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Welcare 'My Space' project

Evaluation report

January 2014

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Acknowledgements

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Coram: Evaluation Partner

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Executive summary

This report represents findings of an evaluation of 'My Space', a project developed by Against Violence and Abuse (AVA) and delivered by Welcare. The project was delivered by Welcare in Bromley in March and April 2013.

The report uses data collected by the project to assess how child participants responded to the intervention specially examining emotional behaviour and the development of protective attitudes and behaviours in relation to domestic violence.

Key Findings

Evidence suggests that My Space was successful in creating a 'safe' environment in which children could share their experiences and learn how to appropriately express emotion. The six children attending the group had all experienced domestic violence at home and had been exhibiting behavioural problems and emotional difficulties. The My Space group provided an opportunity to process their psychological trauma through validation of their experiences, understanding abuse and reducing self blame. The group also used sessions to develop an understanding of how they could express feelings safely and how to manage anger.

Evaluation data suggests that the children participants made significant progress in these behavioural competencies and by the end of the course were beginning to show signs of improved social relations outside of sessions. Reports from parents suggested that children seemed to feel more in control of their traumatic past experience and more able to express feelings appropriately and manage relationships.

Most children entered the course poorly equipped to express feelings and manage anger and held attitudes tolerant of domestic violence. By the end of the course a significant improvement in protective attitudes had been achieved in the following areas:

- The proportion of children who adopted a protective attitude towards the prevalence of domestic violence rose from 17% to 100%.
- A significant reduction in the number of children feeling responsible for 'dad's violence against mum' and for children feeling mothers sometimes deserved to be hit.

These figures indicated significant improvement in the children's understanding that domestic violence was not acceptable and that they were not responsible for either incidents that happened or attempting to stop them where they did. The children completed the course with much healthier attitudes towards the acceptability of domestic violence and of fathers using violence against mothers.

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- Data suggested that most of the children completing the course were likely to deal appropriately with anger by not resorting to violence or abuse with 75% saying they would never shout or scream or hit, punch or kick at someone.
- Children completed the course with better safety skills in the event of a domestic violence incident. Three quarters of children knew at the end of the course that they should stay in a safe place and stay out of the fight.

1 Introduction

1.1 Overview

This report presents the findings of an independent evaluation of the 'My Space' project, delivered by Welcare.

'My Space' was based on the Community Groups programme developed by Against Violence and Abuse (AVA). AVA developed the programme from a Canadian model and had piloted it in the London Borough of Sutton prior to Welcare's involvement.

1.2 Background

The wider impact of domestic violence on families has only recently received sustained attention. Recent research has begun to identify the complex ways in which children witnessing domestic violence are affected. Growing evidence of the psychological harm caused, in turn, has led to acknowledgement that children need intensive support to emotionally recover from these experiences.

A wealth of academic research suggests that children cannot help but be affected by witnessing domestic abuse and violence. Studies provide strong evidence that exposure to domestic violence has a significant negative effect on children's functioning. These negative effects encompass emotional and behavioural functioning, social competence, school achievement, cognitive functioning and general health. Researchers identify children's exposure to domestic violence as a risk factor for developmental harm operating in a way similar to other forms of trauma and violence e.g. child abuse and harsh parenting practices. Children's experience of these events interferes with normal development and leads to negative outcomes in the short and long term. Children adapt to these harsh events in their daily surroundings at the expense of important regulatory processes, which compromises their ongoing development. For example, episodes of violence and abuse between family members may prompt efforts on the part of the child to accommodate to such events. In this way a child's response is often to develop a hyper-vigilant, insecure approach to relationships marked by strong emotions (e.g. frustration, disappointment, hostility, fear). From this perspective, children's varied emotional and behavioural problems associated with exposure to domestic violence are understandable in that they represent efforts to adapt to a maladaptive situation.

Impact on behavioural and emotional well-being

Children witnessing domestic violence have significantly more frequent behavioural and emotional problems than children who are not in these abusive environments. A Canadian study of 102 children in refuges showed that more than a quarter of the sample (20% girls and 34% boys) had scores on tests which put them in the clinical range of problems for social competence and behaviour problems. This was 2.5 times the rate of a comparison group of children from non-violent families (Wolfe, 1988). Individual children react in very different ways to the violence they are witnessing or

experiencing. Some children are reported to exhibit 'externalised' behaviours such as aggressive and anti-social behaviour. Other children exhibit 'internalised' behaviour such as depression, anxiety, and trauma symptoms (Maker, 1998, Sternberg, 1993).

Impact on cognitive abilities

Children's cognitive abilities are also often affected by their experiences of living with domestic violence. One study found that children who had recently left violent situations and were currently residing in refuges, showed significantly lower levels of competence on a number of parameters, including school performance, than children from a comparison group (Wolfe, 1988), with younger children being particularly affected (Rossman, 1998).

Interventions

Refuges excepted, most work aimed at intervening to help children recover from their experiences of domestic violence has been in the form of group work, both in the UK and overseas (Mullender, 1994). An evaluation of 25 groups in London found positive feedback from 92% of children and 87% of parents/carers surveyed, and also demonstrated positive outcomes (Loosley, 1997). Evidence suggested that the groups helped children process their feelings surrounding the incidents of domestic violence they witnessed, learn how to seek help safely, as well as manage their own feelings in a safe and constructive way.

1.3 Programme content and delivery

The programme was designed to support children, aged 8-10 years old, who had witnessed domestic abuse and had been affected in their confidence, self-esteem and emotional development. Group sessions were designed to encourage the children to explore their experiences and express their thoughts and feelings related to them. Through supportive discussion children would be encouraged to process their personal experience as well as develop protective attitudes and behaviours towards abuse and violence.

The programme aimed to achieve an increase in the following outcomes for participants after completion of the 10 sessions:

- pro-social behaviour
- ability to identify/express feelings
- conflict resolution skills
- recognition of and decreased tolerance for abuse
- safety skills in domestic violence situations

The course began by establishing a safe and supportive environment for the group where the children would feel comfortable to discuss their personal experiences and issues. Children would then go on to explore feelings and learn how to express feelings without acting on them. This discussion of feelings would also consider how uncontrolled feelings can result in violence and abuse helping children to distinguish between behaviour that is acceptable and behaviour that is not.

With this supportive foundation, the course then encourages children to talk about their own experiences of violence in their families and realise that they are not alone. This discussion also covers feelings of responsibility for abuse, helping them recognise that they are responsible for their own behaviour but not that of others.

Later sessions allow children to learn appropriate safety skills in the event of abuse or violence at home. The course then helps children address their own anger and helps them identify appropriate and inappropriate ways of dealing with it. Finally, the course closes with a session focussing on the accomplishments of the children encouraging self-esteem and feelings of self-worth.

Programme delivery

Two Family Support Workers from Welcare attended a training course for the programme in January 2013 and received manuals for use in delivering sessions. The project was delivered at a primary school in Bromley over 10 weekly sessions starting in March.

Sessions were held after school and would start with group work using the flip chart and other resources. After a 10 minute play break, the children would return for a snack during which informal discussion usually on a one to one basis would take place. After the snack, children would sit at a table and undertake a creative activity or written exercise individually with support if required. To conclude, the group would assemble on the carpet to reflect on the session and award the 'star of the day' toy to one of the children.

2 Child referrals

Chapter 3: Summary

- Most children were referred by the family worker at the school where the course was held.
- Children referred were generally subject to Common Assessment Frameworks (CAF) as a result of prior domestic abuse in the household. Children were often involved with other children's services including CAMHS.
- Children generally presented moderate to high levels of emotional issues which could be manifested in aggressive behaviour, low self-confidence, poor social skills, and anxiety. For some children these emotional issues had an impact on learning as a result of poor concentration.

2.1 Sources of referral

The project had good connections with local schools and social services to ensure that suitable children were referred to the course. Most child referrals came from school-based Family Workers, either situated in the school where the course was held or in a nearby school. One child was referred by a social worker.

In all cases the referrer liaised well with parents in advance of the course to ensure that parents understood its aims and were supportive of their child's involvement. Parents were consulted regarding the child's experience of domestic abuse, assess his or her behaviour, social skills and personality traits and consider what they hoped their child might achieve by attending the course. Comments from parents suggested most parents adopted a positive attitude towards the course. Of the six children who started the sessions only one dropped out. The remaining five children attended 90% of the available sessions (49 out of a possible 55) suggesting most parents recognised the potential benefits of involvement and were committed to helping their child complete the course.

2.2 Child issues and behaviours

All of the children referred and signing up for the course had witnessed domestic abuse at home and were identified as suffering varying degrees of emotional disturbance. Referral notes indicated that children exhibited various behavioural and emotional difficulties. The difficulties experienced included externalised behaviours such as aggression and anti-social behaviour towards others. A typical example of this was Julie (name changed) who was reported as having "anger issues" and experienced difficulty in showing her emotions and feelings. It was also reported that Julie could appear rude to others as a result of her bluntness.

Internalised behaviours such as anxiety, low self-confidence and inability to make friends were also frequently mentioned. One parent, for example, reported her son's difficulty in making friends and related this to him "finding it hard to take on board other people's opinions".

"Andrew can be aggressive towards his younger sibling. He vies for attention by making silly noises or wrestling his brother...I hope the course can help reduce his anxiety and anger."

Parent

"David used to outgoing but has lost his confidence...I hope the course can help to reduce his anger and help him regain his playful side again."

Parent

3 Outcomes and impact

Chapter 3: Summary

- Most children entered the course poorly equipped to express feelings and manage anger and held attitudes tolerant of domestic violence. By the end of the course a significant improvement in protective attitudes had been achieved in these areas.
- Data suggested that most of the children completing the course were likely to deal appropriately with anger by not resorting to violence or abuse with 75% saying they would never shout or scream or hit, punch or kick at someone.
- Children completed the course with much healthier attitudes towards the acceptability of domestic violence. The proportion of children who did not believe 'violence happens a lot in families' rose from 17% to 100%. The proportion who did not believe 'sometimes mums deserve to be hit' rose from 33% to 75%.
- Children completed the course with better safety skills in the event of a domestic violence incident. Three quarters of children knew at the end of the course that they should stay in a safe place and stay out of the fight.

3.1 Evaluation methodology

The project used a questionnaire provided by the AVA to gather data on the outcomes experienced for the child participants. Children completed the questionnaire at the first and final session of the programme. Questions were designed to measure the protective attitudes and behaviours adopted by the children on key issues addressed in the course.

Questions covered the following key themes by measuring the extent to which children had adopted appropriate behaviours and protective attitudes:

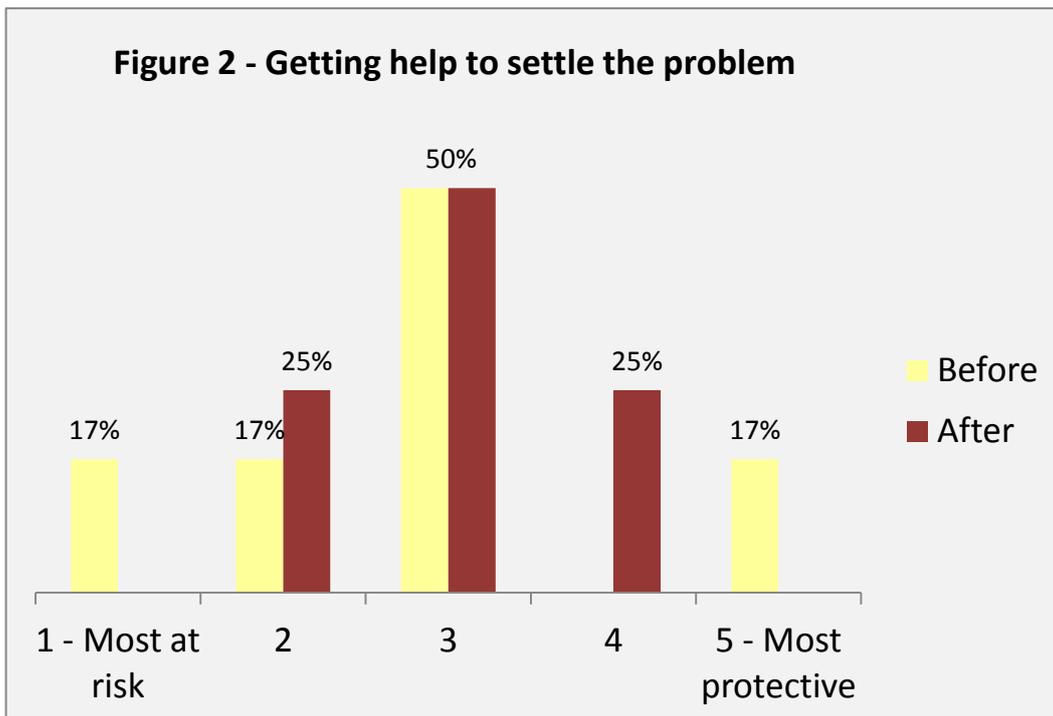
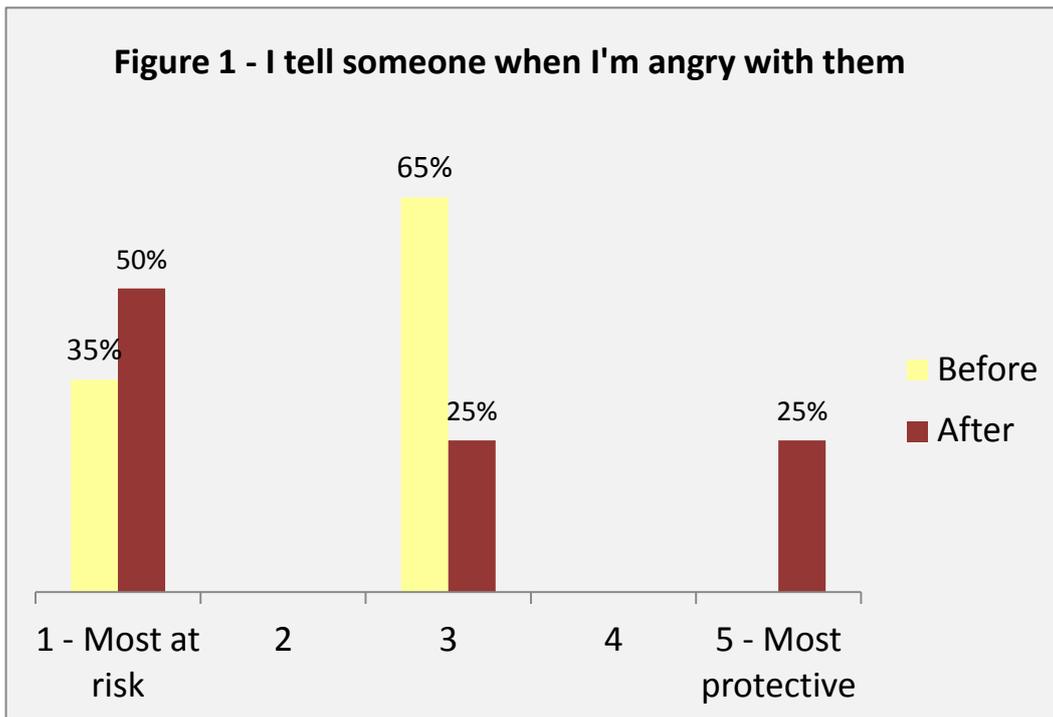
- Expressing feelings and anger management
 - Strategies for expressing and managing anger and resolving disputes.
 - Feelings of empathy for other person.
 - Avoidance of violence and abuse to resolve disputes.
- Recognition and tolerance of abuse
 - Attitudes towards domestic violence and specifically use of violence by fathers against mothers.
 - Attitudes towards use of arguments as means of resolving disagreement.

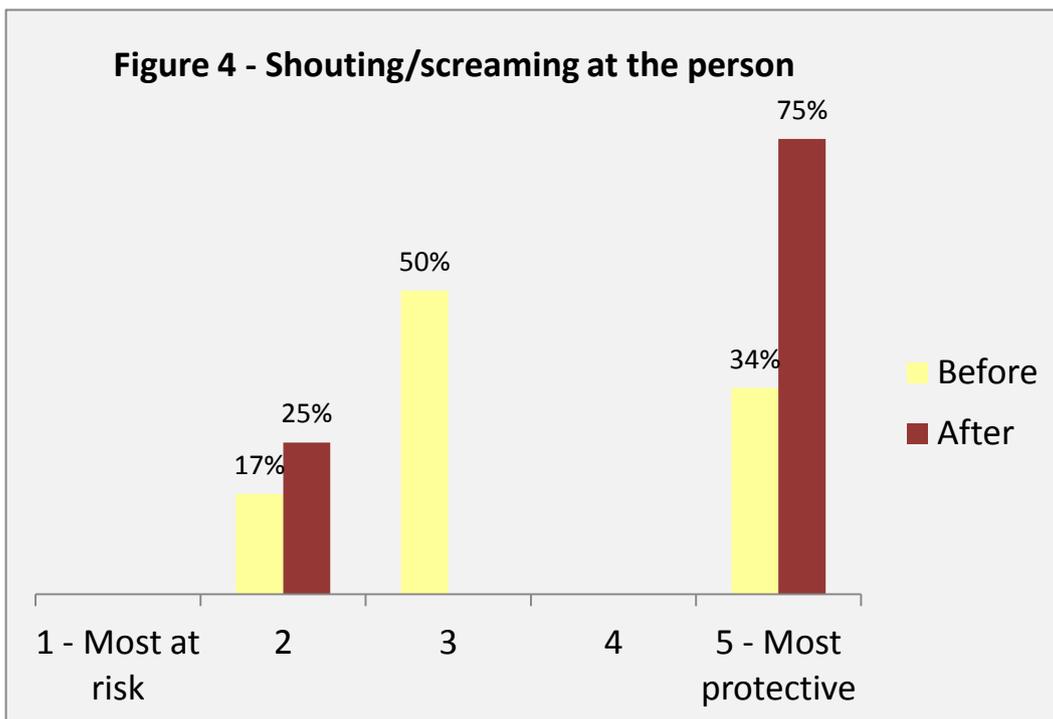
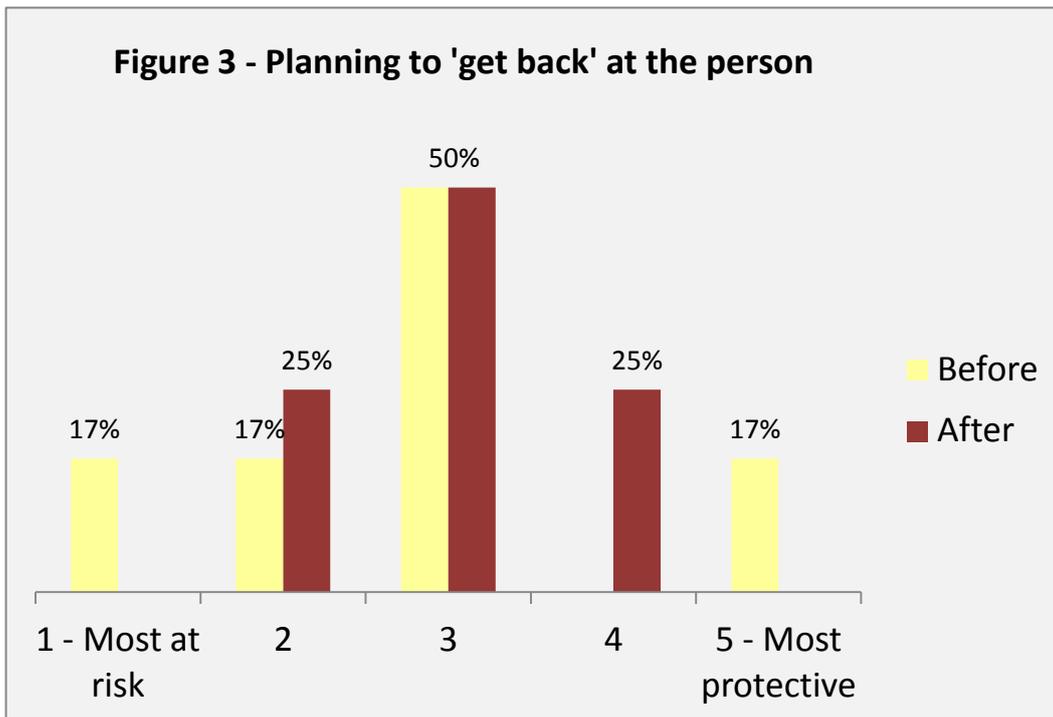
- Attitudes towards responsibility of children for violence and stopping violence when it occurs.
- Safety skills in domestic violence situations
 - Leaving room where incident is taking place.
 - Seeking emergency help.
 - Intervening to stop the incident.

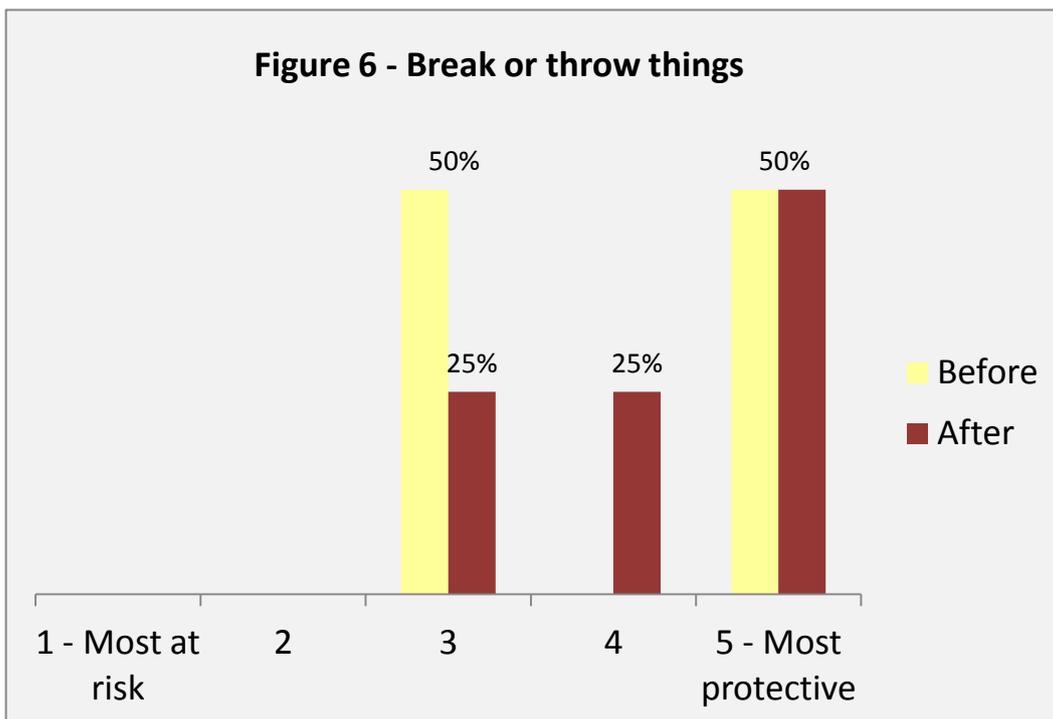
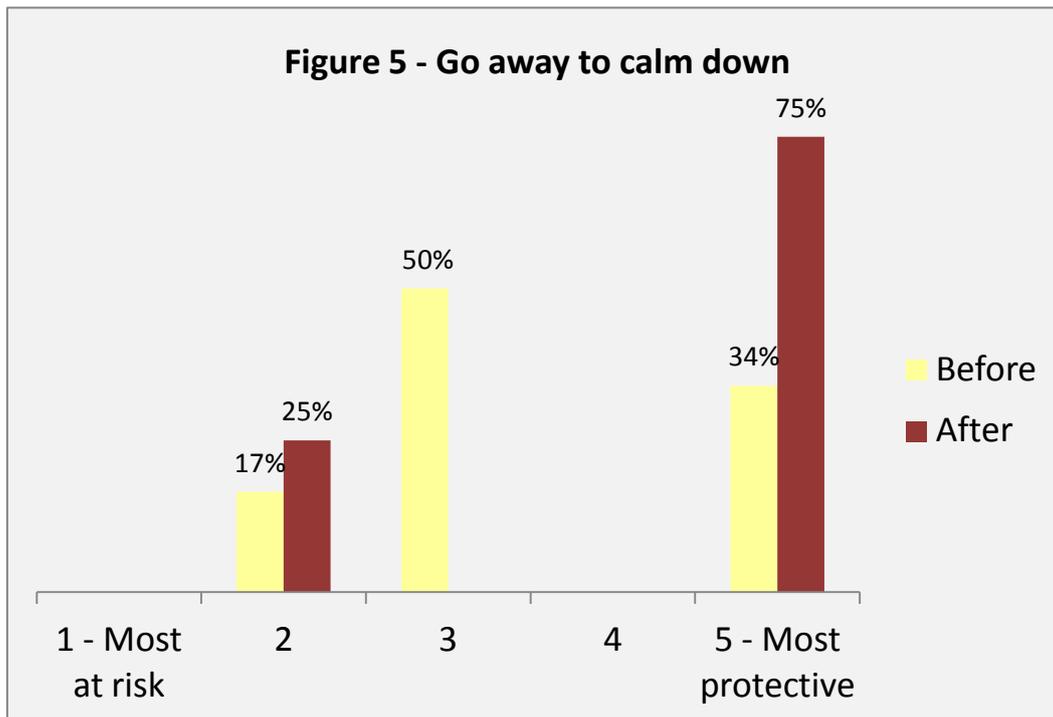
For purposes of analysis multiple choice options to each question were interpreted on the basis of whether they represented at risk attitudes/practices or protective attitudes/practices. Where questions offered the options of 'True' 'False' and either 'Maybe' or 'Not Sure' respondents choosing either of the latter two options were interpreted as 'Borderline'. On questions related to expressing feelings and anger management respondents choose between five answers – 'All the time', 'Lots of the time' 'Sometimes' 'Not a lot' and 'Never'. According to the question posed answers were scaled by interpreting one end as the 'Most protective' answer and the other end as the 'Most at risk' answer.

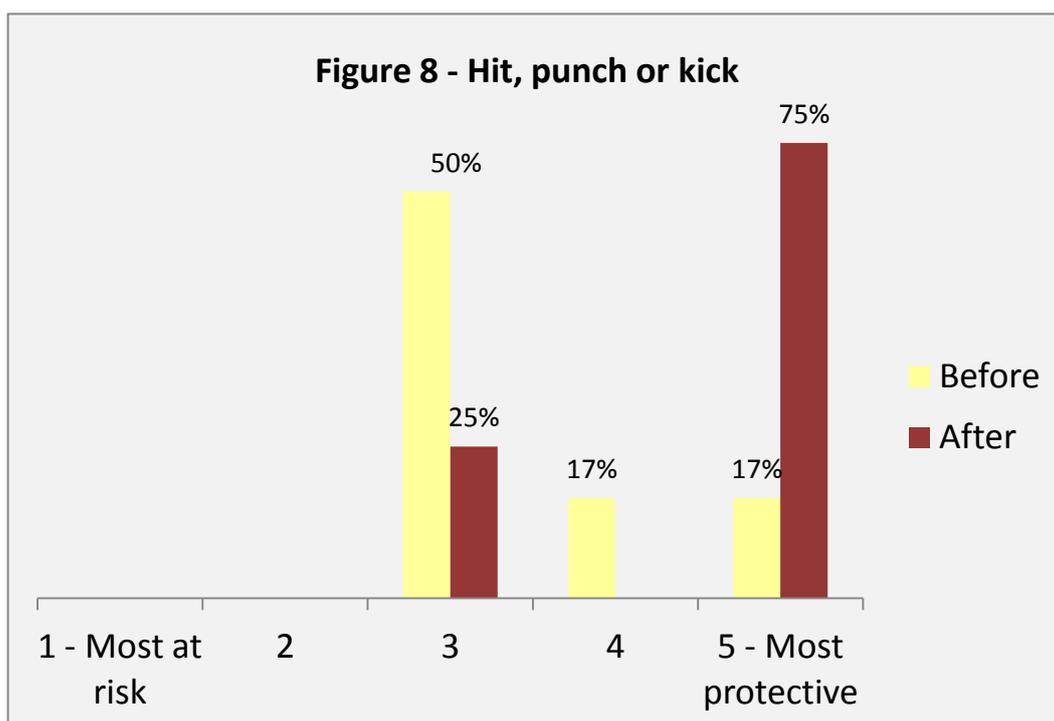
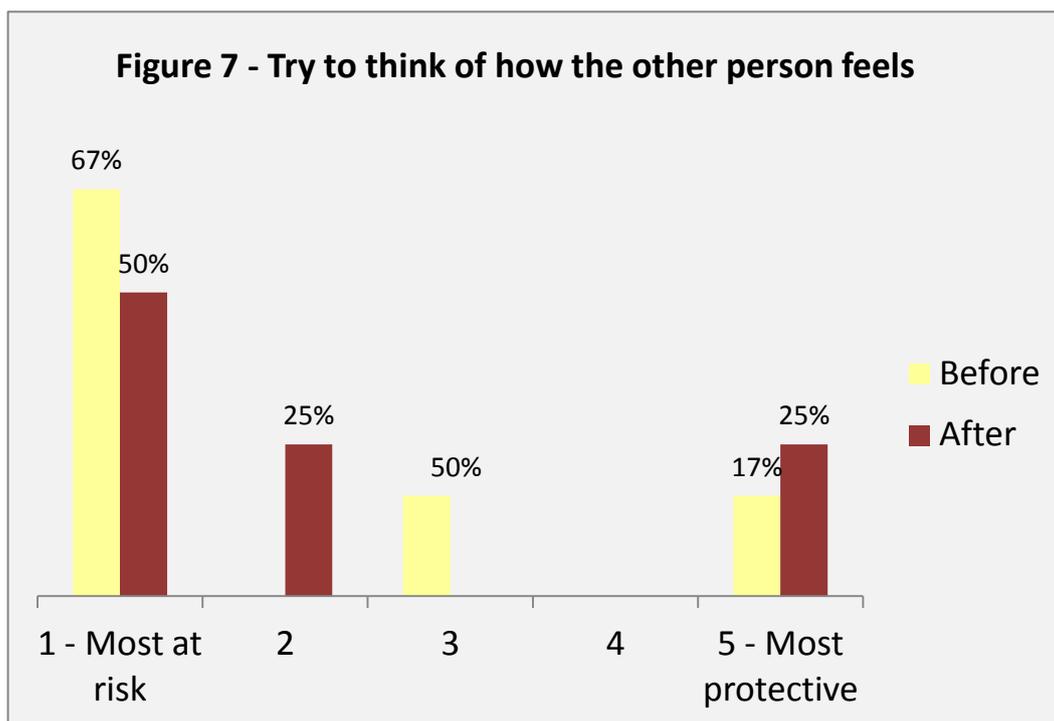
3.2 Expressing feelings and anger management

This was an area that pre intervention data suggested that the children were poorly equipped with when they started the course. Analysing data from the eight questions related to this area (Figure 9) only a quarter (27%) of responses showed children adopting protective behaviours at the pre intervention stage. The high number of 'at risk' responses suggested that the children were poor at expressing feelings appropriately and managing anger. Of particular concern was the fact that a third of the children responded that they usually did not seek help to settle a problem (34%, Figure 2) and that they would plan to 'get back at the person' in the event of a conflict (34%, Figure 4). Other areas were less problematic at the pre intervention stage. On questions asking about abusive or violent courses of action to situations of conflict a significant number of children indicated they would never 'shout or scream at the person' (34%, Figure 4) or 'break or throw things' (50%, Figure 6). However, only 17% of the group indicated they would never 'hit, punch or kick' the person (Figure 8). Overall, the data indicated the children had significant problems managing anger appropriately with some liable to react inappropriately when put under stress





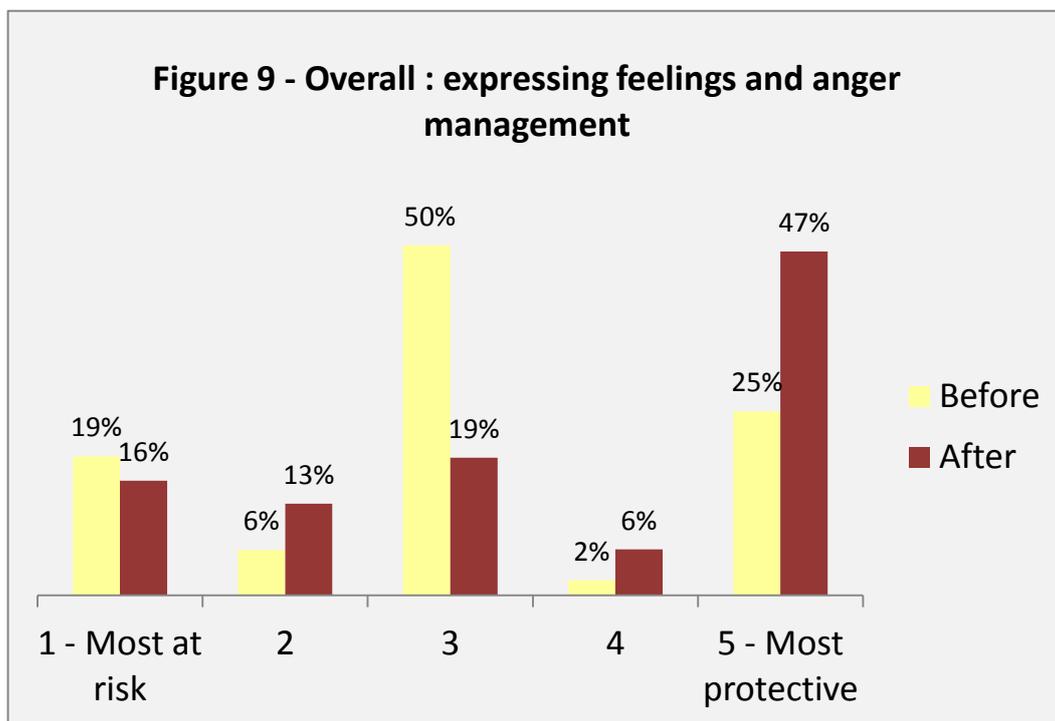


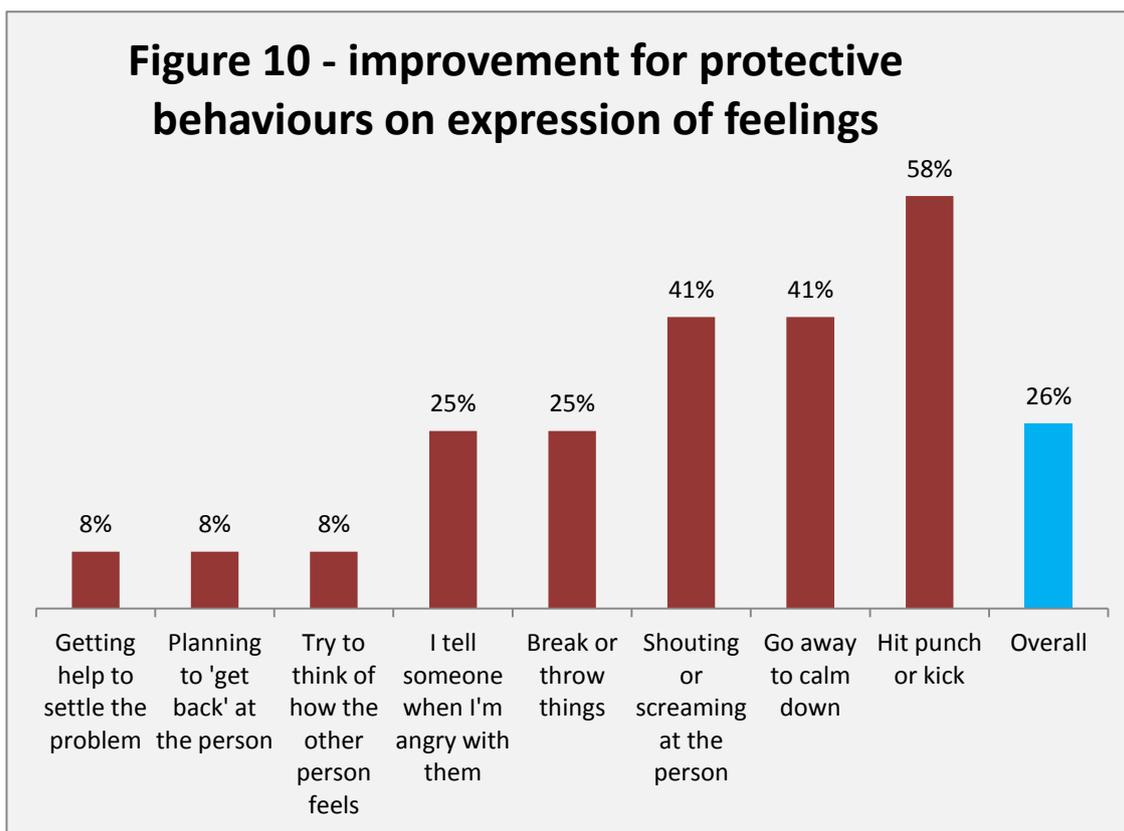


Comparison of the post intervention with the pre intervention responses indicated improvement across the different areas covered with an overall average improvement of 26% in the numbers of protective responses for individual questions (Figure 9-10). As Figure 10 highlights, greatest improvement was achieved for avoidance of using violence and abuse to resolve disputes and using calming strategies during arguments. For example, there was 58% improvement in the number of children who indicated they would never resort to hitting, punching or kicking an adversary (Figure 10). Similarly, there was a 41% improvement in children indicating they would not

shout or scream at the person or they were likely to go away to calm down in the event of an argument.

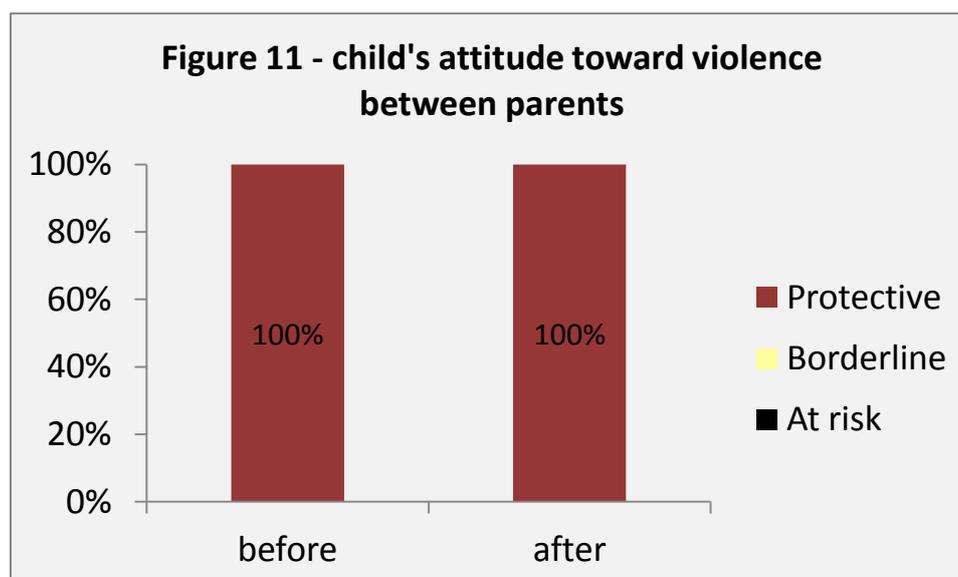
These figures indicated significant improvement in the likelihood that the children would deal appropriately with anger by not resorting to violence or abuse. Large improvements, however, were not witnessed across all of these areas and only small improvements (8%) were recorded in terms of empathy for an adversary, planning to get 'back' at the person and getting help to settle the problem (Figure 10). These were perhaps more engrained attitudes and behaviours that proved challenging to overcome in the course of ten sessions.





3.3 Recognition and tolerance of abuse

This area showed great variation in terms of the protective attitudes adopted by children when starting the course. For example, the children universally rejected the proposition that 'Some fighting and hitting between parents is OK'. All the children considered the statement false (Figure 11).

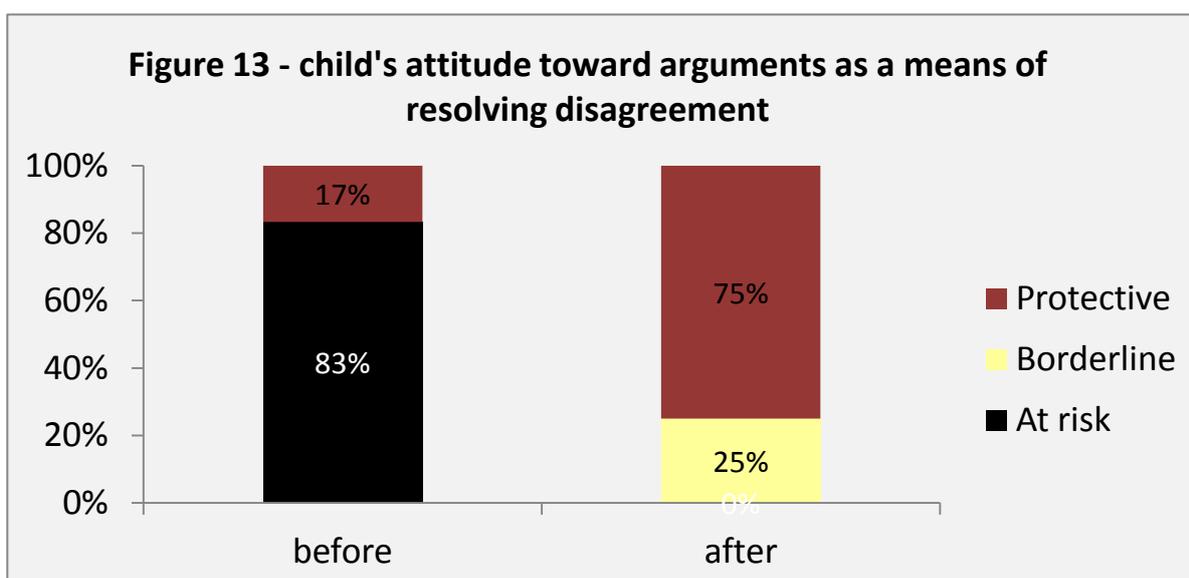
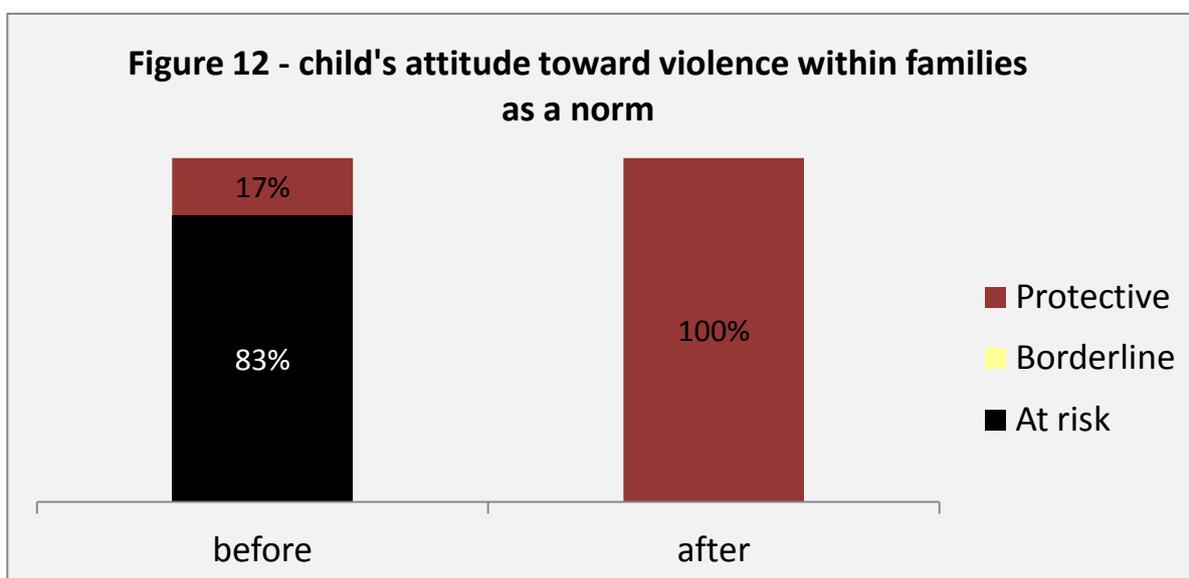


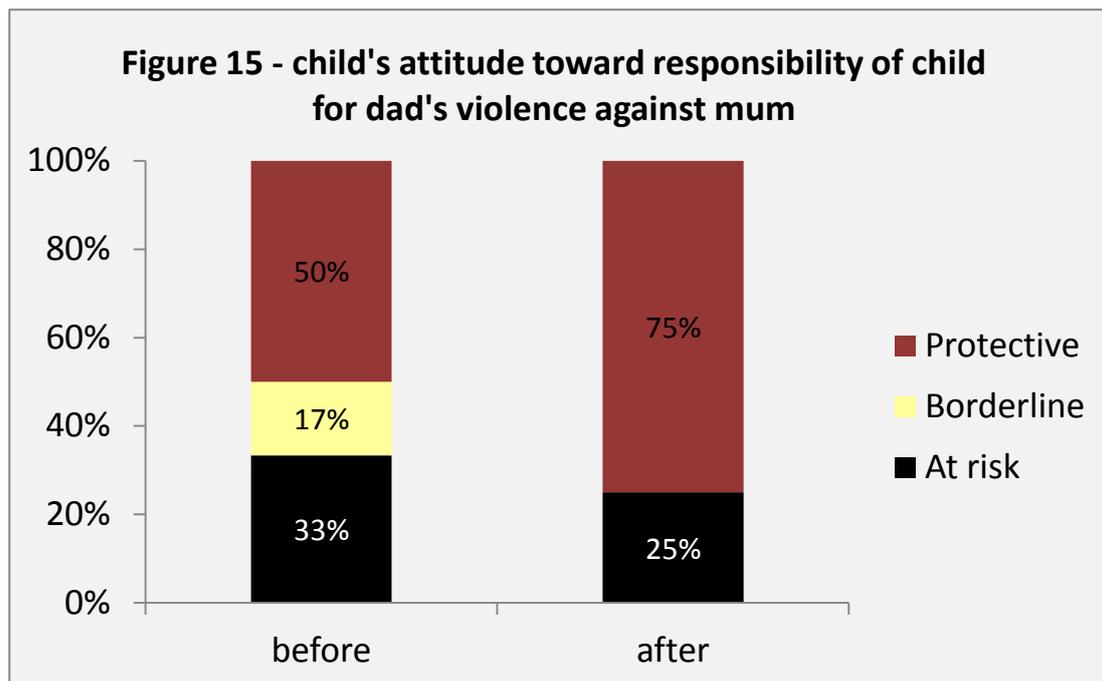
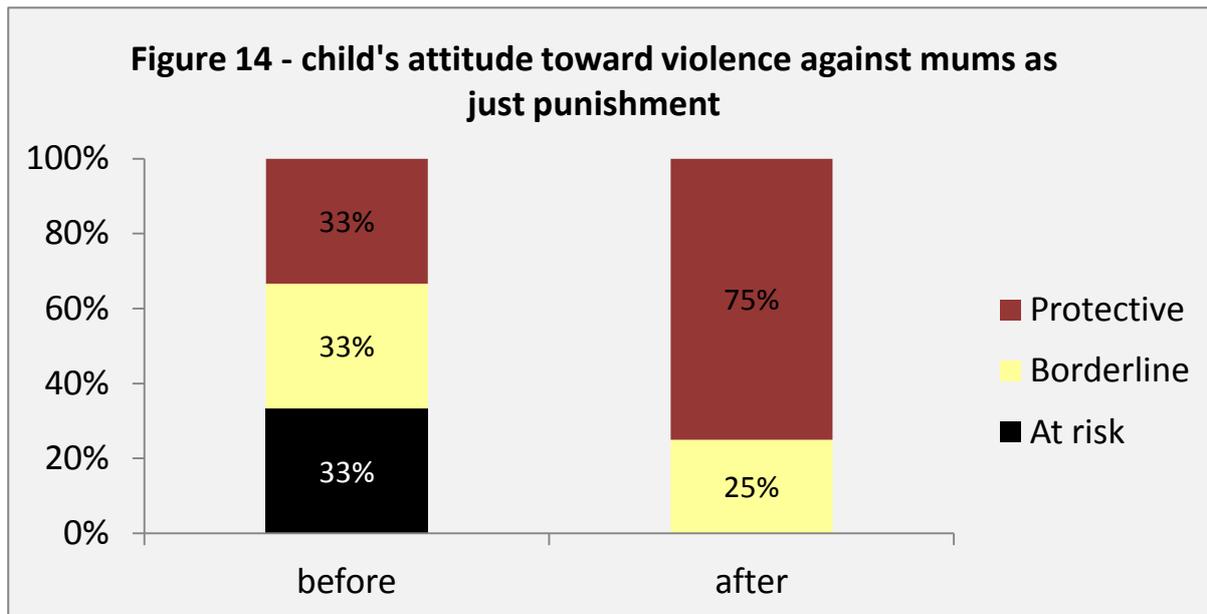
While the children's answers suggested that they thought domestic violence was wrong their understanding of social norms regarding domestic violence and the legitimacy of using arguments to settle disagreements displayed worryingly at risk

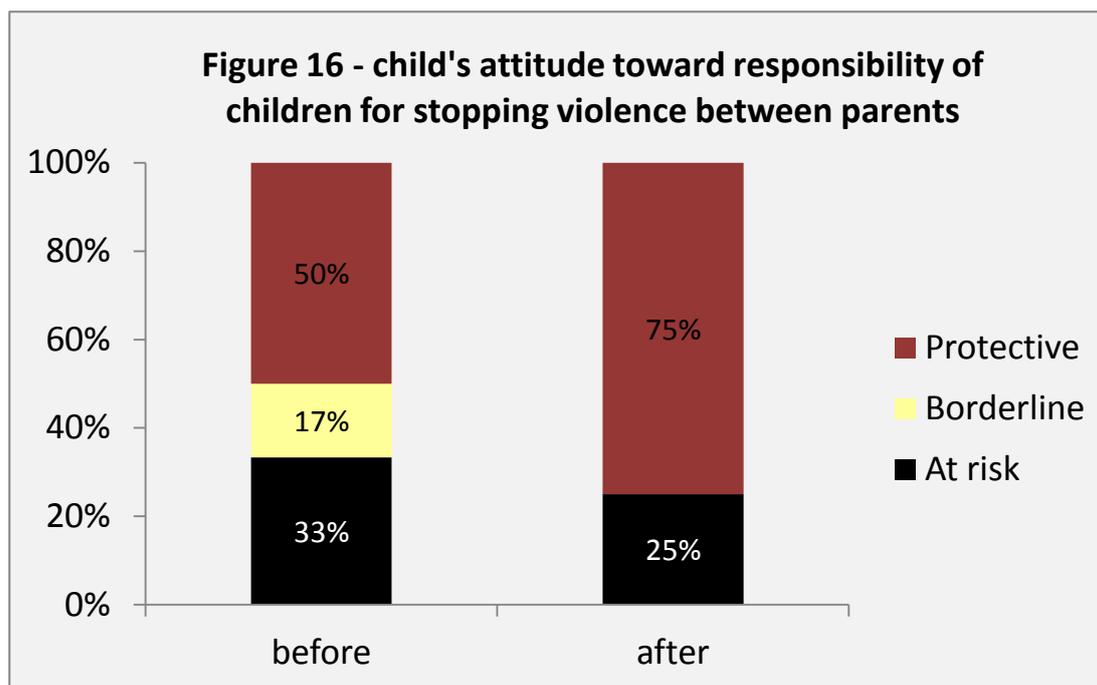
attitudes: 83% of children at the pre intervention stage thought that 'violence happens in a lot of families' (Figure 12) and similarly 83% agreed that 'an argument can clear the air and settle things' (Figure 13).

Also of concern were attitudes held by children about the legitimacy of violence against mothers and their own responsibility for domestic violence and stopping incidents when they occur. A third of children (33%, Figure 14) agreed that 'sometimes, mums do things they deserve to be hit for'. Similarly, a third of children thought both that 'children are to blame if dad or boyfriend hits mum' and that 'children should try to stop parents from fighting and hurting' (Figure 15, 16).

Overall the data indicated that the children started the course with fairly high levels of tolerance of abuse and a high propensity to feel responsible for domestic violence incidents that occur.

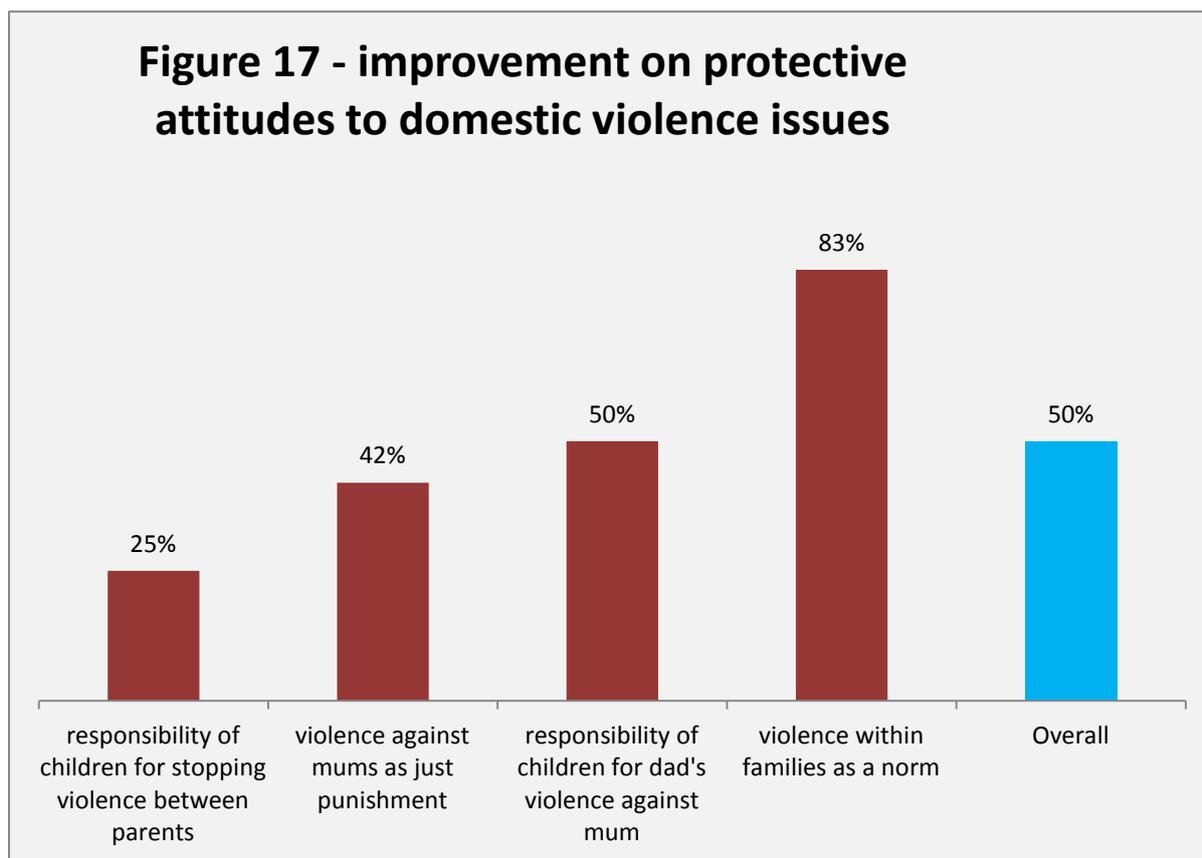






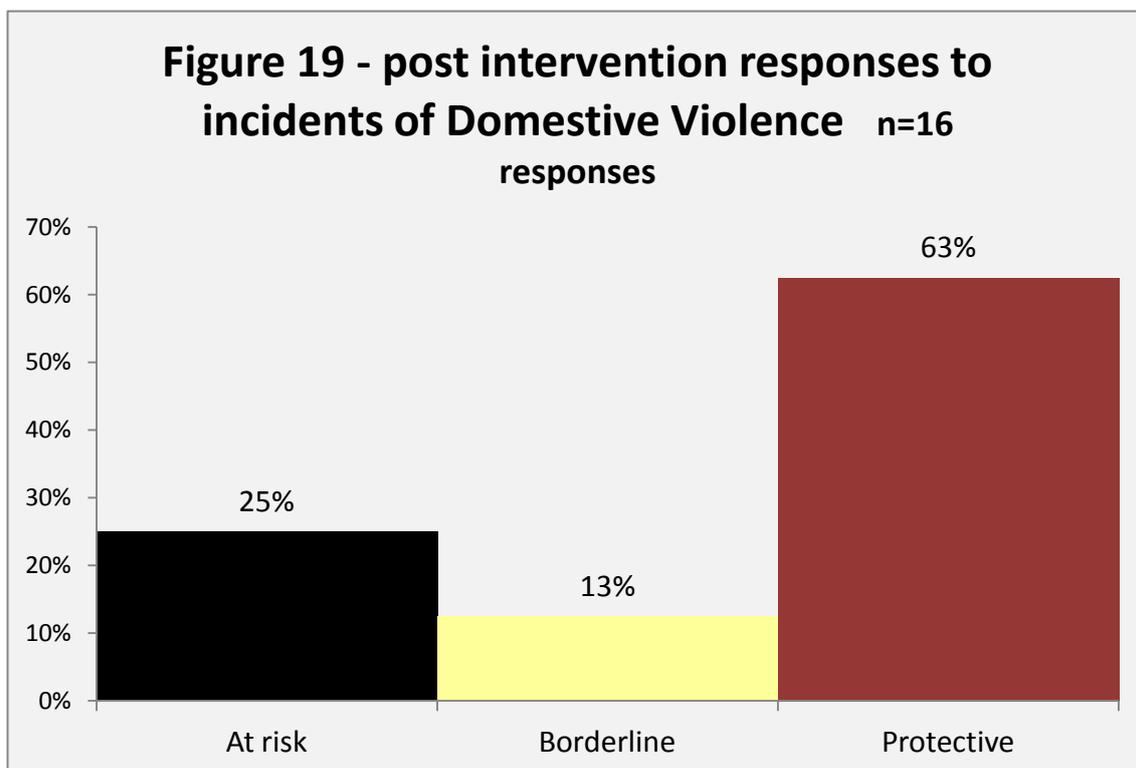
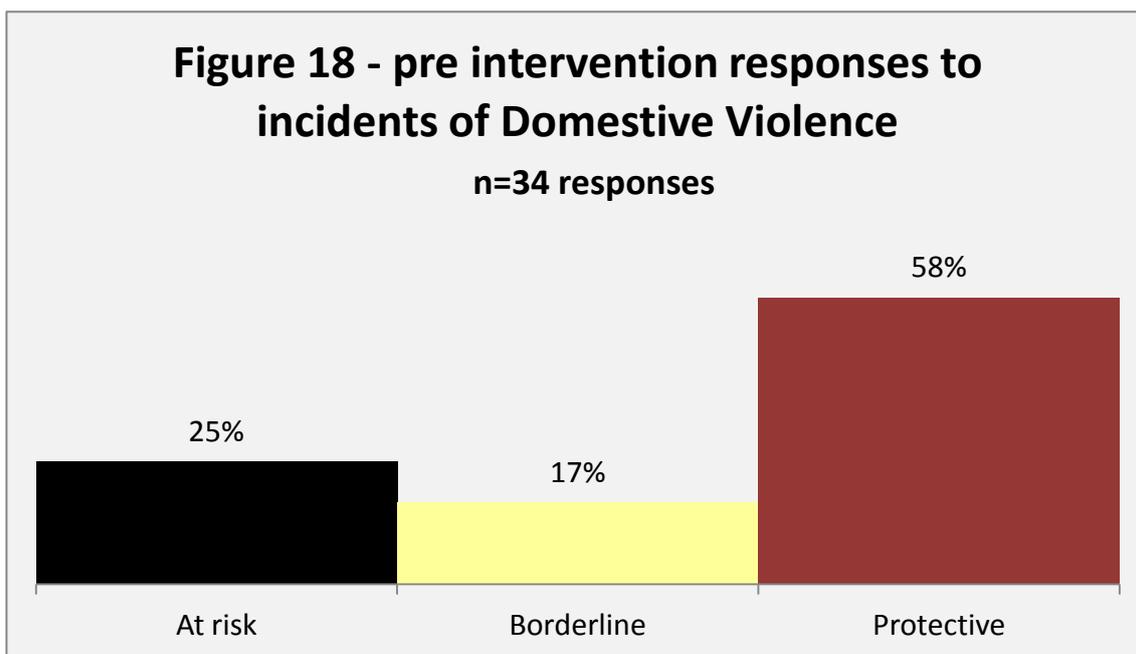
Comparison of the post intervention with the pre intervention responses indicated significant improvement across the different areas covered with an overall average improvement of 50% in the numbers of protective responses for individual questions (Figure 17). As Figure 17 highlights, greatest improvement was achieved for an understanding of violence within families as a social norm. At the post intervention stage all children rejected the statement that 'violence happens a lot in families' suggesting that they understood that domestic violence was not an experience that affected most families (Figure 12). Significant improvement was also evident in terms of children feeling responsible for 'dad's violence against mum' (50% improvement in protective responses, Figure 17) and for children feeling mothers sometimes deserved to be hit (42% improvement in protective responses, Figure 17).

These figures indicated significant improvement in the children's understanding that domestic violence was not acceptable and that they were not responsible for either incidents that happened or attempting to stop them where they did. The children completed the course with much healthier attitudes towards the acceptability of domestic violence and of fathers using violence against mothers.



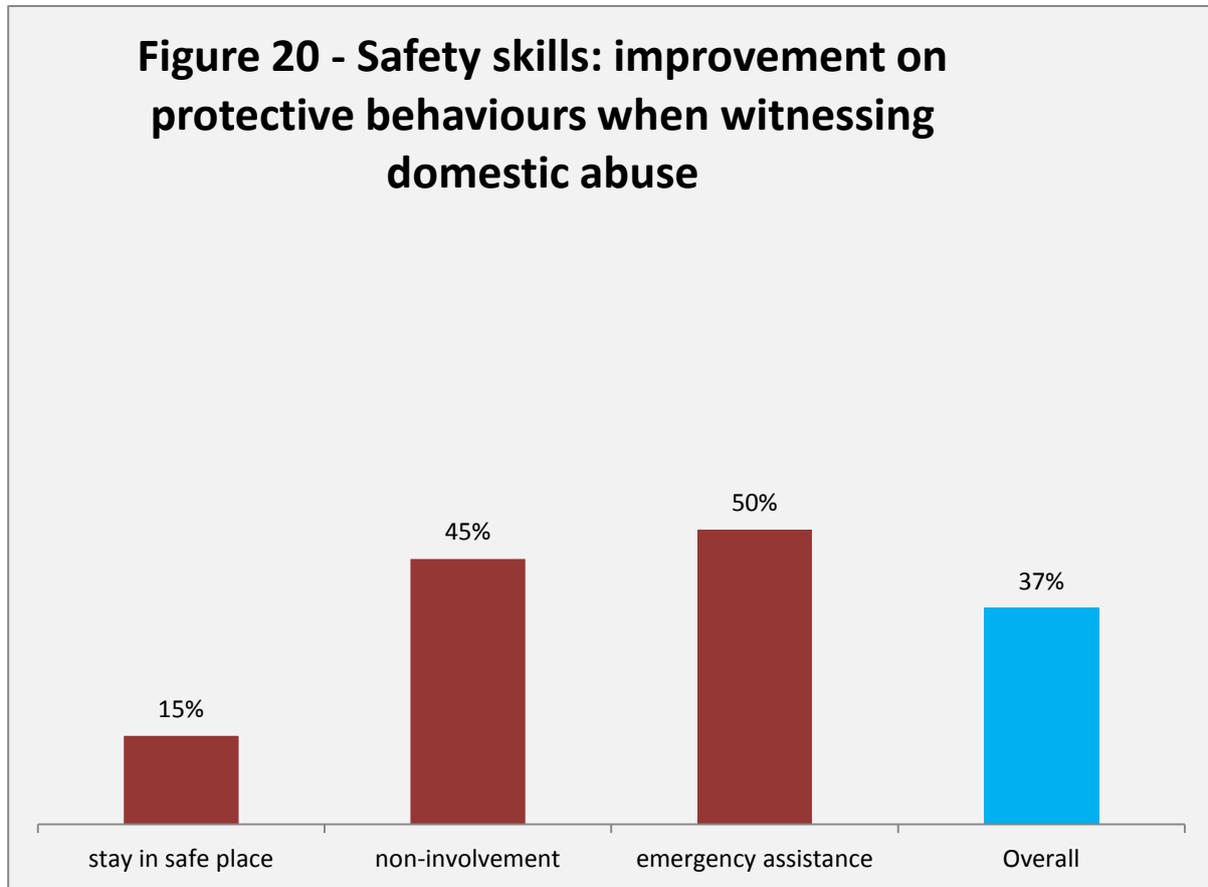
3.4 Safety skills

An important aim of the course was that children learn to react appropriately to incidents of domestic violence by removing themselves from the scene and seeking emergency help. The questionnaire asked children whether they would take certain courses of action in response to witnessing an incident of domestic violence between their parents at home. Responses at the pre intervention stage indicated uncertainty on what they would do and significant at risk attitudes. For example, a significant number of children thought that they would not 'stay out of the fight' (40%) nor refrain from attempting to 'break up the fight' (20%).



Comparison of the post intervention with the pre intervention responses indicated improvement across the different areas covered with an overall average improvement of 37% in the numbers of protective responses for individual questions (Figure 20). As Figure 20 highlights, greatest improvement was achieved on understanding the need to seek emergency assistance (50% improvement in protective attitudes) and need to refrain from involvement (45% improvement in protective attitudes). Only a small improvement, however, was achieved in levels of understanding of the need to stay in a safe place (15% improvement in protective attitudes).

Overall, these figures indicated significant improvement in the likelihood that the children would respond appropriately to incidents of domestic violence should they experience them in the future.



3.5 Case study

Ben¹ is 8 years old and an only child. He was finding it difficult to mix with the other children at school and would often get quite angry if he wasn't able to be on his own or have one to one time with an adult. His mother Amanda was in an abusive relationship with his father and the school felt that Ben's behaviour was a result of the domestic violence that occurred within the family unit. The school's Family Support Worker suggested that Ben attended the My Space Group for children who have experienced domestic abuse and have low self-esteem issues.

Amanda thought that the group sounded really positive and was very keen for Ben to attend so he could start addressing his social skills and relationships with other children. The referral process was very straight forward; Amanda received a form for the group and gave her consent so he could participate. For the first two sessions the parents were invited to attend with the children and Ben enjoyed Amanda getting involved in the different activities such as the arts and crafts. She thought that the group brought the children together and gave Ben more confidence when playing and socialising with other children. He was being taught how to share, involve others and play nicely. He always came back with something he had made from the group and talked about what he had done in the session, he seemed to really enjoy it. Ben was always happy to attend the weekly group after school despite not previously enjoying his time at school. The group facilitators were proactive in keeping Amanda involved and informed on Ben's weekly progress. Amanda attended the final session where the children were presented with graduation certificates.

Amanda said that since Ben has attended the group he is much happier and has a spring in his step on the way to school. He now really enjoys going to school and is much more positive in his attitude and learning. He has become more sociable and now has friends that he sees outside of school. Overall it has been a really beneficial and valuable experience for both Ben and Amanda. Amanda thought that the group was brilliant and has given Ben the confidence to make friends, enjoy his time at school and become a happier child.

¹ All names in the case study have been changed to ensure anonymity.

4 Conclusion

Chapter 6: Summary

- Parent feedback and data suggested the course helped the children begin to recover from the trauma caused by witnessing domestic violence.
- Children left the course better able to express feelings and manage anger and also held healthier attitudes towards the use of violence.

4.1 Facilitating recovery and building resilience

Consistent with academic research on the effects of exposure to domestic violence children attending the course exhibited a range of behavioural and emotional issues. Parents commonly reported externalised behaviours such as aggressiveness and anti-social behaviour towards others as well as internalised behaviours such as anxiety, low self-confidence and inability to make friends. Parents also commonly reported that these behavioural difficulties were having an impact on attainment in school. Developmental psychology suggests that these varied emotional and behavioural symptoms are consistent with efforts by the child to accommodate to the harsh events posed by incidents of domestic violence. Typically children exposed to domestic violence, this research indicates, adopt a hypervigilant and insecure approach to relationships often marked by frustration, hostility and fear (Wolf, 2003).

The AVA course is designed to give children an opportunity to reduce the sense of isolation of their experience and work towards building the regulatory processes that allow them to process traumatic events and develop healthy relationships with others. Sessions were designed to help children share their experiences and identify positive ways of expressing feelings and managing anger. Data suggested that the children had made progress in these behavioural competencies and by the end of the course were beginning to show signs of improved social relations outside of sessions. Reports from parents suggested that children seemed to feel more in control of their traumatic past experience and more able to express feelings and manage relationships without a shadow cast by their past.

Parent feedback

My Space has really helped my daughter to develop, by teaching her how to handle situations better in a more mature way rather than shouting and arguing.

I feel that my son has learned a lot about himself and his feelings, he tells me how and when gets angry and finds it easier to talk about it rather than 'hitting out'.

My son has told me that he has really enjoyed his time at My Space...He spoke to me about some of the subjects covered and he seemed to understand all that was discussed. His confidence has grown through doing this and is able to discuss feelings easier with me.

The programme achieved the following key outcomes:

Most children entered the course poorly equipped to express feelings and manage anger and held attitudes tolerant of domestic violence. By the end of the course a significant improvement in protective attitudes had been achieved in the following areas:

- The proportion of children who adopted a protective attitude towards the prevalence of domestic violence rose from 17% to 100%.
- A significant reduction in the number of children feeling responsible for 'dad's violence against mum' and for children feeling mothers sometimes deserved to be hit.

These figures indicated significant improvement in the children's understanding that domestic violence was not acceptable and that they were not responsible for either incidents that happened or attempting to stop them where they did. The children completed the course with much healthier attitudes towards the acceptability of domestic violence and of fathers using violence against mothers.

Data suggested that most of the children completing the course were likely to deal appropriately with anger by not resorting to violence or abuse with 75% saying they would never shout or scream or hit, punch or kick at someone.

Children completed the course with better safety skills in the event of a domestic violence incident. Three quarters of children knew at the end of the course that they should stay in a safe place and stay out of the fight.

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