

Centring the child's experience in counselling 'post' family violence

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Acknowledgment

Women's Health West recognises that the land on which we work and provide our services always was and always will be Aboriginal land.

We proudly acknowledge the Aboriginal and Torres Strait Islander communities across Melbourne's west, their rich cultures, diversity, histories and knowledges, and the contribution they make to the life of this region.

We pay our respects to Elders past, present and emerging and to any community members here today.

We acknowledge the impacts of colonisation, as well as the strength and resilience of Aboriginal and Torres Strait Islander communities, and express solidarity with the ongoing struggle for land rights, self-determination, sovereignty and recognition of past injustices.



Overview

1. Overview of WHW and counselling program
2. Who is the child in context?
3. Indicators of trauma/impacts of FV
4. How we understand/think about the child
5. Our therapeutic response
6. Working/thinking alongside carers
7. Thinking as a team
8. What does this all mean?



Who are we?

Women's Health West

- Specialist provider of integrated family violence services in Melbourne's West (first response and crisis, case management, outreach, counselling, risk assessment management panel, flexible support packages, client and residency management)
- Over 20 year history of family violence service provision
- Feminist organization using strength-based and solution focused work with intersectional lens
- History of strong partnerships with key local agencies in the west
- Prevention and health promotion



Counselling overview

Counselling for children & young people aged 0-17 years who reside in the western region of Melbourne and have experienced family violence

Footscray, Melton and Wyndham. On site and at schools

2018-2019 we offered services to 255 children and their families

Currently four child and youth counsellors (creative arts therapy, play therapy and counselling)

Individual, child/parent dyadic work, sibling or family work

Funded to offer up to 12 months of support

Parent sessions; Child Centred Single Sessions are offered where appropriate and while on wait list

SPLASh! is a therapeutic arts group program that runs twice a year, with the location rotating across the western metro region.

Referrals via WHW Website or by sending the counselling referral form and a FV risk assessment to counselling@whwest.org.au

What comes to mind?

About adolescents who have experienced and use violence:

“Often when I read the referral or notes from various workers I feel frightened to work with this person as they sound terrifying. Then they walk in the room I think ‘they’re just a kid’” (Hayley)

“I feel like they are the most scared. They are the most terrified and have a real sense of fear, they have internalised they are the problem. And the caregiver is not able to see that or validate when they are trying so hard not to be that” (Tara)

“They’ve never been able to express their anger. They need safe spaces for anger” (Rachael)

“what about those who have experienced but do not use violence, where do they go?” (Kirsten)



Who is the child/young person?



Witnesses or direct targets
Experiences of the aftermath
Moving house/schools
Police and court involvement
Children are aware
Confusing and scary for children, babies and unborn babies
Self blame
Align with the perpetrator
Need to protect their mother or siblings
Conflicting feelings about a parent who has used violence – scared, loves and misses
FV usually ongoing in some way
Intergenerational FV and parents own trauma

Impacts of FV, indicators of trauma: home, school relational

Children who are experiencing difficulty regulating their emotions – anger, anxiety, sadness, grief, rejection, guilt

Hyper-arousal – anxious, trouble settling, tantrums

Hypo-arousal - frozen, withdrawn, not enjoying usual activities

Social Emotional difficulties - hurting other children, not tolerating limits or rules, unable to stay with the group, overfriendly, parentified, bossy, controlling or regressed behaviours

‘The good child’ can get overlooked – overly compliant, helpful, always neat and organised

Long term relationship implications

Play is affected



Why counselling?

- Child has space to express emotions and different parts of themselves
- Make sense of experiences of family violence and other life events
- Strengthen relationships with mother and/or siblings
- Gives the child a space to explore and have their own experience about what has/is happening



Top three concerning behaviours

Lots of fears and worries

Separation difficulties

Aggression/and acting out



How we think and understand

1. Attachment (child and adult) and systems theory
2. Feminist FV
3. Trauma informed/responsive



Therapeutic response

Child centred, child-led



Play and creativity as core processes



Play and Arts Therapy

Play Therapy

Play is the child's natural medium of communication

Provides an opportunity for children to express feelings, thoughts, experiences and behaviours through symbolic play

Play therapy presents children with a number of ways to choose how they will tell their stories, rather than relying solely on speech

Arts Therapy (art, drama, music, movement)

Uses creative modalities within a therapeutic relationship to improve and inform physical, mental and emotional well-being

Children are able to externalise problems through metaphor, safe way to process experiences from a distance

Differs from traditional art-making or performance in that the emphasis is on the process of creating and meaning-making, rather than on the end product

FUN and expressive



Core underlying therapeutic processes

Embodiment: felt bodily arousal

Projection: externalise what is inside

Distancing/empathy: regulation

Witnessing: self, child and parent

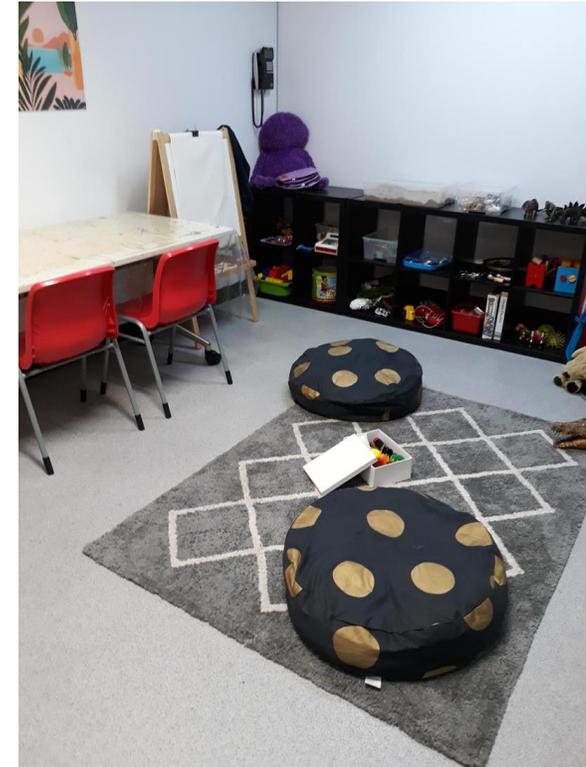
Meaning making in context: integration



How do we create access to therapeutic possibilities?

- Safe enough, child focussed and consistent space
- Therapeutic relationship: through feel relief, trust and safety consistent witness to what emerges and player
- Here and now: attend to feelings and play meanings as emerge
- Choice and control: toys and art materials, allows what words cannot
- Active involvement in play and arts activities: body /mind/ connection
- Time
- Working/thinking alongside carer

(Cassidy et. al, 2014)



Working alongside parent/carer

‘Therapeutic work with children who have experienced family violence must attend to the child’s relational world, to understand what they have experienced, how they have understood such experiences and to offer opportunities for potential relational repair’ (Bunston et. al 2016, p. 85).



Thinking as a team



So what does this mean?

No magic wand, but we offer something at critical time in life of victim/survivor and child, when referred in for FV services

Research into effectiveness of our program

Can't work effectively with child without carers/system surrounds them

All of system approach, socio-ecological, CP, schools, GPs, family services, family courts

Systems/services to be more child focussed/aware

Demands ongoing critical reflection on practice and who we are (look at our demographic, not reflect the many who use our services)

Ongoing professional development and supervision, questioning of our work and how we might be disempowering/silencing?

How to hold the child's father who perpetrates violence in mind and accountable? Find services to work alongside to engage men in their accountability for impacts on their children

Find effective ways to engage children in consultation and participation in their experiences of the services they use



Thank you

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References

Bunston, W., Pavlidis, T., & Cartwright, P. (2016). Children, Family Violence and Group Work: Some Do's and Don'ts in Running Therapeutic Groups with Children Affected by Family Violence. *Journal of Family Violence, 31*, 85–94.

Cassidy, S., Turnbull, S., & Gumley, A. (2014). Exploring core processes facilitating therapeutic change in dramatherapy: A grounded theory analysis of published case studies. *The Arts in Psychotherapy, 41*, 353-365.

