CONNECTIONS

A Group Intervention for Mothers and Children Experiencing Violence in Relationships

Breaking the Cycle

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I. Breaking the Cycle program and participants

Mothercraft's Breaking the Cycle (BTC) is one of Canada's first prevention and early intervention programs for pregnant women and mothers who are substance-involved, and their young children. Its objective is to reduce risk and enhance the development of substance-exposed children by addressing maternal substance use problems and the mother-child relationship.

Mothercraft delivers BTC through a formal service partnership with Toronto Public Health, the Hospital for Sick Children–Motherisk, St. Joseph's Health Centre, the Children's Aid Society of Toronto, the Catholic Children's Aid Society, St. Michael's Hospital, and the Ministry of Community Safety and Corrections. With funding support from the Public Health Agency of Canada and Ontario's Ministry of Children and Youth Services, the BTC partners combine to deliver a comprehensive, integrated, relationship-based service, delivered through a single-access model with home visitation and street outreach components. A full description of BTC is provided in the **BTC Compendium Vol. 1 The Roots of Relationship** available through the Mothercraft website at www.mothercraft.ca.

The majority of BTC mothers report histories of violent relationships with partners who are also substance users, and who often exert physical, financial, and emotional control over their lives (Pepler et al., 2002; Motz et al., 2006; Leslie (Ed.), 2011). Substance use, child development, parenting, and domestic violence issues commonly co-exist for the women and children seen at BTC. Women and mothers attending BTC are characterized by the following factors:

- Victimization (82% report physical abuse; 84% report emotional abuse; 70% report sexual abuse)
- More than 80% of women had been in foster care or had been made crown wards due to maltreatment.
- Substance use in family of origin (70%)
- Emotional/Psychological problems (Depression, anxiety disorder, eating disorders, violent thoughts or feelings, fears/phobias, amnesia)
- Suicide attempts (46.6%)
- Self-harm behaviours (26.8%)
- Primary drugs of choice: crack/cocaine and alcohol
- Mean length of use: 10 years
- Mean age: 30
- Mean of 2 children each [range of 1-12] (1/3 in mother's care; 1/3 in care of a family member; 1/3 in foster care)
- Current legal problems (37.8%)
- Poverty (86% earn < $14,999 per annum)

Substance use, mental health problems (especially depression, anxiety, trauma) and domestic violence are often considered individual problems but, in fact, in combination, these risk factors affect parenting processes, child development, and substance use recovery. Failure to address these issues in an integrated and comprehensive way interferes with and fragments processes of change in each of these areas.

II. Background to *Connections*

Given the evidence that substance use interferes with the capacity for healthy, positive relationships and that exposure to violent relationships may create significant long-term harm to positive parenting and healthy child development, creating an opportunity for BTC mothers to explore these issues was seen as a key component of their healing and recovery process. Also, given the focus on the mother-child relationship at BTC, supporting mothers to understand the potential impact of abusive relationships on their own process of healing and recovery (as well as the impact on their children) was seen as critical.

For mothers struggling with substance use problems, effectively parenting their children presents many challenges. When these mothers are involved in abusive domestic relationships, these challenges are magnified and the potentially negative impacts on both themselves and their children are dramatically increased.

Since its inception in 1995, BTC has used research and evaluation as the basis for program development and evolution. *Connections* is one of BTC's program initiatives that resulted from our experience in addressing both qualitative and quantitative research activities. A quantitative recognition of the high rates of domestic violence experienced by mothers at BTC led to a qualitative examination of their experiences, and the development of the *Connections* pilot project. In 2005, Ontario's Ministry of the Attorney General (Ontario Victims Service Secretariat) provided pilot funding for BTC to develop, deliver, evaluate, and disseminate the results of a "two-generation" approach that simultaneously addresses the needs of BTC mothers and their children for whom domestic violence co-exists with substance use and related issues.

Through the development of the pilot project, it became evident that *Connections* should be a group intervention for mothers struggling with problems of substance misuse, who are also experiencing domestic violence. The aim of *Connections* also became clear: it is essential to provide information, increase awareness, and create a safe opportunity for mothers to explore their experiences of abuse in relationships, and to examine its impact on their parenting, their substance use recovery, and their children's development. *Connections* was also designed to be delivered concurrently with other interventions for mothers and their young children, including substance use treatment, mental health counselling, child care, early intervention services, parenting services, advocacy, and instrumental supports.

The primary activities of the initial pilot project included:

1. a needs assessment, including literature review and focus group interviews with BTC mothers;
2. the development of a *Connections* group curriculum;
3. the delivery of the *Connections* group; and
4. revision of the curriculum based on feedback from participants.

III. *Connections* and the research literature

There is a growing body of knowledge about the impact of parental substance use on children (Anda et al., 2006; Ammerman et al., 1999; Appleyard et al., 2011; Chaffin et al., 1996; Cohen et al., 2008; Famularo et al., 1992; Kelley 2002; Kroll et al., 2003; Pilowsky et al, 2006; Reid et al., 1999; Velleman & Lorna, 2007), and about the impact on children of exposure to domestic violence (Motivational Interviewing and Intimate Partner Violence Workgroup, 2009; Poole et al, 2008; Osofsky, 1999; Kitzmann et al., 2003; Edleson, 1999; Gunnar et al.,1998, Perry, 1997, Cunningham & Baker, 2007). There is some research available on the impact of substance use on the capacity to enter into and maintain healthy, positive relationships and partnerships (Clausen et al., 2012; Eiden et al. 2011; Haskell & Randall, 2009; Fazzone et al., 1997; Moses et al., 2004; Najavits et al.,2004; United Nations Office on Drugs and Crime, 2004; Brady & Ashley, 2005). There is little or no research on the relationship among all four:

- Substance use
- Healthy child development
- Domestic violence
- Child maltreatment

There is a connection between substance abuse and domestic violence. It is critical to address co-existing or root causes of women's patterns of substance abuse so that these issues do not undermine their recovery. Mounting evidence about the varied associations between domestic violence and substance abuse attests to the need to add violent behaviour and victimization to the list of problems that should be explored in a comprehensive approach to supporting women with substance use problems. Failure to address domestic violence issues interferes with substance abuse treatment effectiveness and contributes to relapse (Amaro et al., 2007; Poole, 2012; Poole and Greaves, 2012; BC Provincial Mental Health and Substance Use Planning Council, 2013; Fazzone et al., 1997; Galvani, 2006).

There is a relationship between domestic violence and recovery from substance abuse. There is also a relationship among substance abuse, victimization, and domestic violence. Women in violent relationships face additional challenges to their recovery process. Dulling both the literal and figurative pain of living with violence is one reason that women may abuse substances (Butler & Leslie, 2004; Poole, 2008; Poole, 2011; Poole and Greaves, 2012; Klinic Community Health Centre, 2008).

There is a further relationship among healthy child development, domestic violence, and child maltreatment. Not only does exposure to domestic violence increase the likelihood of child maltreatment, children who experience domestic violence may experience neurological impacts (Rimer, 2005; Anda et al, 2006; Appleyard et al, 2011; Espinet et al, 2014). Parents may think their children are shielded from violence, but there are many ways children are exposed to its effects. Exposure to abusive situations is more than simply witnessing a violent event; children also suffer from overhearing violence, witnessing its aftermath, and experiencing on- going guilt and worry about their own or their mothers' safety (Cunningham and Baker, 2004; Smith, 2007; Motz et al, 2011). Effects can be behavioural issues (such as acting out, withdrawal, and regression), other social and emotional problems (such as sleeplessness, fears of sleeping, nightmares, and other physical symptoms), cognitive and attitudinal problems, and long term issues, including adult depression, post-traumatic stress disorder, and entering into violent relationships themselves (Cunningham and Baker, 2004; Hazen et al., 2006; Keene, 2006; Child Welfare Information Gateway, 2008; Maikovich et al.,2008; Cohen et al, 2008; Haskell & Randall, 2009).

Furthermore, women coping with the trauma of domestic violence may also find it much more difficult to effectively parent their children. More than 50% of clients of the BTC program report that

III. *Connections* and the research literature (cont'd)

their current relationships are abusive (Pepler et al., 2002; Leslie (Ed.), 2011). Children of substance-involved women who are also experiencing domestic violence have special needs which, if ignored, can become antecedents to mental health problems, behavioural problems, social-emotional dysfunction, developmental disorders, parentification, and psychosomatic symptoms secondary to dysregulation, hypervigilance, depression/anxiety and other post-traumatic stress responses.

There is a relationship between domestic violence and parenting. Parenting is an issue for most substance-involved women, but may be a special challenge for women who have or continue to experience violence in relationships. Many women who experience domestic violence have suffered abuse as children, and over 80% of BTC mothers report histories of physical, sexual and/or emotional abuse (Pepler et al., 2002; Motz et al., 2006; Leslie (Ed.), 2011). Many life experiences of a mother who misuses substances will also influence the mother-child relationship even in the absence of drug use (Pawl, 1992; Kumpfer & Fowler, 2007; Cohen et al., 2008; Espinet et al., 2014). When women enter motherhood with unhealed emotional wounds, their injuries often resurface when they relate to their own children (Mejta & Lavin, 1996; Markoff et al., 2005; Milligan et al., 2010; Poole & Urquhart, 2010). The physical demands of parenting can overwhelm mothers who are injured or have been kept up all night by abusive behaviours. The emotional demands of parenting can be similarly daunting to an abused woman suffering from trauma, damaged self-confidence, and other emotional scars caused by years of abuse. In addition, abusers often—as a means of control—undermine their partner's parenting. Mothers who use substances need help not only with their substance use, but also to understand the effects of their relationships, both negative and positive, on their interactions and relationships with their children. For example, marital conflict places children at risk, in particular, for role reversal; that is, the parent looks to the child to fulfill unmet needs for comfort, intimacy, or companionship (Macfie et al., 2008; Smith, 2007; Tracy & Martin, 2007; Velleman & Lorna, 2007).

Clearly, substance abuse and domestic violence substantially increase the risk for child maltreatment: children with substance using parents are three times likelier to be abused, and four times likelier to be neglected than children whose parents are not substance abusers (Reid et al., 1999; Thorberg & Lyvers, 2010), and adult domestic violence and child maltreatment often occur together (Schecter et al., 1999; Ontario Woman Abuse Screening Project). Furthermore, early victimization of children sets a template for the development of disorganized attachment patterns and, in particular, it distorts their perception of safety in relationships. One of the hallmarks of disorganized attachment (associated with trauma and childhood maltreatment) is the perception that unsafe situations are safe (because they feel familiar), and that safe situations are unsafe and must be met with hypervigilance, and being "on-guard" (Zeanah et al., 1999; Haskell & Randall, 2009; Poole, 2012).

Children classified as disorganized lack a coherent/organized strategy for dealing with distress. Their dilemma is that their source of safety and comfort (their primary caregiver) is also their source of fear and distress. Disorganized attachment is linked to poor child outcomes including difficulties managing affective responses, impulsivity, poor self-esteem, impaired empathy, vulnerability to stress, and regulatory problems (Main & Hesse, 1990; Espinet et al, 2014; Anda et al., 2006; Eiden et al., 2011; Motz et al, 2011).

There is stability of attachment across generations. A two-generation strategy addressing the mother's needs, the child's needs, and their relationship needs is required to interrupt intergenerational

transmission of relational patterns that involve domestic violence and substance abuse (Lieberman, 2007; Milligan et al., 2010; Niccols et al., 2012). Early detection and treatment for intimate partner violence against women has the potential to interrupt and prevent behaviour problems for their children (McFarlane et al., 2003; Pajulo et al., 2012; Schuman et al., 2010; Schuman et al., 2011).

In addition, children may have innate protective factors that increase their resilience to the negative effects of both early exposure to domestic violence and the concomitant parenting challenges many women experience. Protective factors in children can also be enhanced through appropriate early intervention strategies. Positive protective factors include social competence, intelligence, high self-esteem, outgoing temperament, safe community, strong sibling and peer relationships, and a supportive relationship with an adult (Child Welfare Information Gateway, 2008) including positive attachments with extended family (Gewirtz and Edleson, 2007). Early intervention programs that include educational opportunities and home visiting will also act as protective factors. The larger social context also must be recognized. Other factors present in the lives of children can compound the effects of domestic violence. These risk factors include poverty, inadequate community resources, and living in dangerous neighbourhoods. Early intervention programs have been found to mitigate these social risks.

IV. Making *Connections* by linking research with practice

The population of women served at BTC is substance-involved women with children under six. This is of particular significance with respect to the impact of experiencing domestic violence on children. "… the effects of violence in the home are magnified for young children, who depend on adults for all aspects of their care. Infants are highly vulnerable to injury and cannot defend themselves or run away. Infants, toddlers and pre-schoolers have fewer innate coping strategies and adults must help them deal with overpowering emotions associated with violence at home." (Baker et al., 2005c).

Of particular significance for BTC women and mothers, more than 80% of whom report a history of experiencing domestic violence and child maltreatment themselves (Pepler et al., 2002; Leslie (Ed.), 2011), is the reality that they are often still coping with unhealed emotional wounds from their own childhoods. Parenting their own children may trigger long dormant issues particularly if they are working on their own recovery from substance abuse and no longer use drugs or alcohol to dull the emotions that are generated. Substance abuse may also be a coping strategy used to manage domestic violence (Baker et al., 2005b; Covington, 2002; Hien, 2009; Hien et al., 2009).

As noted in the literature, one consequence of living with abuse as a child is disorganized attachment. For many of the clients of BTC, this is their reality. As confirmed by BTC focus group data, they have normalized chaos, confusion, and low expectations of others in their lives. It is not uncommon for adults who have disorganized attachment patterns to have the expectation that troubled, unhappy, and potentially dangerous relationships are safe because this is what they have experienced. For these women, a supportive, loving relationship may be so unfamiliar that it feels unsafe and results in a state of hypervigilance. For the children of women in this situation, this may become their norm as well.

There is considerable research that demonstrates the critical importance of breaking this cycle of troubled attachment. As infants and young children require the active engagement of an involved adult to regulate their emotions and to develop a belief that the world is a safe place to be, it is critical to develop and implement programs that support at-risk mothers to develop these skills (Egeland et al.,1999; Cunningham and Baker, 2004; Espinet et al, 2014; Milligan et al, 2011; Niccols et al., 2010a; Niccols et al., 2010b).

Because the problems of domestic violence, substance abuse, child development and maltreatment, and parenting co-exist and are interrelated for the majority of the women and children at BTC, failure to address them in an integrated and comprehensive way interferes with and fragments processes of change in each of these areas. Providing a group or program addressing domestic violence issues in the context of the existing integrated services at BTC acknowledges the experiences of women's lives and the interrelationship of these problem areas. *Connections* was developed in consideration of the following:

i. The relationship among domestic violence, substance abuse, and recovery from substance abuse. There is a connection among substance abuse, victimization, and domestic violence. Failure to address these issues in an integrated manner interferes with substance abuse treatment effectiveness and contributes to relapse.

ii. The relationship among domestic violence, child development, and child maltreatment. Exposure to domestic violence increases the risk of child maltreatment, and affects normal developmental trajectories. Failure to address the impact of domestic violence on child development and child maltreatment interferes with the promotion of safe and appropriate environments and relationships for children.

iii. The relationship between domestic violence and parenting. Parenting may be a special challenge for women who have or continue to experience violence in relationships. The parenting relationship is the mechanism through which interpersonal patterns of relating and solving problems in relationships are transmitted across generations. Failure to address the impact of domestic violence on parenting processes interferes with efforts to break cycles of abusive patterns of relating.

Connections was designed to provide an opportunity for women to explore and process information regarding their past and present victimization, and to explore its impact on their parenting, recovery, and their children's development through a holistic and integrated approach. There is ample evidence that such an approach is the only one that will work. The qualitative focus group approach confirms the research evidence.

V. Focus group interviews

A focus group was held with approximately 15 participants of BTC to solicit information regarding the level of, and gaps in, knowledge in this topic area. Participants in the focus group were all experienced with the BTC program, having been involved in the program for a considerable period of time. A facilitator supported the focus group using a pre-determined series of questions. The intent was to gather information about how much women knew and understood about the relationship among substance use, recovery, domestic violence and healthy child development. The information gathered informed the development of the content of the group curriculum. The women were extraordinarily open about their experiences and demonstrated a considerable depth of theoretical knowledge about the relationships between healthy relationships and recovery. The participants also articulated a strong understanding about how their history and experiences may create challenges in developing and sustaining healthy relationships. It is important to note that the responses to the questions reiterated the information gathered through the background research process.

The following questions were posed to focus group participants. Highlights of the responses are listed below each question.

1. **Can you tell us about any connections between your recovery process and the way your relationship with the baby's father (or your current partner) is going?**

- "The fact that with all the resources we have here and maintaining a clean lifestyle, that our partner does necessarily have access to the same resources, may not even have the same desire to stay clean. This could be either the partner or the baby's father, and whatever cycle in recovery they're in, if they're in recovery, their using can definitely affect, number one your home life, can affect your baby's life, can affect your own recoveries, because being around a using individual when you're in recovery and not using is incredibly dangerous"

- "I need to work on my recovery right now, and I really think he needs to work on his … so he's not understanding this space thing, because he just thinks that he went out for a day. But to me, I have children that are involved and it's not like I can just … hey, you relapsed. I have children involved, so I really need to be careful because I don't need a child that … he's not even the father, he's trying to be the father. But right now he relapsed in and out, and then now there's another child coming so that's all I was trying to say."

- "… And you know, to establish trust in relationships and recovery, and how to re-establish trust in ourselves. Because being with a partner can jeopardize our trust in ourselves"

2. **What can you tell us about any connections among drinking, drugs, and healthy and/or unhealthy relationships?**
   (The intent was to identify whether the women think that there is more violence in their homes when either they or their partners are drinking or doing drugs).

- "… We were smoking when we got married, and drinking buddies and, you know … That's all it was. You know, now that I am clean, I just … I don't have anything in common. That was the only common thing we had going on."

- "… You're more likely to find what you're looking for when you're high. And that, so…you know, your perception is clouded and it can't be trusted, ideally."

- " I think of sex, like, as an option for money … it's a different thing, because you just kind of get this thing, just get him and get him off thing…that gets you to where you got to be, next time or whatever. I don't know, I found that I carried that out in my marriage, too. … Other than that … that is just, it's … cash."

- "I think it's a reflection of how they viewed you, and how you were used, in a way. They dehumanize you and in effect we in return dehumanize them. And what do you expect? We can't look at them as heroes now … If a knight in shining armour rode into my life right now, I'd shoot his bloody horse, right?"

3. **What can you tell us about what happens to babies and little children who see or hear their mom being hit or yelled and screamed at?**
   (The intent was to find out how much focus group participants know about the physiological impact of domestic violence on infants and children).

- "They won't trust anymore. Whatever you model, that's what they do. They mimic you. They copy what you do, or their father."

- "Or if they see there's no respect in our relationships, so how can they learn respect?"

- "… There was all this violence in our house, and I thought that was normal, and I thought that's what I was supposed to be growing up. And I was receiving violence from whomever, and I just let that happen, until I came here to Breaking the Cycle. That's when I realized I didn't have to live like that. … I never want my kids to ever go through that. There is no way I will let anyone hit my kids. I'd die for them you know, to protect them. There is no way I'm going to let me kids feel like that, like a friggin' animal, you know."

- "I'm wondering if it's not the abusive part that brings unhealthy relationships. I (inaudible) probably because of my parents' relationship, and a little bit of abandonment I felt through that. I base a lot of my net worth on whether or not I have a man around me, a lot and I'm wondering if that has, like could that have an effect, like, maybe it's not just going after, but just saying I'm worth something if you want to be with me."

V. Focus group interviews (cont'd)

4. How would you define a peaceful environment for your children? If you talk to your partner(s) about making peaceful environments for your child(ren) do they listen? What kind of information might help make these conversations easier?

- "There is peace at home, but when the kids go to school, that's when we have it out. Even though the kids probably sense it when they come home, there's tension between us."
- "Also information, like to help with the conversation would be good, because like you said before, if you wouldn't have known certain things about children's reaction to heated discussions or even violence, like without that knowledge that conversation wouldn't have taken place, so probably its good to …"
- "Sometimes having something in black and white, on paper. Say, Here, read this, if you don't believe."

5. Do you remember violence in your family when you were little? How do you think it might have changed you?

- "Think that it de-sensitizes you a little bit, but the big thing for me that I've learned is that because my parents were so abusive towards each other, and there was no respect or love or affection, and there was always turmoil, turmoil, turmoil—we were moving, there was fighting, there was police, there was violence—that I found out even as an adult, because that was so normal for me, if my life was going along smoothly and calmly, it's like unfamiliar so I create this chaos, this craziness, because that feels more comfortable to me."

6. **Would it be helpful to you as a Mom to know more about drugs, alcohol, family violence and your children? What kind of things would you like to know?**

- "I just crave knowledge … Teach me because I have an open mind and I want to be different than what my parents were, and you know, not having a clue about, you know, being in a healthy relationship, because I never had one in my life, I need to learn how to, so any information on how to communicate, like I didn't even know that verbal abuse was abuse. I mean I really didn't have a clue."

- "To recognize what's been done … Because bruises heal, right, but it's the verbal abuse—that's the voice in my head that's not my own—that always goes: You're stupid, you're an idiot, you'll never make it … you deserve this; all this … that's not my voice."

- "Yeah, not to look for happiness outside from someone else, or some job, or some money, or some relationship. That we are comfortable with who we are and we love ourselves, then we might not necessarily have to go seeking for any kind of substance or relationship or anything to make us feel better."

- "Men seem to be secondary to what the actual problem is."

- "It's just making the link between healthy moms and healthy children, but primarily it's something we all need to learn. I like to learn."

7. **As we develop this group to be delivered at Breaking the Cycle, are there topics or areas of discussion that we should sure to include?**

- "Like self-esteem absolutely."

- "For me it was all about balance and I had no idea that your body, mind and spirit … so if you maintain your health, you know, eating and exercise, then your positive affirmations or whatever … and, you know, just all three aspects, because if you have two going really great for you, but you don't have the other one … if you're not really balanced, then that can cause a want to relapse"

- "Self-caring is a very good thing to learn."

VI. Development of pilot curriculum and delivery of the *Connections* group

The literature synopsis, focus group data, and additional background information were used to develop a pilot curriculum, which was delivered as 6 week group series for mothers at BTC in the spring of 2006. Approximately 6 mothers attended each weekly session regularly, and participated in ongoing evaluation of the sessions. The focus groups were co-facilitated by a psychologist and an addiction counsellor at BTC. These clinicians were known to most of the participants, and accelerated the level of trust and comfort in discussing some of the sensitive and difficult material that this group covered. Since all of the mothers were active clients at BTC, they had access to individual counsellors regarding any residual feelings stemming from the discussions in the group. Child care was provided by trained early childhood educators who were known to the children. The project consultant was an "observer" of the group sessions. Modifications to the pilot curriculum content were made on a week-by-week basis in response to the needs of the women participating in the group and the feedback participants provided on a weekly basis.

As a pilot project, it was important to gather feedback from the participants on a weekly basis. In response to direct feedback from participants, changes were made in the curriculum for the following week. Participants were asked for specific feedback about what was interesting and/or helpful, what was uninteresting or not helpful and what, if anything, they would change. The Group Facilitators identified that this was a pilot and that all feedback was extremely important. Participants commented about being "guinea pigs" but were pleased to be asked and to provide feedback. At the conclusion of the Week 6 additional time was devoted to an evaluation of the series.

The overall response to the series was extremely positive. Participants stated that the information was valuable and that they perceived that their ability to recognize healthy, supportive relationships has increased. All participants identified that they had a better understanding of the potentially negative impact of unhealthy relationships on their young children. All participants confirmed that the information discussed in the group was relevant and applicable to their own relationships. When participants were asked what topics or areas could have been more emphasized the responses were as follows:

- More information about how to make changes in their own behaviour
- More information about how we relate to others because "this sends messages to our children"
- More handouts and written material

All the participants were unequivocal about their interest in participating in this group again and all asked if it would be offered again soon.

VII. Development of the final *Connections* curriculum

The *Connections* curriculum was revised based on the participant feedback and following reflection by the group facilitators. The Conncections program was developed in response to the high rates of domestic violence reported by mothers attending BTC. The purpose of the *Connections* pilot project was to develop, deliver and evaluate the impact of a group that addresses the impact of domestic violence on child development, parenting and substance use recovery. The program was delivered within the context of the existing substance use treatment, parenting and child development programs offered at BTC. It provided education, information, and a safe opportunity for women to explore and process information regarding their past and present victimization, and to explore its impact on their parenting, their recovery, and their children's development through a holistic and integrated approach. The development and revision of the curriculum relied heavily on the input of participants, both in the needs assessment and evaluation phases of the pilot. It is anticipated that the curriculum will continue to be revised and modified as the group is delivered in the future based on the particular needs of participants.

Following completion of the pilot, the *Connections* program was granted ongoing funding by Ontario's Ministry of Children and Youth Services. The integrated framework of *Connections* aligned with the Ministry's policy identifying domestic violence, substance abuse and children's mental health as priority areas for community capacity building within the children's service system in the Toronto region.

The *Connections* program highlights the need for primary research about the interface among domestic violence, substance abuse, child maltreatment and healthy child development. The dearth of literature on the interrelationship of the four components is an indication that there remains much work to be done with regard to further explore this relationship and how to support mothers to effectively parent their children within the context of substance abuse, domestic violence and the potentially negative impacts on development of children experiencing violence and unhealthy relationships.

Key Messages

The key messages build upon each other supporting the development of increased understanding about positive relationships and their importance to healthy child development. Participants in the focus group session articulated the need to focus on the development of self-esteem both for themselves and for their children. This theme repeats throughout the sessions.

The majority of the participants in the pilot project began their substance use in their early teens. Recognizing that substance abuse may result in delayed or arrested emotional development, the curriculum includes supporting participants to develop an understanding of what mature, adult relationships look and feel like.

WEEK 1

» No relationship is perfect but everyone has the right to a relationship that is nurturing and supportive

» Domestic violence comes in many forms

» There are clues that a relationship may be moving from healthy to unhealthy

» Unhealthy relationships may have an impact on your substance use and recovery

WEEK 2

» Everyone has the right to a relationship that is nurturing and supportive

» Witnessing or experiencing violent, unhealthy relationships as children may have created distortions in how we view adult relationships and our expectations of acceptable/ appropriate behaviour

» Unhealthy relationships may have an impact on substance use and recovery

» Witnessing unhealthy, violent relationships may have a negative impact on infants and children

WEEK 3

» No matter what happened in your past, it is possible to move beyond this and create healthy, happy relationships for yourself and your children

» Children are dependent on the environments that their mothers create

WEEK 4

» Positive brain development depends on healthy, happy environments

» The way we interact with our children when they are infants and toddlers will make a difference for the rest of their lives

WEEK 5

» High self-esteem is critical to creating and sustaining healthy relationships

» It is possible to increase your level of self-esteem

» Self-esteem is not dependent on your relationships but relates to what you believe about yourself

WEEK 6

» When we feel good about ourselves it is easier to help our children feel good about themselves

» Children with high self-esteem are more likely to succeed at school and in their relationships

» When our children know that they are loved, they grow up believing that they are valuable and worthwhile

Practical Considerations

During the pilot series, two experienced group leaders facilitated each session. Each session was two hours long, providing time for both check-in and review. The curriculum is designed to encourage and facilitate discussion, so limiting the size of each group to no more than eight is important.

The *Connections* group is didactic in nature and it is important to encourage participants to commit to attending weekly as the curriculum builds from week to week.

Each woman had a folder in which materials were collected. It is interesting to note that while the folders were very important to participants, none of them took the materials home. Concern was expressed that "other people" might see the information.

It is important to ensure that group participants have opportunities outside the group to further explore and address issues one-on-one with a therapist or other support person that may arise during the group discussions. Notwithstanding this proviso, the program is most suited to women who have experienced a period of recovery and who are seeking to strengthen their capacity to effectively parent their young children.

The *Connections* Curriculum

WEEK 1

Learning About Healthy Relationships

» Healthy Relationships/Unhealthy Relationships: When does a healthy relationship become unhealthy?

» What is Domestic Violence?

» The Impact of Domestic Violence on Substance Use and Recovery

WEEK 2

When We Were Growing Up: How Might Domestic Violence Have Affected Us?

» Witnessing violent, unhealthy relationships as children may have created distortions in how we view adult relationships

» Talk about self-esteem, fear, stress, anxiety, becoming familiar with chaos; seeing chaos as normal

» What is the impact of domestic violence and experiencing unhealthy relationships on children?

WEEK 3

Recovering From My Past: Building Healthy Relationships for Me and My Child

» What is your vision of a healthy relationship?

» How do we create healthy relationships for ourselves?

» What is my role in creating and sustaining healthy relationships

» What does a healthy relationship look like?

WEEK 4

Child Development and Behaviour

» Brain development

» How experience shapes development

» Mother/child interactions

» The importance of routines: consistency and stability

» The importance of social support

WEEK 5

Building Self-Esteem

» High self-esteem is critical to creating and sustaining healthy relationships

» Developing strategies to build self-esteem

» The relationship between competence and self-esteem

» Relapse prevention strategies

» Incorporate recovery discussion here (substance use as a management strategy)

WEEK 6

Positive Parenting: Building Self-Esteem in Children

» When we feel good about ourselves it is easier to help our children feel good about themselves

» Children with high self-esteem are more likely to succeed at school and in their own relationships

» Helping children become competent

WEEK 1

Learning About Healthy Relationships

KEY MESSAGES

» No relationship is perfect but everyone has the right to a relationship that is nurturing and supportive

» Domestic violence comes in many forms

» You can recognize clues that a relationship may be moving from healthy to unhealthy

» Unhealthy relationships may have an impact on your substance use and recovery

OVERVIEW

Purpose

The purpose of this session is to introduce the connections among domestic violence, substance abuse, and parenting challenges.

Context

Everyone has the right to a healthy relationship that is nurturing and supportive. Women who experienced unhealthy and/or violent relationships as children and for whom chaos is the norm, the idea that not only is there a different way to live but that they deserve better is an extremely challenging concept.

Materials / Handouts

1. *Domestic Violence Worksheet*
2. *What is Domestic Violence?*
3. *Healthy/Unhealthy Relationships*

GROUP SESSION 1

1. Check In

a. Welcome everyone to group

b. Briefly review group rules

- **i.** Confidentiality
- **ii.** One person speaks at a time
- **iii.** Support each other
- **iv.** Responsibility to report child maltreatment

2. Information Sharing/ Teaching Component

a. What is domestic violence?

- **i.** Using a flip chart or white board, reproduce the worksheet below. Ask participants to fill in the squares, identifying how they define an unhealthy relationship. See attached sheet for definition (handout)
- **ii.** This could also be used as a worksheet depending upon the literacy level of the women participating in the group.

b. What does a healthy relationship look like?

- **i.** Healthy relationships help people feel good not bad about themselves
- **ii.** Healthy relationships celebrate success and support well-being
- **iii.** See attached handout for more information

c. What are the clues that a relationship may be moving from healthy towards unhealthy?

- **i.** Discussion
- **ii.** Prompts
  1. What makes you feel good about your relationship?
  2. What makes you feel bad?

d. Impact of domestic violence on substance use

- **i.** Discussion
- **ii.** Prompts
  1. Do you think that there is a connection between your relationship with your partner and your substance use?
  2. Is substance use an important part of your relationship?

3. Wrap-up

a. Any questions about what we have talked about today?

b. Next week we will be talking about how what happened to us as children makes a difference to our ability to recognize and support healthy relationships for ourselves and our children.

WEEK 1

Learning About Healthy Relationships

WORKSHEET

What Does an Unhealthy Relationship Look Like?

PHYSICAL	EMOTIONAL	SEXUAL	VERBAL

(Adapted from Fischer and McGrane (1997), page 62)

WEEK 1

Learning About Healthy Relationships

FACILITATOR INFORMATION

Unhealthy Relationships: What is Domestic Violence?

WOMEN CAN BE ABUSED IN MANY WAYS...

PHYSICAL	EMOTIONAL	SEXUAL ABUSE	ECONOMIC
• Hitting • Slapping • Punching • Choking • Stabbing • Shooting • Hitting with any object • Over-medicating • Confining a woman	• Insulting, demeaning, nasty comments: ugly, stupid, fat, lazy, useless • Threatening (to take the children, to hurt a woman or her children) • Destroying property or things that are important to the woman • Isolating you from friends, family or support services • Ridiculed for religious or cultural beliefs	• Forced sex • Withholding sex • Having sex to keep someone quiet or to stop him from hurting you or your children • Painful sexual activity • Exposure to sexually transmitted diseases • Won't use or allow woman to use birth control	• Withholding funds • Spending money recklessly • Denying access to bank accounts • Preventing woman from getting or keeping a paid job • Making all financial decisions

(Baker & Cunningham, 2005a, page 2)

WEEK 1

Learning About Healthy Relationships

INFOSHEET

Healthy/Unhealthy Relationships

WHAT DOES THIS LOOK LIKE IN "REAL LIFE"?

HEALTHY	NOT SURE/WARNING SIGNS	UNHEALTHY
Respectful and kind	Your partner criticizes you more and more often	Unkind and disrespectful
Trusting (You trust your partner and your partner trusts you)	Asks you a lot of questions about where you are going and what you are doing	Suspicious
Honest	Doesn't share any information about what he/she is doing	Dishonest and secretive
Supportive	Discourages you from participating in programs	Controlling
Fair and equal	Makes all the decisions about where you will live, your children, and what you will do	Dominating
Positive	Supports your efforts to effectively manage your substance use	Negative
Maintain your own identity	Your partner demands that you change the way that you dress or look	Pretending to be someone you aren't
Positive communication	Your partner doesn't listen or respond to anything that you say	Yelling and screaming most or all of the time
Fight fairly	Blames you for everything that goes wrong; doesn't take any responsibility	Hurtful, angry fighting
Resolve problems without violence	Threatens to hurt you or your children	Violent and dangerous

(For more information see Baker & Cunningham, 2005b, page 7)

WEEK 2

When We Were Growing Up: How Might Domestic Violence Have Affected Us?

Witnessing or experiencing violent, unhealthy relationships as children may create distortions in how we view adult relationships and our expectations of acceptable and appropriate behaviour

KEY MESSAGES

» Everyone has the right to a relationship that is nurturing and supportive

» Witnessing or experiencing violent, unhealthy relationships as children may create distortions in how we view adult relationships and our expectations of acceptable and appropriate behaviour

» Unhealthy relationships may have an impact on substance use and recovery

» Witnessing unhealthy, violent relationships may have a negative impact on infants and children

OVERVIEW

Purpose

The purpose of this session is to provide the women with an opportunity to talk about their childhood and the ways in which witnessing domestic violence may have affected them. The idea that witnessing/experiencing domestic violence has a potentially lifelong negative impact on children will be introduced.

Materials /Handouts

1. *Facts About Domestic Violence: True or False-Quiz*
2. *Witnessing/experiencing Family Violence*

GROUP SESSION 2

1. Check In

a. Welcome everyone to group

b. Ask each participant who is able/willing to share a key message from Week One

2. Information Sharing/ Teaching Component/ Discussion

a. Did you know? True or false questions about unhealthy relationships/domestic violence (see handout below)

b. Do you remember your parents/caregivers fighting with each other?

- **i.** What can you remember?
- **ii.** What did the fighting look like to you as a child?

c. Distribute the handout about the potential impact of witnessing violence as a child. Review the points raised with participants and add any other ideas raised to the list.

d. How do you think that witnessing violence as a child has influenced you as an adult?

- **i.** Is it difficult for you to imagine or visualize a household that is not filled with chaos?
- **ii.** Do chaos, anger and unhappiness seem normal to you?
- **iii.** Can you imagine domestic relationships that are not filled with violence?
- **iv.** Do you think that there is a relationship between violence in your home and your feelings about yourself?
- **v.** Do you think that there is a connection between witnessing and experiencing violence as a child and your substance use as a teen or adult?

e. What do you think might have made a difference to you as a child?

- **i.** Have participants raise possible "protective factors" through talking about what might have made a difference to them as children.
- **ii.** Protective Factors
  - **a.** An adult who cares about you
  - **b.** Responding consistently to your child when she/he cries or asks for help
  - **c.** Accept your child's emotions —all emotions are real for a child even if they don't make sense to you
  - **d.** Comfort your child
- **iii.** Younger children are often more negatively affected about experiencing family violence than older children so if you began to witness or experience abuse as a little child it may have had a more lasting influence than you imagine.
- **iv.** A desire to escape from the violent or unhealthy relationship may have been part of what led you to being to use substances.
- **v.** List these on a flip chart.

3. Wrap-up

a. Next week we will talk about building healthy relationships for our children and ourselves.

WEEK 2

When We Were Growing Up: How Might Domestic Violence Have Affected Us?

WORKSHEET

Facts About Unhealthy Relationships

TRUE	FALSE	
		1. Young women are more likely to get hurt by their partner than older women.
		2. You are more likely to be injured by your ex-partner than by your current partner.
		3. Women are more likely to be injured by a weapon or object than by being hit or punched.
		4. Uttering threats is more common among current partners than ex-partners.
		5. Women are as physically abusive to their male partners as men are to their female partners.
		6. Married women are more likely to experience violence than those living common law
		7. Most women who report domestic violence say that their partners had been drinking at the time of the abuse.
		8. Almost half of the women experiencing family violence report that they are injured.

WEEK 2

When We Were Growing Up: How Might Domestic Violence Have Affected Us?

FACILITATOR INFORMATION

Facts About Domestic Violence

TRUE	FALSE	
✓		**1.** Young women have the highest rates of spousal violence. **TRUE** *Women under 25 report domestic violence more often than those over 25*
	✓	**2.** You are more likely to be injured by a former partner than your current partner **FALSE**
	✓	**3.** Women are more likely to be injured by a weapon or object than being hit or punched. **FALSE** *Injuries are more likely to be the result of physical force*
	✓	**4.** Uttering threats is more common among current partners than former partners **FALSE**
	✓	**5.** Women are as likely to perpetrate domestic violence as men **FALSE** *Police reports indicate that women are much more likely to be abused*
	✓	**6.** Married women are more likely to experience violence than those living common law **FALSE** *Women in common-law relationships are three times more likely to report violence*
	✓	**7.** Most women who report domestic violence say that their partners had been drinking at the time of the abuse. **FALSE** *44% of women reported that their partners had been consuming alcohol at the time of the violence*
✓		**8.** Almost half of the women experiencing family violence report that they are injured **TRUE** *44% report injuries; bruises – 96% and cuts – 35% are most commonly reported*

(With information from Baker & Cunningham, 2005b, pages 10-14)

WEEK 2

When We Were Growing Up: How Might Domestic Violence Have Affected Us?

INFOSHEET

What Happens When Children Live with Unhealthy or Violent Relationships?

FACILITATOR INFORMATION

What does it mean to "experience" violence?

- Actually seeing and/or hearing the violence
- Being put in the middle of the physical fighting or screaming and yelling
- Experiencing the physical, emotional and psychological repercussions of violence (For example, your mother was tired, afraid and angry so she didn't have the energy to cuddle you.)

When children experience family violence/unhealthy relationships, here are some possible side effects:

- Lower self-esteem
- Harder to make and keep friends
- More aggressive, "acting out" behaviour (especially boys)
- More withdrawn, "eager to please" behaviour (especially girls)
- Behaviour problems (70% of young offenders charged with crimes against people witnessed violence in their families)
- Anxiety and depression
- Post-traumatic stress disorder:

Fear	Anxiety	Irritability
Difficulty Concentrating	Intrusive Memories	Angry Outbursts

There is evidence that these problems are stable. Stable means that you may still be coping with the consequences of having witnessed violence in your home when you were a child.

Sometimes children who grow up in violent environments engage in self-destructive behaviour, including:

- Self-mutilation (Cutting or burning)
- Frightening displays of rage
- Eating disorders
- Involvement in criminal activities
- Substance abuse
- Prostitution
- Suicidal or homicidal tendencies

Children do not have to actually see or hear fighting to by hurt by the violence. When adult relationships are unhealthy, relationships between the adults and the children in the family change even if the children don't actually see or hear the violence. This is the same as what can happen when a child experiences her mother's substance abuse without actually seeing it.

For example, a mother may be preparing to go on a crack run. For several days beforehand, she is edgy and excited. She may be less responsive to her child(ren) because she is thinking about the excitement/pleasure that is coming in the next few days. Then, when the time comes, she may disappear from home for several days. During this time, the child does not know where her mother is and may be cared for someone who she does not know well. The child worries about where Mum has gone and when or if she will return. When Mum does return, it may take some time before she is able to respond to her child as she comes down from the high. Even though the child has not actually seen the drug use she has certainly experienced the consequences of what happened.

NOTE: Distribute this page depending upon the literacy level of the group. If it is not distributed, use the example as a component of the discussion during group.

WEEK 3

Recovering From My Past: Building Healthy Relationships for Me and My Child

KEY MESSAGES

» No matter what happened in your past, it is possible to move beyond your experiences and create healthy, happy relationships for yourself and your children

» Young children are dependent on the environments that their mothers create

OVERVIEW

Purpose

The purpose of this session is to provide an opportunity for participants to describe their vision of a healthy relationship and to develop strategies to create positive relationships for themselves and their children.

Context

For women who were raised in violent homes and who experienced unhealthy relationships, appreciating that they have the right to live in and with healthy, positive relationships, can be difficult. It is important to provide participants with the tools to build healthy, positive relationships.

Materials/Handouts

1. *Characteristics of Healthy Relationships*
2. *Healthy Relationship Quiz*

GROUP SESSION 3

1. Welcome and check-in

2. Have each participant identify something significant that she gained from Session Two and why it was important to her.

3. Information Sharing/ Teaching/Discussion.

a. Using a flip chart, ask participants their vision of a healthy relationship.

- i. What would it look like?
- ii. What is important to you?
- iii. What would it feel like?
- iv. What behaviours would an outsider observe?
  1. Prompts
     - a. Kindness
     - b. Helpfulness
     - c. Good manners
     - d. Physically affectionate (hugging and kissing)
     - e. Smiles and laughter
     - f. Happy children
     - g. Talking as opposed to screaming and yelling
     - h. Non-violent
  2. Distribute ***Characteristics of Healthy Relationships***.
     - a. Discuss each characteristic and explore how it might manifest itself in each participant's relationship
     - b. Emphasize that there is no such thing as a perfect relationship but that we are working to create relationships that work for each of us.

b. Looking at my own relationships

- i. Distribute ***Have you experienced any of the following in your relationship?***
- ii. Have participants complete questionnaire
  1. Ask the questions aloud and work through them one by one or
  2. Have each woman answer the quiz and then take up the responses together
- iii. Ask participants to reflect upon why these traits may be contributing to an unhealthy relationship.
- iv. Explore what traits are more important than others to participants as indicators of a relationship that is unhealthy for them.
- v. Explore with participants what they are looking for in a relationship.

4. Wrap-up

a. Next week we will talk about the importance of positive environments for healthy brain development.

b. We will also talk about building self-esteem and the importance of believing that you are worthy of a healthy happy relationship.

WEEK 3

Recovering From My Past: Building Healthy Relationships for Me and My Child

INFOSHEET

Characteristics of Healthy Relationships

Partners like to spend time with each other	Partners share some likes and dislikes	Partners are NOT afraid of each other
Partners support each other and help each other to be the best that they can be	Partners accept that they are different people and that they will not agree about everything	
Partners share decision making	Partners trust each other	Partners are kind to each other
Partners share responsibility for raising their children	Partners encourage each other to participate in activities outside the relationship	

WEEK 3

Recovering From My Past: Building Healthy Relationships for Me and My Child

WORKSHEET

Healthy Relationship Quiz

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING IN YOUR RELATIONSHIP?

YOU

- ☐ Can't be honest about your feelings and can't talk about them freely with your partner.
- ☐ Think that you can make your partner's problems go away.
- ☐ Are afraid of your partner's temper, so you avoid making him/her angry.
- ☐ Usually feel unhappy about the relationship.

YOUR PARTNER

- ☐ Wants to know where you are and who you are with all the time.
- ☐ Yells at your children and doesn't want to look after them.
- ☐ Criticizes your friends or family and asks you to stop seeing them.
- ☐ Decides how you spend your time together.
- ☐ Doesn't let you make any decisions.
- ☐ Puts you down and tells you that you are stupid or useless or ugly.
- ☐ Has threatened to hurt you or has hurt you even if he is sorry afterwards.
- ☐ Pressures you to do sexual things you don't want to do and puts you down when you refuse.
- ☐ Does not support your decision to practice safer sex.

(Adapted from Peel Region Public Health, 2007)

WEEK 4

Child Development and Behaviour

KEY MESSAGES

» Healthy brain development depends on healthy, happy environments

» The way we interact with our children when they are infants and toddlers will make a difference to them for the rest of their lives

OVERVIEW

Purpose

The purpose of this session is to provide information about children's development and how witnessing family violence may affect development and behaviour.

Context

It is important to provide participants with positive parenting strategies, building on an understanding of child development and recognition that a child's behaviour is not deliberately challenging/difficult but is the result of the experiences that the child has.

Materials /Handouts

1. *Helping Our Children Grow*
2. *Trust vs. Mistrust*

GROUP SESSION 4

1. Welcome and check-in

a. Thank the participants for making the effort to attend the group.

b. Check-in about recovery and relationships

c. Ask if anyone has any questions or feedback about Session Three

2. Information Sharing/ Teaching/Discussion

(Note: This session may take the form of a presentation to participants depending upon the level of knowledge about brain development and the impact of experiencing family violence.)

a. Using a flip chart, ask participants what they know about how children develop and the influences on their development—brainstorm ideas, understanding and beliefs

b. Do you think there are differences in how children develop if they are exposed to family violence? Can you describe some of these differences? (Put these onto the flip chart)

c. Provide specific information about brain development and the importance of creating environments that support healthy brain development (see facilitator's information below)

d. Handout information about brain development

e. Discuss the implications of this information on parenting our children

3. Wrap-up

a. Next week we will talk about strategies to support the development of high self-esteem and competence in ourselves

b. How our role as mothers is so important to our children

Note:

Participants responded very positively to this session. The presentation of information about brain development took the form of a mini-lecture to which all participants listened intently, asking lots of questions.

WEEK 4

Child Development and Behaviour

FACILITATOR INFORMATION

How Experience Shapes Development

Children are complicated little beings. It is our responsibility as parents and caregivers to support our children to develop to their fullest capacity.

Understanding how children develop and how their experiences shape their development and behaviour is helpful.

Brain Development (Adapted from Perry, 2004)

When children are born, their brains are not yet fully developed. In our first four years of life, our experiences will shape the way that our brain develops. By the time that we are four, our brain is 90% of the size that it will be when we become an adult.

How the brain develops:

- The brain develops in response to experiences; the environment is important
- The brain changes based upon the input that it receives; physical connections in the brain are made—or not made—through repetition
- Each brain is different and our experiences early in life determine how positively our brain will grow

Once our children are born, there are two key factors that affect brain development:

1. The environment in which the children live
2. The food that they eat

Supporting healthy brain development	May put healthy brain development at risk
Consistent, predictable interactions	Unkind caregivers
Stimulating environment	Unpredictable, chaotic environments
Responsive relationships	Being ignored or neglected
Predictable, manageable stress	Too much stress
Healthy nutrition including the fats necessary to support the development of healthy brain function	Poor nutrition/not enough food

Continuous Stress

- When children experience on-going stress, hormones are released in their brain (cortisol) that have a long term impact on memory and brain function
- Younger children appear to be more negatively affected than older children
- The exposure to continuous stressors (such as experiencing family violence) can over-ride the positive interactions that lead to healthy development

When the brain is exposed to traumatic events over a period of time, what happens:

For babies and toddlers:

- Difficult to settle, anxious and unhappy (can be difficult for Mum)
- Loud noises and vivid visual images associated with violence are distressing

For school-age children:

- May be misdiagnosed as ADHD as PTSD symptoms overlap and there may be no knowledge of the family violence.
- May miss school due to injuries to themselves or their mothers.
- Trouble paying attention and concentrating
- Academic and/or social success or failure has significant impact on self concept.
- Children who witness violence may lose faith in themselves, others and their futures. Experiencing the world as unsafe, they fall into despair and give up hope that their needs will be met. This perspective interferes with school performance.

The most important protective factor for children exposed to violence is a secure relationship with an adult

WEEK 4

Child Development and Behaviour

FACILITATOR INFORMATION

The Stages of Development

Erik Erikson identified 8 stages of development. Each of us goes through these stages and our success in moving from one to another depends upon the experiences that we have in each stage. As mothers, we help our children move successfully through each of the stages:

BABIES: TRUST VS. MISTRUST

Needs maximum comfort with minimal uncertainty to trust himself/herself, others, and the environment.
Mum responds when baby cries so the baby trusts that Mum will be there.

TODDLER: AUTONOMY VS. SHAME AND DOUBT

Works to master physical environment while maintaining self-esteem.
Toddlers are starting to understand that they are separate from their Mums.

PRESCHOOLER: INITIATIVE VS. GUILT

Begins to initiate, not imitate, activities; develops conscience and sexual identity (being a boy or a girl).
Preschoolers need to know that they have control over their environments.

SCHOOL-AGE CHILD: INDUSTRY VS. INFERIORITY

Tries to develop a sense of self-worth by refining skills.
School-age children are learning that everyone is good at something.

ADOLESCENT: IDENTITY VS. ROLE CONFUSION

Tries integrating many roles (child, sibling, student, athlete, worker) into a self-image under role model and peer pressure.
Developing your own identity and deciding what you will share with others.

YOUNG ADULT: INTIMACY VS. ISOLATION

Learns to make personal commitment to another as spouse, parent or partner.

MIDDLE-AGE ADULT: GENERATIVITY VS. STAGNATION

Seeks satisfaction through productivity in career, family, and civic interests.

OLDER ADULT: INTEGRITY VS. DESPAIR

Reviews life accomplishments, deals with loss and preparation for death.

WEEK 4

Child Development and Behaviour

INFOSHEET

Helping Our Children Grow

Our job is to help our children be the best that they can be. It helps to understand how they grow.

Brain Development (Adapted from Perry, 2004)

When children are born, their brains haven't finished growing. What happens to a baby and toddler shapes the way the brain develops. By four, children's brains are 90% of adult size. This means that what happens in the first four years of life is very important.

There are two things that are very important:

- Healthy food
- Healthy environments

How the brain develops:

- The brain develops in response to experiences; the environment is important
- Physical connections in the brain are made—or not made—through repetition and experience—things that happen over and over again

When the brain is exposed to scary or traumatic events again and again what happens?

For babies and toddlers:

- Difficult to settle, anxious and unhappy (can be difficult for Mum)
- Might cry a lot
- Can be very aggressive
- Loud noises associated with violence make the baby cry or withdraw
- Might be very quiet or really withdrawn
- May avoid contact with parents

For school-age children:

- May be misdiagnosed as Attention Deficit Hyperactivity Disorder (ADHD) because symptoms of Post Traumatic Stress Disorder (PTSD) can look like ADHD symptoms and school staff may not know that a child is experiencing domestic violence

Supporting healthy brain development (What does this look or feel like to a child?)	**Putting healthy brain development at risk** (What does this look or feel like to a child?)
Consistent, predictable interactions • When I cry, you pick me up	Unkind caregivers • You yell at me when I cry
Stimulating environment • You play with me, talk to me and sing to me	Unpredictable, chaotic environments • There is a lot of yelling, screaming and crying. I can hear it even though you think that I can't
Responsive relationships • When I smile at you, you smile back at me	Being ignored or neglected • Sometimes it takes a long time before my diaper gets changed
Predictable, manageable stress • When I meet a new person, you hold my hand to help me know that it is safe	Too much stress • Someone I don't know at all comes to look after me
Healthy nutrition • I get fed when I am hungry and the food is healthy • There is enough fat in my diet (whole milk) because my brain and nervous system needs fat	Poor nutrition/not enough food • Sometimes you forget to feed me regularly or the food is not very healthy

WEEK 4

Child Development and Behaviour

INFOSHEET

- Might skip school
- Might miss school because they are hurt or because their mothers are hurt
- Might feel sick a lot—might have physical symptoms that are real or pretend
- Trouble paying attention and concentrating
- Academic and/or social failure may make children feel badly about themselves—low self-esteem
- Children who witness violence may lose faith in themselves, others and their futures. Experiencing the world as unsafe, they feel very sad and give up hope. This interferes with school performance.
- May have trouble with relationships because the concepts of safety and danger get mixed up. Danger may seem normal and children and teens may feel more comfortable with dangerous relationships.

The most important protective factor for children exposed to unhappy relationships is a strong connection with a caring adult

WEEK 4

Child Development and Behaviour

INFOSHEET

The Stages of Development

Erik Erikson identified 8 stages of development. We all go through these stages. As mothers, we can help our children move successfully through each stage:

BABIES: TRUST VS. MISTRUST

Mum responds when baby cries so the baby trusts that Mum will be there. Mum picks up her baby when he cries.

TODDLER: AUTONOMY VS. SHAME AND DOUBT

Toddlers are starting to understand that they are separate from their Mums. They want to be more independent.

PRESCHOOLER: INITIATIVE VS. GUILT

Preschoolers need to know that they have some control over their environments. Children are beginning to develop their sexual identity and know whether they are boys or girls.

SCHOOL-AGE CHILD: INDUSTRY VS. INFERIORITY

School-age children are learning that everyone is good at something. It is important to give school age children opportunities to succeed.

ADOLESCENT: IDENTITY VS. ROLE CONFUSION

Teenagers are trying to figure out who they are and what they want to be.

YOUNG ADULT: INTIMACY VS. ISOLATION

Learning how to make commitments to others.

MIDDLE-AGE ADULT: GENERATIVITY VS. STAGNATION

We want to believe that we are making a contribution to society.

OLDER ADULT: INTEGRITY VS. DESPAIR

Looking back at our lives and preparing for death.

WEEK 5

Building Self-esteem

KEY MESSAGES

» High self-esteem is critical to creating and sustaining healthy relationships

» It is possible to increase your level of self-esteem

OVERVIEW

Purpose

The purpose of this session is to provide an opportunity for participants to develop strategies to build and strengthen their own self-esteem.

Context

In each of the first four sessions of group, participants raised the issue of self-esteem over and over again. The participants clearly and accurately see lack of self-esteem as a critical barrier to successful relationships.

For women who were raised in violent homes and who have experienced unhealthy relationships, believing that they deserve positive, healthy and happy relationships and interactions can be difficult. Strong self-esteem is a critical component to finding and maintaining healthy, positive relationships. It is also important that women identify goals for themselves that are separate and distinct from being in a relationship.

Materials /Handouts

1. *Five Great Things About Me*
2. *My Goals*
3. *Self-Esteem Building Affirmations*

GROUP SESSION 5

1. Welcome and check-in

2. Have each participant identify something significant that she gained from Session Four and why it was important to her.

3. Information Sharing/ Teaching/Discussion

a. Each week, you have identified self-esteem as an important component of getting and maintaining healthy relationships? What does self-esteem look like?

- **i.** Prompts
  1. Value yourself
  2. Not willing to settle
  3. Capable
  4. Confident
  5. Good communication skills
  6. Problem-solver

b. Building these skills and attributes

- **i.** Distribute "5 Great Things About Me" worksheet
- **ii.** Work through the lists together, having participants identify five great things about themselves. Support the women to focus on positive decisions that they have made.

c. Setting goals and making decisions for myself

- **i.** Whether or not we are in relationships, it is important that we look after ourselves, make plans for our lives, and take action on things that are important to us. It is important that we learn to take care of ourselves.
- **ii.** Distribute the "My Goals" worksheet.
- **iii.** Work through it as a group, supporting participants to think about goals that are immediate (within the next couple of days), shortterm (within the next few weeks) and longer-term (more than a month away)
- **iv.** Support participants to identify the barriers to reaching their goals.

d. Building Self-Esteem

- **i.** Distribute "Building Self-Esteem Affirmations".
- **ii.** Review list
- **iii.** Ask each participant if there is a statement that she would like to add to the list or if there is a statement that means a great deal to her.

4. Wrap-up

a. Summarize the importance of believing that you are a valuable person who is worth being treated with respect and care.

b. Have each participant describe one great thing that she is going to do for herself in the next week.

c. Next week we are going to talk about our children and what our relationships mean to them. We will also talk about strategies to build strong self-esteem in our children.

WEEK 5

Building Self-esteem

WORKSHEET

Five Great Things About Me!

I AM GREAT BECAUSE ...

1.

2.

3.

4.

5.

AND THAT'S THE TRUTH!

WEEK 5

Building Self-esteem

WORKSHEET

My Goals

1. IMMEDIATE (within the next couple of days)

2. SHORT-TERM (within the next couple of weeks)

3. LONGER-TERM (within the next couple of months)

WEEK 5

Building Self-esteem

INFOSHEET

Affirmations

1
I am a valuable and I am worthy of the respect of others.

2
I will bounce back quickly from temporary setbacks.

3
I feel warm and loving toward myself, and I am doing the best that I can do.

4
I am responsible for myself and for the decisions I make.

5
It is not what happens to me, but how I handle it, that determines my emotional well being.

6
I take action; I do first things first and one thing at a time.

7
I am friendly and I try to treat everyone with consideration and respect.

8
I am gentle with myself. I take care of myself the best that I can.

9
I learn and grow from my mistakes.

10
No one in the entire world is more or less special or more or less important than me.

(Adapted from University of Victoria, 2003)

WEEK 6

Positive Parenting—Building Self-esteem in Our Children

KEY MESSAGES

» When we feel good about ourselves it is easier to help our children feel good about themselves

» Children with high self-esteem are more likely to succeed at school and in their relationships

» When our children know that they are loved, they grow up believing that they are valuable and worthwhile

OVERVIEW

Purpose

The purpose of this session is to provide an opportunity for participants to develop strategies to build and strengthen their relationships with their children with an emphasis on supporting the development of healthy self-esteem and competence in their children.

Context

Perhaps the most significant gifts that a parent can give a child are a sense of competence, a sense of accomplishment and the belief that she or he is loved unconditionally. Supporting the development of these attributes in a child(ren) can be a challenge for women who do not believe that they are competent, accomplished or worthy of unconditional love.

Women struggling with substance abuse, many of whom have experienced and/or witnessed unhealthy and possibly violent relationships, often feel that what they are most successful at is failing. This can make it difficult to communicate more positive and supportive messages to their children.

Materials/Handouts

1. *Building Competence and Self-Esteem in Children*—for facilitators
2. *Five Great Things About My Child(ren)*—for participants
3. *Ways To Show My Child I Love Her*—for participants

GROUP SESSION 6

1. Welcome and check-in

a. Thank the participants for making the effort to attend the group.

b. Check-in about recovery and relationships

c. Ask if anyone has any questions or feedback about Group 5

2. Teaching/Information Sharing/Discussion

a. Review the contents of *Building Competence and Self-Esteem in Children* with participants.

b. Ask participants to brainstorm strategies to build self-esteem and competence in their children. Use either a white board or flip chart to record the comments.

c. Have each participant complete the worksheet *Five Great Things About My Child(ren)*. If there are participants who aren't comfortable writing, do the activity aloud rather than in writing.

- **i.** Encourage participants to focus on great things that their children can actually do to reinforce the importance of promoting a sense of competence in their child(ren).

d. What makes us feel loved?

- **i.** Using a flip chart or white board, ask participants to identify what makes them feel loved.
- **ii.** Follow-up by asking what actions and words participants believe help their children to feel loved. Document the responses using a flip chart or white board.

e. Loving our Children

- **i.** Distribute "Ways to Show My Child I Love Her".
- **ii.** Review list
- **iii.** Ask each participant if there is something that she does to show her child(ren) that she or he is loved and add it to the list.

3. Wrap-up

a. Have each participant describe one great thing that she is going to do for herself in the next week. Have each participant describe one great thing that she is going to do for her child(ren) next week.

b. Take a moment to review the key messages of the groups from beginning to end:

- **i.** Week One: "Everyone has the right to a healthy relationship" and "Unhealthy relationships come in many forms"
- **ii.** Week Two: "Witnessing or experiencing unhealthy relationships as children can make it difficult for us to recognize what healthy relationships look like"
- **iii.** Week Three: "What does a healthy relationship look like?"/"What do I need to have a healthy relationship?"
- **iv.** Week Four: "How our children develop – How we support healthy growth for our children"
- **v.** Week Five: "Believing that we are worthwhile is important to having healthy relationships –Building Our Self-Esteem"
- **vi.** Week Six: "Building self-esteem in our children and creating healthy relationships with our children."

c. As this is the last group together, seek feedback about the content and process: "This is our last group together and we are interested in your feedback about what you have liked, what you would have liked to talk about, what would you change, what would you do the same?"

WEEK 6

Positive Parenting—Building Self-esteem in Our Children

INFOSHEET

Building Competence and Self-Esteem in Children

DEFINING SELF-ESTEEM: HOW MUCH A PERSON LIKES, ACCEPTS AND RESPECTS HERSELF

FACILITATOR INFORMATION

Help children feel competent and capable

Give children opportunities to make developmentally appropriate choices:

- "Would you like to wear your yellow sweater or your pink sweater today?" (Toddlers)
- "Which story would you like to read together today?" (Toddlers and preschoolers)
- "Would you like an orange or an apple for snack today? (Toddlers and Preschoolers)

Set up opportunities for children to succeed:

- Label plastic bins so that children can tidy up. Use pictures for toddlers and preschoolers
- Encourage children to try new things (simple puzzles for young children, painting or colouring, running or jumping)

Do things with your child

- Roll a ball back and forth to each other (Toddlers)
- Have children help with simple tasks at home: when you are folding laundry, have your older toddler or preschooler match up the socks
- Make meals together

Meaningful Praise

Praise children for what they do and accomplish. Be specific.

- "You did a great job tidying up"
- "You built a really tall tower with your blocks"
- "Good job cleaning your teeth"
- "You ate all your carrots. Good for you"

Listening and Talking

Actively listening to children gives the message that they are important to us and that they have something meaningful to say.

- Make time to listen
- Make eye contact
- Repeat back what the child says to be sure that you understand what she is saying
- When little children are hard to understand, stop what you are doing and listen anyway, even if you don't understand everything that is be said

Respectful talking

- Separate who your child is from what your child does: "I love you because you are a great kid. It is not ok to hit your brother"
- Match your body language to your words
- If you happen to lose your cool, say "I'm sorry"
- Tell your children you love them... every day

WEEK 6

Positive Parenting—Building Self-esteem in Our Children

WORKSHEET

Five Great Things About My Child!

MY CHILD IS GREAT BECAUSE....

1.

2.

3.

4.

5.

AND THAT'S THE TRUTH!

WEEK 6

Positive Parenting—Building Self-esteem in Our Children

WORKSHEET

Ways to show my child I love her

- Hug your child—lots
- Say thank you when your child does something helpful
- Take your child to lunch
- Play with your child
- Read an extra story with your child
- Sing songs with your child
- Make your child's favourite food
- Listen to your child
- Set limits for your child
- Say "I love you"—lots
- Take recovery seriously
- Look after yourself

Three special ways to show my child I love her:

1.

2.

3.

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