‘BuBs’ on Board: Family violence and mother/infant work in women’s shelters,
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‘BuBs’ on Board: Family violence and mother/infant work in women’s shelters

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A mother/infant group work intervention was trialed in five Tasmanian women’s shelters in the first half of 2008. The intervention was aimed at building up the mother/infant bond where it had been affected by family violence, whilst ‘skilling up’ shelter workers in both the delivery of the model and an appreciation of the potential mental health needs of infants. This paper gives an overview of the participants, the intervention and the outcomes. Data collected during the intervention found that an alarming number of infants involved suffered from significant developmental delays. This paper contends that shelters are in an ideal position to do important and urgent work with infants affected by family violence and enhance mother/infant bonds. It is important that specialist children’s services and child and adolescent mental health services support this work.

The Idea

‘BuBs’ (Building up Bonds) on Board, was developed as an intervention program for infants and their mothers accessing crisis/emergency accommodation in order to escape family violence. It was piloted in five women’s shelters in Tasmania during the first half of 2008 and based on the work of the ‘Peek a Boo Club’ (Bunston, 2008 & 2006), a mental health developed therapeutic group work program for mothers and infants affected by family violence. The name ‘BuBs’ on Board alludes to the sign ‘Baby on Board’ commonly seen in cars where parents are alerting other drivers to the precious cargo they have on board, their infant, and warning other drivers to take care and cause them no harm. The name ‘BuBs’ on Board, is intended to privilege the presence of infants living in women’s shelters and honour the significance of the mother/infant relationship. The interventions’ objective is to take active steps in such environments to build up the bond between the mother and her infant/s whilst attending to the impact of their exposure to familial harm at this critical stage in their infant’s development.

The program’s aims are twofold:

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

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The Intervention

A total of 43 participants were involved in nine two hour groups across the 5 shelters. This included 18 mothers aged from 18 to 45 years, and 25 infants from 4 months to 4 ½ years, with the majority falling between 2-4 years of age. Eleven staff from the 5 shelters were involved in the direct delivery of the sessions. Seven of the 11 participating staff were involved in the immediate formal post group processing and write up session. One cross-shelter staff debriefing session was held after the conclusion of phase one (4 days of 4 groups in 2 shelters plus one debriefing session) and another at the conclusion of phase two (a 7 day period of delivering 5 groups and a replacement educational seminar in the remaining 3 shelters plus one debriefing session). These facilitator sessions were held to collectively reflect on the experience and learning of the intervention as well as to discuss the practicalities of each shelter continuing to deliver a 'BuBs' On Board intervention in some ongoing way. Two sessions over 2 days were planned for each of the 5 shelters. Of the 18 mothers only 3 attended a second session. As such, each session was seen as discrete. Nine sessions in all were run as participants failed to show on one of the days during phase two. The minimum numbers of mothers in each group were 2, the maximum was 3, whilst the minimum number of infants was 2 and the maximum 7.

The intention within each session was to create a mother/infant group work experience where the mother engaged with, related to and was encouraged to be thoughtful about their infant. Of additional importance was the capacity for mothers to in some way hold the possibility in mind that exposure to family violence may have had some impact on their child and the mother/child relationship. Singing and play were used to encourage relational opportunities and create an atmosphere where the mother and infant were able to enjoy themselves and one another. This created some structure and warmed the participants to the idea that this group was both infant and relationship centered. The facilitators were also active participants in activities, modeling accessible and responsive interactions with the infants and the mothers. Discussions within the group explored the pathway that had led these mothers and their infants to accessing emergency accommodation. Questions invited historical accounts that explored the early life experiences of the mothers themselves, and how past and recent events contributed to where their infants are currently and will potentially be in the future. This enabled some mothers to make the link between what they had experienced as hurtful and harmful in their past with what their infants may be currently experiencing. This level of discussion and questioning required deft footwork, encouraging disclosure, reflection and connection. This occurred within a busy setting where the infants sought proximity towards and away from their mothers.

The toys and activities available to the infants were kept to a minimum in order to encourage more opportunities to see how the mother and infant/s related with one another rather than providing the infant with multiple distractions or over stimulation. The space used for the groups was generally small and, as much as possible, kept clear of too much furniture or other objects. This also kept the interactional space contained, with infants unable to wander too far away from the hub of the group. During the group the facilitators were able to observe and track some of the relational patterning that occurred

between each mother/infant dyad (and in some groups multiple infants). At times the immediacy of this tracking allowed powerful opportunities to reflect on or wonder aloud about interesting behaviours or relational dynamics that happened in the 'here and now' of the group. This might involve offering an alternative interpretation about a toddler's behaviour as to what a mother may perceive. For example when a toddler quietly took himself away from the group for some time out and his mother stated "I've been told it's just attention seeking behaviour", we offered an observation that this may be his way of dealing with his emotions when he feels overwhelmed, just as we had witnessed his mother do on two occasions when she felt overcome when recalling her partner's abuse, leaving the room for a few minutes to regain her composure.

Immediately post group, the facilitators met to further explore the multiple dynamics, conversations and interactions that occurred with the two hour sessions through a formal and detailed 'process writing' activity. This involved recalling in detail the chronological journey of the group, from who arrived first and how, to what dynamics occurred between who, and what was being communicated by each. Every minute interchange observed was examined, bringing to life a comprehensive, rich and complex picture of the multiple exchanges that occurred as seen through and experienced by each of the four facilitators within the group. This deconstructing of the group event elucidated a much more refined tracking of the patterning within the mother/infant relationships and capacity to reflect on what might be the quality of the attachments we had witnessed, what might be the levels of trauma experienced, and what were the possible mental health needs of these infants. This post group time for reflection and examination, and the cross-shelter debriefing sessions was significant in enabling many of the shelter staff 'mind space' to think about how to bring the infant into focus in their day to day work, their service and importantly, in the minds of the mothers with whom they work.

Some Dynamics Observed

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

Jessica, 18 months old remained sitting on her mother's lap for the first half of the group, demanding toys and then playing with them while perched on her Mum's knee. Occasionally another toddler in the group, Jeremiah, 21 months old, would approach Jessica in order to snatch her toys and she would whack him and yell back in reply. On one of these occasions she scratched his face and Jessica's mother told her not to be a bully. Jeremiah got upset and went and sat on his mother Terry's lap. We had noted previously that Jeremiah would go to Terry when hurt and would sit on her lap. On this

occasion when he returned to Mum for comfort, she asked him "are you OK?" and "what happened?" She then promptly asked him "are you a girl?", "are you a sooky girl?" "Be a boy" and pushed him away and told him to "be strong". And off he went.

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Julie suddenly realized that she had forgotten her 19 month old son's formula and said she would just pop out to her unit to grab what she needed. She and Sebastian had only arrived some twenty minutes earlier to the group and we suggested that maybe Julie would like to take Sebastian with her as he may be upset at being left. Julie assured us he would be fine and happy to play with the other toddler in the room and she disappeared without telling him. The other toddler, 3 ½ year old Kelly had being playing with some plastic balls, throwing them up into the air. Despite encouraging her to include Sebastian, Kelly continued to play on her own. Sebastian suddenly realized his mother was missing from the room and became upset. One of the facilitators picked him up which prompted him to cry even louder and he could not be comforted. Julie soon returned and rushing in she grabbed Sebastian from the facilitator, seeming angry with the facilitator as though in some way it was due to them that her son was distressed. He immediately ceased his crying, as though nothing had just transpired and Julie fed him her bottle.

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

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The Results

After it became clear that most mothers were unlikely to attend more that one group, a viable pre and post evaluation of the intervention proved difficult. It instead seemed useful instead to try and capture a snapshot of the quality of the relationship between the mother and their infants. A measure used within the Peek a Boo Club, the Maternal Postnatal Attachment Scale **(**Condon & Corkindale, 1998) is a 19-item self-report questionnaire that measures the quality of attachment, absence of hostility and pleasure in
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interaction. This questionnaire was filled in by each mother for each infant. Out of the 25 questionnaires 5 were discounted due to errors in recording (3) and not meeting admission criteria[1] (2).

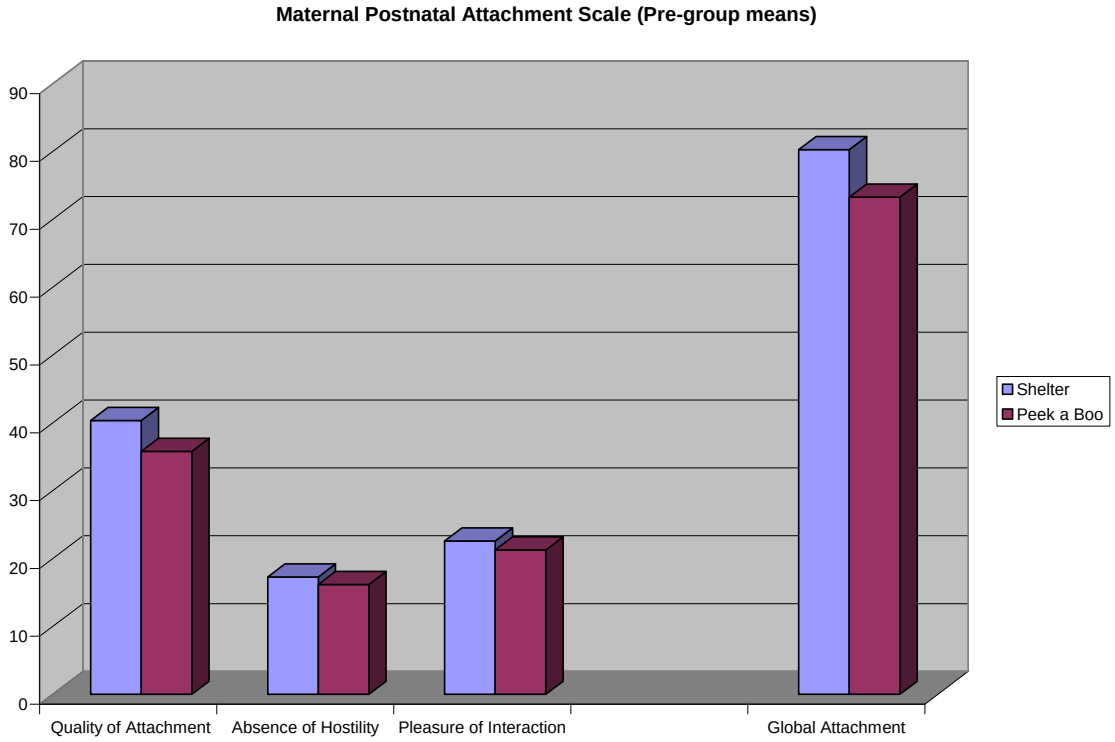
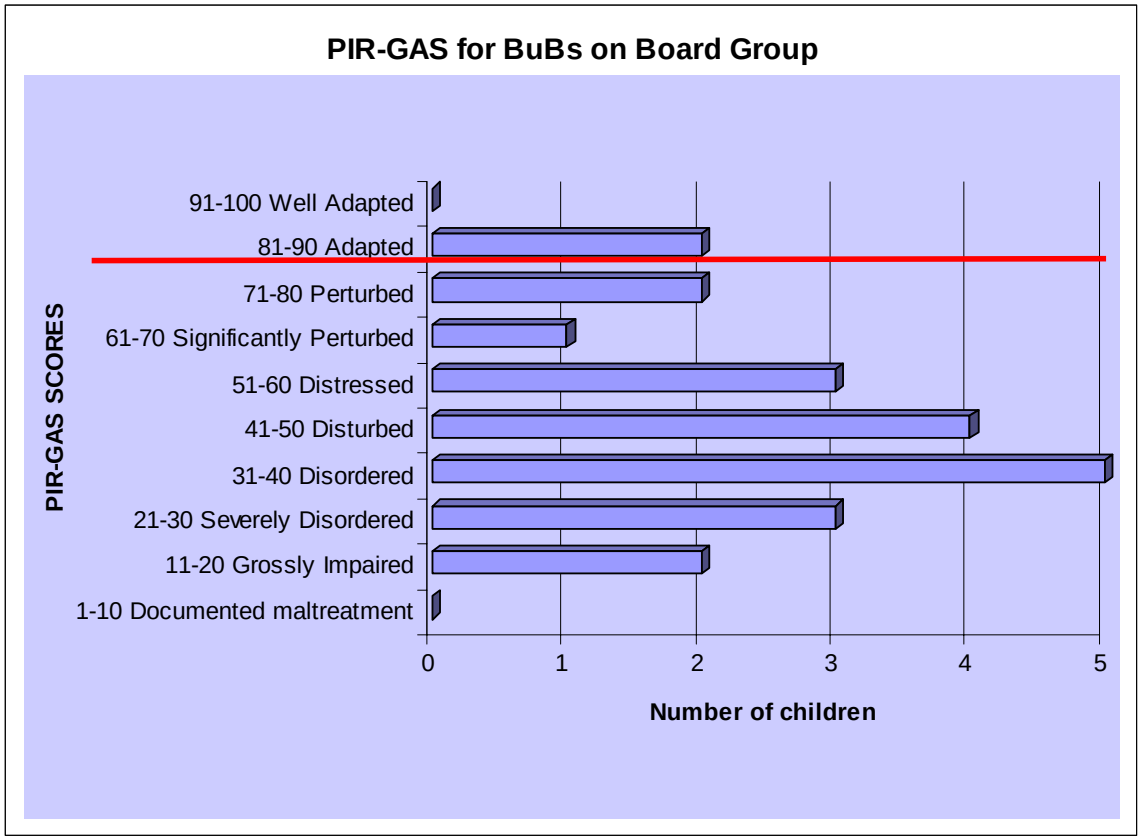


Figure 1: Pre-group mean scores on the MPAS (n=20)
BuBs compared to Peek a Boo

The scores of the 'BuBs' on Board fell well below the mean scores for 'normal postnatal mothers' (with no identified experience of violence) as recorded by Condon & Corkindale's (1998) research, but when comparing these with the pre-group mean attachment scores of the Peek a Boo Club, the shelter/refuge group were higher in all domains than those recorded for the Peek a Boo Club. Whilst we cannot know the reason for this, we could infer that many of the women scored extremely high on the questionnaire due to the 'acceptability influence'. Condon and Corkindale (1998) noted that the response to self-report questionnaires is often influenced by what is seen to be socially acceptable, and the lack of attachment to one's infant would be considered undesirable. Another possible explanation, congruent with the scoring given by staff (see below) in the Parent Infant Relationship – Global Assessment Scale (PIR-GAS) suggests that these mothers lacked considerable insight into the poor quality of their attachments, and in fact, in many instances over-idealized their relationship.

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

The Parent-Infant Relationship Global Assessment Scale (PIR-GAS), Aoki, Zeanah, Heller & Bakshi, 2002) is a continuously distributed scale of infant-parent relationship adaptation ranging from 'well adapted' to 'dangerously impaired' and was scored by the facilitators after observation of the play/interaction between mothers and infants. Staff from one shelter felt this measure was culturally inappropriate in scoring a Sudanese family so three infants were not included. Out of the 22 infants remaining only 2[2] scored within the 'adapted' range with 20 falling below this range. The majority of infants were observed to have considerable developmental delays, most notably in relation to language acquisition, sequential reasoning and social referencing.



These findings are alarming and suggest that these infants are presenting with significant and pressing relational and developmental difficulties. If left unaddressed, these difficulties may well develop into longstanding behavioural, emotional, psychological and learning problems.

Participating shelter staff were also asked to fill in questionnaires post the intervention to rate their opinion regarding the effectiveness of the intervention and their learning

[2] The two infants scored within the 'adapted' range were not currently residing within the shelter, were in stable accommodation and the families had received extensive support and counseling over a more than a twelve month period.

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

Conclusion

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

Shelters/refuges are, however, as susceptible as the rest of the family violence sector to adopting 'adult centric' and 'reactive cultures' that privilege the pressing demands for securing external stability over making space to attend to their clients internal landscape and the psychological avalanche set in motion for mothers and infants in attempting to escape relational violence. These front line emergency services need support and training from early childhood specialists and child and adolescent mental health services (CAMHS) to feel confident in doing this work well and to have clear pathways for referring families in for further work. The infants in this pilot presented with pressing mental health needs. Can we really afford to wait until these infants eventually come to the attention of CAMHS and other specialists services (if indeed they ever do) or should these services act now and come to them?

Acknowledgements

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A full copy of the 'BuBs' on Board: Family violence and mother/infant work in women's shelters" report and its recommendations will be available to down load in November 2008. Please go to either the RCH Integrated Mental Health Programs - Addressing Family Violence Programs web page: www.rch.org.au/mhs/services/index.cfm?doc_id=9924, or the Barwon South West Homelessness Network: www.bswhn.org.au. For any enquiries regarding this paper contact either: wendy.bunston@rch.org.au or ktglennen@swarh.vic.gov.au

References

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

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

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

Condon, J.T & Corkindale, C.J. (1998), 'The assessment of parent-to-infant attachment: Development of a self-report questionnaire instrument', *Journal of Reproductive & Infant Psychology*, 16, 1, 57-76.

The Royal Children's Hospital Integrated Mental Health Service is pleased to announce the expansion of the Peek a Boo Club intervention through the generous support of the Sidney Myer Fund and Victorian Women's Trust. The Peek a Boo Club is now available to mothers/infants (0-36 months) across Metropolitan Melbourne. If you are interested in finding out more about: the Peek a Boo Club, our 2 day training intensives, referrals to groups or our 'in-situ' training through co-delivering the program please check out the Addressing Family Violence Programs (AFVP) web page: www.rch.org.au/mhs/afvp.