‘BuBs’ On Board: 
(Building Up Bonds)

Family violence and mother/infant group work in women’s shelters

Report on the Pilot of the ‘BuBs On Board’ program
in Five Women’s Shelters in Tasmania 2008

Wendy Bunston

with additional support from the Alannah and Madeline Foundation
This report was written by Wendy Bunston.

The pilot of the BuBs On Board was delivered by Wendy Bunston* & Karen Glennen.**

BuBs (Building Up Bonds) On Board
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Integrated Mental Health Program

Acknowledgements

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For further information about:

The RCH Integrated Mental Health Service - Addressing Family Violence Programs


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**Karen Glennen is the Coordinator for Barwon South West Regional Children’s Resource Program, auspiced by Colac Area Health.
‘BuBs’ (Building up Bonds) On Board, was piloted as an early intervention program for infants and their mothers accessing crisis/emergency accommodation in order to escape family violence. It was trialed in five Women’s shelters within Tasmania in the first half of 2008. The Bubs On Board concept was derived from the work of the Addressing Family Violence Programs (AFVP), an initiative of Melbourne’s Royal Children’s Hospital Integrated Mental Health Program (RCH IMHP). The AFVP commenced in 1996 and specializes in developing and delivering specialist mental health group work interventions for mothers and infants/toddlers/children affected by family violence. Specifically, the ‘Peek a Boo Club’ (Bunston, 2008 & 2006) a therapeutic group work program for infants from birth to 36 months and their mothers provided the basis upon which to develop a transferable group work model to trial in Women’s shelters/refuges.

The ‘Peek a Boo Club’ (PABC), developed in 2005, aims to create a therapeutic arena for the infant and mother to form and consolidate a healthy attachment. This is based on the premise that exposure to intimate relational violence can prevent a mother’s ability to focus on her infant’s attachment needs. The ability to form healthy or less than healthy attachments are largely formed within the first few years of life making this period of early intervention critical for infants exposed to significant trauma and relational disruption. The PABC’s aim is to address the consequences of family violence and provide early intervention to disrupt the inter-generational cycles of violence known to transmit from generation to generation. It also aims to create new futures by engaging women and children early in a pathway that challenges family violence and creates links into a comprehensive service support system.

It was in late 2007 that the Salvation Army in Tasmania began a twelve month project to develop and deliver an early intervention response named ‘Safe from the Start’*. As part of their preliminary scoping exercise the worker employed to conduct the project visited the AFVP in September of that year to learn about what work we were undertaking. As a consequence of this meeting we explored the possibility of developing a mother/infant intervention specific to Women’s Shelters. The PABC, funded by the Victorian Women’s Trust, was seeking further funding to expand its reach. The Sidney Myer Fund made additional funding available to not only expand the reach of the PABC from Western Metropolitan Melbourne to all of Melbourne, but also supported the proposition to trial the BuBs On Board intervention in five Tasmanian shelters.

The preliminary work of the ‘Safe from the Start’ Project had already paved the way for the BuBs On Board pilot to engage with and offer the mother/infant intervention to all the shelters within the state of Tasmania and to collaboratively test out and evaluate this innovative intervention.** The first stage of the pilot occurred in early February and involved meeting staff from each shelter as well as other interested agencies. These meetings looked at the work of the AFVP and our understanding of the impact of relational trauma on infants, toddlers and children. A long time associate of the AFVP from Victoria’s Barwon South West Regional Children’s Resource Program had expressed interest in the possibility of such an intervention being introduced in Victoria and asked to come along to this first visit. This worker subsequently became involved in every visit, becoming an integral collaborator in the delivery of this pilot, contributing to every phase of its development and the other main trainer.

The second phase of the pilot occurred in April and involved a five day stay in order to visit each shelter individually and meet with the staff who would be involved. We introduced workers to the concept of ‘watch,
wait and wonder' which encourages a more observational stance, "requiring the parent to follow the infant's spontaneous and undirected activity" (Cohen, Muir, Lojkasek, Muir, Parker, Barwick & Brown, 1999, p.431). This also applied to the workers and how they might take opportunities to assist mothers to become more sensitive and responsive towards their infants. As each visit occurred much discussion was had about just what might this intervention involve and how would the learnings from an eight week therapeutic group work intervention like the PABC translate into the shelter setting where clients were often in crisis and whose length of stay was by necessity short. The decision was made to cast the net wider and not just invite current residents but mothers and infants who had had recent admissions and remain actively involved with shelter staff. A flyer advertising the BuBs On Board pilot was developed to distribute to potential participants and generate some early interest in the group before the actual implementation dates (see Appendix A).

A schedule was then worked out to deliver the intervention, with phase three taking place in the Launceston and Burnie shelters across one week in June and the fourth phase involving a ten day stay in August to deliver the final phase across three shelters in Hobart (see Appendix B). The costs for airfares and accommodation had initially been absorbed by the AFVP, Colac Area Health and the Salvation Army Tasmania. The shelters themselves were then endeavouring to find additional funding to meet the costs for the practical expenses involved in the final three stages. Whilst each shelter committed to contributing to meeting these costs, this added some stress to what were already overstretched budgets. Fortuitously, a late but successful application to the Alannah and Madeline Foundation saw these costs being fully met.

Appropriately naming this initiative required some thought. Building Up Bonds and its acronym (BuBs) made the intended targets of this intervention clear. What was needed was a word that captured the importance of the quality of an infant’s care giving environment and how imperative it is to their survival, both in the present and in order to lay a solid foundation for their future. BuBs ‘On Board’ alludes to the sign ‘Baby on Board’ commonly seen in cars where parents are alerting other drivers to the precious cargo they have on board, their infant, and warning other drivers to take care and cause them no harm. It also has connotations to ‘one’s home’ or their ‘board and lodgings.’ In both instances it is about privileging the presence of infants living in women’s shelters and honouring the significance of the mother/infant relationship. The intervention’s objective is to take active steps in such environments to build up the bond between the mother and her infant/s whilst attending to the impact of their exposure to familial harm at this critical stage in their infant’s development. It also targets the broader context. The relational quality of the ‘board’ offered to these traumatized and vulnerable mothers and children through the ‘shelter’ caregiving environment which can powerfully model an attunement to and appreciation of the internal world of the infant.

The program’s aims were twofold:

1. To deliver an intervention which enhances the affectional bonds between infants and mothers where this has been compromised by their exposure to the trauma of severe family violence.
2. To provide ‘hands on’ training, transferable skills and cultural change to staff with regards to the mental health needs of infants affected by relational violence.

The pilot was not intended to be comprehensive but rather provide shelter staff with an opportunity to observe and experience how such an intervention might possibly be developed within their shelter. It was also a chance for both mothers and shelter staff to
give concentrated time to thinking about the mind of the infant and engaging with the possibility that the environment surrounding the infant does have a direct and powerful impact on their development, for better or for worse. Understanding that the care giving environment directly shapes the infant's social and neural development served to underscore the urgency in implementing work that privileges the interpersonal needs of the infant (Siegel, 2001).

The Intervention

Participation profile:
A total of 43 participants were involved in the nine two hour groups across the 5 shelters. This included 18 mothers aged from 18 to 42 years, and 25 infants from 4 months to 4½ years, with the majority falling between 2-4 years of age. Of the 25 infants involved, 18 were male and 7 were female (see Appendix C). Two trainers and two staff from each shelter assisted with each group. In all but one shelter the two staff were present for the two days and in one shelter one staff member was present across two days, with the second staff member being involved just the one day (a total of three staff all up were involved). Eleven staff from the 5 shelters were involved in the direct delivery of the sessions. Seven of the 11 participating staff were involved in the immediate formal post group processing and write up session. Staff being required to pick participants up before the group and return them back to their accommodation post group, as well as clashing commitments in some instances, impinged on their availability to be involved in the immediate after group process. Comprehensive process notes were written after each group was run and copies of these notes were provided to each shelter.

The first cross-shelter staff debriefing session was held after the conclusion of phase three (4 days of 4 groups in 2 shelters plus one debriefing session) and the second at the conclusion of phase four (a 7 day period of delivering 5 groups and a replacement educational seminar in the remaining 3 shelters plus one debriefing session) (see Appendix B).

Consent to be involved:
Consent forms were filled in by every mother participating in the pilot (see Appendix D). These were generally filled in at the beginning of the group when explaining the purpose of the group. In some instances, however, the chaos of the group precluded this from happening at the outset, as when a mother and her infant/s arrived late, and the form would be completed during a break or when this would not detract from their participation. Every mother was also given an information sheet to take with them (see Appendix E). This outlined the purpose of the pilot and provided them with the trainers' contact numbers as well as that of a manager in the Salvation in Tasmania should they find post group they had any questions or concerns about their involvement with the pilot. The information on these sheets was carefully explained to all the mothers as was the information being asked for in the evaluation questionnaires. This was in order to ensure that the mothers fully understood what was being asked of them and to provide assistance if there were any problems with literacy.
The activities:

The intention within each session was to create a mother/infant group work experience where the mother engaged with, related to and was encouraged to be thoughtful about their infant. Of additional importance was the capacity for mothers to in some way hold the possibility in mind that exposure to family violence may have had some impact on their child and the mother/child relationship. Singing and play were used to encourage reciprocal relational opportunities and create an atmosphere where the mother and infant were able to enjoy themselves and one another. This created some structure and warmed the participants to the idea that this group was both infant and relationship centered. Very few mothers actually knew the words to the songs sung. When asked what songs they might sing at home with their infants most referred to songs from children’s television shows, however, very few seemed able to recall the words. The most known song seemed to be ‘Twinkle Twinkle Little Star’. When asked if they had been sung to as children very few could recall this happening.

As singing was used at different stages throughout the session the initial discomfort many mothers seemed to have with singing seemed to dissipate as the group went on, assisted in part by the playfulness of the facilitators and the enjoyment some infants obviously derived from this activity. Whilst some infants enjoyed the energy generated by the group through singing, other infants seemed to find singing foreign and presented as so disregulated that there seemed little ability to sit with and engage in any sort of reciprocal activity or play. Play was encouraged in every session in order to enable an experience of creativeness, an important ingredient for both the infant and the adult in being able to access a better understanding of self (Salo-Thompson, Paul, Morgan, Jones, Meehan, Morse & Walker 1999). It also gave the facilitators some insight into the bond between the mother and infant, their capacity for spontaneity, and their interpersonal matching or mismatching with one another. The different sort of activities and toys used across the spread of the nine sessions included play dough, musical instruments, story books, building blocks and balls.

Structure and space:

As each session was held we learnt to keep the number of toys and activities to a minimum. This enabled more opportunities to see how the mother and infant’s related with one another rather than providing the infant with multiple distractions or over stimulation. The space used for the groups was generally small and, as much as possible, kept clear of too much furniture or other objects. This also kept the interactional space contained, with infants unable to wander too far away from the hub of the group and remain in close proximity. During the group the facilitators were able to observe and track some of the relational patterning that occurred between each mother/infant dyad (and in some groups multiple infants). At times the immediacy of this tracking allowed powerful opportunities to reflect on or wonder aloud about interesting behaviours or relational dynamics that happened in the “here and now” of the group. This might involve offering an alternative interpretation about a toddler’s behaviour as to what a mother may perceive. For example when a toddler quietly took himself away from the group for some time out and his mother stated “I’ve been told it’s just attention seeking behaviour,” we offered an observation that this may be his way of dealing with his emotions when he feels overwhelmed, just as we had witnessed his mother do on two occasions when she felt overcome when recalling her partner’s abuse, leaving the room for a few minutes to regain her composure.

The facilitators were active participants in activities, modeling accessible and responsive interactions with the infants and the mothers. Discussions within the group explored the pathway that had led these mothers and their infants to accessing emergency accommodation. Questions invited historical accounts that explored the early life experiences of the mothers themselves, encouraging the opportunity to reflect on how they experienced their parents and being parented. When possible we also raised how they now experienced themselves as parents and how their infants might experience them. We also explored how they thought recent events may have contributed to how their infants were developing currently and may develop in the future. This
enabled some mothers to make the link between what they had experienced as hurtful and harmful in their past with what their infants may be currently experiencing. This level of discussion and questioning required deft footwork, encouraging disclosure, reflection and connection. This occurred within a busy setting where the infants sought proximity towards and away from their mothers. How these discussions unfolded varied markedly in each group, and shelter staff moved in and out of the group, engaging predominantly with different infants in the group whilst their mothers talked, and reentering the group as opportunities allowed.

**Reflective learning:**

Immediately post group, the facilitators met to further explore the multiple dynamics, conversations and interactions that occurred with the two hour sessions through a formal and detailed ‘process writing’ activity. This involved recalling in detail the chronological journey of the group, from who arrived first and how, to what dynamics occurred between who, and what was being communicated by each. Every minute interchange observed was examined, bringing to life a comprehensive, rich and complex picture of the multiple exchanges that occurred as seen through, and experienced by each of the four facilitators within the group (see Appendix F).

This deconstructing of the group event elucidated a much more refined tracking of the patterning within the mother/infant relationships and capacity to reflect on what might be the quality of the attachments we had witnessed, what might be the levels of trauma experienced, and what were the possible mental health needs of these infants. This information highlighted what workers might look for in future sessions within any mother/infant interaction as well thoughtfulness about developing a useful working hypothesis to guide their work with current residents. Recognizing what might be behaviours or interactions that may be cause for concern and how they might make links with external early intervention services was important. This post group time for reflection and examination, and the cross-shelter debriefing sessions was significant in enabling many of the shelter staff ‘mind space’ to think about how to bring the infant into focus in their day to day work, their service and importantly, in the minds of the mothers with whom they work.

**Some Dynamics Observed**

The following scenarios, themselves just snippets out of busy two hour group work sessions, reflect the many intricate themes and dynamics that wove themselves throughout the nine group work sessions delivered. They highlight such issues as the transmission of rigid gender identifications and interactional aggression, relational mis-attunement within the mother and infant dyad, and an inability by mothers to assist their child with the regulation of heightened arousal states. Whilst such presentations are not exclusive to mother/infant dyads affected by family violence, they did appear common throughout the nine sessions.

Jessica, 18 months old, remained sitting on her mother’s lap for the first half of the group, demanding toys and then playing with them while perched on her Mum’s knee. Occasionally another toddler in the group, Jeremiah, 21 months old, would approach Jessica in order to snatch her toys and she would whack him and yell back in reply. On one of these occasions she scratched his face and Jessica’s mother told her not to be a bully. Jeremiah got upset and went and sat on his mother Terry’s lap. We had noted previously that Jeremiah would go to Terry when hurt and would sit on her lap. On this occasion when he returned to Mum for comfort, she asked him “are you OK?” and “what happened?” She then promptly asked him “are you a girl?”, “are you a sooky girl?” “Be a boy” and pushed him away and told him to “be strong.” And off he went.

Julie suddenly realized that she had forgotten her 19 month old son’s formula and said she would just pop out to her unit to grab what she needed. She and Sebastian had only arrived some twenty minutes earlier to the group and we suggested that maybe Julie would like to take Sebastian with her as...
These interactions gave cause for concern. They occurred specifically within these sessions but just as frequently interactions such as these occur daily and are played out in front of shelter staff. The group session cordoned off the daily routine and announced that this was special mother/infant time and that this time was important. Every mother seemed genuinely concerned about their infant but many underestimated the impact of the severity and duration of violence had had upon their infant’s early development and indeed, on themselves and their relationships generally. Unpacking the back-grounds of nearly every mother involved in this intervention revealed that they too had been exposed to violence, abuse, abandonment and neglect in some shape or fashion. They loved their infants, as they understood the concept of love, but often what they said was incongruent with how they behaved towards their infant. They also appeared to have little insight into how their responses directly contributed to the relational difficulties they saw as emanating from their infants.

Teddy, 2 years of age, romped up to his mother and gave her a kiss. Charlene, another mother in the group commented that she wished her son Aaron, 16 months old would give her a kiss like that. Charlene, one of the youngest mothers in the group had recently been given a new mobile phone from her father as a present and on and off during the group she would send text messages. Aaron, familiar with the room being used and shelter staff involved in the group would often smooch up to the staff then wander off to play alone. It was observed by facilitators that on two occasions he approached his mother to try and sit on her lap, but absorbed in her phone texting she made no space available for him and he simply acquiesced and wandered off. Charlene seemed oblivious to her son’s overtures.

Twenty six month old Marcus was unable to join the group at all, trying instead to run down the passageway or leave the room. He was constantly on the move, with his mother just as constantly yelling out his name, but to no avail. Marcus would indiscriminately approach the other adults for a hug rather than go to his mother, making no overtures to her whatsoever. Contact occurred only when she was stopping him from leaving the room or preventing him from doing something he was not meant to. He appeared to be capable of extreme aggression wrapping his hands around the neck on another child (until facilitators physically pulled him off) and just as capable of extreme gentleness (hugging and kissing a different child when she was upset). His mother slapped him on a number of occasions which seemed to have no impact, emotionally or physically. She had introduced him to the group as the ‘little bugger’. The only time he seemed quiet was at the very beginning of the session when he seemed unsure of his surroundings. Marcus appeared incapable of joining any activity or sitting still, showing no interest in any of the group activities, music or songs.
The Results

After it became clear that most mothers were unlikely to attend more than the one group, a viable pre and post evaluation of the intervention proved difficult. It instead seemed useful instead to try and capture a snapshot of the quality of the relationship between the mother and their infants. A measure used within the Peek a Boo Club, the Maternal Postnatal Attachment Scale (Condon & Corkindale, 1998) is a 19-item self-report questionnaire that measures the quality of attachment, absence of hostility and pleasure in interaction. This questionnaire was filled in by each mother for each infant. Out of the 25 questionnaires 5 were discounted due to errors in recording (3) and not meeting admission criteria* (2).

![Maternal Postnatal Attachment Scale (Pre-group means)](image)

**Figure 1: Pre-group mean scores on the MPAS (n=20)**
BuBs compared to Peek a Boo

The scores of the ‘BuBs’ On Board fell well below the mean scores for ‘normal postnatal mothers’ (with no identified experience of violence) as recorded by Condon & Corkindale’s (1998) research, but when comparing these with the pre-group mean attachment scores of the Peek a Boo Club, the shelter/refuge group were higher in all domains than those recorded for the Peek a Boo Club. Whilst we cannot know the reason for this, we could infer that many of the women scored extremely high on the questionnaire due to the ‘acceptability influence’. Condon and Corkindale (1998) noted that the response to self-report questionnaires is often influenced by what is seen to be socially acceptable, and the lack of attachment to one’s infant would be considered undesirable.

*The mothers/infants targeted for this intervention were those currently residing within the shelters and/or active clients of the shelter.*
Another possible explanation, congruent with the scoring given by staff (see below) in the Parent Infant Relationship – Global Assessment Scale (PIR-GAS) suggests that these mothers lack considerable insight into the poor quality of their attachments, and in fact, in many instances over-idealized their relationship. This explanation more readily fits with the mis-attunement the facilitators observed between many mothers and their infants. For example one mother described her relationship with their infant as extremely close; however, the trainers observed the infant using a shelter staff member as their preferred attachment figure when distressed or hurt.

The Parent-Infant Relationship Global Assessment Scale (PIR-GAS), Aoki, Zeanah, Heller & Bakshi, 2002) is a continuously distributed scale of infant-parent relationship adaptation ranging from ‘well adapted’ to ‘dangerously impaired’ and was scored by the facilitators after observation of the play/interaction between mothers and infants. The shelter staff were asked for their scores before the trainers expressed their opinions. Very few scores between the four facilitators (trainers/shelter staff) were in vast disagreement. When this did occur considerable discussion occurred and the trainers erred on the side of the staff’s assessments as they had previously worked with these infants and their mothers. Staff from one shelter felt this measure was culturally inappropriate in scoring a Sudanese family so three infants were not included. Out of the 22 infants remaining only 2* scored within the ‘adapted’ range with 20 falling below this range. These findings are alarming and suggest that these infants are presenting with significant and pressing relational difficulties. In addition to this, the majority of infants were also observed to have considerable developmental delays, most notably in relation to language acquisition, sequential reasoning and social referencing. If left unaddressed, these relational, as well as developmental difficulties

*The two infants scored within the ‘adapted’ range were not currently residing within the shelter, were in stable accommodation and the families had received extensive support and counselling for well over more than twelve months.
may well emerge into longstanding behav-
ioral, emotional, psychological and learn-
ing problems.

Participating shelter staff were also asked to fill in questionnaires post the intervention to rate their opinion regarding the effectiveness of the intervention and their learning experience. Nine of eleven questionnaires completed rated the experience ‘valuable’ (2), ‘very helpful’ (2) ‘Brilliant’ (5). Those staff who participated not just in the delivery of the session but also attended the post group ‘formal process writing’ activity recorded the most positive responses. Written feedback from the shelter staff was rich and comprehensive and included comments such as: “It was amazing to see change in attitude of both clients, the shift was very positive and feedback awesome;” “Mothers are able to think about their children’s feelings and impacts of violence in a safe environment;” “Working more from the infant back, though observing the child’s world first, getting into what’s happening in the child’s head;” “Has enhanced my thoughts around questioning, the connection between mother’s thinking and child’s thinking, being curious about thoughts and the impact of DV on child’s thought process” and “I am hoping to establish a similar group program in our shelter” (see Appendices G and H).

The scope of this pilot was limited to three to four contacts with shelter staff from each of the shelters overall and only two sessions and post group processing delivered in each shelter. The staff reported that many mothers found the intervention very powerful and asked shelter staff when the next BuBs On Board was to be run. In one shelter a mother and her two infants attended one session and hoped to attend the second day but existing appointments prevented them from arriving until the session was nearly over. She and her two children then remained in the room we had used to deliver the group while the facilitators had gone to another room to start writing up the process notes after the group concluded. An hour later we had decided to have a quick break and found this mother still in the room, re-enacting the very same activities we had used in the group the day before, reading her children the same book we had read, then singing them one of the songs we had sung and then pulling out the play dough we had used.

The children were less engaged with these activities than they had been the day before. One of the trainers asked why she had kept reading despite her children running to the other side of the room and showing no apparent interest. The mother explained that she did not want her children to experience her as ‘giving up.’ This behaviour could be interpreted in a number of ways. It may demonstrate the potency of the interac
tional experience of the session that this mother wished to replicate, hoping to cap
ture the sense of intimacy she had felt in the group. It may suggest that she privileged ‘our’ experience as facilitators, and repeated what we had delivered rather than choosing books and activities she believed or was able to recognize her infants as potentially enjoyable. It may be that her repertoire in playing with her children was so limited that she wanted to repeat and therefore master what she had experienced as a new interpersonal experience irrespective of her infants lack of responsiveness, and determined not to teach her children to ‘give up.’ Whatever interpretation most accurately captured her experience she made it clear that she found the group valuable and she wished to re-experience it. The work hereon in lay in using the mis-attunement witnessed to assist this mother with more sensitively reading her infant’s cues and using this to guide her response.

Where are they now

Two of the five shelters are about to commence their own version of the BuBs On Board intervention. They have made contact with other services and professionals within Tasmania to assist in collaboratively delivering the program and ensuring they have access to regular appropriate supervision. Two other shelters are in the process of applying for funding to enable their shelter the staffing resources and supports necessary to deliver this intervention on an ongoing basis.
Conclusion

This small pilot intervention and its findings support the need to intervene early with infants who have experienced considerable familial trauma. Women’s shelters/refuges are often the first and a very influential part of call for women and infants/children who have experienced significant trauma and/or familial violence. They offer amazing opportunities at the coalface to do urgent and important relational repair and rebuilding work in mother/infant bonds. Creating time and space to sit with and reflect on mother/infant relationships within families displaced by violence and seeking refuge in women’s shelters is vital. Women escaping family violence are robbed of time and opportunities ‘to think,’ ‘to reflect’ and ‘to relate’. Subsequently, so too are their infants and children, and at a critical time in their formative years when skill acquisition in these areas is crucial to their ongoing development.

Shelters/refuges are, however, as susceptible as the rest of the family violence sector to adopting ‘adult centric’ and ‘reactive cultures’ that privilege the pressing demands for securing external stability over making space to attend to their clients internal landscape and the psychological avalanche set in motion for mothers and infants in attempting to escape relational violence. These front line emergency services need support and training from early childhood specialists and child and adolescent mental health services (CAMHS) to feel confident in doing this work well and to have clear pathways for referring families needing further work. The infants in this pilot presented with pressing mental health needs. Can we really afford to wait until these infants eventually come to (or should come but never get to) the attention of CAMHS and other specialists services, or should these services act now and come to them?

References


BUBS On Board is a new program that aims to strengthen the relationship bond between mothers and their babies/toddlers who have lived with family violence. The program involves meeting as a group together with other mothers and babies/toddlers who have lived in either shelter or emergency accommodation. The group will use mother/baby activities that are enjoyable, fun and promote wellbeing in their relationship. It also will allow opportunities for discussion and sharing.

If you have an infant 3 months to 13 months old, a toddler 14 to 24 months, or 24 to 36 months old and would like to be part of this new program, please let staff know.

DATE OF PROGRAM: .............................................................................................................

VENUE: ..................................................................................................................................
# BUBS ON BOARD SCHEDULE

## LAUNCESTON/BURNIE 23 – 27 JUNE

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*Lunch Included*

## Session Format/ Structure

Each shelter is selecting activities that best fit with the resources, culture and skill set of the staff involved. As discussed in each visit, the activities you select should look at:

- Beginning the group with an introductory/warm up ‘infant/toddler friendly’ activity
- Follow this up with an activity that will be fun and allow each mother to perhaps disclose more intimate information about themselves or their infant/toddler (if they so wish)
- Select a few other potential activities that can be used throughout the session including some that are energetic and some that are more sedentary
- End with a calming and pleasurable activity to close the group

It may well be that we have more activities planned that will be used in the two hour session but this then gives us room to move, selecting what seems to best fit with the group at the time.
Appendix C

Charts: Ages of Mothers, and Children’s Ages and Gender.

Ages of Mums

The youngest mother was 18, the oldest mother was 42.

Ages of Children

There were 18 boys: the youngest was 4 months, the oldest was 4 ½ years.
There were 7 girls: the youngest was 4 months, the oldest was 4 years.
"BUBS
(Building Up BondS) On Board" Consent Form

Venue: ____________________________________________

Mother’s Name: ___________________________________

Child’s Name: ___________________________ DOB ________

Consent to complete all required pre- and post evaluation material

[ ] Yes  [ ] No

Consent to be contacted to complete sixth month follow up evaluation material

[ ] Yes  [ ] No

Consent to use the evaluation outcomes and any materials created within the group for the promotion of the “BUBS on Board” only in professional development training/professional publications or for research purposes

[ ] Yes  [ ] No

Name (Print) ________________________________ Signed Parent/Carer __________________________ Date _______

Alternative Contact Details

Name__________________________________________

Address __________________________________________

Relationship to the infant ______________________________________

Contact Numbers (BH) ____________________________ (AH) __________________________

Mobile __________________________________________


BUBS On Board is a new program that aims to strengthen the relationship bond between mothers and their babies/toddlers who have lived with family violence and who have lived in either shelter or emergency accommodation.

The facilitators running BUBS On Board also hope to use the evaluation and the material gathered from this program to possibly develop professional development training and/or professional publications. All information involving the mothers and infants/toddlers participating in this new program will remain strictly confidential. If you have any questions or concerns about your involvement within the BUBS On Board program please do not hesitate to contact:

Wendy Bunston (Royal Children’s Hospital Integrated Mental Health Service): 0418 546 950 or (03) 9345 6011.
Karen Glennen (Barwon South West Children’s Resource Program): 0409 411 102 or (03) 5232 5231.
Nell Kuilenburg (Salvation Army Hobart): 0418 369 050 or (03) 6228 8405.
Appendix F

Example of Session Process Notes*

Samantha and Felix (xx months) Samantha was one of xxx children. Her parents still together. Said was no violence between her parents although did suggest maybe she was attracted to certain types of men due to her childhood. Was first married xx years ago, widowed after xxx as he was involved in a … Has xxx older children. Been with Felix’s dad Terry for xx years. Violence got really bad in the last x years. Left him x months ago, all partners had been violent. Described this last relationship as most violent, also described being beaten when pregnant and bleeding – stated she was lucky to have Felix, but then described how a previous partner had put her in hospital and had broken bones. Decided last relationship as not as bad as she had now learnt to fight back.

Gillian and Trevour (xmonths) had met her partner, Frank and been together x when she conceived. Did not initially live together but tried it out for xxx months. Frank did not want to have a child, wanted her to get rid of child but Gillian thought she had made the mistake of getting pregnant so should live with it. Frank threatened to stab her in the stomach while pregnant. Frank threatened to hurt them but she stood up to him and… She has xx siblings, xxx still at home with her mother, her parents splice x years ago. Describes her mother as not disciplining her when growing up nor her father (Gillian’s grandfather was very violent) and she did not want to bring her children up that way. Frank has made several attempts to see Trevour since his birth but loses interest when Gillian sets the parameters of the contact. Homeless currently, lived last x weeks in shelter, first few weeks with mother (who attended birth) but then with different friends after this.

Samantha and Felix arrived first, brought by worker from … Felix entered the room happily, not phased by room of adults. Stayed in close proximity to Mum in first little while, ventured out towards Karen, by touching Karen’s hand, after a number of ventures towards Karen came forward and touched his nose against hers and then walked away and covered his face. Could have been Peek a Boo but then went to Mum and leaned in towards her shoulder then went back to Karen and touched nose to nose more directly, then to Mary and touched her nose with his, then went to Claire and her nose and then back to Karen and rubbed his nose to hers.

Then Felix sang songs, did not attempt to join in, sat on Mum’s lap watched us but did not engage with the process himself. His behaviour very insular, finished singing. Went to Mary and joined in some scribbling with Mary, unaware the borders of the paper, getting frustrated at not getting the tops off to work, scribbled for very short period of time. Was interested in the bubbles because he could move around and chase at them. Enjoyed them coming from different directions. Wendy asking Samantha a lot about his early experiences of violence, Felix not paying much attention but came over to Mum, walked around her and touched her on the shoulder but then put his arms around her neck, as the discussion was occurring about the violence. Appeared to be him needing to check on her, her voice had changed, Mum struggling not to tear up. Was in relation to what he had seen, how it was impacting on Felix,

* These notes have had names changed and certain information removed to ensure confidentiality.
Samantha had been saying how she had learnt to deal with it and able to fight back and this appeared to occur as she was recognizing he was unable to do this for himself. She had described him as strong, able to cope, would hurt himself in playground and not cry unless it was really serious. I spoke about how he perhaps had no words for his distress and had learnt to just suck it up like she had, not show his distress.

Claire had tried to get Felix to blow on the bubbles, but he tried to suck on it, unable to grasp concept of blowing, more oral, sucking on the crayons, bubble stick. Lost interest in bubbles, Karen rolled the ball to him and decided to get cars. Mary had to gain his interest in the cars, did not exhibit Mum’s comment that he loved the cars at this point. Wanting to go outside, grabbing Karen’s hand to go through door. Come back to the cars and more able to engage in play. Samantha still talking about the language concerns, thinks maybe it was related to the violence.

Gillian then arrived with Treavour. Came in and sat down with Treavour sitting in her lap and facing outwards. Felix was carting around a car, came over and just looked at him, Gillian went on instant alert. Gillian sat opposite Mary as she was a familiar face. Asked them to sit in closer and Samantha moved in to the other side of Karen, sitting next to Gillian. Moved either to protect Treavour from Felix, regulating his behaviour in relation to Treavour. Samantha, good tracking and protecting Felix. Before this, had ascertained that these mothers did not know each other. Reintroduced the concept of group.

Gillian stated she had not experienced violence, but explained her partner Frank had threatened her a lot, had threatened to stab her in the stomach when she was pregnant. She did not think he would. Pregnancy not planned, conceived after they had been together xx weeks. Frank very controlling. Then we had a break and Gillian was struggling with all her equipment. Karen offered to help and Gillian just handed Treavour to Karen, he was a deadweight. She did not tell him she was leaving. Treavour would not look at Karen, moved his head about to avoid Karen’s gaze. Karen left by herself in room with Treavour, tried to sing, tried to give him a few things and would hold and just dropped it. Found the little toy tennis racket and put in on his nose, making a game that was potentially safer. He started to smile then.

Wendy returned, then Gillian came back with the bottle and farex?! fed baby and she appeared very comfortable, appeared intuitively aware of how he needed to be positioned. Asking about her background, Oldest of xxx. Parents separated xxx years ago and Dad has girlfriend. Said she left home …This was first time of her being homeless but she said she had run away a few times when teenager partying with friends.

Karen went to see what was happening with Samantha and Felix outside. As coming in Samantha needed to go to toilet and just left Felix by himself and had picked up truck. He didn’t react, grabbed Karen’s hand took her up and down, would not come into the room. Karen told him Mum’s in toilet. Samantha came out of toilet, went straight to kitchen to return cup, then came to Felix, no reaction to the reunification. Came into room, bum shuffled into the room, pushed the car with his feet. Everyone back, Wendy had been
talking to Gillian about how she was brought up, and tried to bring Samantha into conversation about how they had been brought up and how they want to bring their boys up. Discussed their masculinity, and how to bring them up as boys. Trevour very focused on Felix at this point. Felix had tried to pull Karen out to play and Karen been able to engage in a game with the textas.

Had a discussion about how a baby makes sense of their world and talked about their preverbal self and ability to control themselves as much as they can through gaze. Also about how if they are confronted by conflict they may have no choice but to disappear into themselves if the adults around them cannot take care of this for them. Recounted Trevour’s experience of avoiding looking at Karen when left with her, that was his only defense in coping with a stranger, and Karen spoke about how he liked her. Talked about Trevour’s focus on Felix playing with Karen and how he would think about what he was seeing, what was his experience of seeing a child playing with an adult, is the image a safe, unpredictable or violent one.

Finished group with singing “Put You Left Hand In…” Felix loved the movement of us all moving in and lifting our hands down and then up and singing ooohhh Hokey Pokey, laughed with delight. Gillian held Trevour in front of herself and did the movements with him. Kelly Anne appeared to enjoy this moving but Trevour did not particularly. He did smile at the conclusion of the song, maybe out of relief? When the group concluded Felix became very angry, screaming and appearing not to want to leave.

**Thoughts/feelings/observations**

Karen noticed that Gillian keeping hold of his fingers, controlling what he was able to do rather than let him explore. Gillian did not see the behaviour of her partner as violent nor did she see her responses towards him as violent. Samantha also saw her ability as standing up to her partner as involving physical aggression rather than being assertive. Difficult to get to smile spontaneously.

Felix displayed a number of repetitive behaviours, spinning around until he drops, Samantha explained this as his dancing, and also walking with his head along the ground and bumbling in the air. He uttered no discernible words during the two hours and his only way of verbalising was to grunt or scream. Felt he was rather insular, whilst able to navigate around the room not really engage with anyone or care that they were there. Only had a functional interest, i.e., to open the door for him. Some aspergers traits?

Neither parent mindful about separations. Very good at practical care level, clean & well dressed but nurturing connections more evidently, intuitively, lacking. No looking to others for contingent caregiving role. Gillian said Trevour liked her singing to him, had read to him early on but not recently. Question about her ability to play with him. Lack of Trevour wriggling around, interest in surroundings etc.
“BUBS (Building Up Bonds) On Board” Evaluation Sheet

What has been the most useful part of the BUBS On Board experience for the mothers and infants involved in the program?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How has this experience changed your ideas about mother/infant work?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What has been the most useful part of this experience and what components might you feel you want to implement in your workplace?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How would you rate this as a learning experience?

Why?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
“BUBS (Building Up BondS) On Board”
Evaluation Sheet - Responses

What has been the most useful part of the BUBS on Board experience for the mothers and infants involved in the program?
- Time to really see their children and the effects of the past on their child and their relationship.
- Learning that they can learn from their children while spending time in play with them. Recognising that they can work on the skills they already have. Evaluating.
- I feel that both mums have had reinforcement that their relationship with their children is quite extraordinary considering their own experiences throughout life. They are really progressing okay as a family unit.
- Networks - connection to each other and organization. Some awareness for 1 client.
- I think the “together time” has been great. For the mums to get together, see their children play, has been fantastic as they don’t get a great chance to do that/interact. Also to start to THINK about their children’s mental health has been an opener.
- It was amazing to see change in attitude of both clients, the shift was very positive and feedback awesome. It have mums a chance to talk in a relaxed easygoing environment.
- Mothers are able to think about their children’s feelings and impacts of violence in a safe environment. Taking the opportunity to view what child’s needs might be.
- Learning from Wendy’s and Karen’s approach and questioning style. Watching the different style of group culture. Verifying my observations.
- Specifically talking about DV - their experiences, their childhoods and their children.

How has this experience changed your ideas about mother/infant work?
- Yes, to be more in tune to what’s happening.
- Yes! Working more from the infant back, through observing the child’s world first, getting into what’s happening in the child’s head.
- It has opened my mind more on maybe how to approach mum in a different way in regards to mum/child relationship and where they are at the present time.
- Has enhanced my thoughts around questioning, the connection between mother’s thinking and child’s thinking, being curious about thoughts and the impact of DV on child’s thought process.
• It’s inspired me to “get back into it.” It’s helped me realize why some of our mums are the way they are and sometimes it feels like we’re just pure “childcare.” I’m now inspired to get in and work with the mums/children.
• It brought back to me why I am in this job. I have lost sight a little on working with mums and child. I am now feeling positive, empowered and ready to run with new challenges.
• Yes, there is more possibility and scope for this in our organisation.
• Reinforced my sense of the importance of the work in the lives of the mother/infant relationship following trauma/abuse.
• Not really – just a few more good pointers!

What has been the most useful part of this experience and what components might you feel you want to implement in your workplace?
• Singing and modeling child play, and development, building the bond between mother and child. A space to let go of the world and focus on each other.
• Has confirmed the changes I’ve wanted to implement re working with children, and given me a better ‘focus’ ie. the child first.
• As above – questioning about thoughts. Being more curious. Seize the moment.
• I would really like to become more involved with mum and child together now that I have heard the benefits that I may be able to make for them rather than just the child on their own.
• Inspired to hold group sessions weekly with mums at our centre, to work with them, open their eyes to their children and their needs.
• Meeting all together in small group was great. I would like to run with it and hopefully being a program similar to Pilot over the last couple of day.
• Being exposed to ways of investigating and asking questions that open up parents’ ideas about their children’s experiences as valid expressions.
• I am hoping to establish a similar group program in our shelter.
• Solidified the idea in our workplace, stimulated grant writing to get the funds to allow it to happen.
Appendix H (Cont)

How would you rate this as a learning experience?

<table>
<thead>
<tr>
<th>Number of responses</th>
<th>Poor</th>
<th>Adequate</th>
<th>Valuable</th>
<th>Very Helpful</th>
<th>Brilliant</th>
</tr>
</thead>
<tbody>
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<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

Why?

- Strengthening and empowering mother child bond. Getting the mother to really see her child.
- Gives me a different way of working within a short space of time. Eg. More direct, more child-focused.
- As I was unfortunate not to attend all 2 sessions I feel the debriefing on day 3 allowed me to grasp some aspects of Wendy's work around mum/child.
- Opened up my mind to new ideas. Gained confidence in my own ability - continue what I'm doing with this information on board.
- Opened not only our clients' eyes but also re-inspired/excited the staff. For a while have felt there hasn't been much "help" in this field out there, so to have you both down has been GREAT! You're both fantastic! Thankyou!
- I loved the passion of both Wendy and Karen. Also re-affirmed what we do does make a difference.
- I think this experience is helpful as it shows how easy it is to involve women and children in a group. Interspersing activities with talking.
- This is an area that I have been interested in for a very long time, and hope to drift the team focus within the shelter more towards "privileging the babies and toddlers" in the service.