

Mum, do you love me?

The Reconstruction of the Mother-child Relationship.

(manual)



MyMamy, o. z.
2017

Title: Mum, do you love me? The Restoration of Mother and Child Roles. (manual)
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A home must be a safe place for everybody.

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Introduction

This manual reflects the needs of counselling practice. Having been providing specialised social counselling for years and having started a safe women's house for women and children experiencing violence, we have realised that our work mostly concerns the upbringing of children after their mothers leave abusive relationships. It is our primary aim, in accordance with our clients' (mothers') needs, to eliminate the effects of parental conflict behaviour on their children as much as possible. We wish to reduce long-term effects on children's life and improve children's ability to build healthy adult relationships.

Together with educational professionals we believe that a basic presupposition for a peaceful full life is a healthy basic mother-child relation. This relation is crucial in the situation when the father's role is losing its positive connotation and has been deformed by father's violent behaviour to the child's mother or to the child as well. Then it is mother who is becoming the most important person for her child in the adult world.

A big inspiration for this manual has been our cooperation with our Norwegian partner organisations and learning about their model of work with the children of women coming from violent couple relationships. We have agreed on the importance of the initial diagnosis and on defining the problems together with the mother and child. Then the therapy is suggested, which is to be approved by all the involved parties: the mother, the child and therapists. In the process of healing both the mother and the child need to have a trustworthy person, who is at their side at the time of dramatic changes, when the child starts to

experience the situation only with mother and without father, or with father but only for some period of time and in an approved place ...

From the very beginning we have been facing an ethical dilemma that concerns the counsellors' work. They are supposed to be at the side of the woman experiencing violence all the time, but they should also consider the interests of the child, who is the most vulnerable victim of family violence. Thus, considering children' interests is the primary principle of counselling work, which requires the improvement of the mother-child relationship, often resulting in difficult decisions and involvement of other institutions and professionals. The counsellor who is involved in the improvement of the mother-child relationship also faces a dilemma of assessing the quality of this relationship. The counsellor has to learn how to respect the models that often do not fit her cultural-social context, but are natural for the mother and her child as they do not threaten their relationship. .

We have gained the time, space and inspiration for thinking and getting our counselling work to a higher level in the fields of parenting capacities and relations with children thanks to the WeMothers Safe Women's House project, which we conducted from 2015 to 2017. The financial support was provided by the Norwegian Financial Mechanism within SK09 Domestic and Gender-based Violence Programme, amounting to 735,213 Euro (our cofinancing was 81,690 Euro). The main achievement of the project (despite different obstacles) has been the establishment of the WeMothers Safe Women's House in Prešov, which provides complex support and help to women experiencing violence and strives to meet the Minimum Standards of the Council of Europe as much as possible. Another achievement of the SK09 programme is the establish-

ment of the Coordinating Methodological Centre, whose future ambition is not only data collection as an argumentation database for changes in the field of support and help to women experiencing violence but also the writing of manuals and guidebooks dealing with different aspects of this topic. Services providers expect that the CMC will cooperate more closely in implementing the Minimum Standards of the Council of Europe for the field of violence against women. This publication has resulted from the cooperation of our organisation and the CMC and is a promise of closer cooperation of grassroots organisations with the central organisation, which is the only way of putting the needs of women and children experiencing violence into practice.

Pola Sejková, chairwoman, WeMothers civic association



*A drawing of an eight-year-old girl based on the assignment „Draw your family“.
The drawing was made after the father had left home.*

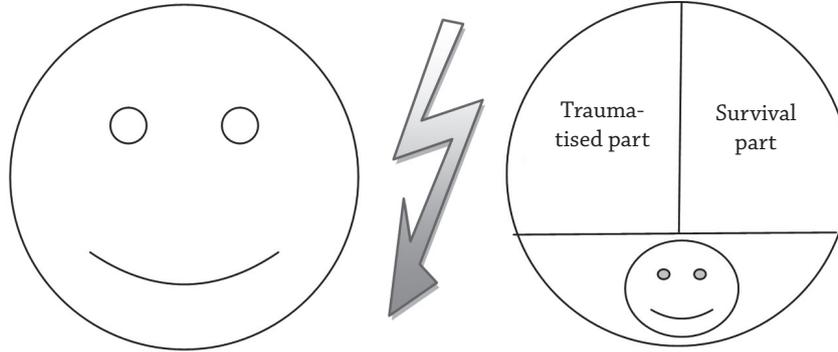
1. A little bit of theory

1.1. PTSD in the child's world; trauma from the child's point of view

Trauma in children concerns relatively many people and can have a pathogenic impact on the further development of a person. The main types of trauma in children are as follows: emotional abuse, physical abuse, neglect and sexual abuse.

Research into the trauma in children significantly changed in 1976. Since then researchers had believed that children were more resistant to stress than adults. In 1976, 26 children were kidnapped in California and were to be buried alive, having been kept in outrageous conditions. In the end they escaped thanks to a boy who was the only one who later did not suffer from nightmares and anxiety. The event triggered new research into this field.

When in danger, three human responses are common: fighting, escaping and numbing. The best protective response of a child is either an escape or an attack; if none of these happens, the child numbs. As a result, the hormones adrenaline, noradrenaline and cortisol are not released and PTSD symptoms appear. The nervous system tries to complete an action that did not happen in reality, which causes flashbacks – a person is mentally drawn back into the traumatic experience. Therefore, the psychic creates a possibility of dissociation- division.



Healthy, fully integrated ME

Functioning, but unhealthy ME

The survival part is an unconscious protective process - „I feel nothing, bad things do not happen to me”. Frequent activation of such a system at an early age results in the harming of self-concept. Each traumatised child is sure that he/she suffers because he/she is bad and does not deserve anything else. Anger that the child feels is counter-effective, in the end.

Children often try to avoid thoughts and talks about the event and adults believe that the child has forgotten everything and they would hurt him/her if they started to talk about the event. The opposite is true. The child calls for help through psychosomatic problems, such as stomachache, headache, nausea, fatigue, nightmares, hyperactivity, learning disorders and a weakened immune system. Regressive behaviour might also appear – the child stops to talk, sucks its thumb, wets the bed, and does not want to sleep alone. If the

trauma continues for a long period of time, the children might even think of death. The child wishes to die and it seems for him/her the only way out of the suffering.

Another protective mechanism is denying of reality. Children do not want to lie, but from some reasons their inner reality differs from the real world. They often describe the events that have not happened or they distort real events. It also happens that they describe their own experience as an experience of somebody else.

If trauma lasts for a long period of time and is caused by a close person, the child is either aggressive and bullies weaker kids or animals and damages toys, or is passive and lets himself /herself bullied. Sometimes it might seem that the child is fine, but it suffers from the fits of anger, crying and self-destruction.

The children who have experienced domestic violence often self-isolate and keep apart from other people, including their own family. They cannot understand the situation of domestic violence and they live in constant emotional confusion. Therefore, it is crucial to provide them with emotional support and stability.

The exposure to domestic violence can result in posttraumatic stress symptoms.

Four forms of violence against children are distinguished:

1. rape-related conception,
2. violence during pregnancy,
3. direct experience with violence as a person abused together with mother,
4. growing up in the atmosphere of violence and degradation.



The drawing was made in the session with a mother and her 5-year-old son. They both drew their biggest wishes, and one of the mother's was starting a new family with her new partner. When she interpreted her wish, the son took her drawing, crisscrossed his mum's new partner and told her that he wants to be only with her.

The child's perception of violence and her/his response to violence depend on various factors, such as age, developmental level, cultural background, social group, gender, resilience, type of experienced violence, its intensity, etc. According to the National Child Traumatic Stress Network (2010), there are other relevant factors influencing the impact of domestic violence on a child, such as his/her overall experience, his/her previous experience with trauma and violence, and the child's temperament. Each child develops his/her own strategies of coping with and responding to stressful situations and not all the children show clear signs of stress. Nevertheless, domestic violence is always a big burden for children's development. They live in constant fear and their home provides neither protection nor peace. Children living in violent families try not to trigger new explosions of violence, they avoid the violent parent, they almost do not move in the flat and they often do not get engaged in play. They try to do everything correctly, which does not help as the aggressor always finds another reason for violent behaviour.

Violence between parents makes their children helpless, involves them in parents' problems and makes them adjust. Children describe events in an uncertain and inconsistent way, and they often deny everything. It is one of the ways of children's adjustment to violence. They do not know what to do and they cannot stop or prevent further violence. Their self-image is distorted and they consider themselves dependant and helpless. At the same time they are ashamed for what happens in their house and feel guilty. Many studies confirm the increased risk of PTSD development due to experiencing domestic violence (Strasser 2001, Silvern et al. 1995).

Each form of violence can have its specific effects on children's development and requires specific strategies. The children who have experienced domestic violence exhibit distinctive types of behaviour and suffer

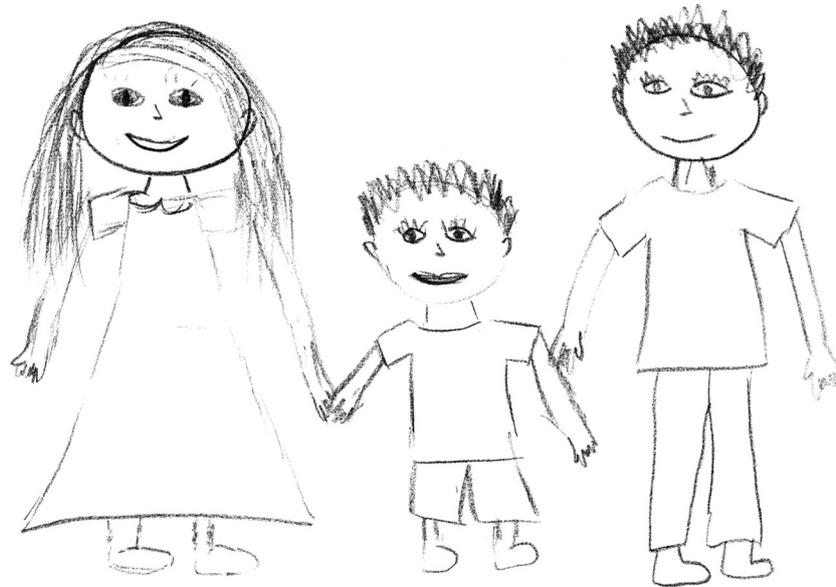
from delayed development and from visual-motoric, verbal and cognitive limitations. They also tend to have problems at school and complex learning problems.

PTSD can include the following: PTSP sa môže u detí prejavovať takto:

- ruthlessness and detachment,
- escape into the phantasy world,
- sleep disorders and nightmares,
- difficulty concentrating and remembering,
- hyperactivity, constant worrying,
- constant irritability,
- evasive behaviour,
- flashbacks,
- aggressiveness towards other children,
- restricted play,
- enuresis, encopresis.

Children might experience fear in their families for many years. They describe this state as shaking, heart racing, feelings of weakness and numbness, cramps and unpleasant feelings in stomach. Some children self-harm, attempt suicide or run away from home. Very serious effects of violence and a traumatic

response of children to violence against their mother can be explained by strong identification with the mother and strong emotional bonds to her.



Family through the eyes of one of the mothers.

Fortunately, there are also the children who despite their traumatic experience grow into self-confident adults with healthy self-esteem. It is thanks to their resilience that enables to overcome development risks. Among resilience factors rank, for example, positive relations with peers, high intelligence, mother's mental health, positive qualities of a child, etc.

The child can cope with traumatising experience only if violence is discovered and stopped, a safe place for life is secured and reliable relations are developed. To achieve all this, competent people and institutions are needed.

1.2. Specific features of different development stages; signs and symptoms of trauma in children

PTSD symptoms differ according to children's age and they also differ from PTSD symptoms of adults. Symptoms of trauma in children depend on the violence and trauma severity. It is important to consider whether the trauma is a single event, a repeated event or a long-term state. Short-term stress that does not repeat does not usually cause PTSD. Children then do not suffer from obtrusive ideas, anxiety, dissociation or emotional numbness.

Children can experience different trauma symptoms; nevertheless, there are some typical signs that appear shortly after a traumatic event:

- excessive excitement,
- withdrawal of the system,
- dissociation,
- feelings of numbness and closing of the system.

These characteristics refer to essential responses of the body and mind and confirm trauma existence.

PTSD specific features in children (Yule a Gold, 1993):

1. *Recollecting the trauma*

Children have repeated obsessive memories about traumatic experience that mostly appear in silence or in connection with something that reminds of the trauma. Obsessive memories come in a form of life flashbacks or nightmares.

2. *Avoiding traumatic experience memories*

Memories activate painful emotions; therefore, children avoid memories as they are afraid they will not be able to cope with them. As a result, they

- avoid talking to their parents,
- avoid talking to their peers,
- feel hopeless about their future and change their values,
- feel guilty.

3. *Experiencing increased anxiety*

- problems with concentration
- sleeping disorders
- problems with separation
- problems with memory
- an increased sense of fear
- irritability and anger

1. Children from birth to the preschool age

The child from its birth to the age of 3 and 5 is small with the developing nervous system and very limited chances of survival. If the child has repeated traumatic experiences in this period, he/she considers them prevalent life experience. Unless protection and safety are provided, ongoing traumatic experiences cause developmental trauma and changes of brain development. As a result, the child experiences emotional disorders, lacks impulse and behaviour control and is often labelled as a problem child as he/she responds to the world differently as his/her peers. If the caregivers do not accept such a child either, the child experiences still another trauma and a vicious circle closes.

2. School-age children (6 – 12 years old)

School-age children exposed to trauma have emotional, cognitive and behavioural problems. They have difficulty concentrating and their school performance gets worse. They often have behavioural problems that are reflected in frequent conflicts or in avoiding any contacts with other people. Children try to overcome their sense of helplessness by imagination and they imagine that they have defeated the aggressor. The most intensive reactions occur in the children who have been isolated from their family or witnessed death of a close person. Traumatized children of the school age are becoming passive and less spontaneous or they are becoming aggressive and more demanding. They are more prone to psychosomatic problems, for example, they suffer from headache or stomachache.

3. Adolescents

Adolescents are cognitively more advanced; therefore, they can better understand trauma consequences. They do not use their imagination to deny the reality and they do not use play either. Uncertainty, helplessness and the resulting aggression often lead to self-destructive behaviour. Frustration influences adolescents' search for life's meaning and they often consciously rebel, ignore school and use alcohol and drugs. Although they can see how they could or could not prevent the consequences of trauma, they often blame themselves for a long period of time.

The adolescent's trauma involves four phases in which the child tries to cope with his/ her problems himself/herself:

1. Outcry Phase – appears immediately after a traumatic event; an acute alarm response and anxiety are typical for it.
2. Denial Phase – its features are insomnia, amnesia, withdrawal, physical weakness or hyperactivity, somatic symptoms.
3. Intrusion Phase – the child becomes emotionally unstable, he/she might be easily frightened and have the states of chronic excitement that prevents him/her from sleeping
4. Working through Phase – the child thinks about the reasons of a traumatic event and suffers from painful memories; nevertheless, he/she starts to be aware of the future and hopes that the symptoms will cease to exist and normal life will start.

1.3 The needs of the child in the post-trauma state

To heal, the child must feel safe, which usually means that he/she must leave the place where danger persists. The change of the environment is not enough; it is necessary to overcome the feeling of own helplessness.

It is very important to find a person whom the child will fully trust. According to the National Child Traumatic Stress Network (2010) the child's healing can be secured by a positive, caring and protective adult person. The most suitable relation is a long-term relation with a caring person, most frequently it is the mother, but a short-term relation with a teacher at school or kindergarten, a worker in the safe women's house, etc., can be important as well. This person should not criticise the child and blame him/her, but listen to him / her



*A drawing of the family of a 7-year-old girl immediately after coming to the safe women's house.
„Now our family is only me and my mum.”*

warmly, respect her/his feelings and provide support and empowerment. It can also help if positive social support is available (interest groups, sports clubs, religious organisations, etc.) Only then the child can feel safe and will be able to get control over his/her life. As a result, PTSD symptoms will also improve.

The child makes a big step towards healing from the trauma when he/she becomes aware of his/her dissociation. The child starts to distinguish in what situations he/she passes from one part of his/her personality to another. As a result, PTSD symptoms will get better.

A big step towards healing from trauma is made when a child understands his/her mental splitting. The child starts to distinguish the situations in which he/she passes from one part of his/her personality to another. It is not right to strengthen the survival part, but it is right to put it together with the traumatised parts, and then integrate them all into one whole as before the traumatic events.

Ground Rules for Working with Children

Neither adults not children feel at ease when they speak about the experienced violence. Children often feel shame about the event and they do not know how to describe it. They can express their feelings spontaneously, though, through their body, drawing or play.

According to The National Child Traumatic Stress Network (2010), at some point an adult person who has experienced violence or a professional should break silence and talk to the child about violence. It is not useful to say that the child was minimally exposed to the violence against one of the parents („he/she didn't know what had been happening, he/she was always asleep or was at school“ ...). Neither is it useful to

suppose that “the child is too small and doesn’t understand what is happening”. The children who have experienced domestic violence need to talk about this experience so that they understand what has happened and why. It is also a way of preventing false ideas and blaming oneself, the person experiencing violence or the environment for the traumatic situation. It also helps to stop dreaming about the improvement of the relationships in the family.

When communicating with children it is necessary to suppose that children know more than adults think they do. Children notice many things; they can see and hear a lot and are very good observers although they often do not understand what is happening and do not know how to interpret the situation.

Common children’s misunderstandings include, for example, (Cunningham, A., Baker, L., 2007, p. 8):

- Women and men are equal in what looks like a fight.
- It is my fault that they are violent to each other.
- Unless there is blood or other wounds, my mum has not been hurt.
- Unless mum cries, she is neither upset nor worried anymore.
- When the conflict is over, life will go back to normal again.
- If I do my best and I am a good boy/girl, they will not fight anymore.

Rules of communication with children:

- Listen carefully to the child and do not interrupt him/her.
- Be careful about your facial expression, distance and touch.

- Accept the vocabulary the child uses to describe the event.
- Do not use the words that the child cannot understand or the words that might frighten him/her (unless you talk you will go to the orphanage).
- Respect the child's age, his/her feelings or silence.
- Do not promise what you cannot do.
- Use open questions and let the child describe what he/she has experienced.
- Do not use suggestive questions.
- Do not cast doubts on the child's statements.
- Do not ask again about the issues that have already been mentioned.
- Answer the child's questions clearly and understandably.
- Never ask about the reasons why the event happened.
- Do not criticise the child and do not judge him/her in a negative way. If necessary, criticise only the act that the child has done.
- Appreciate the child's cooperation and willingness to talk to you.
- Make it clear that the child cannot be blamed for violence.
- Tell him/her that it is the abuser who is responsible for violence.
- It is also very important to provide the child with a few key pieces of information (The National Child Traumatic Stress Network 2010):
- Violence is always wrong.

- It is not your fault.
- I will be listening to you.
- You can tell me how you feel, it is important.
- I am sorry that you have experienced violence.
- It is neither your task nor responsibility to prevent the situation or change it.
- You do not deserve family violence.
- We can discuss what you can do if violence occurs in the future, for example, stay in the room, go to your neighbours, or call your relatives or 112.

2. Therapy of the relation „mother – child“

2.1. Early Intervention and Prevention of PTSD Development in Children

As it has been stated, the PTSD development starts after a traumatic event or after their series.

We can meet a traumatised child:

- Immediately after the trauma, when the child still experiences an acute response to stress
- In the period when the problems connected to a traumatised event persist, which is the period before PTSD becomes chronic
- At the time when PTSD becomes chronic

An early intervention can be in a form of psychological debriefing. The best known but also the most criticised is Mitchel’s Critical Incident Stress Debriefing (CISD), which is a single meeting consisting of seven steps, during which a trained counsellor helps the victim to return to the traumatised event and share behaviour, ideas and emotions. However, the research shows that CISD should not be used immediately after the event. The current psychological model of first aid aims at higher flexibility, considers individual needs of each person and does not encourage immediate sharing of negative experiences. Brymer et al. (2006) describe the aims of psychological intervention as follows:

- Contact a victim in a warm and discreet way
- Provide the improvement of immediate safety and provide all necessary things for physical and emotional comfort.

- Calm the victim, who is emotionally overwhelmed or confused; reduce anxiety and help him/her find his/her way in the situation.
- Find out what the present needs are like so that the help can be adequate and efficient.
- Offer practical help.
- Mediate contacts providing social help and other sources of help (for example, family and friends).
- Inform about stress reaction and provide strategies that can help reduce stress and support adaptability functions.
- Offer contacts of the organisations that the victim can address also in the future.

Hobfoll (2007) gives 5 main aims of intervention after a traumatic event:

1. Restore the feeling of safety.
2. Calm down and reduce anxiety.
3. Help achieve the feeling of one's own efficiency and competence.
4. Provide contacts to the facilities and organisations that can help the victim.
5. Encourage hope.

2.2. The effects of the exposure to violence on parenting competencies and possibilities of change

According to Conley (2003) parenting capacity can be defined as “the ability to parent in a ‘good enough’ manner long term”. According to the British Department of Health (2000) parenting capacity require the following key abilities:

- to take care of basic physical needs of the child; to see dangers and protect the child against threats and dangers and provide him/her with the stable and thriving environment,
- to understand and take care of the emotional needs of the child; to respond to them in a sensitive way and learn how to adjust one’s behaviour to the changing needs of the child in time,
- to be emotionally warm to the child and provide him/her with an opportunity to gain the awareness of own value, which is a basic parenting capacity,
- to demonstrate and model suitable emotional behaviour and interaction with the others,
- to provide the child with support and set him/her limits for the creation of moral values and conscience as well as for the appropriate social behaviour.

According to Bell, C.: Domestic Violence and Contact: 10 Reasons Why. Family Law, 38, November 2009, p.1139-1143. Jordan (publisher).

Due to the experienced domestic violence the parenting capacity of the abused woman is often diminished. The experience with domestic violence „can harm the woman’s self-esteem and confidence about her parenting capacity; it makes her sad, emotionally exhausted and unable to set limits with her children (especially with boys, who can identify themselves with their father)” (Bell, 2009, p. 3). The primary effort of the survivor of domestic violence is to survive and help survive her child or children, but the mother might also develop some other ways of the functioning of the parent – child relation, as described in *The National Child Traumatic Stress Network* (2010). The mother who has experienced violence can be either too docile or, on contrary, too strict and harsh. Eventually, these two poles might unexpectedly take turns. It might also happen that the family roles switch and the child takes responsibility for the care and safety in the family and the parent loses her/his parental position. This might happen if the children consider their abused mother „emotionally unavailable or a person without parental authority or someone who does not know how to protect them” (Goldblatt and Eisikovits, 2005, in Cunningham, Baker, 2007, p. 13).

Cunningham and Baker (2007, p. 12- 13) describe the impact of violence on the mother and her parenting capacity, and on her relation to children as follows:

1. The woman begins to believe that she is not a good mother.
 - The abuser presents the woman as a bad mother or as a cause of their children’s problems.
 - She is afraid that the Department of Social Protection and Care will take the children from her.
 - She is frustrated by the attempts to create a structure and be consistent.
 - The children can have problems at school or in the neighbourhood, which enhances her idea of being a bad mother.

2. The woman loses respect of some or all of her children.
 - The children cease to respect their mother and start to feel ashamed of her.
 - The children get used to not respecting their mother's authority and stop obeying her.
 - Some children might think that the violence against their mother is justifiable.
3. The woman believes that some of her husband's justifications of violence are right and shares this belief with her children.
 - She tells the children that violence is a mistake and it is her who must change or improve her behaviour.
 - She feels responsible for violence and guilty for the impact that violence has on her children.
 - She excuses violence because she believes that it is subject to drinking alcohol or her husband's stress.
 - She believes and claims that violence against women can be justified by culture or religion.
 - She believes and teaches her children that men and boys should have more privileges and power in family.
4. The woman changes her parental style in response to the parental style of the abuser.
 - She is too docile in response to the authoritative style of the abuser.
 - She is too authoritative in an effort to prevent the children from making the abuser angry.
 - To calm down the abuser, she asks the children to do senseless things, often not appropriate to their age.
 - She is afraid to ask for obedience and discipline because her children have had such bad experiences.
 - She undertakes more demanding tasks with her children while the abuser undertakes more amusing ones

5. The woman's capacity to care effectively can be diminished or seriously eroded.
 - Depression, anxiety, insomnia, etc. diminish her capacity to care for children and provide for their everyday needs.
 - If contraception is denied, too many children can be born one after another.
 - The woman might not have enough financial means to provide her children with the basic needs, such as food.
 - Reactive rather than proactive parenting, responding to a crisis rather than problems prevention.
6. The woman might use different survival strategies with a negative impact.
 - She might leave her children with an unsuitable person because she needs a pause.
 - She might avoid staying at home (a two shift job, etc.).
 - She might drink heavily or take drugs.
 - She might be violent to her children, physically or verbally.
7. The mother - child bond is endangered.
 - The children might be angry at their mother that she is not able to protect them or to throw out the abuser.
 - The abuser might prevent the mother from calming an upset child.
 - One of the children might overtake mother's role and care.
 - The children who expect mother's leaving might be anxious or might interrupt the emotional bond to protect themselves against the imminent loss.

- The children can blame their mother for the father's absence and other changes (moving, the change of school).
8. The woman is caught in a trap, in which she fights for her children's favour.
- The abuser tries to create an image of himself as the good one and of the mother as the bad one.
 - After the separation the abuser promises his children a wonderful life in his house, so that they are on his side when the court decides about the issues of residence and contact.
 - During the agreed visits the father is amusing and the children do not have to obey any rules.
 - The abuser has more money and can offer the child more things and nicer housing.

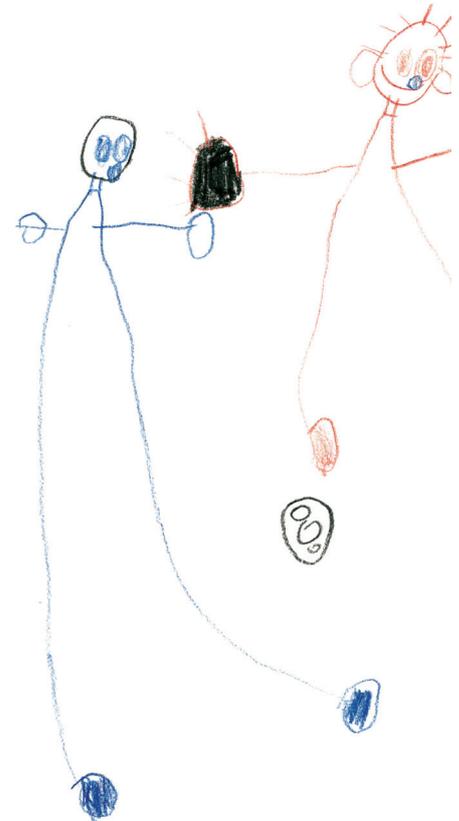
Not all the presented violence effects occur in each violent relationship, but these are the ones that typically have the impact on parenting.

A sensitive but little explored parenting issue is **the violence of mothers who have experienced couple violence against their children**. The factors that contribute to the increased risk of mothers' violence against their children are not clear, but there are three hypotheses about these factors in literature (Peled, 2011, in Macleod, 2016). The first hypothesis claims that women's violence against their children is exclusively a response to the violence of men and that violence against women "sneaks" into the relationship with their children. This hypotheses supposes that mothers' violence against their children happens due to "a negative emotion that the woman experiences, her physical and mental exhaustion and her effort to control her children's behaviour so that she prevents the violent behaviour of her partner" (Macleod, 2016, p.15). The second hypothesis explains violence as a consequence of numerous stressors that the woman experiences.

Among these is also the problem behaviour of the children that occurs as a result of domestic violence. The third explanation is the concept of complex developmental trauma, which can be a factor leading the woman to the violence against her children (Cloitre et al, 2012, in Macleod, 2016). It points out that if the woman had experienced domestic violence as a child, especially if it had been a serious one and at an early age, occurring at the time of developing the basic emotional bond with an adult person, she did not have a chance to develop the feeling of safety in relations. This feeling strongly influences the development of various human abilities (thinking, learning, remembering the information, etc.), including the regulation of one's emotions and behaviour, which is important in the violent context of the mother experiencing a complex trauma. The theory of complex developmental trauma has a potential for further research. It is crucial to avoid any possibility of the revictimization of the woman experiencing violence and consider the usefulness of the obtained information for the improvement of the care for and support of the women and their children and for eventual clinical interventions. The mothers who have experienced domestic violence sometimes maltreat their children physically or emotionally. The research shows, though, that having been separated from an abusive partner, the mother's parental capacity usually gets better (for example, Jaffe et al 2005, Jaffe et al 2008, Anderson 2002, in Bell, 2009). Another piece of research (Fujiwara, Okuyama and Izumi, 2012, in Macleod, 2016) claims that after separation, mothers tend to show more interest in their children, they tend to play with them more often and praise them more; on the other hand, psychological abuse gets worse, which is probably due to more frequent interaction between mother and child and the mother's effort to control her child's behaviour. This research also confirms that the mothers who did not experience violence as children,

abuse their children after the separation from a violent partner less frequently than the mother who experienced violence and maltreatment in their childhood.

Scheffer, Lindgren and Renck maintain that women keep experiencing trauma symptoms resulting from a violent couple relationship for a long time after this relationship ceased to exist, and they keep blaming themselves for letting violence and life in fear severely distort their relationship with children (2008, in Macleod, 2016). Macleod (2016) also mentions the research of Buchanan, Power, and Verity (2013), who point out three crucial topics in the context of domestic violence: firstly, the impact of fear that women and their children have experienced, secondly, the fear for a child and finally, the fear that they will not see their children anymore. The women were also aware of the psychological impact of the violent home environment on children and they were also aware of the necessity to support and calm children once they are safe.



*A drawing of a 5-year-old boy and his answer to the question what helps him best when he is sad.
The answer: „To play football with my mum.”*

When reconstructing the mother – child relationship, it is important to provide the women with new models of the parent –child relationship. Among the basic parenting strategies that the mother can use relatively easily and efficiently to support her child, rank the following ones:

- *Active ignorance* – identification of negative behaviour and various undesirable acts, whose main aim is to attract the adults' attention; unless they threaten the child's safety they can be ignored in order to reduce their occurrence. It is recommended to combine this strategy with the following one.
- *Concrete praise / rewards* – praising the child for certain behaviour not only raises the probability of its future occurrence but also develops the child's self-esteem
- *Routine and rules* – setting consistent and predictable routine and rules can be very helpful for a child who has experienced the world as unclear, chaotic, unpredictable and dangerous space, due to domestic violence. Rules and routine help to set and keep the order, which enhances the feelings of stability and safety in children (in adults as well) and reduces behavioural problems.
- *Relaxation* – helping children to practise or learn some relaxation techniques, for example, deep breath or free play of small children, and providing them with a peaceful environment for such activities, which can significantly reduce the occurrence of problem behaviour through which children usually vent their fears and anxiety or cope with the reminders of the experienced trauma.
- *Adequate support* – children can get support from their parents if the parents have received the support in resolving their own problems of the experienced trauma. It is recommended that the parents should use professional help (for example, psychotherapy).

According to the National Child Traumatic Stress Network, Domestic Violence Collaborative Group. (2010). *Domestic violence and children: Questions and Answers for domestic violence project advocates*. Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress.

The impact on child

According to Cummings (1997, in Lynch, 2002) the effects of domestic violence/couple violence is similar to the effects of physical violence against the child himself /herself. Many researchers emphasise that serious couple conflicts and violence against children result in behavioural problems, aggressiveness, defiance, conflicts with peers, disobedience, conflicts with the law, as well as in emotional effects, such as depression, anxiety, somatic disorders and social isolation.

Other researchers (Attla et al. 1995) claim that the children who have witnessed domestic violence are often more aggressive and anxious and in need of support. Sudermann and Jeff (1997) focused their research on children in safe women's houses and found out that more than 70% of these children were moody and 40% did not know how to communicate with adult people. They described these children "as emotionally poor", with 50% suffering from PTSD symptoms.

The child tries to find explanation for the situation at home. A. Buskotte (2008) points out that the child must cope with the situation not only emotionally but also mentally. The child searches for and develops his /her own strategies of dealing with violence. D. Karlovská and N. Krokavcová (2008) identify the following violence managing strategies:

- The child does not perceive his/her feelings and avoids unpleasant ideas. He/she switches off the noise and chaos, learns how not to hear and imagines being in a different place instead. Older children might start to use alcohol and drugs.
- Using his/her phantasy the child tries to perceive the situation in a more positive way, for example, he/she imagines a happier life in another family.
- The child escapes the violence, for example, runs away from home.
- The child tries to meet his/her need of love and acceptance in wrong places, e.g., in bad peer groups.
- The child takes over the care, for example he/she cares for his/her mother and protects the siblings.
- The child searches for help, for example, confides in someone or calls the police.
- The child calls for help, for example, he/she tries to hurt himself/herself.
- The child turns to positive activities, such as sports or excellent study results.
- The child tries to explain and predict the violent father's behaviour or to prevent it (he/she might blame himself/herself and tries to be perfect.)

Alison Cunningham and Linda Baker state that following their strategies, children adopt several roles:

- A caring child – it is a very mature child who approaches his/her younger siblings and mother as an adult. During the attacks he/she usually protects his/her siblings and mother and later calms and settles them. Such a child takes over some everyday tasks, including household chores.

- The mother's confidant – it is a role in which the child bears inadequate responsibility and burden. The mother confides her feelings and anxiety to her child, who worries about the problems bothering his/her mother. As a result, the child suppresses his/her own feelings and ideas.
- The father's confidant – because of fear the child joins his/her father, the so-called “stronger” side. The father might force his child to become his confidant and inform him about all the mother's activities. He might offer some rewards, e. g., the child can do whatever he/she wishes, gets a present or the father is not violent to him/her.
- The father's help – the father might force the child to behave violently to the mother. This role is also taken by the child because of his/her fear.
- A perfect child – in this role the child thinks about the triggers of violence and tries to minimise such behaviour. Such a child tries to avoid quarrels and does not contradict and does not revolt.
- A diplomatic role – it is the child's double role. On one hand, he/she tries to protect the mother and himself /herself from violence (warns the mother about her violence triggering behaviour); on the other hand, he/she tries to meet the father's requirements. The child tries to behave in a responsible way to keep peace in the family.
- A scapegoat – it might be a child with special needs, who is perceived as the reason of conflicts in the family, and as result, as the reason of violence.

2.3. Risks of the contact with the abuser/father, and its negative influence on the mother – child relationship and the parenting capacity of the mother

The separation of the mother and children from the abuser/father results in several barriers that hamper the healing from violence. (Katz E., 2014, p. 3):

- post separation intrusion, threats, chasing and violence by the abuser/father
- the children stressed or hurt by the abuser/father during his visits,
- mothers and children lacking a safe place, where they could settle and feel safe,
- unsuitable intervention of professional workers whose protection and support is not adequate.

In general, the development of the relationship with both parents is the best solution for the child. Nevertheless, if there is previous experience with domestic violence between spouses/partners, the development of the relationship between the child and the abuser/father after the separation of spouses/partners brings a lot of risks for the mother and child. It is necessary to be aware of them, mainly when deciding about the contacts of the child with the violent parent in the context of the mother – child relationship reconstruction.

Although it might seem that the separation of spouses/partners equals the end of violence, there are many women with opposite experience. Several pieces of research prove that at the time of separation and approximately two or three months after the woman leaves a violent relationship the risk of serious violent acts is very high (WAVE, 2012). Severity of violence and its persistence during the relationship can also be a good indicator of the continuation of violence after the separation. Although the risk of violence is

significantly lower around 12 months later, many forms of psychological violence persist (threats, curses, intimidation, etc.).

As Bell (2009) claims, a space for violence persistence after the separation is created through the contact with children. Also according to WAVE (2012) contacts with the child/children is a special risk factor of violence occurrence. The abuser can use his children for getting an access to the woman/mother and violent acts might happen at the time of the approved contact with the child or within the alternate care. Contacts with children are one of such high-risk factors for domestic violence also according to the London Metropolitan Police. As Bell (2009) emphasises, abusive behaviour occurs at the time of contact with the child or during his/her returning to the mother.

When considering the adjustment of the violent parent and child contact, it is necessary to remember that the men who are violent in couple relationship are usually worse parents. There are two basic groups of arguments for this claim. Firstly, as it has already been mentioned, violence against woman is sometimes accompanied with violence against children or other members of the family, thus, it presents only the tip of an iceberg (WAVE, 2012). Even if violence is not directed at the child, “abusing the child’s mother and inability to protect the child from the exposure to violence presents a significant gap in parental duties and meets any definition of child’s abuse.” (Bell, 2009, p. 2).

The second argument focuses on the abilities of a violent man to be a competent parent and to care for his child. According to Bell, abusive controlling men „demonstrate basic parental deficit” (against which the child, due to psychological effects of the experienced domestic violence, is particularly vulnerable)”

(2009, p. 2). Comparing to non-violent men, abusers tend to be less tolerant to a crying child, do not show too much interest in a child, have difficulties in separating their own needs and the child's needs, and are more often angry and irritated and manifest love less frequently. They often use negative techniques of control including physical punishment and ask their children for caring and emotional support, are more authoritative and focused on themselves, are cruel and too critical (Bell, 2009, p. 6). After the split of the partners these „deficits“ might be even more expressive as for some time the man is supposed to care for the children quite alone (Bell, 2009, p. 2).

Violent men can present themselves as better parents (either in front of other people or authorities, or in court) due to several reasons that are related to the woman's role of mother subjected to violence, as described above. If the abuser is allowed to meet the child, he might try to undermine the mother's authority and disrupt her relationship with children. A good quality mother-child relationship is considered the strongest indicator of a long-term positive development of the child after the separation as the child needs to experience a close relationship and safety, if he-she is to heal from violence; therefore, any chances of disrupting and destabilising this relationship by the abuser should be stopped. The abuser's contact with the child can also have a negative influence on the mother's mental health; thus, also on her parental capacity, as it can cause excitement or post-traumatic reactions.

The contact with the abuser can have negative influence also on the child's healing as it can enable new violent acts or cause the recollection of the past trauma. Unless the violent parent “acknowledges and takes responsibility for his abusive behaviour, and expresses regret, empathy and willingness to change, the

overall wellbeing of the child and his/her healthy emotional development is under immense risk” (Sturge and Glaser, 2000, in Bell, 2009, p. 4).

There is a great risk of intergenerational transfer of violence, which is one of the most serious impacts of the experienced violence for a child. As a result, there is an increased risk that the child will experience violence also in the future or will become a violent person.

In conclusion, recommendations for the institutional practice follow (Katz E., 2014 p. 5):

1. Relevant institutions and the police should be able to recognise a link between the abuser/father who has committed violence on his partner and his parental capacity. Abusers/fathers regularly abuse both mothers and children so that they get the ultimate power at home and children are often hurt by their abusive fathers. The institutions providing services should hold abusers/fathers accountable for their violent behaviour and identify domestic violence as part of parenthood.
2. It is necessary to know that the violent behaviour of abusers/fathers is a persistent problem also after the separation of the family. Therefore, institutions should take into consideration that the separation from the abuser does not always guarantee the safety of mothers and their children or does not always start the healing from an abusive relationship.
3. Mothers and children can start to heal if they are quickly provided with the accommodation where they experience the feeling of safety. Providing safe accommodation for mothers and children escaping their homes because of domestic violence should be among institutional priorities.

4. Mutual support of children and mothers experiencing domestic abuse recovery should be effectively recognised, supported and developed by professionals.
5. Investing in professional support is an effective way of building stronger relationships between mothers and children.

3. Case Studies

This part of the manual is about our practical experience with the work with mothers and children. As it is mentioned in the previous chapter, to heal the child, several of his/her needs must be satisfied, such as the need of safety and certainty, love, boundaries and rules. If we want to help children efficiently, it is important to meet their basic needs and recover their relation with the parents. As we are an association focusing exclusively on the services for women, we work on the improvement of the mother-child relationship. Having experienced the violence, this relationship might undergo various changes; therefore, its recovery and stabilisation is very important.

First of all, in our work we keep trying to meet our client's (mother's) wishes and needs. Together, we search for the best way of the cooperation with the child, always following his/her interests. We use different methods, such as dialogue, drawings and role plays in counselling sessions. The first two case studies are from our practice; the third was provided by our Norwegian partners from the Norasenteret in Kirkenes. Their case study is an example of using the ICDP technique (International Child Developing Programme), which is more closely described in the work with a client. The ICDP is a technique based on the idea that we humans are social beings by nature, which means that we are most vulnerable in our social relationships, where we experience our worries and happiness. If we are deprived of common contacts with people, we experience suffering and loss, which is the case of the children living in different types of social care institutions. The ICDP can help these children restore everyday caring human interaction. This is true not only

about toddlers and small children but also about older children, young people, adults and seniors. We all live in relationships and their quality decides about the way we feel, develop and master difficult situations.

Case Study N. 1

Ivana, 40 years old / Silvia, daughter 11 years old

Case History:

Ivana has been married for 17 years and has 2 children with her husband. At the beginning of their marriage Ivana loved her husband very much and was looking forward to their life together. Two healthy desired children were born. Husband was a successful businessman and was popular among friends and colleagues. Nevertheless, after her second child was born, Ivana started to experience domestic abuse. Her husband humiliated, offended and cursed her and Ivana had to bear physical abuse for a long time. Because of the children ... She wanted a complete family for them. Her husband's violent behaviour was getting worse. When her older son was 10, he and his dad had a bad accident. While father had just a few bruises, the son stayed in awake coma. Ivana had to leave her job and be at home with her son as he needed all day care. Strangely enough, the husband's violence became even worse after the accident, with more frequent threats, curses and offenses. Ivana was considering leaving the common household, but she could not imagine it as it was at home where she had all the amenities she needed for a thorough care for her son: an

accessible bathroom, bedroom, wheelchair, bed. Moving would be immensely difficult so she endured the abuse for the next 5 years. The care for her son was not the only reason that prevented Ivana from leaving her husband. She was a religious person and was sure that she had to stay with her husband for better and worse. In the end she decided to consult a priest.

The situation when consultancy began

The priest supported Ivana in her decision to leave her husband. Thus, Ivana gathered strength, energy and courage and with the help of a crisis advisor she succeeded in moving away from her husband with both children. Despite all the worries she had had, mainly the ones related to the adaptation of her son to a new environment, all ended up well. The moving went smoothly and the son got used to the new place.

The problems started, though with the younger daughter. She did not like moving away from her father and was unhappy about it. She missed her Dad very much and kept blaming Mum for moving away from home because of her dissatisfaction. Dad had stayed at home alone. At times Ivana's daughter would sulk and gradually ceased to respect her in some points. She considered her latest experience bad and blamed Mum for it. The situation was getting worse; therefore Ivana addressed a psychologist.

The methodology applied

At mother's request we started individual therapy with her daughter Silvia. During the meetings we applied different counselling methods. We often talked to Silvia, but we also used drawing and a role play for displaying various situations. Below the meetings are described in more details.

At the first meeting we were getting to know each other. Silvia was talking about her family and drew its members. She described moving from her Dad in a very sensitive way. She kept saying how sorry she was; at the same time she always added that she could understand her Mum because Dad had been bad to her. Silvia's relation to her father was clearly ambivalent. While working with the little girl, we discovered new things. Her relation to Mum is very nice and it is obvious that she needs her very much; nevertheless, she has a feeling that she gets little attention and care from her mother as she spends more time with her brother. In one breath she says that she understands it because her brother is ill and needs Mum's help much more. When asked what she might need in the current situation she mentioned that she would welcome if Dad changed, her grand-parents and Mum gave her more love, and also peace. We discussed how her needs could be met and satisfied. We also discussed positive and negative features of her present life (only with Mum) and previous life (together with Dad and grand-parents). When considering all the pros and cons, Silvia concluded that the current living only with Mum was better. She is still confused, though, and ambivalent relations to her parents persist. After these findings we agreed with the mother that they would attend the meetings together as part of the mother – child – relation reconstruction programme. They will have a space for spending time together, getting to know each other better and „improving“ the things that have been disturbed due to violence. They considered the absence of keeping rules the main problem of their relation. Thus, we started a long-term discussion on the topic of rules; firstly, we explained the meaning of rules and what would happen if the rules were not kept. We described different emotions that keeping and breaking rules might result in. We talked about the impact of rules on the household.

We also explained that each person has her / his limitations and what their breaking might cause. They told each other about their expectations and needs. At one of the meetings we agreed on establishing the ground rules that they would keep in their new home. They also set sanctions for breaking these rules. We put them down on a big sheet of paper, which they displayed in their flat. At the beginning the rules did not work quite well and they failed to do many things. However, when they found out that they were both serious about the rules and if not kept, the sanctions were applied; Ivana and Silvia started to keep the rules more and more.

A big problem in their relations resulted also from open communication, which was a natural outcome of their cooperation at the meetings. Open communication was the topic of many activities and we explained how important it was in the relation mother – child. Some topics were easy for them, but some topics were difficult. I asked what prevented them from open dialogue and why they were not capable of open communication. We explored the rules of open dialogue and we opened an issue of moving away from Dad. Ivana answered all Silvia questions in a reasonable way. The girl carefully listened to Mum explaining her many things. Even if they cried together, these moments empowered them.

When observing mother and daughter at every meeting, development of their relationship was clearly visible. They were trying very hard to settle their problems. They succeeded in copying with them and we finished the meetings with a series of recommendations. I recommended Ivana that she kept her word and they both followed the agreed rules.

The results achieved and proposals for further action

Today the rules work in the family very well and still are displayed in an accessible place. I explained the importance of open communication under any circumstances. Now they live in a common household, which works very well.

Case Study N. 2

Zdenka, 35 years old / her son Daniel, 10 years old

Case history:

Personal history:

Although Zdenka comes from a complete family, the relationships and children upbringing did not work very well. Zdenka was the second-born with three siblings. She has never had a good relationship with her mother and just occasionally meets her siblings. She has been married twice and has four children. She completed secondary school, but without the final school leaving exam. In the past she had some temporary jobs and has never had a permanent job. She says she feels well without any health problems.



A drawing of an enchanted family by an 11-year-old girl.

The client's problem history:

The client has had two failed marriages and has four children. Two older children (10 and 8 years old) are from the first marriage, which failed after her husband's infidelity. Zdenka hoped that her second marriage would be much better, but after the wedding her husband became violent. He drank heavily and when drunk, he used to be more violent. His vulgar and humiliating behaviour to Zdenka and her children and frequent physical attacks were getting more and more unbearable. After two years of such life the client decided to leave her husband. She has two children from this marriage (3 and 1.5 years old). Her life was not easy after leaving either as the family had suffered a lot and the violence influenced the relationships between Zdenka and her children. It also influenced her parenting skills and competencies. Despite her initial willingness and effort, she did not succeed in getting accommodation for herself and her four children and had to go to an emergency housing facility. She tried to leave the emergency shelter several times, but she never relied on her own effort but rather on finding a new partner, who might later provide her and her children with accommodation.

The beginning of the counselling:

Zdenka addressed WeMothers with a request for accommodation. As her husband used to come to the previous shelter or to her relatives' house and attack her, she wanted to move with her children as far as possible. Crisis counsellors placed the client in the safe women's house as soon as it was possible. The assigned crisis counsellor worked with her on common goals and led her to independence and responsible

care for her children. We noticed, though, that her children had problems, and also in the relationship with her. This mainly concerned her oldest son Daniel (10 years old), who took a big responsibility. He took care of his younger siblings and his mother talked to him about the issues not appropriate for his age. He solved the problems that should not bother him at his age. This boy was forced to mature although he was only 10 and was still a child in his soul. His mother assigned him too demanding tasks and was too critical of him. Therefore, the son experienced the feeling of injustice as it was him who was blamed for everything and was punished for wrongdoings of his younger siblings. We talked to the mother about these problems and tried to explain her that we should work on some things together.

The applied methodology:

We tried to explain the impact of the experienced violence on her relationship with her oldest son and the role the child had to take. He loved his Mum and needed her very much. He needed to feel her protection and love so that he felt secure. Having interpreted this information we introduced the programme “*Reconstruction of the mother-child relationship*” to the client, and she agreed to start it. Our initial schedule was one 60-minute meeting per week. At the first meetings the mother and her son were open in communication and cooperated very well. We used several techniques, and, for example, drawing worked well for both the son and the mother. This technique was very suitable for them as they both enjoyed drawing in the past. Drawing enabled them to express their emotions more easily. When they were talking, they used

to interrupt each other, showed disrespect, and often ended up in a quarrel. After the introductory meeting we started to work on individual goals.

In 1943 the American psychologist Abraham Harold Maslow defined the human needs hierarchy. According to him people have five basic needs:

1. Physiological needs
2. Need of safety, security
3. Need of love, acceptance and belongingness
4. Esteem need
5. Need of self-actualisation

According to this theory the lower needs are more important and must be at least partly satisfied if the higher needs are to be developed. We followed the theory in the work with our client and her son and started with the primary needs satisfaction.

The mother complained that her son did not follow the daily routine and did not respect what she asked him to do. The son admitted that sometimes it was true, but was ready to change it. We agreed that they would set the rules for each other that they would both keep. We put the rules down and prepared a monthly calendar where they marked the fulfilled tasks. Apart from obligations, we created the space also for weekend leisure activities. The son asked his mother that she spent free time with him. On the first working days the son did his tasks carefully, but at the weekend the mother did not do any activity with

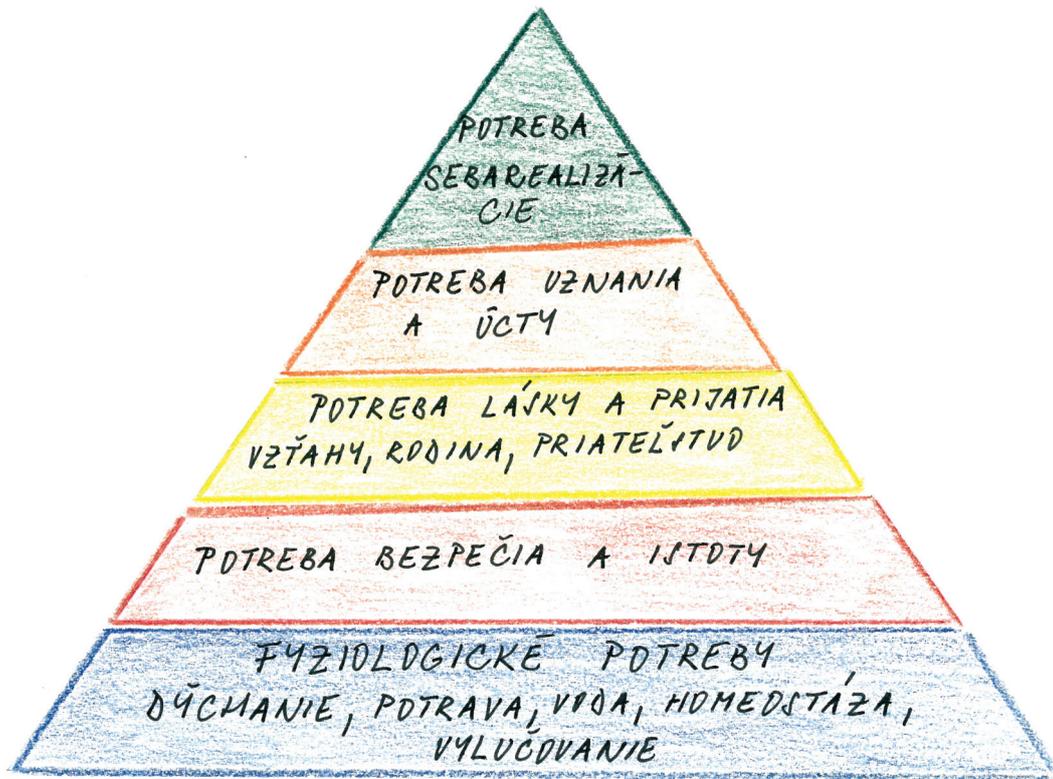
him – she found an excuse that the son did not want to play. After this weekend the son again refused to do his tasks.

We wanted them to spend time together during the common meetings. It should have been the time when the son did not share his mum with anybody else, when they could explain things to each other and understand that none of them was guilty and their relationship had been broken by the experienced violence. We asked the mother to talk about her feelings and common unpleasant experiences in an open and truthful way, considering her son's age all the time. Thus, we started the sessions with getting to know each other. They were talking about their interests, favourite colours, working days and leisure activities. We helped them remember what they had liked doing in the past. Having thought for a while, they agreed they would like to start playing darts and drawing again. We encouraged them to restart these activities.

We have been trying to encourage open communication. We explain the mother how important it is to listen to her son if he wants to tell her something important about his experiences at school, even negative ones. We tell her that she cannot blame her son for everything and we recommend that she finds some time for each child every day. The time that she spends with an individual child.

The achieved results and proposals for further measures:

We aimed to work with the mother and her son (later also with her younger daughter) for a longer period of time. However, when identifying problems, we encountered the client's resistance. Our cooperation was getting more difficult. We have helped Daniel achieve small progress – he started to follow the daily



Maslow's pyramide

schedule, did all his tasks conscientiously and improved his hygiene. Unfortunately, without his mother's support he has abandoned these habits. At the moment the cooperation with the client has been ended as the client has again chosen an escape strategy and decided to move from our safe women's house.

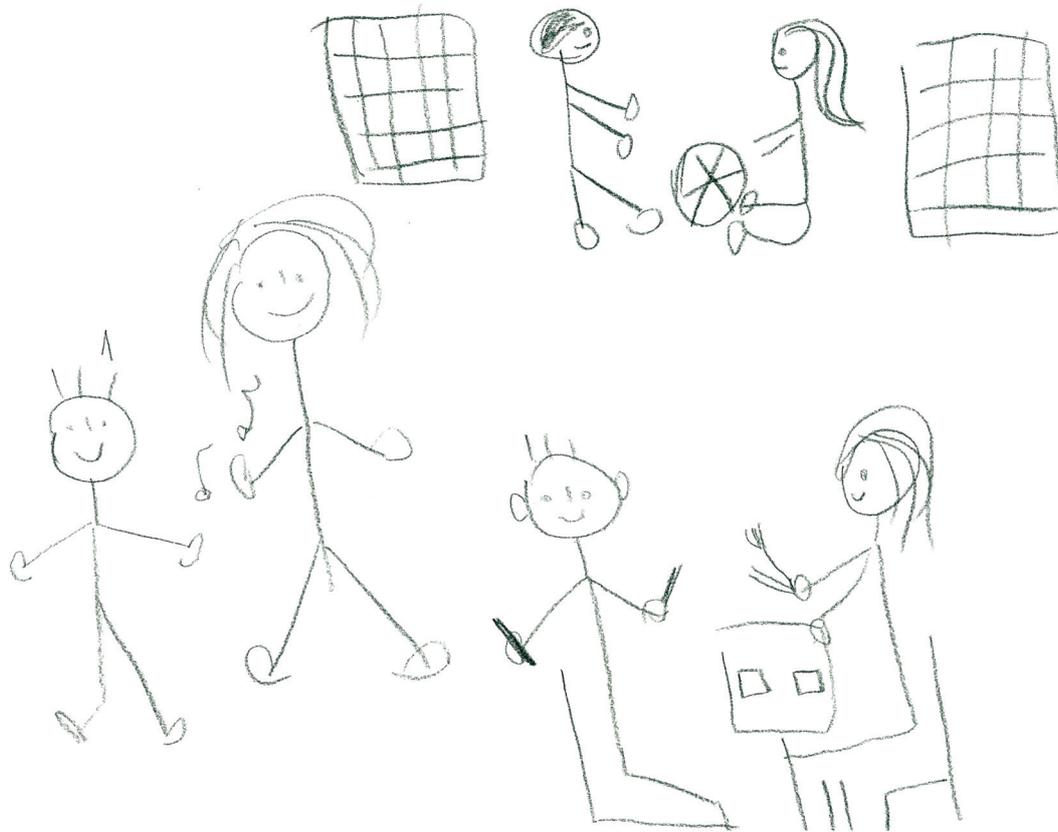
Case Study N. 3

Nina Mariga 28 years /son Jonny 2 years

Personal history

Nina was born in Somalia, but came to Sweden at the age of two. Her aunt raised her. Her uncle and aunt lived a turbulent life, and they violently abused their children, including Nina and her sister. Because of the situation at home, social care sent Nina to foster care for a few years, at an age from 10 to 13. She describes the time with her foster care family as stable, and from them she learned something about normal family life and structure. Nina got good grades from high school but did not finish all her classes to get her diploma.

At the age of 23 Nina went to Norway to visit her sister, who had already been married with children. Nina met a local man in the small town where her sister lived. She did not instantly fall in love with him, but he had a nice job and a welcoming family. Nina thought he could give her stability and she became part of his family. Nina moved in with him. Before she got pregnant, they lived a life working in the weeks, partying over the weekends.



“What is the best way to spend our free time?”

History of the client's problem

Nina's man was drinking hard; occasionally he could be violent when he was drunk. Nina was often drinking with him and did not think of violence as a big problem; even if there were episodes she had to get a medical examination due to her injuries. There were also episodes when they were fighting at home and her husband called the police, telling she was crazy and acted up. The local police knew Nina's husband as a friend, they came and took her to the police station and held her there for a few hours before sending her home, investigating nothing.

Nina's husband really wanted a child, and Nina gave in, hoping he would change to the better being a father. When pregnant, Nina did change her lifestyle; she gave up her party life, stopped smoking and wanted to be a good mother. Her man did not change his way of living. It got even worse when their son was born. Nina was very disappointed because he did not care for her or their boy. However, Nina got support and assistance from her husband's sister and mother.

Nina was in many ways trying to protect her son from her husband's rage. He controlled Nina and could get very angry if she had made any mistakes; it was him who set the rules. If Nina did not put out clothes ready for him after he had showered, he could scream and shout, calling her slanderous, racist names. Nina understood that her son got scared of this home environment and she tried her best to please her husband so their son could be able to thrive. Jonny, their son was not gaining weight, as he should have; this was considering a health problem. Nina wanted to leave her husband and she was looking for a place to stay for her and her son.

The situation when the counselling started

Nina came to the Norasenteret after an acute episode, when her husband locked her out of the house. This was in winter time and Nina had very little clothes on and had to go to her sister's place. She was very worried about her son, since her husband was not used to taking care of him. Nina was in contact with the Norasenteret by phone several times. The next day her husband let her back in their house, Nina pretended everything was ok, but as soon as her husband went out for a minute she took her son and they escaped and got to the Norasenteret.

Nina was clear that she wanted to leave her husband. She had been thinking a lot about it, but could not see how she could manage a practical part of leaving.

Nina thinks it is important to be a good mother. By observation, we saw that Jonny and Nina connected to each other mainly in a healthy way. Jonny was quite insecure and sought his mother frequently for support. There was a major issue every time Nina got upset and made Jonny insecure. He would cling to his mother, but without getting the attention and comfort he needed.

Used methodology

Nina's inner desire to be a good mother was the best entrance of guidance. Her desire to give the best experiences to her son came from their lack in her own childhood. Sometimes her planned activities were overwhelming and frightening for her son. Nina was seeking advice on parenting, she was very open minded and easy to influence.

Everyone living at the Norasenteret gets individual sessions to improve their own understanding of themselves, their history and current issues, using the method called RITS (Reconstruction and integration of traumatic stress). By using this method they can see themselves from another perspective, they become aware of the choices they can make in life, and they can see what their role has been in relationship with other persons.

During this interventions Nina could see that her pattern of getting upset by any disagreement or conflict, stopped her in her goals of being a good mother for Jonny Because of her history of abuse, she was easily triggered by any disagreement. Learning to recognize the feelings, she could control them more easily and think rationally about the situations.

While focusing on Nina's own history and personality we also used elements from the International Child Developing Program (ICDP) program. This program explains how to improve parenting skills by focusing on "three dialogues" for good interactions. The first one is "the emotional expressive dialogue", like showing affection for your child, following your child's initiative and intimate conversations and recognition of its personality. In this context, Nina needed to see that she sometimes could be overinvolved and mix her own feelings with her son's feelings, not seeing what her son wanted and needed. Being aware of this, Nina could take a few steps back not to be overinvolved and to find out that her son's needs didn't necessarily have to be the same she had assumed. The other parts of the programme were the meaningful and expanding dialogue and the regulating dialogue, which Nina was quite good at and was not giving much attention in the sessions.

Nina stayed at the Norasenteret for four months, during this time we could see her growing at an emotional level. She could more easily understand her own reactions and by being aware of her feelings, she could respond in a more mature way whenever she felt unjust against her.

So far achieved results and proposal for further action

After the stay in the Norasenteret, Nina rented a flat for her and her son. We felt convinced she would take care of her sons needs. Much of the success in this case comes based on Nina's ability to be open-minded and be in control of her feelings. When her feelings no longer overwhelmed her, she could think more clearly about her decisions and did not act in such an impulsive and sometimes illogical way. The first half year after moving out Nina often came to the Norasenteret to discuss and get advice when something stressed her out. (Her x-husband was an expert in sending letters from lawyers threatening to take Jonny away from her). After some time Nina started to believe in her and handled life well, and we no longer have an active role in her life.













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