

Domestic Violence Interventions for Children



Pilot Group Report

2012

Introduction to the Community Group Treatment Programme

Overview

The Community Group Treatment Programme was designed to support children aged 4-16 years old who have been exposed to domestic abuse. Children are split into age appropriate groups (usually a two year age range) and attend the weekly group for 12 weeks. Mothers/ female carers attend a separate group for 12 weeks to find out about the issues their children will be exploring and how they can best support them.

In October 2004 the London Borough of Sutton began piloting the community group treatment programme. The model, first developed in Canada a number of years ago, offers concurrent groups for mothers and children and is recognised as a model of good practice. This programme is currently being rolled out to all London Boroughs.

Evidence base

Research overwhelming indicates that child and young people want and need to talk about their experience of living with domestic abuse¹ however they are sometimes discouraged from doing so. Exploration of these issues needs to take place in a safe setting where children and young people feel respected and listened to.

Direct work with children and young people, including group work, should allow space for expression of feeling, reassuring children that abuse is not their fault, rebuilding self esteem and developing safety strategies for the future.²

Children want services where they can talk about their exposure to domestic violence and overcome their experiences.³

Aims of the programme

The programme has a number of aims including:

- Validation of children's experiences;
- Understanding abuse;
- Reducing self blame;
- Safety planning;
- Managing appropriate and inappropriate expressions of emotion.

Programme outcomes⁴

The evaluation of the London Borough of Sutton programme identified the following outcomes:

- ✓ Children improved their ability to identify abusive actions
- ✓ Fewer children indicated that they would intervene in an abusive episode

¹ Mullender, A. (2004) Tackling domestic violence: providing support for children who have witnessed domestic violence, Home Office development and practice report No. 33, London: Home Office.

² Mullender, A. (2004) Tackling domestic violence: providing support for children who have witnessed domestic violence, Home Office development and practice report No. 33, London: Home Office.

³ NSPCC. 'NSPCC Domestic Violence Campaign Briefing 1. Domestic Violence: A Child's point of View'.

⁴ Audit Commission (2007) 'Local Government Case Study 6. Seeing the Light: Innovation in Local Public Services'. www.audit-commission.gov.uk

- ✓ Fewer children condoned any type of violence in relationships
- ✓ Fewer children felt they were the cause of violence or abuse
- ✓ Children developed problem solving skills to help them resolve conflicts
- ✓

The three year evaluation of the London based projects is due for release shortly.

Roll out

Within London, the model was recognised as one of good practice and as a result funding has been secured to roll out the programme to all London boroughs.

The East Sussex LSCB recognised the value of the programme, both for assisting children recover from their exposure to domestic abuse and for helping them build healthy relationships in the future. As a result the LSCB agreed to pilot the programme.

East Sussex Domestic Violence Interventions for Children (DVIC)

The LSCB Domestic Abuse Consultant was responsible for managing the Community Group Treatment Programme at a local level. It was agreed that locally the programme would be called Domestic Violence Interventions for Children (DVIC) with each cohort identifying their own name for the group during the first session.

It was agreed that a number of multi agency practitioners would be trained with a view to piloting the programme in the East of the county. If this pilot was deemed successful, the programme would continue to be rolled out. The LSCB invested in the programme by providing coordination for the programme through the Domestic Abuse Consultant, funding the training and meeting initial set up costs for the groups.

Training

Training was provided by the Community Group Treatment Programme lead practitioner from the London Borough of Sutton. There were two training options available; training could either be delivered as a two day package or a three day package, depending on practitioner's level of understanding regarding domestic violence. It was decided that practitioner's who had attended the internal one day Domestic Violence Recognition and Response course previously would be targeted. This would ensure that facilitators already had an understanding of the impact of domestic abuse and therefore the two day external course could be delivered.

The proposed targeted group were approached. The requirements for practitioners attending the course were that they:

- Had attended the Domestic Violence Recognition and Referral course or an equivalent basic domestic violence awareness course.
- Could commit to facilitating 1 x 12-week programme per year (this involves 2 hrs per session plus preparation time).
- Had line manager agreement

On this basis, a number of expressions of interest were received. Potential facilitators were asked whether they had any experience of facilitating groups, whether they would be able to facilitate the East or West of the county and whether their experience meant they were more suited to facilitating the mum's group or the children group. Based on this, 20 practitioners were invited along to attend the training. Participants came from a range of settings including:

- Health, education, social care, local district council, mental health, charities/ voluntary sector and specialist support services.

The training took place over two days in June 2011 and was held centrally in Eastbourne. At the end of the 2 days facilitators were asked to express whether they were able to commit to the pilot programme in the East. 6 participants signed up and there was an ideal mix of male and female participants.

Practicalities of programme

Implementation group

A DVIC implementation group was coordinated and met once in September 2011. This group was very useful in working through some of the earlier issues such as discussions around age, venue, referral criteria etc. Once these issues had been discussed and decisions made the group did not need to continue meeting.

Age category

Over the next couple of months, the Domestic Abuse Consultant met and liaised with a number of key teams and organisations to establish an age group that would be most in need of the programme. The recommendation was that the programme should focus on 7-9 year olds. The Domestic Abuse Consultant met with CRI Children's Therapeutic Service to work out a referral route for the programme.

Venue

A couple of venues were explored for the programme. This included a children's centre and school setting. The Children's Centre Area Coordinator was able to offer a children's centre venue which was ideally located. The centre was close to public transport links (train and Bus) and had the space available for both the groups to be held in the same setting. However, a bonus for this centre was that it was co-located next to a community centre with crèche facilities. The Area Coordinator was able to secure crèche places for any mums who would require this. Having the support of the Area Coordinator was key to the groups succeeding.

Facilitators

During the implementation period, the Domestic Abuse Consultant had some contact with the potential facilitators to update them with progress. Unfortunately there has been a fairly long gap between training and implementation of the programme. As a result the original practitioners were no longer available for various reasons; personal factors which meant they could no longer commit to the programme, increased workload/duties prohibiting them from attending, changes to role which disallowed them from facilitating. This meant a further delay to the programme while new facilitators were identified and met with to explore the programme in further details. The Domestic Abuse Consultant and the LSCB Training Consultant also met with the two new facilitators who had received the original training to provide them with an update and recap of the programme.

Manuals

The trainer supplied participants with a copy of the Powerpoint from the trainer. She explained that the group programme is supported by a set of manuals from Canada. However, due to the London roll out, the manuals were being rewritten for a UK audience. As the manuals were due for completion prior to the group commencing it was agreed to wait for the UK versions. Unfortunately the UK versions were delayed and so PDF versions of the Canadian version were used. The versions sent were very difficult to use and the Domestic Abuse Consultant had to spend a significant

amount of time ensuring that the manuals were in a useable format for the facilitators.

Referral Process

The Domestic Abuse Consultant publicised the referral guidance and form to relevant agencies in the East of the county including all primary schools. In addition she met with the family support and social care teams in the East. When meeting with these teams it became clear that they did not feel that they would be able to refer some families for a variety of reasons. This included either they didn't have the appropriate ages on their caseload or their families would not meet some of the criteria e.g. being out of an abusive relationship for 4 months. Due to this barrier, receiving referrals was a slow process, this also contributed to additional time being needed before starting the group. The CRI Children's Therapeutic Service was a vital referral mechanism.

There were some referral criteria to be met. The guidance explained that this included the following:

- Siblings would not be accepted onto the group. This was the recommendation from existing programmes. Siblings might have different support needs and it was likely that normal sibling issues would be brought to the group which would not be appropriate. Therefore, part of the referral route with CRI Children's Therapeutic Service clarified that where siblings were both in need of support, the Therapeutic Service would aim to support those siblings who were not going to attend the group. It was agreed that the assessor, in conjunction with the mum, would establish which child was most in need of group based support and which child would be more suited to a one to one intervention.
- The family must not currently be experiencing domestic abuse and should not have experienced abuse within the past 4 months. It was acknowledged that many families might have ongoing contact issues and this would not be a reason for them to be excluded from the group. The issue of contact would be explored further at the point of assessment.
- The child must be able to communicate their experience of abuse; this did not necessarily need to be verbally but could be through play/art etc.
- The child must have agreed to attend the group; this was explored at assessment stage.

Referral information was not always as clear as it could have been. For example, some referrals lacked detail about the impact that domestic abuse had had on the child.

The referral guidance stated a number of responsibilities of the referrer including organisation of transport but in practice this was not always organised by the referring organisation. In one case, the mother was unable to attend as she was not given the appropriate support in relation to transportation issues.

Referrals were assessed by the Domestic Abuse Consultant and were received in hard copy. On receipt the Domestic Abuse Consultant contacted referrers to let them know the referral had been received and to clarify any outstanding/ unclear information. The Domestic Abuse Consultant also made an initial phone call to each family to clarify what the groups was, talk about how they could explain this to their children and discuss the next steps. Two referrals were received much earlier than the others. Therefore, these two families received more regular updates.

In total ten referrals were received for an eight place programme.

One recommendation of the implementation group was that for the pilot group referrals would only be accepted where both the mother and the child were attending groups. In practice this did not happen; one mother was unable to access the group due to transport issues and another mum did not wish to attend the group. After discussion it was felt that the children would still benefit from the group despite their mums not attending and therefore the decision was made to accept these referrals.

Assessment

Assessments were undertaken by the four facilitators, the Domestic Abuse Consultant and the LSCB Training Consultant. Each family was visited twice. Visit one was undertaken by the mum's group worker and the second visit by the children's worker.

The first visit was an opportunity for the worker to find out more about the historical domestic abuse and the impact this had on the family. During this visit the Domestic Abuse Stalking, Harassment and Honour Based Violence (DASH) risk was conducted with mum's to ensure that there were no high risk factors present and there was not ongoing domestic abuse. The second visit was made by the children's worker; the aim being to meet with the child, explain what the programme is and find out whether they would like to attend.

The assessment process was fairly time consuming and not enough consideration was given to the fact that all staff had to carry out assessments in addition to their normal routines and workloads. Due to the pressure on time the facilitators and the Domestic Abuse Consultant were unable to meet in person to discuss the referrals and see the DASH so this process was conducted via email. This was not the most effective method and additional time will need to be considered for the next programme.

A number of mums had ongoing child contact issues. This issue needs to be explored thoroughly and facilitators probably need some guidance to help them through this process. Before accepting mums onto the group there needs to be clarity that whilst there may be child contact issues, there is not ongoing domestic abuse as a result.

Programme content and structure

Mums group

The mum's group was held at the beginning of the week on a Monday and ran at lunchtime for 1.5 hours. This was less than the recommended two hours due to restrictions regarding the crèche. However, it was felt that the two hours was definitely needed for the group. Mums were provided with lunch during their session. The mum's group started off ahead of the children's groups so that mums always knew what was going to be covered with the children later in the week. The content of the mums group covered the following:

1. Making connections
2. Breaking the silence- defining the experience of woman abuse
3. Honouring feelings- moving forward towards healing

4. How being exposed to woman abuse affects children- understanding and honouring children's experiences
5. Personal safety planning for mothers and their children
6. Who is responsible when abuse happens?- Understanding accountability for abuse
7. Honouring and understanding anger- how to help children express it in healthy ways
8. Understanding conflict- guiding children to solve problems in helpful not hurtful ways
9. Grieving the losses- celebrating choices and change
10. Staying connected- getting the support I need in my life and in the community
11. Choosing healthy relationships
12. Celebrating how far we've come- moving towards ongoing healing.

Children's group

The children's group was held on a Thursday afternoon for 1.5 hours. This was the recommended time however the facilitators felt that this could have run for 2 hours. Children stayed at school for lunchtime and came to the group following this. They were then picked up from the venue rather than returning to school, this time seemed to work well. The group followed a similar format each week beginning with a check in, looking at the topic for that week and finishing with a playtime session. Week 10: sexual abuse prevention was not covered. In practical terms, the facilitators and coordinator did not feel that it was ideal for the groups to run into the summer holidays. Additionally there had been some debate with the trainer, and this had been debated in a wider context, as to whether this session should be included. The facilitators agreed that they did not feel that it fitted well with the rest of the programme. The content of the children's group covered the following:

1. Getting to know you
2. Breaking the secret about abuse that happens in families
3. Understanding our many feelings
4. Children's experiences of hurting in their family
5. Staying safe when abuse happens- my personal safety plan
6. 'It's not our fault'- beginning to understand responsibility for abuse
7. Understanding and expressing anger
8. Learning about problems- how to solve problems in healthy ways
9. Dealing with family changes when abuse has happened
10. Sexual abuse prevention/self-esteem- staying safe from sexual abuse
11. Self-esteem- the best me I can be!
12. Saying goodbye



Demographics

Seven children and five mums attended the programmes. All children remained in the programme but one child missed the last group. One mum attended the majority of the programme but did miss some sessions.

Three girls and four boys attended the group. The guidance for the programme advises that the groups should be as mixed as possible so this was ideal. In terms of the catchment area children attended from Bexhill, St Leonards and Hastings. There were also two children who attended from more rural areas.

The programme was run for age group 7-9 and there were children from all 3 age brackets attending. There were two children who had only recently turned 7. The benefit of two facilitators meant that if these or other children require more intensive support then this was available.

Evaluation

The organisation, Against Violence and Abuse (AVA) have been responsible for rolling out the Community Group Treatment Programme in the London Boroughs. They have appointed Middlesex University to evaluate the roll out of the programme. Whilst East Sussex will not be taking part in the evaluation, the same evaluation tools were used with the groups for ease and consistency.

Mums group

Five out of the six mums were able to complete the post group evaluation form as one mum did not attend the last session. Mums were asked three questions and the responses are outlined below.

What was really good about the group?

- Brought my son and myself out of our shells. My son understands the abuse and has realised how wrong it was. He is more confident and less angry, controlling and channelling. He and I are a lot closer too. My son has definitely benefitted from this group.
- Help her realise she is not the only one going through this. Only just breaking her wall down.
- Everything! Helpful, enjoyable, caring, considerate.

-Positive help meeting with people with the same experiences- support

-Having someone to talk to and sharing things and getting advise.

Was there anything you didn't like or anything that needs improving?

- Nothing- all good

-No

-She need longer

Is there anything you want to tell us about the groups?

- Group leaders compassionate, factual, supportive. Provided a safety plan. Positive. I have benefited greatly.

- They were good and helpful

- The group is excellent and the lady workers are brilliant

- Keep it going as it will benefit many more mothers and children

Children's group

The children were furnished with a pre and post evaluation form to try to gauge a measure of 'distance travelled'.

Children were asked a range of values and attitude questions. Some of these questions are outlined below:

'Sometimes mums do things they deserve to be hit for'

Response	Pre group	Post group
True	0	0
Not sure	2	0
False	6	7

Children are to blame if dads/boyfriends hits mum

One child answered 'true' on both the pre and post occasion.

Response	Pre group	Post group
True	2	2
Not sure	2	0
False	4	5

The next section of the evaluation asked about safety planning. Children had to answer the following question 'If the adults in your house were fighting, what could you do to keep safe?'

Children answered in the following way pre group:

- Run
- Hide in my bed
- Stay in room
- Go to my bedroom

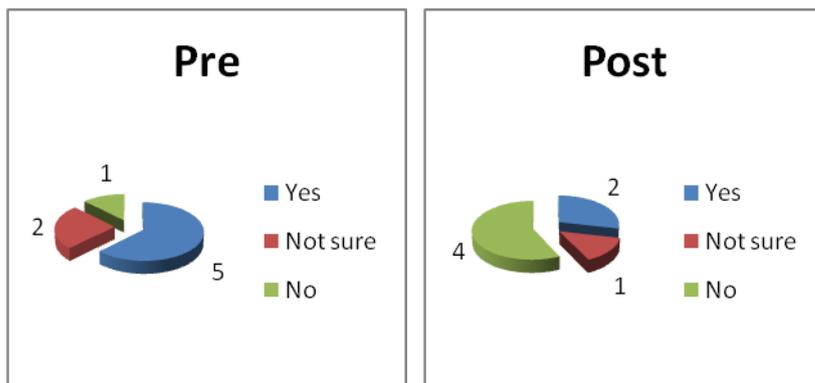
- Stay in your room
- Tell them to stop
- Try and stop it or hide
- Stay out of the way

This shows that some children already had a good idea of how to keep themselves safe during an incident. The children were asked to complete the same question at the end of the programme. The following responses were collated:

- Call 999
- Hide
- Stay away
- Go to somewhere safe
- Hide or call 999 or go to your nan and grandad's
- Stay out way
- Run away

The post answers show that children had learnt some additional strategies for keeping safe.

Would you try to stop the fighting?



A significant risk to children living with domestic abuse is being directly abused by intervening in an incident. Whilst some children still felt that they would intervene to stop fighting, by the end of the programme, the majority of children agreed that they would not intervene to stop the fighting.

In addition to the paper evaluation forms that were completed, the Domestic Abuse Consultant attended the last children's group to find out how the children had found it. The children were asked how they felt about the last group, three children felt sad that it was coming to an end. When children were asked what their favourite things were they said that they enjoyed the writing, playtime, making the volcano and remembering what it meant), all of it (apart from the last day) and happy because it was the summer holidays! The group were asked what they could tell new children who might want to attend. They said to tell children that the group is very very fun, tell them about the activities and that it's ok to be angry.

Conclusions

It was clear from the feedback given by the facilitators, the mums and the children that the group was enjoyed by all. The children were able to recall what they had learnt throughout the programme and apply this. The evaluations highlighted the benefit to the relationship between mums and their children and the information that some children had retained. The pilot course illustrated that more time is needed during the planning stages of the programme, however this process will become more streamlined as practice is developed through additional courses. It is recommended that the programme be rolled out in the West of the county.

Recommendations for next group

Preparation	<ul style="list-style-type: none">✓ Meet with social care practitioners and liaise with other local practitioners to ensure appropriate age group is chosen✓ Utilise the UK manuals if available✓ Review timings for both groups
Referral	<ul style="list-style-type: none">✓ Consideration of reducing the four month rule✓ Soft copy referrals to be accepted✓ Dedicated mailbox to be set up
Assessment	<ul style="list-style-type: none">✓ Build in assessment sessions located at the venue
Guidance	<ul style="list-style-type: none">✓ Produce guidance around child contact issues

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November 2012