

# Child's Play

## Rebuilding attachment between mothers and children following domestic violence

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*Domestic violence is a serious problem in our community. The effects on women victims can be severe, producing both physical and emotional health problems. Children too can be similarly affected, as witnesses to parental violence and as the focus of parental abuse. For both there can be the further difficulty of a breakdown in their interactions which can lead to damaged attachment. While recovery from violence depends ultimately upon guaranteed safety for the victims, the process can be enhanced by repairing the bonds of attachment between mother and child. A program has been developed to rebuild damaged attachment which addresses issues in a child-focussed manner using movement, games and play.*

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Studies from North America on the incidence of domestic violence suggest that between 21% and 34% of all women are assaulted by a male partner during adulthood, and that for 10% of these women the violence is so severe that they worry for their personal safety and life (Browne 1993; Rodgers 1994). Domestic violence also causes an estimated one million women to seek medical treatment for their injuries each year, with between 22% and 35% of all women patients using emergency departments being battered women (Smith & Gittelman 1994).

The results of four recent Australian studies suggest similarities to the North American data (Bates, Redman, Brown & Hancock 1995; Mazza, Dennerstein & Ryan 1996; Roberts, O'Toole, Lawrence & Raphael 1993; Webster, Sweett & Stoltz 1994). These studies indicated that between 14% and 29% of women surveyed at hospital or GP settings revealed a history of domestic violence, with the hospital-based studies (Bates et al 1995; Roberts et al 1993) finding that between 1% and 2% of women attending emergency departments were there as a direct result of domestic violence. Self-reported levels of violence ranged from verbal insults and threats through to physical assaults and assaults with weapons.

The effects on women of living in a domestic violence relationship are now well documented (Browne 1993; Jaffe,

Wolfe, Wilson & Zak 1986a; Smith & Gittelman 1994) and encompass both physical and emotional health problems. Apart from non-fatal traumatic injury, other physical health problems include a range of somatic and stress complaints such as gastrointestinal symptoms, bodily aches and pains, insomnia and other sleep disturbances. High levels of anxiety and depression are commonly reported and, together with other emotional difficulties, can severely diminish daily functioning.

Many of these women are mothers who are responsible for the day-to-day tasks central to parenting children of all ages. Over the past ten years there has been increasing research documenting the effects on children of living in domestic violence homes. This emerging literature has begun to provide evidence that domestic violence has effects on children's behaviour, their cognitive and problem-solving abilities, as well as their coping and emotional functioning.

While the literature is clear that, as a group, children are disadvantaged by domestic violence in all of the above areas, there do not appear to be any 'typical' reactions. Many variables play a role including the nature and extent of the violence, the number of separations and moves and the economic and social disadvantages that often follow, and children's own individual vulnerabilities or coping mechanisms.

Preschool children can be particularly affected as they are emotionally dependent upon their caregivers for security and stability. These children often respond to angry adult interactions with distress, a range of somatic complaints and disturbed behaviour, including increased aggressive interactions with peers (eg, Cummings, Iannotti & Zahn-Waxler 1985; Davis & Carlson 1987). Studies of both boys and girls of primary school age indicated that children from domestic violence family backgrounds had significantly more behavioural problems and generally were lower in social competence than children from non-violent backgrounds (Christopoulos et al 1987; Jaffe et al 1986b). These studies also showed that high levels of anxiety and other internalising problems were found equally in boys and girls, although the picture for externalising behaviour is less clear, as not all studies found significantly more aggressive behaviour in boys.

Less well understood is the fact that many of these children are themselves abused. However the link between domestic violence and child abuse is beginning to be documented (McKay 1994; Stanley & Goddard 1993), with recent studies indicating that the greater amount of violence against a spouse, the greater the probability of physical child abuse by the physically aggressive spouse (O'Keefe 1994; Ross 1996). Children who both witness domestic violence and who are themselves abused tend to show significantly more distress and disturbed behaviour (Hughes, Parkinson & Vargo 1989) than those who witness violence but are not physically abused themselves.

The least documented but perhaps the most insidious effect on children is the aspect of emotional neglect that arises when the abused mother is unable to adequately meet the emotional needs of her child(ren). Until recently the effects of domestic violence on both women and children have been studied separately. Recent research, however, has begun to place some importance on the mother-child relationship. Spaccarelli, Sandler and Roosa (1994),

for example, found that violence against the mother was related to self-reported depression in children of both sexes, but was more consistently related to girls' adjustment, particularly self-esteem and behaviour problems. Similar results were found by Johnston, Gonzales and Campbell (1987) in families where conflict continued post-separation, while Kline, Johnston and Tschann (1991) found that the mother-child relationship was an important buffer between marital conflict and child functioning.

Where the mother's functioning is diminished, where depression and low self-esteem reduce confidence and energy and where all efforts are directed towards basic daily tasks, it can be expected that children will be affected accordingly, with indicators being aspects of delayed developmental and disturbed social functioning. Indeed such indicators have already been mentioned in the domestic violence literature. Pre-school children exposed to domestic violence are often socially isolated from their peers and can have difficulty relating to the activities and interests of their age group. Some have problems relating to adults (DeLange 1986). Primary school age children frequently show below average adaptive skills, below average reading ages, can have difficulties with school work and often select inappropriate coping strategies (Hughes 1986; Mathias, Mertin & Murray 1995).

Once a mother has left a violent relationship, recovery will depend upon a number of factors, but principally upon being in a safe and stable environment. Where there are ongoing threats or abuse post separation, recovery in the mother will be delayed. It can be expected that recovery in the child(ren) will be similarly delayed, continuing the cycle of instability and insecurity. It is important therefore that, once the family is out of a state of crisis and is safe, the healing process begin as soon as possible, which includes strengthening the bonds of attachment between mother and child(ren).

## CHILD'S PLAY

*Child's Play Therapeutic Program* (Worth 1996) is a creative form of psychological intervention for mothers and children who have left a domestic violence environment. Its primary aim is to rebuild broken bonds and damaged attachment between the two, and in this way allow the healing process to be approached in a mutually enhancing way. While the program is focussed on rebuilding attachment, a number of secondary gains are derived from this. The program enhances parenting skills and expands the knowledge base around child development. The program also offers a safe venue for emotional expression and learning skills for handling feelings. The activities centre around the use of music, movement, games and play, and mother and child work together in each activity.

*Child's Play* is designed for children between 5 and 10 years of age and their mothers. The program is built on exercises for dyads and is principally directed at emotional level functioning. Early bonding rituals normally engaged in by mother and infant form the basis of the dyadic activities, eg, eye gazing, 'in arms' bodily contact, mirroring, etc, and are the core of many of the game-style activities. After each activity, participants proceed through a therapeutic debrief and then a psycho-educational discussion on strategies for repairing any difficulties in attachment that were highlighted by responses to the activities. Used in a safely structured environment the program helps to re-establish bonds through enabling intimate, trusting and supportive exchanges to occur repeatedly over time. Once bonds are re-established between mother and child, both are likely to be more open to cognitively-based (eg, skill enhancement) techniques of intervention, whereas prior to this it may be extremely difficult for either mother or child to concentrate on learning and practising skills together.

The program was initially piloted and evaluated on five dyads using the Parenting Stress Index. Results showed a trend of increased behavioural control within children who had been 'acting out'

prior to the group program and enhanced spontaneity and more relaxed behaviour in children who had been withdrawn prior to the group program. The same trend was reflected in parents' views of their own behaviour management skills. The program has been run throughout the past five years and similar outcomes have been consistently demonstrated. There is an instrument currently being developed in NSW to evaluate this program more specifically and it is intended that this instrument will then be utilised whenever the program is conducted throughout Australia. This will provide outcome data on greater sample sizes and consequently enable stronger support to be demonstrated for this program.

## CONCLUSIONS

Historically, society's concept of violent victimisation has tended to focus on assaults occurring between strangers. While domestic violence is not a new social phenomenon, social responses have typically been ambivalent, tending to view this type of violence differently to 'real violence' on the street. This is well illustrated by the comments of a senior Scotland Yard officer when assessing the annual crime figures for the London area in 1954: 'There are only about 20 murders a year in London and not all are serious - some are just husbands killing their wives' (Artley 1993). Despite having moved some way from this position, progress in understanding and dealing with the effects of domestic violence has been slow.

The first women's refuge, Haven House in Pasadena, California, was opened in 1964. This was initially for the victims of alcohol-related violence, as so many beaten women and children were found to be sleeping overnight in parked cars. Erin Pizzey opened her Women's Aid house in Chiswick, London, in 1971 (Pizzey 1974). While there was a growing awareness of the physical and emotional effects of domestic violence on women from this time, the first research articles on the effects of domestic violence on children did not appear until 1985. Ongoing research

has continued to increase our understanding of the dimensions of domestic violence and its effects upon both women and children, but has tended to focus on each group separately. Similarly, interventions have tended to separate the two groups rather than focussing on the dyadic relationship.

The effects of violence on the woman as parent and the consequent effects this may have on children is an important next step in our evolving knowledge of child development generally and of domestic violence in particular. Successful therapeutic intervention with children may well depend upon the emotional health of the mother, and a process of recovery which also focuses on fostering the bonds between them. *Child's Play Therapeutic Program* is a step in this direction. □

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