



**Keeping Mothers in Mind:
Trauma informed, relationship-based
intervention for mothers who have
experienced violence/trauma and their young
children**



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SERVING CHILDREN AND THEIR FAMILIES
SINCE 1914

Why are we talking about this issue?

- It is estimated that about one million children are exposed to domestic violence every year in Canada (Trocmé et al, 2010)
- Majority of child welfare referrals are now for domestic violence – and the majority of those are for children under the age of 3 years of age with such young children disproportionately exposed to IPV (due to age/proximity)
- Men who abuse their partners also frequently abuse their children
- Children exposed to woman abuse have similar adjustment problems to children who are physically abused, and rate significantly below their peers in areas such as school performance and involvement in social activities which puts them at risk for further adversity.

CEDV: Risks to Children

Myriad of ways children are affected by CEDV, manifested in emotional, cognitive, behavioural and social functioning:

- Effects vary based on a number of factors internal and external to the child including parental, individual and environmental factors– and whether or not those factors reduce or increase the child's vulnerability.
- Multiple social locations and identities intersect to shape experiences and contribute to dynamic risks – inherent recognition of these multiple locations being directly impacted by power and oppression
 - access to housing, health care and education
 - experience with police, child welfare
- Additional risks associated with transience

Risks associated with Transience and Homelessness

- Higher levels of poverty and social disconnection and prior experiences of trauma (for both children and caregivers)
- Higher levels of crisis and lack of structured, consistent environments and resources for child development (books, toys, safe place spaces)
- Higher rates of separation experiences (multiple placements)
- Higher levels of need for health services, with poorer access to such services (such as immunization and check-up appointments etc.)
- Higher levels of mental health difficulties in this population – with again, lower rates of access
- Higher needs of service coordination (housing, health, education, therapeutic services)
- Services provided need to be adapted for expected transience (drop-in, short-term, concrete, relationship-based for re-engagement)

(Tischler, Edwards, & Vostanis, 2009; Webb, Shankleman, Evan, & Brooks, 2001)

Mother-Blaming: A Word of Caution

- Need to consider trauma and parenting within the context of a gendered analysis of inequality
- Specifically when considering violence in relationships wherein women are disproportionately victimized
- Burden of motherhood - socialization/expectations of women have left fathers absent from intervention dialogue – not to mention high rates of women parenting alone
- This is not about Mother-Blaming – must keep focus on the social conditions that have placed women in such important positions without the necessary resources for success



Mothers in Mind®

POWERED BY THE MINDS AT 



The Need for Mothers in Mind



911 Call with 6 year old Lisa


911 Emergency
 (crying and screaming) My mommy and daddy are having fight!
 Is he hitting her?
 Stop it! I'm talking to the police Mommy! Don't hurt the baby!
 Don't take the baby! Stop it, stop it!
 What's happening?
 They're having a fight because this has been going on forever and ever.
 (screams) He just knocked my sister down! He pushed her on the floor and she's crying.
 Where are they now?
 They're in the bedroom. Oh my God! (screaming uncontrollably and sobbing)
 What's happening?
 Something happened!!!! Just please, send the Police!
 Wait, I have to see what happened, please (drops phone)
 Okay,, the police are on their way okay? Lisa? Oh Sh...
 (lots of crying and she gets back on the phone)
 My daddy has the baby now! (sobs) He's got the baby and he's made some red marks on
 mommy's neck (sobs)
 I don't want him to do nothing strange to the baby because if they drop – because he's a
 newborn baby he's very delicate
 What do you mean do something strange? What do you think he'll do to your
 baby? I think he's going to take the baby and do something because he's drunk and he
 might go off and drop the baby
 How old are you?
 I'm six and my little sisters four. Okay, could you just send the police please...

A Complicated Paradox

- Children are often the reason that women stay in abusive relationships, entrenching parenting patterns over significant periods of time under the stressful influences of living with violence...but are often the most powerful motivator to leave (Hilton, 1992).
- Mother and child can sometimes serve as constant reminders to each other of earlier traumatic experiences (Lieberman & VanHorn, 2005) ...and yet the child's relationship to the mother is the most powerful predictor of positive outcome for the child....(McGee, 2000)

Practice Principle

- In the majority of situations, the child's caregiver is the most important resource in the healing process. Especially if violence has been experienced in the context of a relationship.
- Parental involvement and interaction is very important and should be incorporated at all levels of intervention
- Children require caregivers to help them modulate all aspects of development (feeding, regulation, illness, danger, comfort)



The Impact of Violence and Trauma on Mothering



Woman Abuse and Pregnancy



- Violence can begin in pregnancy or pre-existing intimate partner violence can become more severe (Taillieu & Brownridge, 2010)
- Risk factors
 - Lack of prenatal care
 - Fetal trauma, miscarriage
 - Impact on fetus' nervous system
 - Infant may be born 'challenging to soothe'

Cascades of Risk

Mothers who endured 4 or more adversities (ACES) in childhood were more likely to experience prenatal health issues as well as postpartum issues (5x as likely) – such as depression and marital conflict which can impact her infant's development
 (Madigan et al, 2017)

Domestic violence does not often occur alone, other adversities may be present.

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Parenting by abused women: Research indicates...

- Abused women appear to experience significantly greater levels of stress than non - however this does not necessarily translate into diminished parenting
- Abused mothers may be more likely than others to use some type of aggression against their children but are less likely to do so when they are safe
- In the face of severe stress they may compensate for violent events by offering increased nurturing and protection to their children. Strategies suggested by professionals such as police/protection orders were considered less effective.

(Letourneau et al, 2007; Nixon et al, 2015; Nixon et al, 2017)

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IMPACT OF WOMAN ABUSE/TRAUMA

- Post Traumatic Stress Symptoms/Depression
- hyper-arousal (poor response to stress/red alert)
- aggression or withdrawal in response to minor stimuli

"I remember one time he was crying and his Dad was late coming from work and I was like shut up your Dad 's not here and I don't know what to do."

- emotional numbing (appearance of indifference/ambivalence/ feeling detached)

I wasn't scared. Maybe a little bit scared. But not so much."

- maladaptive coping strategies (substance use)
- chronic health problems
- issues of financial hardship and social isolation
- ongoing relationship issues with abusive partner (potential for chronic lack of safety)

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Impact of Abuse on Mothering

Abuse changes the nature of the crucial relationship between children and their mother (undermining her authority and interfering with her ability to provide care)

- 34% of abused women indicated they changed their parenting style in the presence of their partners – compared to only 5% of women in non-abusive relationships


THERE IS AN INCREASED RISK OF:

- Permissive parenting due to fear of control
- Mother's sense of guilt
- Inappropriate discipline
- Parentification of child
- reliance on infant as source of comfort
- difficulties with soothing, comforting infant in distress
- experience of child as 'difficult'
- emerging attachment issues
- Negative attributions

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"She does not really look like her father so I'm still okay with that, but I can't be if she looked more like her father. But she's not really like her father, so she won't remind me of a lot of things."


MIM™ Participant



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Traumatic Events Impact Children and Adults Differently

- Adults have more well developed internal and external resources to cope
- Stage of brain development has an effect - determining the extent of impact developmentally
- Important to recognize that adults were children once and may have other early life experiences



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Impact of Domestic Violence on Children

<https://www.youtube.com/watch?>



Infants and Young Children

- Infants and young children are at a particular heightened risk of exposure due both physical and developmental vulnerability as well as proximity to caregivers during episodes of violence. Experience impacts related to:
 - brain development,
 - emotional dysregulation (difficulty with soothing)
 - developmental delays
 - sensitivity to conflict
 - PTSD symptomology (exaggerated startle response)
 - decreased levels of social interaction (doesn't initiate)

(Carpenter & Stacks, 2009; Fantuzzo & Fusco, 2007; Graham-Bermann & Perkins, 2010). Infants (Carpenter & Stacks, 2009; Edleson, 1999a, 1999b; Kimball, 2016). (Bogat, DeJonghe, Levendosky, Davidson, & Eye, 2006; DeJonghe, Bogat, Levendosky, von Eye, & Davidson, 2005; Tsavoussis, Stawicki, Stoicea, & Papadimos, 2014)

Infants have AGENCY

- Winnicott was the first to recognize that infants have their own sense of subjective agency to influence the world around them. Graham Music (2005) states that, *“from birth, infants are learning to be active agents in social interaction, with an innate predisposition for eliciting and responding to gestures and actions, a capacity that gives rise to a sense of agency and active participation in the world.”* (p.75-76)

FACTORS THAT INFLUENCE THE IMPACT OF IPV ON CHILDREN:

Risks vs Protective Factors

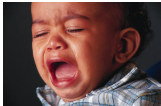
<ul style="list-style-type: none"> Intensity/duration of violence Proximity of child/youth to violence Physical harm to child/youth Availability of responsive caregiver Witnessing harm to caregiver Relationship with caregiver Age and level of cognitive development Gender identity 	<ul style="list-style-type: none"> Relationship with siblings Relationship availability of social supports Co-occurrence of maltreatment/caregiver mental health issues Co-occurrence of other environmental stressors (poverty, neighbourhood/ community violence) Relationship/contact with abuser
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A Simple Illustration

<https://www.youtube.com/watch?v=7FC4qRD1vn8>

Practice Principle

- Important to clarify impact, rather than type or extent of abuse – (level of physical violence alone is not adequate – some forms of abuse can be very psychologically devastating with low levels of violence)
- The damaging effects of prolonged periods of fear for children – regardless of the acts of violence witnessed is what is often overlooked



Trauma Symptoms in Young Children

<ul style="list-style-type: none"> Gaze aversion/withdrawal “Re-experiencing” or playing out memories of the event Toileting problems Sleep/Eating problems Verbal or language difficulties Developmental regression Aggressive outbursts or increased activity level Increased clinginess/ separation 	<ul style="list-style-type: none"> Onset of new fears Anxiety PTSD Relationship problems – including poor attachment or attachment disorders Depression Dysregulation of stress system Low self-esteem Preoccupation with the traumatic event such as bringing up the episode repeatedly or uncontrollably Increased and prolonged (toxic) stress
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How can we make it Better?



Make connections
 "Our ability to make a connection is the single most important thing we can do. If we can do that, we have a shot at helping. If we can't, then all the strategies and knowledge in the world won't help" - Daniel Stern



Protected mothers are protective mothers
 Supporting women in achieving emotional and physical safety is the best thing we can do for children

Early intervention is essential and ...
 there is time! "it's never too late to repair"



How Can We Make it Better?

What Mothers in Mind Provides...





Goals of Mothers in Mind™

1. Provide mothers with the opportunity to access trauma-informed parenting information, while connecting with other mothers who have had hurtful experiences in their lives.
2. Strengthen mothers' self-care, self-compassion and stress management skills in relation to parenting.
3. Support the mother-child relationship through enhancing mothers' sensitivity and responsiveness to her child and strengthening feelings of parenting self-efficacy.



Mothers in Mind: The Model



- 10-12 weeks - Mother-child play group (2hrs)
 - *fully interactive*
- Relationship focused
 - 1 facilitator per 2 dyads
- Trauma-informed approach
- Parenting within the context of trauma
 - *does not process individual maternal trauma directly*

What makes MIM different?
Mother-child work within a group.

<p>Mother-child work</p> <ul style="list-style-type: none"> ▪ Support given to each mother-child relationship ▪ Encourages awareness of and empathy for child ▪ Able to address subtle issues in relationship ▪ Provides opportunity for reflection of what's working 	<p>Group intervention</p> <ul style="list-style-type: none"> ▪ Reduces isolation and builds social support ▪ Connection to mothers with similar experiences ▪ Increases understanding of impact of violence ▪ Reduces shame, secrecy and self-blame
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Fully Interactive Group

- Mothers and children are together the entire time.
- Need to think about how to discuss issues, recognizing little ears are present.
 - **Play-based, not Activity-based**
- Focus on getting mothers and children to interact and play.
- No prescribed "activities" to do.

"I remember them talking, other mothers talking about their struggles and feeling like...okay, I'm not the only one who feels like that."

MIM™ Participant

Eligibility

- **Mother indicates** history of violence/trauma that she feels may be impacting her ability to parent
- Child under the age of four
- Safety—Are they safe enough to participate?
- Custody





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Assessment Process

Focus on Mother-Child Relationship

- Child developmental history
 - Including living arrangements/separations
- Mother’s history
 - Experiences of trauma
 - Experiences of her caregiver
- Mother-Child Interactions
- Safety



The Model

- Weekly sessions are formatted to:
 - model consistency, structure & routine
 - reduce mother & child anxiety
 - support goals of program




Free Play

- Provides buffer while families arrive
- Support children transitioning into group
- Mother-child work
- Opportunity for mother-child observation




Welcome Circle

- Song Time
- Music & Rhythm
 - connection between feelings & body (Lowey, 200)
 - supports emotional regulation and fosters
- Story Time





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Talk, Play & Connect



- Looks like play group from the outside
- Interaction between discussion & play are organic
- Encourages mother to meet needs of her child

→ Need to have time each week for mothers and children to play together when discussion is over

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Goodbye Circle

Similar to *Welcome Circle*

- designed to support transitioning out of group and into the next part of day

Stress Management

- practice variety of controlled breathing & relaxation strategies



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Weekly Follow-up

- Check-in opportunity
- Important to keep mothers connected to program
- Used to discuss/ follow-up on weekly topic



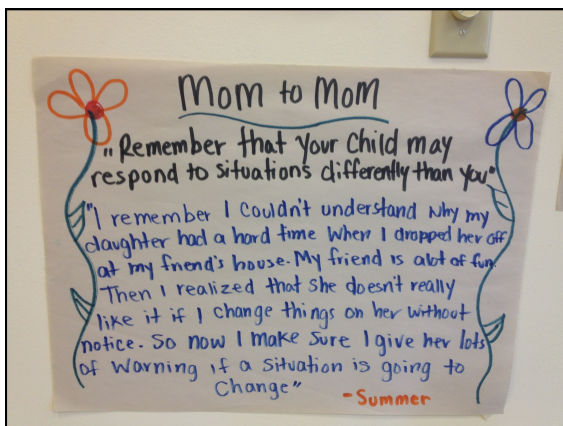
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Practical Resources

- Material Resources to support attendance
 - transportation assistance
 - healthy snacks
 - copies of stories
 - donations of toys, self-care items, clothing
- Agendas & 'Take Away' information
 - Acknowledges busyness of group and focus on responding to child
- 'Mom to Mom' Quote
 - Highlights parental competence alongside professional knowledge

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Laying the Foundation



1. Welcome to Group
 - benefits of play
 - child-led & parent-led
2. Taking Care of Myself
 - Self-care and self-compassion
3. Managing Stress
 - practical strategies

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Strengthening Relationship & Responsiveness



- 4. Exploring Our Feelings
 - What helps children manage difficult feelings?
- 5. Helping my Child Feel Safe and Secure
 - emotional & physical
 - talking about discipline
- 6. Responding Sensitively to My Child
 - what is a sensitive response?
 - when are they important?

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Parenting Basics



- 7. Understanding My Child's Development
 - "is this normal?"
 - Managing developmental triggers (i.e. tantrums)
- 8. Understanding My Child's Temperament
 - what is temperament?
 - strategies to manage

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Closure

- 9. Nurturing Ourselves and Our Children
 - Reflecting on self-compassion and how to teach it to our children.
- 10. Celebrating Us!
 - reflection & looking ahead



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Practice Principles

- Mothers want healthy relationships with their children
- Working with mothers and their children together is key
- Healing and repair are possible




Mothers in Mind™

www.mothersinmind.ca

- Mothers in Mind curriculum and training
- Mothers in Mind website: parent friendly materials
- Available in English and French




Mothers in Mind™

Questions?

