

Stolen Childhoods

Report on KIDshine programme June 2011 – June 2012



Then dad YELLED at us to
get out. ~~side~~ then we
blocked our ears so we could
not here them fight. The thing

Then dad YELLED at us to get outside then we blocked our ears so we could not here (hear) them fight!

Introduction

The KIDshine programme is a crisis intervention for children who have witnessed serious violence occurring in their home. The evidence demonstrates that deficiencies in experiences have an enduring impact on the child or young person's subsequent development and opportunities in life. The period of time prior to birth and up until around three years of age is crucial for brain development and forming secure attachments. Children in this early stage of development who are repeatedly exposed to periods of intense fear and stress may suffer permanent physiological changes to their brains, the effect of which is profound.

Whether or not damage has occurred to brain development, the children we work with have greater chance of experiencing adverse immediate and longer term outcomes. These include anxiety, depression, bullying, poor academic achievement, self-harm, propensity to repeat violent behaviour as adults, suicide, imprisonment, low self-confidence, inability to form empathetic relationships etc.

At a very basic level, virtually every child we see has trouble getting sufficient sleep. All parents of young children know that getting their children to go to bed and stay there is sometimes a battle. However, the problems we see with children referred to KIDshine often goes well beyond what most parents would think is normal child rearing problems. Irrespective of age, these sleeping related problems include one or more of the following: bed wetting; being afraid of the dark; refusal to go to bed alone; difficulty getting to sleep, or waking and being unable to get back to sleep, often spending hours worrying; bouts of prolonged sobbing; wanting to sleep with their mother; waking to check noises and check on their mother – sometimes a number of times in the night. All of this leads to very tired children who find it hard to concentrate on school work, are short tempered and who fear the coming of the next night.

Referrals for this programme come from a number of sources, but primarily from Police, Child Youth & Family and hospitals. The KIDshine service is provided to the family in their own home, unless this is too dangerous for either our staff or the family. Initially, three visits, approximately a week apart are made by a highly skilled and professionally qualified child advocate.

We have found that the non-violent parent caring for the children has so many questions they want to ask that this could dominate the entire initial session. It is essential therefore, that on the first visit the child advocate is accompanied by another advocate who is there to talk with the parent – usually the mother. However, the whole focus of this work with the parent is on the children and other issues relating to the adults solely are referred to other Shine staff to assist with following the session.

This frees the child advocate to focus on establishing a trusting relationship with the child(ren), normally working in a separate area of the house to where the parent is. Both advocates commence the service by undertaking a comprehensive trauma, danger and needs assessment of the children, building on information already provided by the referrer, by speaking to the parent and directly with the child (if old enough). Following this first session, the child advocate delivers the rest of the programme by themselves.

The first three sessions cover a wide range of issues and it is a great tribute to the staff that they are able to accomplish so much in a relatively brief intervention. More information about what sessions cover is outlined further into this report. Around a month to six weeks later, the child advocate returns to visit the family. At this final visit, they check that there have been no problems with referrals made and that the children are making progress; that they remember their safety plans and that further issues have not arisen with which family needs additional support.

Between sessions and after these home visits have finished, the KIDshine coordinator continues to be available by telephone if the parent, or occasionally the child, wishes further contact. However, a goal of

the programme is to ensure that the family have been introduced to other community support services if they need this so that emerging issues are dealt with appropriately.

From our many years of delivering this programme, we know that it makes a real difference in the lives of the children with whom we work. To help demonstrate this change, we have done an analysis of the KIDshine intervention with a sample of 100 children we've seen over the past year.

"I lost my cardy at school and dad said you should have noticed to my mum and then he hit her and me and then **we both cried and cried.**" – *7 year old girl*

90% of children in the sample, aged 4 years and older, now understand that the violence is not their fault

Adults consider the violence from a totally different perspective from that of a child and this is frequently overlooked. A very distressing theme is conveyed to the advocates when they begin working with children and ask them what they have observed of the violence taking place and what their interpretation is of what happened.

"Daddy is very, very angry with my mummy because she lets **us be naughty**"
– *5 year old girl*

Just about all of the children seen by KIDshine worry that the violence between their parents is somehow their fault. One of the greatest needs of a child is to understand that they are not to blame and cannot do anything to prevent or stop the violence. KIDshine advocates work in creative ways to help children reach this understanding, which goes a long way toward reducing their anxiety and stress.

One mother told the child advocate that "I have concerns about [my child's] anxiety, his nightmares. I don't want him to think that it's his fault. I saw that stuff when I was little. I don't want him to turn out like me."

On the follow up visit, her five year old child stated, "Everything is better now, I'm really, really happy and I like you coming to see us. Yeah, and my mum has been talking to me about safety and how to use her phone"

98% of caregivers, mostly mothers, now have an understanding of the impact violence has on their child(ren)

Domestic abuse may erode the relationship between mother and child.

Most parents living in the best of circumstances find parenting challenging at times. Women who are being abused and intimidated have often been isolated from sources of support and their parenting skills

undermined. Trying to be a good, responsive and protective parent is incredibly difficult when she may be recovering from injuries, exhausted from lack of sleep, very fearful of further violence, trying to decide what to do and not sure of whom she can trust to turn to for advice.

We frequently visit mothers who have not been allowed to consult midwives when pregnant, presenting at hospital in the latter stages of pregnancy. Later they have been forced to decline support from Plunket or other Well Child providers, or have these visits only when their partner is present. These are not mums who go to coffee mornings, or Plunket support groups. Their families and friends may have limited access to them and are sometimes angry and no longer supportive, or alternatively, bewildered and hurt that they are made to feel unwelcome.

So they are alone.

After they get over from the shock of realisation, it is an immense relief for these mothers to be told how common it is to have a fractious, difficult child when there is domestic abuse occurring. Our advocates let them know that this is not their fault. Many have thought and often been told, that they are bad mothers, so they have limited self confidence in their parenting skills. Almost always the bond between the child and mother is deepened when mothers understand the reasons for their child's behaviour, are taught what to do to overcome these problems, and can see change occurring as a result.

“I end up ignoring them and I ask them not to and then I end up swearing and yes I have smacked him, **he is so naughty and he seems to be getting worse.**” - *Mother*

Children react in different ways to the violence; some are very good, almost too good and their parents may incorrectly think that they are fine and that the violence has had no impact. But some mothers may have to try and cope with a baby who cries and cries through fear and is difficult to settle, which can make bonding to the child harder. They may have a child who is acting out, so disobedient, that their mother finds them hard to manage. There are some children whose behaviour is extreme – they hit their siblings, they break things, they won't go to bed, they aren't doing well at school, they yell disrespectfully at their mother. If this goes on for too long, their mother may come to see them as sharing the abusive behaviour and personality of their father.

“Who will look after me if my mummy gets dead?”

Many adults assume that much of what goes on in the home goes over children's heads or that if they get upset by something they will quickly forget about it. More often than not, children are not talked to about the violence by either parent. There is an assumption that they haven't seen or understood what is going on. Sometimes their mother simply has no idea how to explain what is happening and feels that it will only distress her children to discuss it with them.

“I'm not sure if they saw my bruises.....but they probably did”. - *Mother of three children*

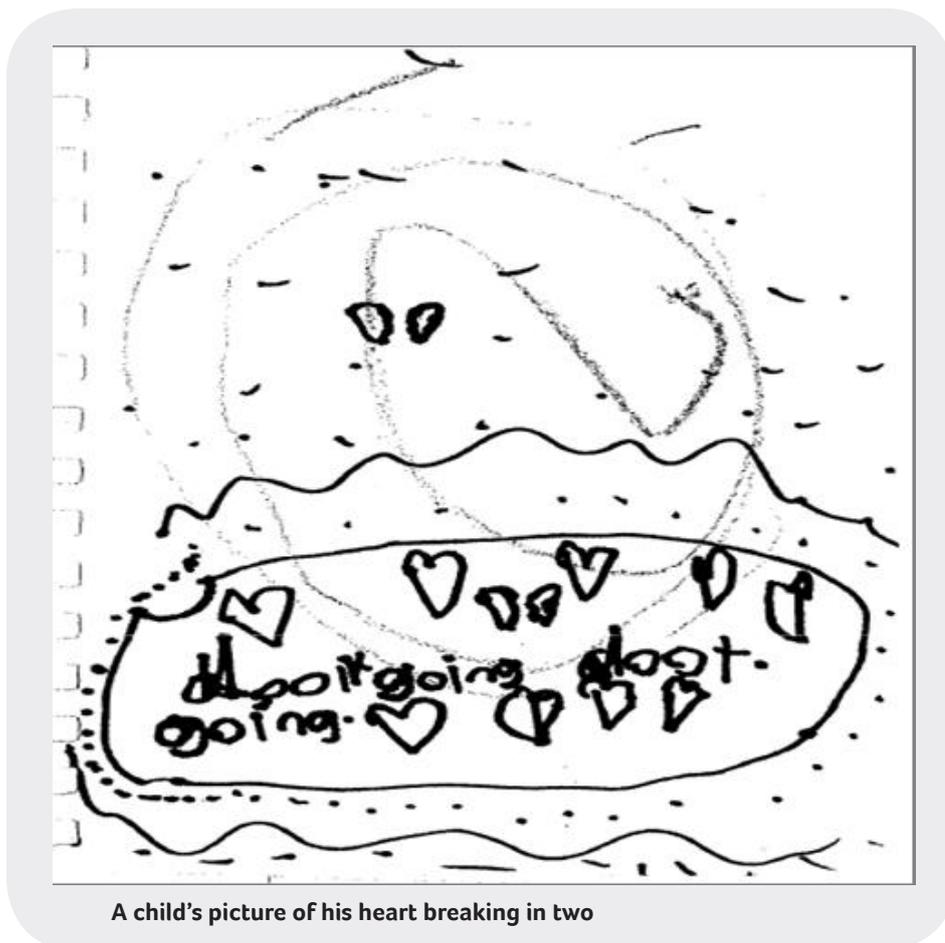
“I play and they fight together...then I die – I just pretending to die... I just hear them sometimes and shut the door on them **because my ears are too loud.**” – 5 year old child

The KIDshine advocates have heard many mothers say comments similar to “He is a great dad, he hurts me, but he never hits the kids”. Almost every parent we visit wants the best for their children and frequently feels desperate trying to decide what course of action is the right choice.

Mothers often stay far longer in an abusive relationship than they want to, thinking it is in their children’s best interests. Our experience is that they stay because of their children and then decide to leave, because of their children.

It frequently comes as a huge shock to many parents when they find out just how much their children have seen and how traumatised they have been by this.

“I had no idea he even understood what was going on” said a mother when the advocate told her that her little six year old boy had talked about “naughty dreams” in which he thinks about helping her but can’t and “I hide in my bed and the dream came back”. When his mother talked with him later he said to her that “my heart hurts” when he dreams and he thinks of his parents fighting.



A child's picture of his heart breaking in two

“Feelings get hurt sometimes, I guess like my heart gets broken.” – 10 year old boy

A silent casualty of family abuse is the breakdown of trust and communication between a parent and children. So a critical part of our KIDshine programme is to provide the parent responsible for caring for the child with an insight into how their child is dealing with the violence and what they are worried about.

“I used to get angry at Michael and Sally because I was angry with my relationship with Peter but now I feel more empowered and things are better for us.” - Mother

Simple parenting strategies that work are highly valued by parents wanting to do the right thing by their child. We impart useful and helpful information in a non-complicated manner and offer very practical support to assist a parent learn how to care for an extremely traumatised child. Depending on the needs of each child, a mother may need support in how to effectively discipline children who are being difficult, or how to soothe and console a very distressed child – usually one and the same child. They may need to learn what they can do to encourage a child who truants because he is frightened of leaving his mother at home alone and unprotected whilst he is at school.

“There is no hitting when we are with mum, she makes us laugh.” - 8 year old girl

A mother with two children told the advocate that now her children better understood the abusive behaviour of the offender and were behaving visibly less aggressively. “I think my children feel more empowered...they are talking to me and getting everything out”.

Parents learn the importance of talking with their children. This should not involve confiding in them as one adult would to another, nor turning to them for support against the abusive parent, but just talking to them in simple language about what is happening; talking to them about what they have seen, letting them know how awful that is and how they wish it hadn't happened, telling them that it is not their fault.

“Now I'm talking with mum more and I am telling mum more about what happened and what is happening now”. - 10 year old child

A major goal of the KIDshine services is to substantially improve children's disrupted sleep.

As mentioned previously, a very common thread throughout the advocates' reports is for them to note that the children they are seeing have problems with sleeping. For instance, at programme intake, fifty per cent of children who witnessed violence reported having recurrent nightmares.

“I have a lot of trouble getting to sleep. I get scared because I think he is inside the house when I hear noises.” - 11 year old child

Children internalise a lot of fears and find talking about their fears hard, so these fears sometimes manifest themselves in their dreams. A seven year old boy had nightmares about his mother's former boyfriend finding him and coming to his school and taking him away “for ever”.

Unfortunately, outcome information about changes in sleeping patterns needed to assess how well this goal was achieved was not systematically recorded by the advocates. Their report content and structure has now been reviewed and improved and this omission will be rectified in future.

However, their reports regularly include comments relating to improved sleeping patterns and we have no doubt that KIDshine the positive impact for children suffering from long periods of broken sleep is substantive. The following are a couple of examples of improvements in sleeping from KIDshine Advocates' reports:

A mother of four children, all of whom had endured periods of extreme terror and were suffering from nightmares and disturbed sleep, told the child advocate, "The children are all sleeping better. And they are talking openly with me now about their experiences."

A mother and her ten year old son agreed that he was sleeping better after the KIDshine visits. The mother commented, "He lets me leave the bedroom now when we have read a story and its bedtime."

93% of children (aged 4 years and older) were able to repeat their safety plan at the final follow up visit.

Children's anxiety and stress can also be greatly lessened simply by having a safety plan agreed with their mother for what to do should another incident occur. The fundamental reason why we are working with these children is because of the extreme violence they have observed.

Even if the adults have separated, this may not mean the violence ends and sometimes it may mark an increase in violent incidents. Given this reality, one of the foremost objectives of the advocates is to ensure that the child is as safe as possible in the future. A safety plan is made with the child and parent, for the child.

"Does Dad
have a map
of our place
Mum?"

"I feel good that I know if something happens, I can go somewhere like my friend's house. I talk to mum more about what might happen if there is an emergency."

- 11 year old child

Safety plans may have many components or be quite simple, depending on the age of the child and their circumstances.

"We have to go up the stairs to our bedroom and shut the door. Yeah, then we can forget the whole thing."

These plans are developed with even very little children to help them keep out of harm's way and for older children, may also include ways for them to help their mums if appropriate. For instance, an older child – say five or six, could be taught how to call 111 and what to say to the operator. Children five years and younger usually have a safety plan that is dependent on action taken by their mother, or by an older sibling.

“My big brother, he knows how to phone the police. He knows our address to tell them and I know it too. He will look after me”. - *5 year old with an 8 year old brother*

But the child needs to understand that they cannot always help their mother and sometimes the very best thing they can do is get away so that she doesn't have to worry about them being hurt too.

“I told Selena not to try and help her mum again. The best thing to do was to go next door to the neighbours' house and ask them to phone the police.” - *child advocate*

A child aged say twelve years old, could learn how to telephone a taxi and go to an aunt's house. A tiny child could be taught to go into their bedroom and stay there.

“Now I know how to stay away from danger and I kind of understand some things about mum and dad.” - *13 year old child*

Abusive fathers – safety concerns

Around eighty per cent of the cases referred to KIDshine involve a mother being abused by their child's natural father.

Not all couples have separated when the KIDshine service is offered. The KIDshine Coordinator said “It doesn't happen a lot, but it does happen ... he has to have taken responsibility for his behaviour, be doing something about his violence, such as attending No Excuses (Shine's stopping violence programme) ... has to understand the purpose of KIDshine and agree to us seeing his children ... he must agree he will not be present in the house when advocates speak with his partner and his children.....if he agrees to these conditions it should be safe to complete Kidshine visits. When the perpetrator is still living in the home these visits are monitored very closely so as not to put the victim or the children at risk”.

Therefore, in most referrals, the children's father is not resident in the house. In a number of cases, the mother and children are doing their best to hide from the children's father. They may have moved suburbs or even towns to get away.

“My Dad is bad, really bad and **when dad's bad then we go to a new house** where he doesn't know where we live.” - *8 year old*

However, more commonly, following a separation, there is on-going contact with the child by their father. Sometimes this contact is enforced through Family Court order, sometimes it is a private arrangement between the parents and sometimes it is because the child expresses a desire to see their father.

This situation is generally fraught with difficulties. It is always hard for any child when their parents have

separated and sometimes considerable acrimony is involved in this process. However, in the families which KIDshine works where the violence has been serious and occurring frequently. Our advocates' reports reflect issues faced by children seeing a very particular group of fathers.

A strong theme in the reports was anxiety expressed by either or both mothers and children about having on-going contact with fathers. Very sadly, many children were clearly extremely distressed about this.

"I don't feel safe to see my Dad especially when no one else is there. I think he is going to hurt me again." - *9 year old child.*

"My dad has a friend who comes around when I am there and he's creepy. He sits really close to me on the sofa. One time he came in my room and called my name. At night when I go to bed I push a chair against the door so I will hear if he comes in. I told my Dad but he just laughed. I don't want to go there." - *14 year old girl*

"I have concerns for the children's welfare while at their father's house given their vivid descriptions of what drugs their father uses and how these drugs are often left around for the children to see and get hold of." - *Child Advocate*

Major and frequently long standing issues with the Family Court are common complaints and often these are over court ordered child contact arrangements. Mothers were fearful for the physical and emotional safety and wellbeing of their children. Exchanging children between parents was often an opportunity for verbal abuse or worse. Children sometimes felt terrified about being alone with their father and didn't want to go. Mothers and children reported major difficulties with sleeping (ie nightmares and bed wetting) or behaviour problems following visits to their father.

Children frequently have lot of ambivalence and anger about either not seeing their father or not having a father in situations when other children have them, for instance at weekend sports. Many children felt repeatedly let down by their fathers when promised visits, telephone calls, birthday recognition were forgotten.

"He sometimes asks to see them but then doesn't always turn up" - *Mother*

Although Shine helps children understand ways in which they can be safe, many children are required to have visits with their father where they are exposed to situations which are not safe. Part of the role of the child advocate is to help to facilitate arrangements which are as safe as possible and are going to work into the future.

The reality is that children may be required to go, even if they don't want to, unless there is some easily provable reason why this shouldn't happen. A child being frightened is usually not enough. Therefore, the advocate often works with the children and mother to work out a specific safety plan to be used at the father's house, for what to do if the child is frightened.

The best outcome are ones where the child advocate and father are able to talk and come up with some ways which will help both the child and father have a good and happy working arrangement when they see each other.

57% of caregivers were referred to other organisations providing support

A reasonable proportion of families are able to manage on their own, after receiving the support of KIDshine advocates. Over the course of the programme these mothers and children have obtained an insight into the impact of the abuse; have learned new ways of relating to each other and good progress is being made. Many keep in contact by telephone with the KIDshine coordinator.

However, when the programme was initially established, we knew that families were often operating in social isolation and were frequently unaware of resources available to them. KIDshine is designed to be a short intervention and so right from the beginning we have aimed to make it a 'front door' into other services. When considered necessary, referrals are made to other organisations which are able to provide assistance outside of the scope of KIDshine, such as with child care, long term counselling services or children's programmes, parenting groups, or legal assistance. The advocates are very proactive about this, having a range of referral or application forms with them, making phone calls if necessary to other services and helping to complete application processes.

For instance, mothers may be really struggling with children whose very demanding behaviour has left them drained. They may be offered options including child care and parenting programmes. At the conclusion of the programme, some children may still be severely traumatised and are still exhibiting very disturbed behaviour, or commonly may suffer from extremely low self-esteem. In these situations the child advocate will suggest further longer term intensive counselling.

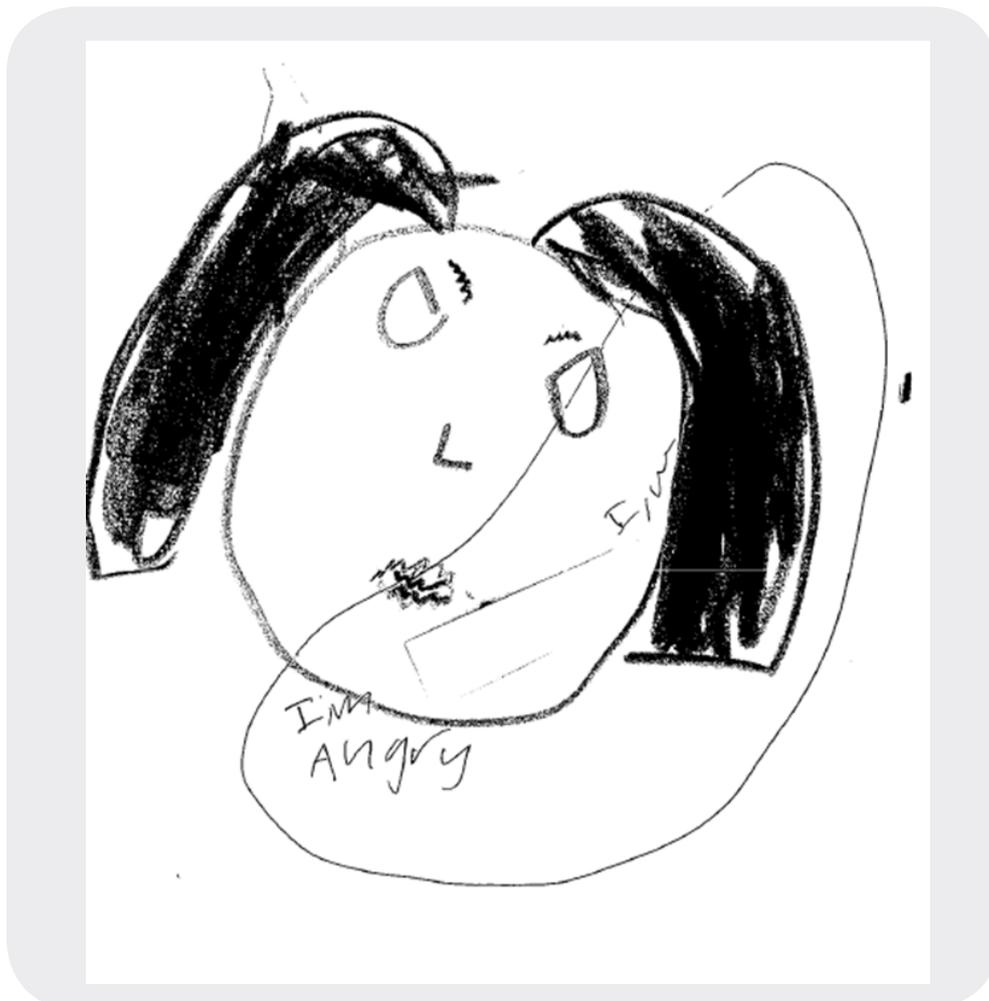
Not infrequently, during sessions children have disclosed that they have been sexually or physically abused and so a referral to Child, Youth and Family Services must be done, alongside referrals to specialist sexual abuse services when this is the presenting issue.

With the permission of the mother, KIDshine staff will liaise with schools and any other organisations already involved in the family because of problems or because of further assistance they could provide. For instance, it can be extremely helpful for the schools to have a context for behaviour they are seeing at school and then work with the family to form a plan to assist the child.

"They are happier because I am happier. We allow [our] anger to show but then we follow with an explanation and talking about what is going on. We have a good supportive network now that we tap into." - Mother

For many families, one of the most valuable of the child advocates' strategies is to get both mother and child to start thinking about their own social network, outside of professional support. Who are the individuals, the friends, family, neighbours, work colleagues, school mates etc that they like and trust? How could they strengthen their relationships with these people and in what practical ways could this network assist them to be safe and increase their well-being? Looking to the future, a strong social network will be what these families need to thrive, grow in confidence and feel 'normal' and part of the rest of their community.

84% of mothers/caregivers stated that their children's well-being improved from the KIDshine intervention



Reading through the reports in this sample, the most usual response by older children to past trauma is by exhibiting aggressive and demanding behaviour towards their mother or caregiver. All too often this general disrespect includes displaying similar aggressive behaviours as the perpetrator of the abuse. Concurrently and in contrast, children also had fears relating to leaving their mother alone and firmly expressed concerns about their need to protect her from further harm. This led them to be anxious about leaving her to go to school, to go to bed, to visit friends etc. The combination of clingy, needy children, who are also frequently unpleasant, can be very frustrating and upsetting for their mothers.

The assistance by KIDshine helps children understand what is going on, provides practical support and resources and helps children plan for how to deal with what they have to face. It gives them some power, some control, despite the many limitations of being a child living in an unpredictable and dangerous situation. This leads to a great reduction in anxiety and many children then exhibit an improvement in their behavior at home and at school and in stress-related symptoms such as sleeping or eating problems.

The following quotes are typical of the excellent results achieved by KIDshine:

“I feel better now, feel safer and I talk to mum more.” - 9 year old no longer having nightmares

“It was good you (child advocate) coming here because you took the pressure off me.” - 10 year old child previously punched by his father repeatedly

“She is no longer wetting her pants at school and at home.” - Mother of a 5 year old child

“The children are all sleeping better. And they are talking openly with me [now] about their experiences.” - Mother of four children

“Everything is better now, I’m really, really happy and I like you coming to see us. Yeah, and my mum has been talking to me about safety and how to use her phone.” - 5 year old child

Challenges and Lessons Learned

This past year was no exception to our experience of delivering KIDshine, in that this short term crisis intervention usually has a significant impact on the health and development of children, as well as the healthy functioning of families. In most cases, there is immediate and positive change in children’s behaviours, a reduction in stress, and the ability to talk more openly with their caregiver (mostly mothers).

With the exception of consistent information relating to improvements in sleeping, we are able to conclude from the data that we currently gather that this programme is a great success. However, we believe that we should gather additional client data across all our services to help us better understand the impact of KIDshine, as well as our other work to support vulnerable people become safer.

Recently we reviewed our client evaluation forms and outcomes measurement processes for all of Shine’s victim-focused services in order to improve data collection. As a result, we have developed a set of core questions that we now ask for all of our victim-focused services, including KIDshine. In addition, we have made various other improvements specific to KIDshine client evaluations.

The next step in improving our data collection from client evaluations is an upgrade to our database which will happen over the next couple of months. This will enable client evaluation information to be routinely entered into our client database.

With regards to future plans, we would like to expand this programme to other parts of New Zealand. We have recently formed a partnership with Presbyterian Support Northern’s Family Works, and through their

eleven branches we have the opportunity to grow KIDshine. Currently we operate another service in two of Family Works' branches and we would be extremely enthusiastic about being in a position to offer KIDshine too.

We are really proud of KIDshine and believe that this intervention should be available for all children who witness violence in their home.

Conclusions

From our many years of delivering the KIDshine programme, we know that it makes a real difference in the lives of the children with whom we work. With a primary focus of keeping children safe and relieving the stress they are suffering, the programme has shown a high success rate for children having safety plans developed that they can both remember and are capable of carrying out. It is a huge relief for children to realize that they are not responsible for the violence. Along with having a safety plan, a child moves away from blaming themselves, to making positive choices and actions which contribute to ensuring their future health and safety. This continues to be a source of empowerment both for children and for the caretakers (mostly their mothers) who look after them.

We are also continuing to see that before the KIDshine intervention, many mothers do not realize the impact of violence in the home on children. Mothers may believe their children were not aware of the violence; they may think their children have not been affected because they don't speak about it; and mothers may underestimate the lasting damage to a child unless they receive help to understand and process the violence they have witnessed and/or endured.

When there is violence in the home, mothers often struggle to talk openly with their children about it. Although the KIDshine programme is a short crisis intervention, it successfully facilitates better communication between child(ren) and caregiver(s). Many mothers accept referrals to parenting classes in order to learn effective behaviour strategies to use when their children exhibit difficult behaviours. The result of better communication between child and caregiver ensures that the family has a stronger foundation on which to build a successful future.