

ONE WAY OF RESPONDING TO FAMILY VIOLENCE – “PUTTING ON A parkas”

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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 immediate, as well as 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 formally known as Mental Health Services for Kids and Youth - MHSKY) co-developed a specialist group work program in collaboration with Djerriwarrh Health Services (DjHS) in Melton. **parkas** (Parent's 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. The program was implemented in response to requests for specific child focused, as well as parent and child focused groups, by the adult participants in the Family Violence Prevention Program run at Djerriwarrh Health Services.

From its inception, **parkas** aimed to promote interventions that were child sensitive. This required 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 and respectful image of self.

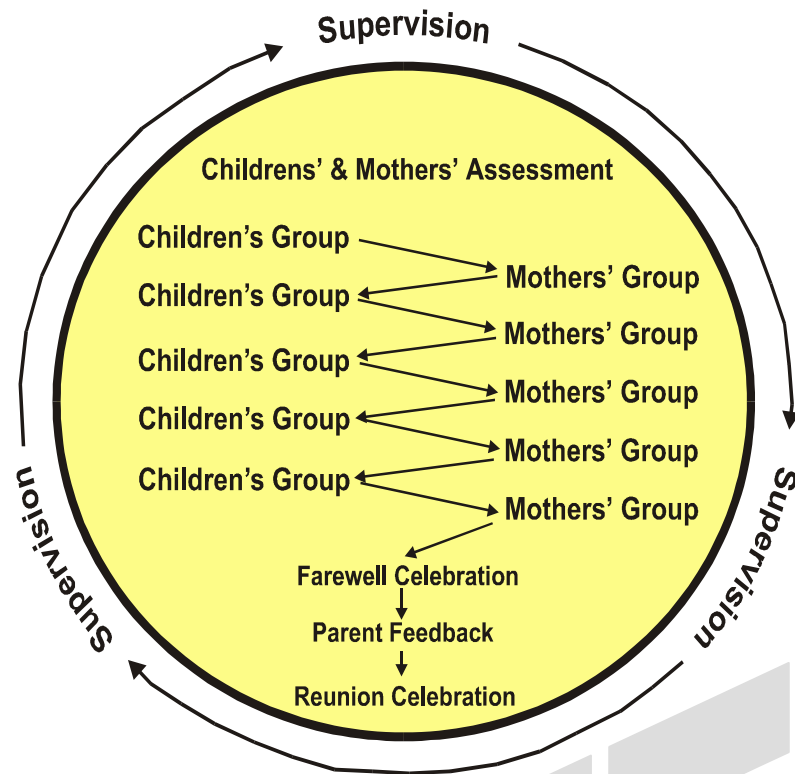
The focus of our intervention was to repair, rebuild and/or develop familial relationships through honouring the experience and attachments of the child. As such we felt it was imperative NOT to split leadership teams to run different components of the model as is done in other child/parent programs. 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).

Two different groupwork intervention models were ultimately developed.

The first was that of a **children's and mothers'/carers' group** 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 diagram 1).

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Diagram 1



Key elements of the program (10 week program + reunion) (Wraith, 2000:7)

- ❖ the same leaders run the children's and parents' group, providing connectedness, continuity of relationships and an 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.,
- ❖ the program is demanding of time, and emotional and physical energy.,
- ❖ **parkas** is a 'living' project and as such the model is not set in stone but develops in response to the participants experience, and in line with our 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.

The second model was that of a **children's and fathers'** pilot group which was targeted at men who had completed the men's behaviour change component of the Djerriwarrh Health Services Family Violence Prevention Program. This model differed significantly from that of the mothers' group, with the fathers and children undertaking a total of four weeks joint group work together within the seven week program.

Diagram 2

Seven Week Program

WEEK ONE	Assessment Undertaken (same procedure as for mothers/carers group) 45-60 minutes each	<u>Including:</u> Contracts Evaluation Program Overview
WEEK TWO	Dads' Group Approx 1 ½ hours	Share History Violent incidents child 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. 1 ½ - 2 hours	Questionnaires Where to from here

KEY OBJECTIVES OF THE PROGRAM'S STRUCTURE

- ❖ 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.

THE DEVELOPMENT OF THE **parkas** TRAINING PACKAGE

As already noted, **parkas** began at the request of adult clients who had been the victims of domestic violence, as well as clients who had been the perpetrators of family violence. The intention was to develop a child focused group work program that would assist children to rebuild the often fragile relationships they experienced with their parents/carers as a result of family violence.

As the **parkas** group work model evolved, so too did the professional interest in the work we were undertaking, (see diagram 3). **parkas**, as part of the DjHS Family Violence Prevention Program was awarded a certificate of merit (1998 Australian Family Violence Prevention Awards) and recognised as an example of 'good practice' by the State/Federal Governments' Partnerships Against Domestic Violence initiative in 1999. A document outlining the **parkas** program was published and disseminated across Victoria (Bunston, Crean & Thompson-Salo, 1999).

Next followed the development of two specific training packages, (see diagram 3). Arising directly from our work with children and parents in the **parkas** group work programs. Both packages provide trainees with a good working knowledge of the dimensions of family violence and the relevant literature, as well as exploring recent neurological research which suggests that attachment failures caused by cumulative relational trauma in early infancy and childhood risk impairing healthy brain development, (Teicher 2002; Schore 2001; Perry 1997; Perry, Pollard, Blakely, Baker & Vigilante, 1995).

The first of the two day intensive training workshops relates directly to the implementation of the **parkas** program and is accompanied by a specific manual. The workshop familiarises participants with the **parkas** group work model. This is achieved not through a presentation of the model alone but by engaging participants in a range of activities that emulate the interactive processes inherent in the **parkas** model. Just as the **parkas** program is designed and conducted as a process, with each section building on and informing the next, so too the training sessions build upon and further inform the **parkas** groups, as well as the **parkas** training sessions.

Artwork and material produced by the children and parents within **parkas** groups are also utilised within the **parkas** training. Similarly, material produced within each of the training sessions are shared with other training groups as a point of comparison and exploration into the thinking and assumptions professionals bring to the training. This material often acts as one of our most powerful training tools, particularly as we show the work of the children and parents to participants after they themselves have undertaken a similar task. This mirrors a technique we utilise within the **parkas** model, where a parent is asked to do an activity imagining they are their child, then comprising this with what their child has already produced.

The second package, based loosely on the **parkas** training package is a more generic training workshop for different welfare professionals who undertake individual and family work with clients where there is or has been violence, but are not interested in conducting group work interventions.

KIDS SAFE FROM VIOLENCE – WEST (KSFV – W).

Parallel to the development of the training initiatives resulting from **parkas** was the establishment of a collective of agencies operating in Western Metropolitan Melbourne wanting to address issues relating to children's experiences of violence within the home. The Royal Children's Hospital Mental Health Service's - Community Group Program has been a key member of this collective. Kids Safe From Violence – West, consisting of a number of core welfare agencies, formed in 1999 to develop services, promote and educate others about the destructive effects of family violence on children, as well as to advocate for more services for children living with violence.

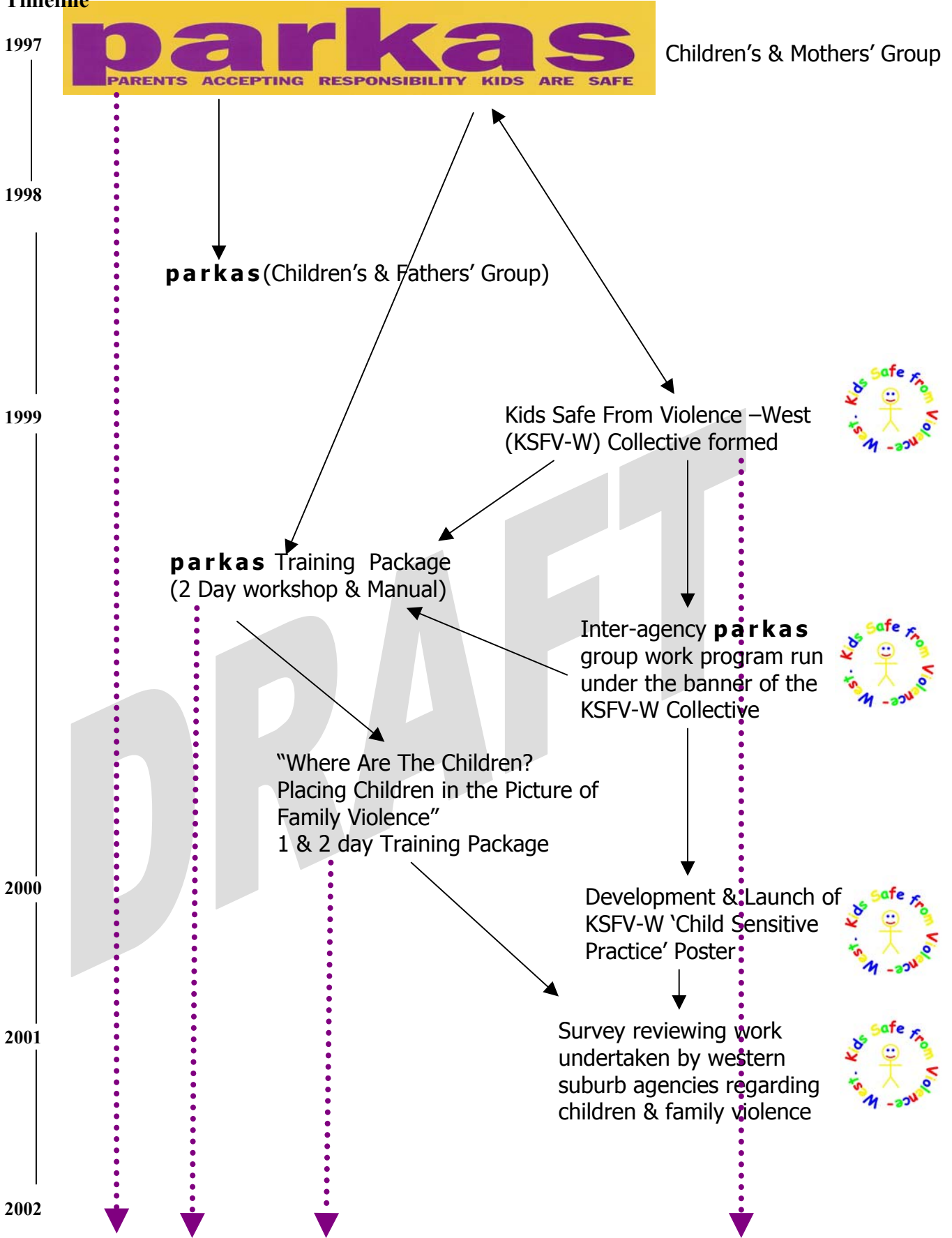
The KSFV-W collective has primarily comprised the Community Group Program (RCH-MHS), Western Metropolitan Victims Assistance Program & Children's Contact Service – Brimbank Community Centre, Good Shepherd Youth and Family Services, ISIS Primary Care, Joan's Place Women's Refuge and Djerriwarrh Health Services. The membership has

fluctuated over time and a few more agencies have come on board during 2001/2002. The collective's first activity was undertaking a 'multi-agency' **parkas** program with the assistance of a small budget provided by the Victorian Department of Human Services. Other KSFV – W inter-agency initiatives have included developing a professional poster promoting 'child sensitive practice principles' in working with family violence and holding a number of 'family violence in refugee families' professional forums.

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Diagram 3
Major Life Events in the evolution of parkas

Timeline



LEGEND: ———▶ Relationship between developments ▶ Ongoing life of these developments

Future Developments

The Community Group Program (RCH-MHS) is about to run its eighth **parkas** program and intends to play with the model somewhat by combining elements of the children's and dads' model with that of the children's and mothers'. We want to retain the safety of the bridge we believe the leadership team offers by communicating and carrying sensitive messages between the two groups but increase the opportunities for the two groups to come together and 'be with' and 'tolerate' the other. The group is for children and their mothers but we have a small number of fathers (non-perpetrators) also keen to be involved, so are currently working through whether our model can safely and appropriately accommodate this adult gender mix.

We are also interested in incorporating some alternative interventions used in our other group work programs, such as adventure based counselling. Another challenge is to introduce some discussion within the group around the healing properties of appropriate touch given the physically abusive and invasive nature of their experience with touch. To this end we have employed the services of a co-facilitator/therapist who has worked extensively with refugees who have endured and survived horrific experiences of being tortured.

Conclusion

The **parkas** journey has been and is an exciting one, continuing to grow through the input of its greatest contributors, the children and families who have participated in each of the programs. Whilst it has involved much hard work and commitment for all those who have partnered us on this journey, it has also been an immensely rewarding and enriching experience. The subsequent training developments have kept at their core the privileging of the voice of the client group it serves by bringing the material created by participants into the training program itself. This has enabled professionals to hear the direct experience of children, to understand the complexities of their trauma, and to challenge the often adult focused orientation of family violence prevention work.

The ultimate strength of the **parkas** initiative has been its capacity to grow, and to take on a broad range of collaborative support agencies in assisting in its development and delivery. And importantly, through the development of the training packages, it has created a crucial funding source to assist in the program's survival and its endeavours to make a positive difference in the lives of children affected by family violence.

Acknowledgements

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