



Breaking the cycle of intergenerational abuse

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For Baby's Sake was created following extensive research into domestic abuse, infant mental health, trauma and attachment-focused parenting. Left unsupported, harmful patterns of behaviour emerge in an increasing number of families with the potential to impair the life chances of all family members by developing destructive pathways that often continue from generation to generation.

The final report of the independent academic evaluation of *For Baby's Sake*, published in May 2020 (Trevillion et al, 2020) found that the programme 'fills an important gap in provision' through its 'unique approach' which addresses key limitations to responding to domestic abuse. The evaluation was led by King's College London and involved academics from the Universities of Warwick, Central Lancashire and Cambridge, UK, and McMaster University, Canada.

Keywords: Domestic Violence and Abuse (DVA), trauma, attachment, infant mental health

It is increasingly acknowledged that separation from or termination of contact between an abusive parent and their children is not always the safest or the preferred solution for families living with Domestic Violence & Abuse (DVA) (Stanley, 2011). Examples of whole-family interventions are, therefore, emerging that aim to work with all family members, whether they live together or not. These approaches reflect the shift towards increasing perpetrators' accountability in relation to the impact of children's exposure to DVA, as well as the fact that research suggests fatherhood may be a significant motivator for behaviour change (Domoney & Trevillion, 2020; Meyer, 2018; Stanley et al., 2012). It is key to understand that DVA is not an event but a complex process (Motz, 2014).

FOR BABY'S SAKE PROGRAMME

For Baby's Sake is an innovative, therapeutic, trauma-informed programme which works with all family members inside a recovery framework to overcome the devastating effects of domestic abuse. It acknowledges and explores parents' unresolved and often complex childhood trauma and changes harmful patterns of behaviour so as to develop a home environment where children can flourish. It adopts an attachment-focused parenting approach that enhances the opportunity for children to feel safe and secure with parents who are emotionally available and attuned to their needs.

In order for families to enter the programme, there must be a current pregnancy to harness change motivation and a desire on behalf of both parents to co-parent their unborn baby (although they do not have to be in a relationship). *For Baby's Sake* works with families until their baby reaches the age of two. The significance of this two-year timescale is evidenced in all recent child development research (Norman et al., 2012; Flach et al., 2011).

The *For Baby's Sake* multi-disciplinary team consists of highly trained, therapeutic practitioners who have the ability to establish and maintain effective relationships that enhance engagement and, crucially, provide the framework for the deeper, therapeutic exploration that allows parents to understand the impact of their own childhood experiences.

The SARA-V3 (Spousal Assault Risk Assessment) is used to assess and manage risk from the outset and is a mandatory working document for all practitioners and managers. It is a set of structured professional judgement guidelines for comprehensive assessment and management of risk for intimate partner violence and widely recognised as a highly effective tool (Kropp & Hart, 2015).

For Baby's Sake also adopts robust safeguarding policies and procedures that are intrinsic to all of the work with families.

HOW IS FOR BABY'S SAKE DELIVERED?

Therapeutic sessions are delivered face-to-face

BOX 1: DOMESTIC ABUSE – THE ISSUES

- Around 1 in 5 children in the UK is affected by domestic abuse (Radford, et al., 2011).
- Domestic abuse is quoted in 75% of Child Protection Plans and 60% of cases that lead to care applications, making it the singularly most significant factor for children's safeguarding.
- Exposure to domestic abuse from conception to age two can negatively impact IQ and emotional and physical development.
- Consequences can include under-achievement at school, reduced employment chances, risky behaviours such as substance misuse and inability to form healthy, secure relationships.
- Children exposed to domestic abuse are more likely to be abusive or experience abuse in their adult relationships, creating a cycle of trauma and risks to life chances across generations.
- The risks can be reduced by protective factors in children's lives; secure attachment to their primary caregiver during infancy is key.
- According to the findings of CAADA (Co-ordinated Action Against Domestic Abuse) (2014), 62% of children are harmed by abusive behaviours.
- Research shows that the higher the level of abuse, the higher the possibility of insecure attachment (Zeanah et al., 1999).
- DVA in pregnancy is associated with poor obstetric outcomes including low-birth weight and pre-term birth (Hill et al., 2016). DVA is also a strong risk factor for antenatal and postnatal depression (Howard et al., 2013).

and last an hour on average. Most sessions take place in local authority buildings and the parents' home if it is deemed to be safe enough.

The programme integrates a range of therapeutic techniques to support behaviour change and recovery from trauma, including Cognitive Behavioural Therapy (Beck, 2011), Transactional Analysis (Berne, 2016), Gestalt techniques (Kellogg, 2014), Mindfulness (Whitaker et al., 2014) and systemic practice in Motivational Interviewing (Rollnick & Miller, 1995). It focuses on parents' Adverse Childhood Experiences (ACEs) (Van der Kolk, 2014), Inner Child Work (Bradshaw, 1992) and elements of psychodynamics theory – linking the past to the

FOR BABY'S SAKE OPERATING MODEL

- Voluntary and consent based on the part of parents
- High level of risk assessment and safeguarding
- Monthly group supervision with external Clinical Psychologist
- Fortnightly restorative supervision with Team Manager
- Monthly safeguarding case management meetings
- Protected caseloads of 14-16 parents per practitioner
- Multi-agency working

present and making the unconscious, conscious.

The therapeutic and attachment-based parenting work includes use of the Brazelton Newborn Behavioural Observation (Nugent, 2015) and Video Interaction Guidance (Kennedy et al., 2011). These tools aim to help sensitise parents to their baby's communications and competencies and foster positive parent-infant interactions.

MECHANISMS OF CHANGE

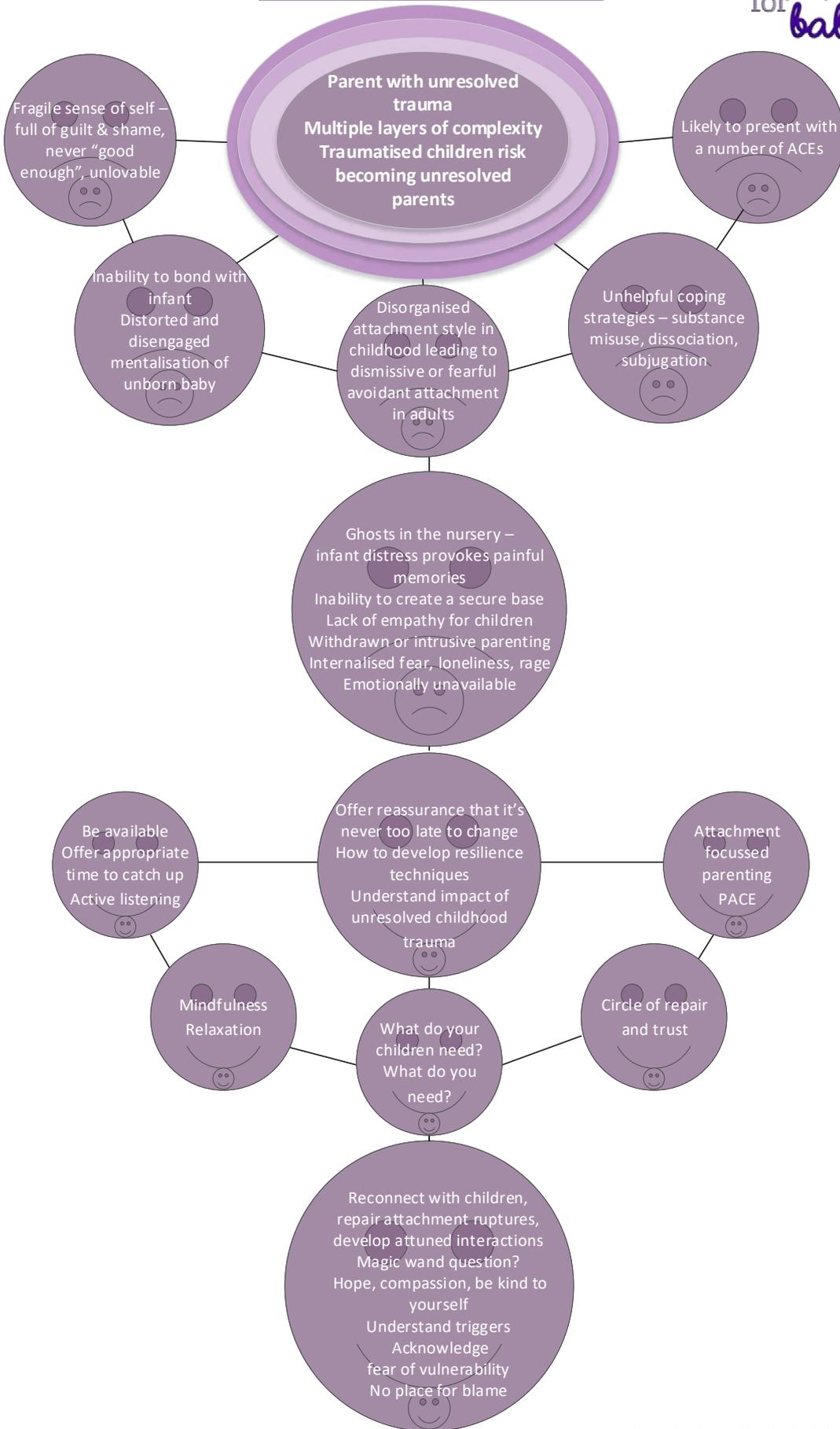
- Whole family, therapeutic approach
- Enhanced tools and strategies for improved emotional regulation, sense of self and communication style
- Meaningful, therapeutic relationships with practitioners
- Inner Child module – reflection on parents' own childhoods from a trauma-informed perspective
- The baby remains the focus to enhance attachment & attuned interactions
- Voluntary nature of the programme improves possibility for genuine commitment

FOR BABY'S SAKE IN THE ANTENATAL PERIOD

Following a robust 'Getting Started' /assessment period over four to six weeks, the co-parents move forward to the antenatal modules. The mother engages in individual sessions of the 'Opening Doors' module whilst the father attends individual sessions in the 'Basic Tools' module. The 'Opening Doors' module includes psycho-education, and trauma-focused and cognitive behavioural therapy exercises for anxiety and depression while the 'Basic Tools' module utilises a cognitive behavioural therapy framework to address negative thinking and patterns of denial and blame. Mothers may have up to eight 'Opening Doors' sessions prior to birth, which focus on promoting her safety and that of the unborn child, preventing further traumatisation, meeting individual needs and building understanding of domestic abuse. Fathers attend ten 'Basic Tools' sessions focusing on anger, masculinity, and impact of domestic abuse on the co-parent and baby.

Both parents participate separately in an antenatal parenting module, 'Where's the Baby?' This attachment-focused module helps parents to understand what their baby needs in the womb and how their baby's brain develops from conception until the age of two. Sensitive, attuned caregiving by parents provides an important foundation for the development of secure and healthy attachments, particularly in the first 1001 days of life. These attachment styles shape the relationships that children form across their lifetime. Domestic abuse can affect a parent's ability to provide consistent, sensitive caregiving and this is particularly relevant among parents who did not receive this level of caregiving themselves as children (Barlow & Underdown, 2018).

Parents with unresolved trauma



FOR BABY'S SAKE DELIVERY IN THE FIRST YEAR OF THE PROGRAMME

Following the baby's birth, practitioners undertake the Newborn Behavioural Observations (NBO) separately with mothers and fathers. NBO is a relationship-building tool used with parents from birth to three months, to help them understand and respond to their new baby's unique communications. The next parenting intervention for both parents is Video Interaction Guidance (VIG). Parents are guided to analyse and reflect on video clips of their interactions with their baby in order to enhance communication within their relationship.

THERAPEUTIC CORE OF FOR BABY'S SAKE – 'INNER CHILD' MODULE

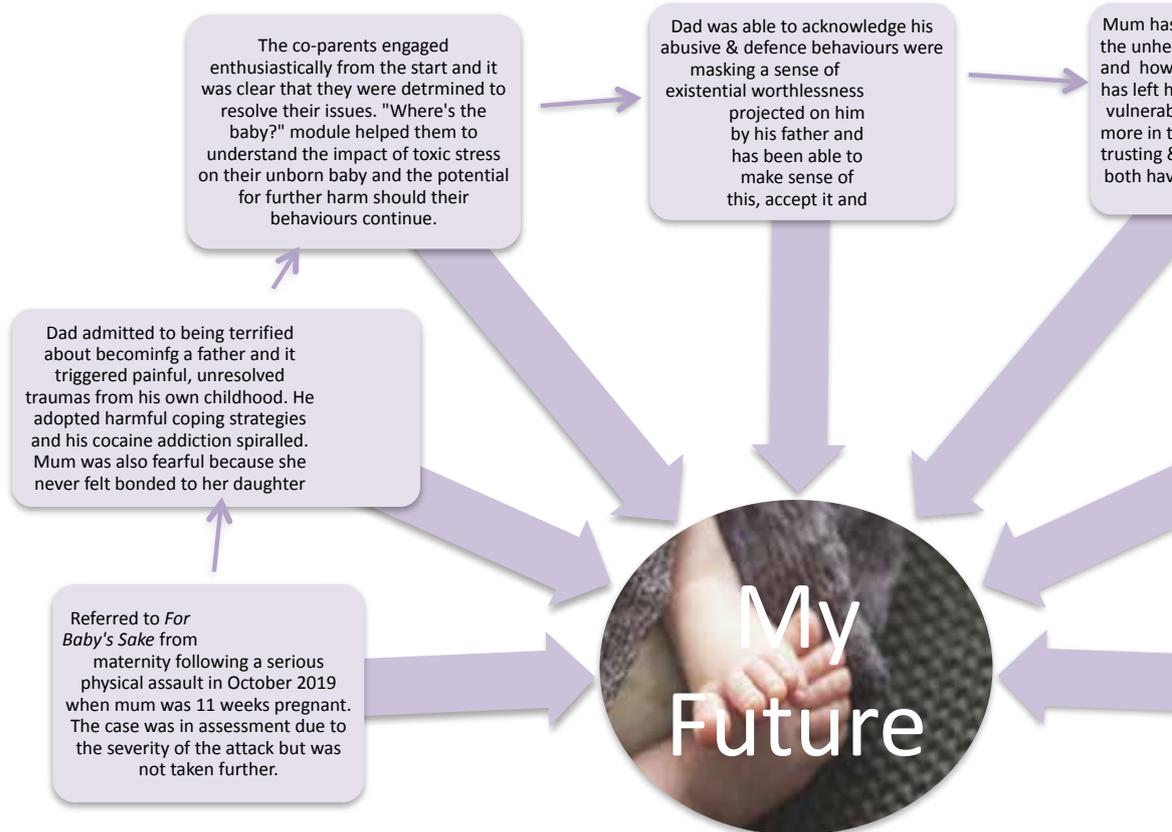
The 'Healthy Expressions of Feelings' module paves the way for the 'Inner Child' module and is designed to support parents to identify and express their feelings/needs/desires in a healthy way that

leaves both the self and relationships intact. This increases the capacity for resilience and builds on it by making changes. Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress such as family and relationship problems, serious health problems or workplace and financial stressors. It means 'bouncing back' from difficult experiences. Resilience is ordinary, not extraordinary and is not a trait that people either have or do not have. It involves behaviours, thoughts, feelings and actions that can be learned and developed in anyone. Co-parents who develop resilience can successfully manage their feelings and, in turn, manage the feelings of their children. This creates a significant sense of hope for the future and offers crucial foundations for the exploration of the past too.

Guilt, Shame & Dissociation are explored as part of this module. Shame is particularly pertinent when working with parents who have experienced trauma, domestic or complex abuse or who



A WHOLE-FAMILY, TRAUMA-INFORMED APPROACH: BREAKING THE CYCLE OF DOMESTIC ABUSE - A CASE STUDY



Protecting babies' brain, pro

struggle with addiction and compulsive/sexual behaviours. When shame is used to humiliate and degrade others, it can be toxic and elicit rage from victims which often results in attacks on others or self. To manage overwhelming or unbearable shame, it needs to be hidden from self and others through denial and disavowal (Sanderson, 2015).

The 'Inner Child' module is the therapeutic core of the programme and reconnects parents with the often-wounded element of themselves: the child within – fragmented, alone and confused. Inner Child work is the process of contacting, understanding, embracing and healing the inner child – the first original self, containing the capacity to experience joy, wonder and innocence but also pain. This is where parents can begin to discover the root of their fears, insecurities and sabotaging life patterns as the arrival of a baby can trigger significant, unmanageable feelings for parents with histories of unresolved childhood trauma. The concept of 'ghosts in the nursery' was introduced by the psychotherapist,

Selma Fraiberg (Fraiberg & Shapiro, 1975). Fraiberg explored how trauma can be transferred across generations when ghosts from parents' childhood invade the nursery (i.e. the parent-infant relationship) by unconsciously influencing the way parents think about and behave towards their baby.

In a separate module on 'Self Esteem & Assertion', *For Baby's Sake* works on increasing the often fragile sense of self in parents who have suffered from traumatic experiences. This increases the potential for recovery from the past and for building healthier relationships and reduces re-victimisation in the future. Children are much more likely to develop self-esteem when they have parents who consistently model it.

BREAKING THE CYCLE OF INTERGENERATIONAL TRAUMA

It is recognised that most children will experience trauma to a greater or lesser extent in the course of growing up. For some, this will be in the form of routine, unexceptional situations such as the death of a pet, while for others, it will be abusive or neglectful parenting. Complex trauma or developmental trauma can be described as fear-inducing incidents, mediated through relationships of care, which are 'drip-fed' over time, rather than being one significant event (Kezelman, 2011). When any trauma remains 'unresolved', it has the potential to impact how people parent and increase intergenerational trauma in families.

'HEALTHY EXPRESSIONS OF FEELINGS' PARENTING MODULE: PACE

The 'Healthy Expressions of Feelings' parenting module offers co-parents the opportunity to explore how to communicate their love and affection to their children and the prerequisite conditions that need to be in place to guarantee children's feelings of connection, safety and trust. For every child, and indeed every parent, home should be the place where you relax and feel safe, laugh and cry, hope and dream and prepare for all the adventures and challenges that beckon. Home is your secure base. When a home is working at its best, it is characterised by playfulness, acceptance, curiosity and empathy (PACE) (Hughes, 2009). These parental qualities create safety, emotional intimacy, openness and delight within the parent-child relationship. They provide a context in which conflict or behavioural problems can find resolution.

FOR BABY'S SAKE DELIVERY IN THE SECOND YEAR

In the baby's second year, extra support is available to both parents to aid sustained recovery from mental health problems such as post-traumatic stress and/or anxiety. Mothers and fathers complete the seven sessions of the 'Keep Calm and Carry On' parenting module separately. This module assists them in managing their toddler's behaviour and in setting routines. Parents who already have a toddler when they join *For Baby's Sake* are offered this module earlier on. Towards the end of the programme, *For Baby's Sake* offers

...s acknowledged her own part in healthy aspects of the relationship her previous experiences of DA er unable to manage feelings of ability. She is keen to explore this the programme and believes the & meaningful relationships they e with their practitioners can & will facilitate this.

Already both parents are managing to regulate their emotions and are building a respectful co-parenting relationship and remaining child focused. They have fully embraced the opportunity to tell their story, be heard, not judged & absolutely value this therapeutic support.

Baby was born on 23.02.20 and the relationship is continuing to flourish. Some very powerful, successful VIG has allowed mum to recognise the attachment her 4 year old has to her and this has been transformational for all the family. They appear committed to continuing & working towards recovery from past trauma together for the sake of their

protecting their futures

support to parents to achieve a safe and healthy co-parenting relationship, whether they will be co-parenting as a couple or apart, having separated.

CONCLUSION

An evaluation carried out by King's College, London, (REF) reported that *For Baby's Sake* empowers parents to undergo significant changes in their relationships by achieving a greater awareness of themselves as individuals, as parents and as partners/co-parents, thereby preventing poor outcomes for their children that can be so costly in human and financial terms. Intervening in the perinatal period with a focus on parenting improved fathers' engagement in a programme that identified their specific emotional challenges and unhelpful coping strategies. Only a third of families on the programme who took part in the evaluation were found to have any social care input at the two-year stage compared with 70% at baseline. The reduced number of families whose children were under safeguarding supervision by the end of the programme was an indicator of reduced domestic abuse as well as other crucial improvements.

During the Covid pandemic, *For Baby's Sake* has been delivered using a range of audio and video technologies, such as WhatsApp, Zoom and Microsoft Teams, to provide vital support to families during this time of extreme stress and uncertainty. The programme continues to report low attrition rates. The attrition rate for families joining the programme during 2019-2020 was 10% for both parents. Since the launch of the programme in 2015, *For Baby's Sake* has supported and helped approximately 760 mums, dads, babies and siblings to lead healthier, happier and safer lives, breaking the cycle of inter-generational abuse.

FURTHER INFORMATION

For further information, please visit:

www.forbabysake.org.uk

To see a short film about *For Baby's Sake* using the parents' own voices and words, visit:

https://www.youtube.com/watch?time_continue=3&v=KkkWJbcqfg&feature=emb_logo

For more information about PACE, visit:

<https://ddpnetwork.org/about-ddp/meant-pace/>

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