletter

Throughout both groups as the parents reflected on their capacity to read the cues of their children, we the facilitators would wonder aloud who in their lives had been able to read their cues when they we growing up. One father recalled how his father brutally assaulted him when he came home complaining of being bullied by other children. This, his father then informed him, was what he needed to do to these other children next time they approached him. Our work with this father focused on making overt how well his son read his cues, how this impacted on their relationship and what opportunities presented themselves in the group to forge something different to what he had experienced as a boy with his father. Tronick's (2007) work on 'match, mismatch and repair' was another useful concept we introduced to the group and the emphasis on the intent to try and get it right (parent and infant) rather than always getting it right.

> There is some important research suggesting that it is only 30% of the time that 'good enough' parents get it right. What is even more important is the further 70% of the time where we 'work on it', trying together with our infant to sort it out! This is the task of learning and problem solving. This idea of the 'working on it' being as important as trying to 'get it right' struck a note with Jeff and Barry (fathers) who's jobs (employment) require them to be accurate all the time with 100% precision.
>
> Group 1, week 1 – Therapeutic Newsletter

Develop a curiosity and respect for the subjectivity of their infants

The work of the facilitators was to encourage a curiosity in the fathers about the minds of their children, to see their infants, to reflect on what they see and to consider what they may be feeling. This was often done in the moment, capturing behaviours as they occurred, such as why an infant or toddler may move towards them or away from them at different times throughout the sessions. We also encouraged the fathers to develop a capacity to be curious about themselves and their relationship with their infant:

> In this instance can Dad step up on the podium with Mum or might Dads sometimes feel like they are the consolation prize? When their child can't get to Mum they get second best by getting Dad?

> It was interesting to watch Brian (4) with Jeff (father) as Brian seemed very content in his company and engaged and ready to be with him when Dad caught his invitations. Isobel (baby) seems increasingly like she was made to just fit in Dads arms (and hey! Maybe biologically she was). Is it the infant who pulls back from Dad or the Dad who pulls back from the infant?
>
> Group 1 Week 6 – Therapeutic Newsletter

Reflection about the subjective experience of the children was encouraged in the group but sometimes needed to be further crystallised in the newsletter. The pull towards the demands of the adults in the immediacy of a conversation could often steer our attention away from the infants and it was in writing up our process notes or in supervision that we would reflect back on things we might have failed to capture.

> As we spoke about some painful and frightening events from the past Brian (4) became very still and listened intently to the conversation around him. He even took himself to sit beside his Dad.
>
> Was Brian trying to comfort Dad, was he trying to understand his Dad or was he thinking or feeling something else? Perhaps we forgot to actually ask him and assumed we knew? Is this something we sometimes do with our children – think we know what they want and need without asking them or exploring with them what might be going on? And is this something we only do this with our children?
>
> Group 1 Week 3 – Therapeutic Newsletter

The concept of 'holding', physically, emotionally and psychologically

Holding refers to the caregiving environment provided by parents and encompasses more than just safe physical holding, but refers to how the infant is held in mind and is held emotionally (Winnicott, 1971). It became apparent from the assessment point onwards that these fathers and perhaps some of the mothers had lacked a sense of being held safely in mind or in body by one or both of their own parents when young. At the acknowledgement of some of these fathers, touch by them towards their infants had been withheld, thoughtless and in one instance assaultive. These infants had also witnessed their father's violence and vitriol towards others, compounding their anxiety about their reliability as caregivers.

> Ben (4) and Sebastian (3) 'banged heads', literally, at one point in the group. Sebastian rushed back to Louise (mother) for comfort and Ben stood looking stunned not quite sure where to go.

> Who do you go to when you are hurt of feel vulnerable? For the Dads this might be interesting to reflect on. When you were little, who did you go to for comfort when you were hurt or scared? Did you have anyone or anywhere to go that kept you safe and where you felt acknowledged, understood or even enjoyed?
>
> Group 2 Week 3 – Therapeutic Newsletter

It was also the role of the facilitators to hold the fathers and mothers in the group and give them an experience of having their emotions held, tolerated and respected.

> Graham (father) noted that it feels like our looking at what the parents were doing and encouraging them to

play felt a bit like they are they being judged as being 'bad fathers'. What do we as facilitators need to do differently. Is feeling judged something that helps or harms? Tell us what you think next group?

Group 2 Week 5 – Therapeutic Newsletter

Relating style as the parent and its impact on their infants (past, present & future)

All the fathers participating in these groups shared stories about their early childhood caregiving experiences which involved punitive, harsh and often unavailable relationships. They identified their inability to share and manage their emotions appropriately and their fear of offering their children the same experiences.

> Learning how to manage our emotions is a lifelong journey. Perhaps we have taken a few steps in our learning together in this group. The children have shown us their delight and disappointment. They have shown us loud and frantic beating drums and quiet soft tapping fingers. They have shown us anger through tears, sadness through tears and hurt through tears. They have pushed boundaries and climbed walls (literally) testing out their abilities, and testing out our ability to tolerate what they do and how they feel.

> Both Theo and Graham (fathers) have shared stories about their childhoods where they were taught to 'suck it up', to not show their emotions even when what was happening around them was terrifying and way too big, as well as not fair for a child to have to manage. Coming to Dads on Board each week has been a leap of faith for two Dads who have not always had good reason to trust a lot of people.

Group 2 Week 7 – Therapeutic Newsletter

The Fathers within both groups shared a common wariness about their ability to approach their children, lacked confidence in their role and appeared to question their worthiness as fathers. Exploring who played with them as children revealed backgrounds of varying levels of early childhood deprivation. As facilitators, modelling play, attunement, singing and make-believe became integral to our work as the parents combated their initial embarrassment or resistance to 'letting go' in front of their children.

> Barry (father) noted how he lay on the floor with Isobel (baby) in the last week for 20 minutes just playing … Andrew recalled something of what his father taught him about how 'not to play', making him sit through games of draughts and ensuring that he never win!

Group 2 Week 2 – Therapeutic Newsletter

Additional outcomes

The inclusion of mothers

The referral cohort for these two groups led to the inclusion of mothers but it seemed an unspoken rule that they would tend to take a back seat in the group, acutely aware that these sessions were for the fathers and children. They seemed to relish the opportunity to hear their partners speak candidly about their fears and feelings although it may have also reflected a relational power imbalance, or perhaps a little of both. The capacity to play, creatively and spontaneously appeared difficult for all the parents (fathers and mothers). During and post-group, the three couple/family units reported greater involvement of the fathers in both play and tasks with their children and a consciousness about how their relationship as a couple directly impacted on their parenting. Attendance was extremely high for one group and full attendance for the other. This may have been different without the mothers; however the lone father was part of the group with full attendance.

(Modelling) learning to play

The fathers in these groups did not know how to play. The presence of a male facilitator who not only sang but knew all the words to multiple nursery rhymes was astounding to some and embarrassed others. Men singing nursery rhymes and playing was experienced as much more confronting in some respects than sharing their feelings. The capacity of all the facilitators to not only play with the children but playfully engage with the parents was a revelation and ultimately

contagious. In our first group we saw one father follow the lead of the male facilitator and make himself available to play with his two young children. All these children had good reason in the past to have found their fathers as frightening rather than welcoming parents. Reinforcing these magical moments was important.

> Theo (father) discovering the children and actually moving over to be with them rather than waiting for them to come to him., Theo and Sebastian (4) finding new ways of relating, playing a ball game together and giving and receiving., Sebastian helping Theo to use 'imaginative play' by coaching him on how to have a 'pretend telephone conversation' (and we quote Sebastian directly here) 'just use the pretend phone Dad!'
>
> Group 2 Week 6 – Therapeutic Newsletter

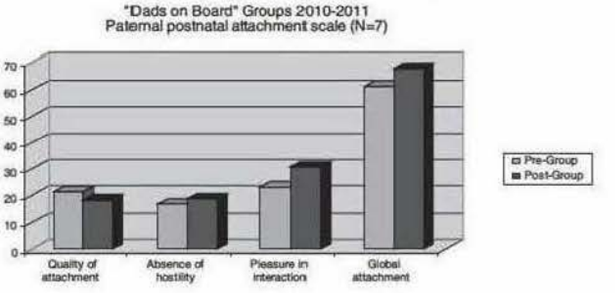
> We saw some beautiful interaction between Isobel (baby) and Barry (father) at the end of the group, when the pressure was off to sing, and Barry (and we still say you have a lovely voice) sang to his daughter without any prompting and she gazed back at him enjoying his attention, his voice and being held by her father …
>
> We saw Brian (4) initiate the horsey game with his father and persist in getting Scott's (facilitator) attention to get the horsey song sung. And we saw Jake (3) hop on as well, with his mother's help and then Jeff (father) in turn trying to get on his little horse before it bolted.
>
> Group 1 Week 4 – Therapeutic Newsletter

Evaluation

A small evaluation was undertaken to see if any positive changes could be gauged post-group. The maternal postnatal attachment scale (MPAS) developed by Condon and Corkindale (1998) contains a 19-item self-report questionnaire relating to mother-to-infant attachment. The questionnaire also includes a paternal postnatal attachment scale (PPAS) which measures subjective experience towards the father's infant. Both scales focus on the parents' emotions and cognitions and their emotional response to their infant and looks at three separate indicators of attachment:

1. Quality of attachment (competence as a parent)
2. Absence of hostility (acceptance, tolerance)
3. Pleasure in interaction (pleasure in proximity)

These questionnaires were filled in by all seven adult participants pre and post the program.



The numbers are too small to draw any statistical inferences; however the results from parental postnatal attachment scale show that there had been an overall positive shift for fathers and mothers in their perceptions of and relationship with their infants. Qualitative feedback was very positive from all participants including the children and as one mother poignantly noted 'I would never have believed the changes I have seen in their relationship had I not witnessed what I saw happening in this group'.

Conclusion

This work with fathers, like the children, is still in its infancy. Paramount is keeping these infants/toddlers physically and emotionally safe. Irrespective of what we as workers may think or want, many children are psychologically, emotionally and often logistically still connected with their fathers, irrespective of violence that has occurred in the past (and unfortunately for some children will still occur in the future). Those men who have acknowledged their violence, received treatment and are prepared to undertake work with their infants, toddlers and older children should be supported. How this occurs needs to be based on what works best for the child, not the other way around. This is important to keep in mind as it is foundational to modelling change around how children are thought about.

What the infants/toddlers and mothers from the 'Peek-A-Boo Club™' as well as the 'Dads on Board™' work have taught us is that fathers feature prominently in the lives and minds of children affected by family violence, albeit positively, negatively or both. This includes the fathers themselves as they reflect back on how they were parented and have gone on to use violence in their most intimate relationships, despite the

distress this caused them growing up. The inclusion of mothers in this treatment may not always be appropriate, however, it has the potential to be very grounding and protective of infants who have been traumatised by their fathers and building opportunities for their involvement, whether in the room or close by should be considered.

We have also learnt that children are often very forgiving. The younger they are the more receptive they are to relational changes and continue to invite their fathers, despite significant past traumas to make good and actively participate in their lives, even if this means they may come to harm. Remaining connected to their parent can feel less fearsome than having no connection. The onus is on us as workers in the family violence prevention field to think creatively about how to support infants and toddlers (many who are still having regular access with their dads) in inviting their fathers to provide a different, safe and healing parental relationship.

Acknowledgement

This work would not have been possible without the generous support of the RE Ross Trust. Additionally, acknowledgement needs to be given to the other staff assisting in delivering this intervention, Scott Hall, Caroline DeFina and Daphne Sng, as well as for the clinical supervision provided by Sarah Jones and Meredith Banks.

References

Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London, England: Routledge.

Bunston, W. (2006, Autumn). The Peek-a-Boo Club: Group work for infants and mothers affected by family violence. *DVIRC Quarterly* (1), 3–8.

Bunston, W. (2008a). Baby lead the way: Mental health group work for infants, children and mothers affected by family violence. *Journal of Family Studies, 14*(2–3), 334–341.

Bunston, W. (2008b). Who's left holding the baby? Infant-led systems work within intimate partner violence. In J. Hamel (Ed.), *Intimate partner and family abuse: A casebook of gender inclusive therapy*. New York, NY: Springer.

Bunston, W. (2011, Spring/Summer). When two worlds collide: The practice and theory of infant-led work. *DVRCV Quarterly* (3), 11–14.

Bunston, W. (2013). The group who holds the group: Supervision as a critical component in complex group work with infants affected by family violence. In L. M. Grobman & J. Clements (Eds.), *Riding the mutual aid bus and other adventures in group work*. Harrisburg, PA: White Hat Communications.

Cohen, N. J., Lojkasek, M., & Muir, E. (2006). Watch, wait, and wonder: An infant-led approach to infant-parent psychotherapy. *The Signal: Newsletter of the World Association for Infant Mental Health, 14*(2), 1–4.

Cohen, N. J., Lojkasek, M., Muir, E., Muir, R., & Parker, C. J. (2002). Six month follow-up of two mother–infant psychotherapies: Convergence of therapeutic outcomes. *Infant Mental Health Journal, 23*(4), 361–380.

Condon, J. T., & Corkindale, C. J. (1998). The assessment of parent-to-infant attachment: Development of a self-report questionnaire instrument. *Journal of Reproductive & Infant Psychology, 16*(1), 57–76.

Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant–mother relationships. *Journal of the American Academy of Child Psychiatry, 14*, 387–421.

Jones, S. (2007). The baby as subject: The hospitalised infant and the family therapist. *Australian and New Zealand Journal of Family Therapy, 28*(3), 146–154.

Jones, S., & Bunston, W. (2012). The 'original couple': Enabling mothers and infants to think about what destroys as well as engenders love, when there has been intimate partner violence. *Couple and Family Psychoanalysis, 2*(2), 215–232.

Jordan, B. (2012). Therapeutic play within infant–parent psychotherapy and the treatment of infant feeding disorders. *Infant Mental Health Journal, 33*(3), 307–313.

Klein, M. (1975). *Envy and gratitude and other works 1946–1963* (Vol. 3). New York, NY: The Free Press.

Lieberman, A. (1997). An infant mental health perspective. *Zero to Three, 18*, 3–4.

Puckering, C. (2004). Mellow parenting: An intensive intervention to change relationships. *The Signal: Newsletter of the World Association for Infant Mental Health, 12*(2), 1–5.

Thomson-Salo, F., & Paul, C. (2001). Some principles of infant-parent psychotherapy: Ann Morgan's contribution. *The Signal: Newsletter of the World Association for Infant Mental Health, 9*(1–2), 14–19.

Tronick, E. (2007). *The neurobehavioural and social-emotional development of infants and children*. New York: W.W. Norton & Company.

Winnicott, D. W. (1971). *Playing and reality*. New York, NY: Routledge Classics.

Zeanah, C. H., & Benoit, D. (1995). Clinical applications of a parent perception interview in infant mental health. *Child and Adolescent Psychiatric Clinics of North America, 4*(3), 539–554.

Received 24 June 2012 *Accepted 24 January 2013*