

## CHAPTER 3

# WORKING WITH CHILDREN AFFECTED BY VIOLENCE

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Supporting children who have been affected by violence has been our challenge and privilege. Their stories have increased our awareness of the extent to which children are exposed to violence and the influence of that violence in their lives. We are proud to work alongside the many skilled practitioners who work to prevent violence and assist children to live healthy and happy lives. Whether we work directly with children or with the many adults who share their world we are always mindful that we are working for children affected by violence.

Violence may be regarded as abuse when it occurs in the context of a significant and chronic imbalance between the initiator's sense of entitlement to respect, deference, obedience and resources and their responsibility for the welfare of the recipient (Jenkins 1991). The status, strength, knowledge, size and age of children relative to adults and society makes them vulnerable to the most extreme violations and to believing that this is normal. We consider being violent in front of children to be a form of psychological abuse. We believe very few, if any, adults could claim never to have abused a child.

While the extent or frequency of violence in New Zealand may not be reliably quantified, it is more than likely that children experience physical and psychological violence directly and indirectly in their homes, schools and communities every day. Physical, sexual and psychological abuse within close relationships occurs across all communities throughout all social and economic classes, cultures and levels of education (Ritchie & Ritchie 1990; Semple 2001). Research estimates that 35% of New Zealand men have performed an act of physical abuse and 62% have committed psychological abuse (Leibrich et al 1995).

In spite of what parents report, their children witness the majority of partner assaults or the aftermath. Ninety percent of 6,668 children

of women seeking refuge in New Zealand had witnessed violence through being present at 87 percent of incidents in which their caregiver was victimised (Cargo et al 2002). Fifty percent of those children had experienced direct violence. It is thought that 4 to 10 percent of children experience physical abuse during their lifetime (Ministry of Health 2001). The Ministry of Social Policy reported in 2001 that an average of ten children a year between 1986 and 1998 died as a result of domestic violence.

Violence is sanctioned as a legitimate method of problem solving. It is modelled by those closest to children in our homes, schools and communities. It is seen on television every day. It is common for children to be screamed and shouted at, stood over, ordered about, laughed at and criticised by adults. It is common and often recommended by child behaviour specialists for adults to use their economic power over their children by making access to treats, privileges, etc, contingent on particular standards of performance, with little regard for the child's ability to negotiate. The use of time out and restraint to control children was until quite recently still being promoted by Child, Youth & Family Services in an advertising campaign, albeit as an alternative to hitting. Time Out rooms are still used in many schools. Medication may be used when all other attempts to manage or control behaviour have been seen to fail. This is not necessarily because the child genuinely needs medication to assist him or her manage a genuine physiological experience but at times to relieve the parent of the challenges the child's behaviour poses and reduce the parent's risk of responding with violence. Section 59 of New Zealand's Crimes Act (1961) encourages caregivers to 'exert reasonable force' to control children. This is interpreted by our society as 'permission to smack children' (Wood 2001).

Research suggests that schools are a less abusive place than in the past when corporal punishment was legally sanctioned and belittling of children by adults was arguably more commonplace. However, bullying occurs in all schools, is the experience of most children and is part of school climate. It is not a response to the characteristics of the victim or the school area (Maxwell & Carroll-Lind 1996).

### **Influence of violence on children**

Since children present or are presented to agencies initially because of their behaviour it is important for workers to be aware of the behaviours and patterns of behaviour associated with exposure to violence. We

have found this awareness to be helpful when advocating for services for children, helping perpetrators understand the impact of their behaviour and assisting family members who are most able to protect children to recognise the influence of violence on children.

Children are influenced by violence. This is the very reason it is used. As Shallcrass (1967) observed, when we punish children our object is to hurt and deter them. Violence is used to intimidate, embarrass, humiliate and influence children. It is used to force children to do what they do not want to do, when they don't want to do it. It is used to coerce children into doing what they do not know is harmful to them.

The influence of violence on children varies according to such variables as age, gender, temperament, humour, intelligence, the nature of the violence experienced and the quality of communication, togetherness, sharing activities, affection, support, acceptance, commitment and resilience within the child's extended family (Silberberg 2001).

Children exposed to violence are at an increased risk of subsequent social problems. Research on the influence of violence on children confirms what we should know intuitively (see Briere 1992, Robertson & Busch 1994, Peled & Davis 1995, Maxwell & Carroll-Lind 1996, World Foundation for Mental Health 2002). When violence is ongoing children are more likely to experience sadness, confusion, anger, guilt, shame and worry. They are more likely to fear for their own or their parents' safety, take responsibility for protecting or caring for their siblings or parents, blame themselves for the violence, have lower self-esteem and exhibit more overall externalising and internalising problem behaviours, including hyperactivity, withdrawal and isolation. Witnessing violence has been linked with sleep disturbance, nightmares, emotional distress and regression in toileting, language and exploratory behaviours including fear of leaving the home. Somatic complaints linked with witnessing violence include stomach and headaches, ulcers and rashes. Children who are yelled at often 'tune out' because of the extreme stress of such a situation.

When violence is present in the home, the child's capacity to learn and understand is compromised. Children learn from both the abuser and the victim's dominant and submissive behaviour patterns. Children's natural curiosity is restrained, their developmental needs are often ignored, creativity and independence are punished and a child's energy is more focused on looking for ways to avoid getting into trouble (Browne and Saqi 1988). It is not surprising if in the longer term children experience developmental delays and cognitive deficits. Over time children are more

likely to exhibit anxiety-based problems, less likely to perceive others as being supportive of them, are less socially competent and have fewer alternative problem solving solutions. Boys are more likely to exhibit verbal and physical aggression.

Working with children affected by violence also involves helping them manage other distressing life events associated with their caregivers' or inter-agency responses to violence. This can include living with caregivers experiencing pre-existing mental illness or mental health issues associated with the violence and/or conduct problems such as gambling, drug and alcohol use and crime. A common consequence of violence for children is separation from their fathers, mothers, mentors, friends and neighbours and environmental changes from home, school, clubs and even the city or town they are familiar with, and placement in the custody or care of strangers or other family members who they do not necessarily know very well or even like very much. Children experience loss of people they love and who care for them and witness ongoing conflict associated with custody and access issues. The combined effect of all this associated adversity is an increased risk of leaving school without formal educational qualifications, which in turn is linked to increased risk of offending, developing substance use disorders, being in receipt of a benefit at 21 years of age and not engaging in ongoing training or education (Fergusson et al 2001). Suicide has been linked to exposure to family adversity, dysfunction and disadvantage (Beautrais 1997).

### **Working with children**

It is helpful to have a good understanding of inter-agency protocols and guidelines for working with children affected by abuse, and the Family Violence Prevention Strategy, before beginning work with children (see NZ Children and Young Person's Service 1996, Ministry of Health 2001, Ministry of Social Development 2002). We believe the primary focus of working with children in this area is to assist them and their caregivers to maintain personal safety, to become more able to cope with the effects of violence and to be less tolerant of violence.

Helping children deal with the effects of violence in the home involves working in partnership with the child and others who share the context in which the child lives and learns. Family members, pets and members of the wider community, such as peer groups, school, church, clubs, hospital emergency services, social services and legal services may all play a part. Strategies that focus only on the child in isolation risk reinforcing

the message that the child or their behaviour is the problem and helps perpetrators of violence to avoid taking responsibility.

## **Engagement**

Children have active emotional and psychological lives from the moment of birth (Absler 1999). Providing children with the opportunity to talk about their experiences contributes to supporting their present and future emotional health. Children learn through sharing verbal, written and non-verbal information, through listening or hearing, touching or feeling, watching or viewing, smelling and tasting. Children's gender, culture, ethnicity, spirituality, values, strengths, likes and dislikes, relationships, supports, interests and resources including their physical, sensory, intellectual, emotional, social, spiritual and language abilities and the activities they enjoy and choose to engage in can give an idea as to how they may prefer to be engaged. Providing food, giving positive directions, listening, attending, telling jokes, playing games, acting, reading to, writing to, drawing, praising, reassuring, checking understanding, asking direct open-ended questions, inviting children to complete scales/continuum, sentences, multi-choice quizzes and making wishes all help to build rapport and give and receive information.

When working with children in any capacity you must be able to communicate who you are and your purpose for talking with them. You must at all times be sensitive and responsive to the child's rights and feelings. You must ascertain what the child knows about you and about coming to talk with you, give and receive information, ascertain thoughts and feelings, express feelings, correct misinformation and unhelpful or incorrect beliefs. You must do this in a way that models respectful relating and has at least some enjoyment for the child.

How you decide to introduce yourself will make a major impact on the child, so it is crucial to plan how you will do it. We have found that writing an introductory script helps us to be clear in our own mind about the purpose of talking to the child. We need to be clear about who we need to be for the child and ensure that the language is understood by the child. It is helpful to carry small cards, toys, knick-knacks etc, that appeal to children.

It is important to adapt verbal and written language to its simplest form without compromising meaning and to check the meaning the child gives to your words. Communicating with children of any age is easier when you use words and sentence structure that are familiar to the

child. Written communication in books, posters and handouts must be adapted for readability in terms of visual acuity and comprehension. It is necessary to ask questions to engage, focus and prompt children. The way questions are asked can have a significant effect on children's comfort. It is easy to be too intrusive. No matter what their age or ability, inviting the child to ask their own questions assists them to have more control over the process.

It is desirable to obtain the consent of the legal guardian in writing before working with a child. There can be exceptions for those who work for a government agency performing a statutory duty e.g. police, Child, Youth and Family Service social worker or public health nurse if gaining consent can be reasonably determined to risk compromising the child's safety. Gaining consent of the legal guardian alone is not enough to satisfy the spirit of respect for a child's right to autonomy or self-determination. Parsonson (2000) notes that The Code of Rights includes the rights to have privacy respected, freedom from coercion and exploitation, effective communication, be fully informed, informed choice and to give informed consent. A joint decision-making model has the advantage of providing the child with participation in the process (Parsonson 2000). Proxy consent is acceptable when it is judged that the child is too young, immature, disturbed or disabled to decide for themselves.

### **Identification**

We believe that stating one's policy on monitoring of safety and notification to those who can protect children increases the likelihood of disclosure, because a major restraint to disclosing violence or abuse is the caregiver's or child's fear that nothing will change and that the abuse may get worse if the perpetrator finds out. Experience has shown us that younger children tend to report on what they have seen in a very matter of fact way. They may be less inclined to say what happened to them if they think that what was done to them was a consequence of something they did, for example if they thought that what they did 'angered' their caregiver and so was wrong. Older children are more likely to know that what they or their sibling or mother did could not justify the perpetrator's reaction, but they may want to protect the perpetrator from consequences and/or fear the perpetrator's reaction.

Adults usually find out when a child is being exposed to violence when the child or one of their peers volunteers information, or through direct questioning. Disclosures must be taken seriously, the child should be

reassured that they were right to tell, that they are not to blame and that help will be sought for the other victims and the perpetrator. Children should not be left alone after making a disclosure. When gathering information from children you must ask direct open questions, e.g. 'How did you get that bruise?' rather than 'Who did that?' Jumping to unjustified conclusions based on leading questions or misinterpreting a child's meaning can have extremely negative effects on the child and innocent family members. When you have sufficient information to establish that a child is likely to be at risk if they remain or return home you must make a referral to the police and Child, Youth and Family Services. Only these agencies have the authority to make decisions about the child's care and protection.

No promises can or should be made to the child, as no matter how skilfully and sensitively this process is handled, the child may still experience denial from the perpetrator and rejection from family members. There is a very real risk that the child will be left in the care of a perpetrator.

Although we do not have mandatory reporting in New Zealand, we believe in checking the ongoing safety of the children we work with and reporting any concerns directly to a caregiver who we know is able to keep the child safe and/or to the police or Child, Youth and Family Services. Asking the child's caregivers directly about how they are treating their children or partners can save the child from any negative consequences if they are seen to be the ones making the disclosures. It is important to check out what happened to the child as a result of their parents finding out.

### **An example from practice: the Safe Kids programme**

The Safe Kids children's programme is an open individualised group approved and funded by the Department for Courts. It was designed by Martin Kelly and Karen Dawson to satisfy the Programme and Provider Guidelines set by the Department for Courts under the Domestic Violence Programmes Regulations (1996). It was run in Christchurch City. Safe Kids was offered only to children for whom there was a reasonable guarantee of safety from ongoing violence. Funding was provided only for children whose primary caregiver had taken out a protection order.

The programme was designed to be led by two facilitators for up to eight children in a neutral setting. For the safety of both children and facilitators we ensured that children were always in the company of at least one other child and in the sight of both facilitators at all times.

The programme consisted of a child and family assessment meeting,

eight 90-minute group meetings and a final evaluation meeting again with the child and his or her family. Caregiver participation was negotiated at an initial assessment/information meeting which identified ongoing caregiver responsibilities. These included bringing the children to the group, the completion of homework exercises that could be done by the children and their caregivers together between group meetings, and attendance during the later part of the meeting so that children could give feedback as to what they had done or learnt during the meeting.

On receipt of advice from the Department for Courts we invited children and caregivers to attend an initial assessment meeting. At this point caregivers were given the following information:

To Caregivers

The Safe Kids Group provides a safe place for children who have experienced violence in their families.

Children are encouraged to ask questions when they want to. We answer the children by giving messages that we think will be useful for them, such as, "You are not to blame for what has happened" and "You have a right to feel safe."

Even though a parent has been dangerous or unsafe, we think children will still have some good memories of that parent. We think it is important to allow children to remember the good things about that parent. We believe this helps them to feel better about themselves. It also gives them the right to feel sad about the things they miss.

Children may blame themselves for the violence in their lives and may think they have to come to the group because they have done something wrong. This is not so. You could tell them: "The children who come to this group have all seen or heard their parents hurt each other using words or actions. The group is a place where you can meet other children who have had similar things happen in their life. When this happened in your family there were some big changes in your life. Like living in a new house, changing school, not seeing someone you love as much as you did before. The group is a place where you can ask questions, talk, play, write, and draw about how you think and feel about what has happened in your life. You will learn more about how important you are, how to keep safe, and how to get help when you need it."

On their arrival at our 'group rooms' children and their caregivers are greeted by both facilitators. They are offered food and drink. After introductions we show the children and their caregivers around. We prepared the following script to help us explain our group to the children:



Introduction script

Hi ..... my name is.....

This is .....

We have invited you and ..... here today to see if you would like to join our group.

Our group is for children who have seen or heard one of their parents hurting the other one.

Children come here and talk. Some like to play or draw or write about themselves and other people they know.

You can ask us anything you like.

Would you like to come and look at the work we have done?

Why did you think you came here today?

If the children and their caregivers want to proceed with the programme they are invited to assist in the development of the individual programme plan that details the child's experiences, understandings, programme goals and individual responsibilities (appendix 1).

The children and their caregivers are invited to provide information that helps us to design a programme for the child. It is necessary for us to know about the children's experiences, perspectives, culture, ongoing emotional and physical safety, health and learning needs, emergency contacts, and knowledge of potential risks from the respondent.

### **Programme content**

The individualised programme plan is used as a focus for each child's journey through the programme. While each child's programme is individualised the content is structured around session themes, activities, focus questions and beliefs. The eight group sessions followed a common format or session plan (Appendix 2). Building each session around a theme helps to provide focus to the meetings. The themes we chose were: Me, Family, Friends, Community. Topics including safety issues, feelings, thoughts, rights and responsibilities could be considered within each theme.

Each meeting started with group time. Children were given a workbook for personal use and various handouts about the themes. We then asked the children to list some of the things they might like to do during the meeting. Children were able to choose activities freely but were encouraged to choose activities that related to programme aims. Specific activities and games were selected according to the needs of individuals

as well as the preferences of the group. Activities we found useful and the children enjoyed included:

- Write, paint, draw or talk about a time when ...
- Write a poem, story or play about a time ...
- Draw a safe place.
- Make a plan of what to do if you feel angry or hurt.
- Read and give out Children's Rights to stick into workbooks.
- Make a body outline and add feelings
- Make yourself or a friend a necklace or bracelet
- Write your story on the computer with Karen or Martin.
- Make a special card for someone special.
- Write a letter to someone. Tell them what you want them to know.
- Write or draw in your personal book, e.g. a poem
- Invent a puppet show using the dress-up clothes and props.
- Make up a game to play using the sand tray and figures.
- Make up a game using the modelling clay
- Make a mask.
- Watch a video about ...

We encourage children to ask their own questions because this gives us a sense that the children are ready to consider the answer. We are also prepared to initiate discussion with focus questions. Questions we use under each theme include:

Me

- Thoughts feelings re: separation/violence
- What have you lost?
- What changes have you had to make?
- Who can you talk to about how you feel?
- How do you take care of yourself when you feel sad, angry, tired, hungry, lonely, worried or scared?
- What happens when people are kind to each other?
- I am...
- I am special because...
- I am good at...
- I love....
- What would your best friend, teacher, adult say they liked about you?
- How do I know when I need help?
- What do you need to feel safe?

- Where do you feel safe?
- What is a safe place?
- Who do you feel safe with?
- How do you know if you are not safe?
- Who do you tell if you don't feel safe?
- What if someone hurts you or someone you care about?

#### Family

- Families are supposed to be a place where you are safe. What makes it not safe?
- The people in my family are ...
- What changed?
- Pass the puppet. What would puppet say about your family?
- What do you wish you could be doing with your father?
- Write (or dictate) a letter to your father.
- What would you like to ask your father?
- What does it feel like when you are safe?
- What did/does it feel like when your parents were fighting?
- How do you feel when.....?
- Why do you think mum and dad stayed together even after they stopped being friends?
- Can mum and dad still be friends even though they don't live together?
- Who in your family circle would you trust to talk to and why?
- [knock on the door] Who in your family would you like to be at the door?

#### Community

- Who else shares your community?
- Who helped?
- How did I get help?
- Tell me about a time when you needed help.
- Who helped mum when dad was hurting her?
- Who helped you when you felt frightened?
- When should you get help?
- Who can help you?
- What should you say?
- When to get help?
- How do you get help?
- What kind of help from who?

- What was the help like?
- How do the following people help: parent, grandparent, friends' parents, parents' friends, police, social worker, public health nurse, doctor/nurse, lawyer, coach, teacher, group leader, church leader?

#### Peers

- Have you had to make new friends? How did you do it? What do you look for in a friend? What do other children look for in you? e.g. personality, kindness, sharing the same interests, honesty, stickability, keeping in touch, trust, relying on you to stick to agreements
- What would you do if someone you didn't like forced you to be their friend?
- How can friends help?
- What is good to talk to friends about?
- What isn't?
- What should happen to people who hurt other people?
- What happens when people are unkind?
- What can you do if someone else doesn't respect or be kind to you?
- How could you make two people who are fighting be friends?
- How do I cope with teasing?
- What happens if you choose friends who your mum doesn't trust or that other people don't like? How do you say no?
- How do you say no?

Beliefs that are central to our practice were emphasised at every opportunity according to the needs of the group and/or individuals, including:

- All people are precious.
- Violence is learnt (not inherited).
- We are unique and special and have rights.
- Rights are a way of respecting each other/being kind to each other.
- Children have a right to feel safe.
- Individuals have the same and different needs.
- Kids don't have to look after adults.
- It's not your fault if adults hurt someone.
- We can choose how we behave.
- We can love a person without loving their actions.
- Kids who have been hurt are never to blame for it.
- We can decide to treat others better than we have been treated ourselves.
- Families are unique.

- It's OK to feel sad when you lose something.
- My feelings are okay.
- Feelings happen when you have some thoughts. They help you to do what you need to do to be safe, e.g. hungry — get food, scared — run away or get help.
- Anger is a normal feeling but what you do when you are feeling angry can sometimes hurt other people.
- Sometimes people get muddled up when they feel angry or hurt.
- It's important to ask for help.
- Everyone needs help.
- No one can do everything by themselves.

### **Evaluation**

Evaluation during the programme was both formative and summative. After each session we spent time reflecting on each child's performance during the meeting. This process informed us about changes we needed to make to our facilitation and content. We met with the children and family members at a final evaluation meeting to reflect on the child's progress on the individual programme plan and set goals for the future. At this time we invited the children and family members to give us feedback about the programme. The evaluation form was designed to be as friendly as possible for the children to complete. It focused on how they felt, what they liked, what they learnt and what could have been better.

Evaluation of programmes has been limited but generally positive. A process evaluation of the Domestic Violence Act (1995) involving a national database and file study and interviews had positive findings. Court staff, counsel, programme applicants and respondents and victims of domestic violence who have not applied for a protection order spoke positively about the programmes and no concerns about the quality of the programmes were mentioned (Barwick et al 2000). A formative and descriptive evaluation of the impact of three children's programmes on the lives of the children and their caregivers was conducted by the Ministry of Justice and Department for Courts and found these programmes were meeting their goals of helping children express their feelings about violence, gaining better understanding of family changes and developing strategies for keeping safe (Cargo et al 2002). Personal comments made by caregivers suggested that they attributed improvements in their child's behaviour and wellbeing to their attendance of the programme: "It was an opportunity for my children to see another world", "She understands

that she's not the only one", "She has been showing her feelings more" "He's not so angry", "He's not so stuck in his own world now", "He told me not to swear," "His teacher said the change in him his amazing. He is less argumentative and is zooming away with his reading." Some of the children's comments give insight into the potential benefit for them: "It was fun and we got to talk heaps," "I was worried about mum and dad arguing. Now that you have taught me how to be safe I'm not so worried." "It was good to make friends with someone else who knew how it felt when parents were upset with each other."

The value of the opportunity to participate should not be underestimated. Out of this arises the concern that children who are eligible and have a need are not accessing programmes (Van Bohemen 2002). The availability of children's programmes varies widely across the country, with only one court district reporting an oversupply, and there is an absence of programmes for Māori children in some areas (Barwick, Gray and Macky 2000).

Many barriers to accessing protection orders have been identified. They include cultural and social pressures, cost, language difficulties, lack of knowledge, fear, and social stigma (Barwick, Gray, and Macky 2000). It appears from local court statistics that children are not necessarily accessing programmes even when protection orders are made. If children's programmes are good for children, then children for whom there is not a protection order should be able to access programmes, given that there has been a finding of violence and that a child's need for care and protection has been assessed and provided for.

### **Meeting children's needs**

Being raised in a home where there has been violence means being exposed to a particular set of attitudes and beliefs about the roles and entitlements of men, women and children. Many of these attitudes and beliefs support the use of violence. Programmes that are theoretically underpinned with cognitive-behavioural, psycho-educational and pro-feminist models of practice are more useful when working with children affected by violence because the fundamental assumptions that inform these models are that behaviour is learned, people can make choices and the primary responsibility for the continuation of violence rests with those who perpetrate it and those who have the power to stop it.

## **Programme goals**

Programmes for children must have a clear purpose if they are to be worthwhile and to differentiate them from other useful programmes for children. Goals for working with children exposed to violence are described in the Domestic Violence (Programmes) Regulations (1996). Regulation 30 (1) states that the primary objective is ‘assisting those children to deal with the effects of domestic violence’. Regulation 30 (2), requires providers to ensure that programme goals help the child to express feelings, build self-esteem, deal with issues arising from separation and loss, gain a realistic account of events leading to and following the making of a protection order, build a support network, assess safety issues and put in place strategies to maximise safety, strengthen the bond between the child and his or her caregiver, help the child develop social skills and improve his or her social competency, and learn strategies for non-violent conflict resolution, anxiety and anger management techniques.

## **Facilitators’ role**

The success of a programme depends on the relationship that the facilitators have with the children and their families.

In an effective programme, children’s ideas, thoughts, beliefs and feelings are identified and expressed through the sharing of different perspectives on an event. The facilitators’ interpersonal interactions should aim at reinforcing thoughts or beliefs that are considered helpful to the child, reassuring the child that feelings are natural and helpful, and clarifying, challenging and questioning thoughts that are unhelpful to the child. Unhelpful beliefs may be challenged by counter-beliefs such as those described in the Safe Kids programme. These messages must be given to both the children and their caregivers.

Assisting children to understand and cope with their feelings involves teaching them about the experience of feelings and emotions and talking about safe ways and times to express them. It is important to recognise that people express and respond to expression of feelings in different ways. It is not always safe for children to say how they feel because the adults in their life may not be able or willing to put the child’s feelings ahead of their own. Photographs from magazines, pictures in stories, line drawings, role-play and puppet play can be used to identify, examine and explore feelings. Caregivers should be encouraged to show their children safe ways to express their own feelings and provide opportunities for their

children to talk to them.

The principle of not forcing children to take part in activities will help to strengthen their use of their own judgment and avoid resistance to perceived power and control by facilitators. Providing children with a variety of ways to attain objectives supports their developing confidence in their own judgment and challenges messages they have internalised about having no right to choose. If children are acting in ways deemed to present a physical risk to themselves or others they should be supported by a facilitator using non-aversive behaviour management techniques (LaVigna, Donnellan, Negri-Shoultz and Fassbender 1988). Children should not need to be physically restrained by the facilitators.

The provision for co-gender facilitation enables facilitators to model a non-abusive relationship between men and women. Inviting guest speakers to teach specific knowledge adds variety and interest to the programme. Self-disclosure by facilitators is sometimes necessary to address the potential for idealisation by group members of the facilitators as ‘perfect parents’ and the integration of fantasy and reality.

### **Validity**

We believe that an educationally valid programme is one that values and celebrates the individual experience and needs of each child and enables each child to develop at their own pace. Ann Donnellan (1984) has argued that, in the absence of qualitative and quantitative data to evaluate long-term educational outcomes, programmes should be structured as closely as possible to maximise the opportunity for children to generalise new learning away from the setting. Principles include the use of:

- Opportunities for interactions with peers
- Heterogeneous groupings
- Instructional arrangements that approximate the ratios encountered in natural settings
- Chronological age appropriate activities and materials
- Natural environments and materials
- Systematic instruction in strategies related to naturally occurring cues and consequences
- Evaluation that focuses on instructional deficits
- Programme goals that are co-operatively defined with caregivers and child

Consideration should be given to these principles when designing educative programmes. That is not to say that children may not be



assisted individually. Some children may prefer or benefit more from same- or mixed-age groupings, same or mixed gender, ethnic or family groupings or with children who have experienced similar types or effects of violence. Each grouping will have its own challenges for the child and the facilitators. The Domestic Violence Act (1995), with its provisions for providing funding for approved programmes for children, enables children to receive specialised assistance by approved providers. Funded programmes cover a range from individual programmes to groups based on age and family groups. Group programmes may be open or closed in design. There are Māori for Māori programmes. No limitations are placed on which children can access programmes, so providers must have sufficient knowledge and skill to be sensitive and responsive to the needs of children of different ethnicity, gender or religious backgrounds or who experience sensory, physical or intellectual disability due to genetic predisposition, illness or injury.

The majority of children's programmes approved by the panel set up by the Department of Courts in New Zealand have a closed structure, usually involving an individualised assessment followed by eight to ten sessions. A detailed description of a closed group programme can be found in Peled & Davis (1995). Each session generally has a clear structure with a key theme or message associated with it. The main disadvantage to this structure is the time that children have to wait for the group to start. This generally depends on the group having reached its maximum number usually based on a ratio of one adult to four children. Our choice of an open group format was based on well established principles of learning. In Christchurch, the Cholmondely Children's Home School and the Child and Family Inpatient Unit use open group systems to provide educational programmes to children who are experiencing crisis. Such formats give children the opportunity to begin a specialised programme when they need it. It also provides children with role models of children who are further along the process than they are; it allows for the induction of new children through a buddy system; and it allows for the revisiting of group rules as part of the group routine which will provide a sense of security. The process of children arriving and departing from the group on a regular basis provides opportunities to practise attachment and loss in a supportive environment and encourages children to practise co-operative skills and attitudes associated with welcoming, assisting each other, and farewelling, defusing the intensity of 'hellos' and 'goodbyes' because it is a regular feature of the group.

We have found the open group format to be suitable for most children, in particular those who have presented as challenging authority, needing personal one-to-one time in a group setting, feeling confused about what has happened in their family, needing to exercise choice, make their own decisions, and practise identifying and expressing their own needs and preferences. The potential for problem or challenging behaviour is minimised because it is easier to attend to individual needs. Changes to the constitution of the group minimise the potentially negative effect of a pecking order developing in the group.

### **Cultural respect**

The cultural identity, beliefs and values of the programme providers will affect the way they think about working with children and their families including the way they interact and formulate goals (Hanson 1990). In a programme that is inclusive of children from different cultures provision for the expression of cultural needs and acceptance of values is important. We believe individualised programming makes it easier to ensure respect is shown for the different cultural needs of children attending programmes and their families.

In Aotearoa New Zealand all programmes should acknowledge the status of Māori as tangata whenua o Aotearoa and respect and affirm the provisions and intentions of the Treaty of Waitangi. We have found incorporating concepts such as whakapapa, aroha, mana, tapu, noa, whakamā, hauora to the best of our understanding alongside English has been beneficial to all children who have attended our groups. We also believe it is important to ensure te reo Māori media including labels, books, posters and use of waiata are available. Support for services by Māori for Māori can be shown through displaying pamphlets in waiting areas.

### **Who is appropriate to work with children who have been exposed to violence?**

It is important to give consideration to who is the best person to give particular messages to a child and who should be present when the messages are delivered. It can be difficult enough to encourage a child to attend after-school art classes or sports practice let alone talk about their parents' behaviour, separation or violence with someone who is unfamiliar to them.

All adults whether they are caregivers, educators, therapists or advocates must be conscious of the power they have over children and

vigilant about their own abuse of power. We believe a non-judgmental approach is required to be supportive of the children and their caregivers. Anyone working with children needs to empathise enough to want to listen and know that what happened was wrong but not so much that their own feelings of anger and beliefs about the injustice leads them to denigrate the perpetrator, who in the child's eyes may be one of the few caring adults who takes the time to play with them. Personal knowledge and attitudinal development is important for both male and female facilitators. Men are inclined to use power and control over women and children. Women are inclined to use their power over children. Facilitators' personal experience as perpetrators, survivors or victims of violence must be addressed.

Knowledge of the various legislation, regulations, guidelines, protocols and curriculums that are concerned with care and protection of children, generic assessment, counselling, teaching and facilitation skills and personal interest and concern for children and the willingness to accommodate a wide variety of needs are important. Membership of a professional organisation or association is important for accountability and adherence of ethical guidelines and it is essential to have supervision that is both culturally sensitive and can assist in the challenge of working with children with different needs.

A child's level of trust will depend on whether they like you, on your manner, style and sense of humour. Children tend to measure how much you like them by how attentive you are, how many toys you have, how playful you are and whether or not you give them something. From a child's point of view personal characteristics, including size, smell, dress and general appearance can be as important as skills, knowledge and cultural and professional affiliation. Younger children focus very attentively on what adults might regard as relatively minor physical features such as eyebrows, facial hair, Adam's apples.

### **When and where should children's programmes be offered?**

Establishing rapport and engaging children starts with decisions about timing and place. The best place at the right time will enable the child and the worker to be at their most relaxed and satisfied. This will enhance the child's willingness to participate. Timing is critical for children exposed to violence. Ideally interviews should be scheduled and structured to take place where and when the child is able and willing to talk. At the time of the protection order children and their caregivers generally have to

focus their energy on survival and belonging, dealing with new homes, schools and communities. It is important to consider what the child has to give up to spend time with you. To engage children their caregiver must be engaged first.

When working with children it is necessary to balance the child's need for comfort, familiarity and informality with their (and your) need for neutrality, safety and control over the situation (Gollop 2000). Working with the child at their home gives a greater insight into the resources that they have at their disposal and enables you to be somewhat more realistic when suggesting certain courses of action. Working in your own space enables greater control over the variables that can compromise safety and therapeutic or educational processes. Accessibility will have a major impact on attendance. Ideally your space will have available car parking, close proximity to public transport and wheelchair access.

The physical environment must be as child-friendly and as safe as possible. It must contain the resources needed to engage children without distracting them from the tasks for which you and they are working to complete. Materials used must be non-toxic and suitably safe for use by young children. We provide for the child and our own safety by never being alone with a child unless we are in a room with a door open and the child's parent is in the room next door. We have found that the provision of healthy food and drink and a trusted and familiar adult assist us to engage children.

## **Appendix 1: Individual programme plan**

INDIVIDUAL PROGRAMME PLAN

Date:

Name:

Date of birth

Plan developed in consultation with:

What has been his/her experience of violence in family?	What are the learning goals for the next twelve months?	What will each person do to assist? (inc. family members) Who will be responsible?
Effects (what has happened as a result, changes in the home, school, people, possessions)		
Understandings (what does s/he know/think/believe?).		
Feelings (How does s/he feel?)		
Skills (how does s/he express him/herself?)		
Other considerations (anything else we need to know, e.g. access issues, medical needs, special education needs, safety issues).		

## Appendix 2: Session plan

Activity	Facilitators will	Children will
Welcome/pōwhiri (10 minutes)	Welcome children and identify themselves in the way they choose.	Identify themselves in the way that is comfortable for them.
Snack (10-15 minutes)	Provide food and drink.	Eat, drink and talk together.
Mat time (10-15 minutes)	Monitor safety. Introduce session theme using songs, poems, videos and story telling, invite questions, listen to and answer questions.	Listen, ask, questions, talk.
Developmental time (30 - 45 minutes)	Invite children to choose from the activities set up around the room. Activities are designed to provide opportunity for personal expression: <ul style="list-style-type: none"> <li>• construction</li> <li>• painting/drawing</li> <li>• reading/writing</li> <li>• poster making</li> <li>• dressing up</li> <li>• toy creatures</li> <li>• role play</li> </ul> Assist, talk with, encourage, ask and answer questions.	Choose an activity. Play individually or together.
Mat time. Finishing (caregivers present) (5-10 minutes)	Invite children to show and tell the group what they did. Invite children to talk about what they liked doing/learnt today. Children who finish will receive a certificate.	Show and tell if they wish. Say what they did, liked or what they think.
Feedback to caregivers	Inform caregivers of issues that need to be discussed at home and provide support if necessary.	May choose an assignment to do with their caregiver, e.g. draw a picture, ask a question, play a game.