

PROMOTING PARENTING  
SKILLS AND RESILIENCE

Supporting women  
who have survived violence  
in their role as mothers

This manual is the outcome of action-research conducted by the EXIL Centre, which built on the interventions carried out as part of different assignments in Asia (India, Cambodia and Nepal) and in collaboration with BICE.

BICE, with its long history of supporting and mentoring local NGOs that are committed to child protection in contexts of abuse and violence, enabled the establishment of professional links between the staff from the EXIL Centre and staff from the Nepali NGO, Aawaaj, who had identified the need to develop their activities to support women who had suffered severe violence. The result of this knowledge and experience exchange led to the project «Promoting Parenting Skills and Resilient Resources» that was conducted during the period 2011-2012 in Nepal.

This manual is an attempt to systematise the methodology used during the project implementation and it represents a guide that facilitates the appropriate and comprehensive training and mentoring of professionals and/or volunteers to support the resilience of mothers who have been affected by violence, to help them recover from their experiences and prevent these experiences from influencing their parenting.

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1 - The CIS, Community of Independent States, groups 11 of the 15 former Soviet Republics.



# **Promoting positive motherhood**

by supporting the parenting skills and resilience  
of women who have survived violence

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# Preface

**F**or BICE, a child's family environment is a keystone in the process of implementing the principles of The Convention on the Rights of the Child (CRC)<sup>2</sup>. However, it remains a challenge for all of society to reach a level of awareness and analysis that enables the principles of the CRC to be integrated within government commitments and the everyday practice of organisations that work with children and families. Currently, the greatest challenge is to answer the following question: does the family protect or endanger a child's rights?

BICE emphasises that, in every family, it is the parents who have the greatest ability to protect children and to provide them with the emotional and physical security that they need.

This manual shows how parenting is one of the most important and most complex human activities. Being a parent is not always easy. There is fear, doubt, insecurity; and from there flows a willingness – sometimes unconscious – to learn. On the other hand, any form of violence or a loss of support profoundly affects a child's development and results in a need for particular care.

This willingness to learn is supplemented by the commitment of motivated professionals to unite with and assist them. This is a delicate operation. It is an offer of help that must be well thought out and structured.

There are some things that only parents can provide. Professionals must be able to make parents trust in their own resources, their intuition, their common sense, as well their family tradition – though maintaining a critical perspective if necessary.

Parents can give a meaning to life; a way of understanding reality; discourse, especially verbal communication – nursery rhymes, for example – with everything that discourse entails; or local popular culture, with its songs, stories, games. In any case, parents have to ask themselves vital questions: what is a son or daughter? Why do we educate him or her? And in this regard, the role of professionals is essential.

2 - The Convention on the Rights of the Child. Article 5. "States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention".





Children place a great deal of trust in their parents. Parental training aims to enable parents to form strong and independent families. But parents cannot fake security that they do not have because children will notice this straight away. Rather, they expect honesty and affection and they value the desire to keep on going however possible. Professionals know how to detect signs of trust-engendering resilience in parents. Professionals know when resilience has been acquired; parents must experience it. And certainly, the work of professionals will be more appreciated if it is discreet: if, like every educator, they know how to be close to the parents while remaining unobtrusive. In that sense, we talk of "invisible teaching".

The trained parents will also be able to learn from their children and to consider all aspects of their upbringing. They know that their needs are not only material but also spiritual. For BICE, the root of most childhood problems lies beyond immediate material needs, even in critical situations. I believe that this view is relevant for parenting.

**Jordi Cots**

Former first Vice-President of BICE  
Former childhood Ombudsman in Catalonia (Spain)



# Foreword

**T**his manual is the outcome of a long journey full of learning experiences. It started in 2005, in Chile, when a group of professionals from the EXIL Centre Barcelona implemented a pilot programme for the evaluation and support of parenting skills among women who had survived partner violence. To implement the programme, the first version of the guide to evaluating parenting skills was developed – a guide was published several years later (Barudy, J., Dantagnan, M. 2010). This experience proved that, in most instances, women moved forwards making use of their own personal resources, the support of their family and social networks. But, sometimes the severity of the violence, the loss of support and the circumstances made it difficult to bring up their children.

On the basis of this observation there emerged the desire to be able to offer coherent and structural support adapted to these women's circumstances. And then began the adventure of studying, organising and systematising the theoretical principles and experiences that had been accumulated over several years in order to give form to what was the first parenting support programme for women who have survived violent contexts. Several years have passed since then, many professionals have provided additions and changes, and many mothers have taken part in these activities. This programme already has been implemented several times and it is mainly conducted in the EXIL Centre in Barcelona, Spain.

Years later, BICE, with its long history of supporting and mentoring local NGOs that are committed to child protection in contexts of abuse and violence, enabled the establishment of professional links between the staff from the EXIL Centre and staff from the Nepali NGO, Aawaaj, who had identified the need to develop their activities to support women who had suffered severe violence.

The result of this exchange of knowledge and experience led to the project “Promoting Parenting Skills and Resilient Resources” that was conducted during the period 2011-2012 in Nepal. This manual is an attempt to systematise the methodology used.

The authors of this manual would like to thank:

The groups of mothers – in different places and times – who have taken part in the different version of this programme. We would like to thank them for giving us the privilege of accompanying them and being witness to their courage, their creativity in creating support networks with other women to help them to overcome the difficult challenge of raising their children even in the most adverse situations.



Every version of this programme has been improved by the contribution of their opinions, comments, assessments and experiences regarding what was more or less useful.

The staff and volunteers of the Nepali NGO Aawaaj, directed by Irada Gautam, who in the past year have also made use of this programme, with the technical support for effectiveness research of Dr. Uma Koiralau from Tribuvhan University, Kathmandu, Nepal. This team, which has a long experience of community work in Surkhet, Bardya and Dailekh, identified the need to offer specialised support to groups of women in their role as mothers with the ultimate aim of improving the wellbeing of children in the community. To all of them, recognising their valour and dedication to set out on the adventure of adapting and implementing this programme in their particular setting, continually enriching it with new experiences and lessons learnt.

The staff from EXIL Centre Barcelona, Spain. Thanks to your efforts and resolve various version of this programme have been carried out, enriched with theoretical understandings and the professional experience of everyone.

The staff of BICE (Belgium) for coordinating and supporting the project “Promoting Parenting Skills and Resilient Resources” and reviewing this manual.

### **EXIL Centre. Medical and psycho-social care for victims of violence, human rights violations and torture.**

EXIL Centre is a non-profit organisation, internationally renowned for its pioneering work in the medical and psycho-social mentoring of adults and children who have been victims of violence, human rights violations and torture. EXIL Barcelona was founded in 2000 as a branch of EXIL Centre Brussels, which was established in 1976.

The aim of the centre is to offer medical, psychological and social aid to people who have been victims of human rights violations and torture, often marginalised and victims of discrimination. The methodology applies is the outcome of the political and ethical commitments of the staff that develop it and it is based on an ecosystem or comprehensive model of suffering and illness. The pillars on which our specific specialized methodology is based are: a) the therapeutic value of solidarity; b) the promotion of good care; c) the promotion of resilience; and d) staff self-care.



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# **PART I. THEORETICAL FOUNDATIONS, FACILITATOR TRAINING, AND EVALUATION PROTOCOL**

## **CHAPTER ONE - INTRODUCTION**



# INTRODUCTION

**M**otherhood is one the most important and complicated of all human activities. It is learnt without being explicitly taught. Parenting skills are gained implicitly from birth and their foundations develop while in the womb. This is the incredible process of imprinting affection, empathy and care, from which the capacity for affection and empathy emerge: fundamental skills to bring up children.

In this manual, we argue that good infant care and parenting skills are part of the same process. Also, we prove that the reverse is possible: when life events, social contexts or cultures of violence prevent mothers from acquiring parenting skills, there is the risk that they react inappropriately to their children, and in the worst cases, this leads to child abuse and negligence.

To survive and develop healthily, human offspring are totally dependent on the skills of their mothers, fathers and other caregivers. For this reason, supporting the abilities and resilience of mothers who have been affected by violence, is essential to prevent the possible effects of poor parenting skills. Recent studies leave no doubt about the importance of the quality of mother-child relationship for brain development and function.

The women, for whom this workshop programme is designed, are mothers who have been affected by organised or inter-personal violence – often women who have suffered at the hands of their partners. Frequently, the mothers accumulate the effects of both these types of violence and both influence their parenting. In 1986, the World Health Organisation (WHO) introduced the concept of organised violence. This concept refers to situations in which people that belong to one group assault people that belong to another group, using a belief system that validates the use of violence. All forms of political, religious, sexual, ethnic and other type of repression are included in this definition. The consequences of such violence include genocide, “ethnic cleansing”, rape, torture, sexual mutilation and disappearances; all of which are extreme examples of human rights violations.

In response to this violence, mothers show resistance in many different ways, but with the same objective: staying alive, saving their relatives, protecting and caring for their children. All of this is far from easy and causes enormous amounts of stress. Among the strategies that women use to survive and rebuild themselves, we have admired the range of behaviours used to protect their children and care for them properly.



This manual is one outcome of action-research conducted by the EXIL Centres based in Belgium and in Spain, which built on the interventions carried out as part of different assignments in Asia (India, Cambodia and Nepal) and in collaboration with BICE.

This research has enabled us to conceptualise and apply the notion of “good infant care”, to relate it to “healthy parenting”, and to identify how violent situations, some of which are extreme, can negatively influence parenting. Our research has not been limited to identifying and describing the damage, but has also illustrated the sources of resilience that mothers use to survive and protect their children from the impacts of these “human natural disasters”. The mothers’ stories and the researchers’ observations have enabled us to establish the main principles that are described in this manual.

This manual is therefore the result of the work carried out by a team of professionals, who are recognised for supporting children, mothers, fathers and other caregivers, and aims to assist other professionals or volunteers in the design, implementation and/or evaluation of programmes that support positive parenting, in this case, among mothers who have survived violence.

In this sense, what we present is conceived as a guide that facilitates the appropriate and comprehensive training and mentoring of professionals and/or volunteers to support the resilience of mothers who have been affected by violence to help them recover from their experiences and prevent these experiences from influencing their parenting. This involves group workshop sessions. During these sessions, the intervention’s basic pillar is the women’s own innate resources of resistance and healing. These resources are also supported by the social structures to which they belong, such as their families, community and culture.

The facilitator’s role is to enable the process of healing: providing resources and skills to facilitate the social processes that lead to individual and collective resilience. In supporting the mothers, the ultimate aim is to encourage parenting skills that result in good childcare.

# 1. FOR WHOM IS THE MANUAL INTENDED? IMPLEMENTERS AND PARTICIPANTS

This manual is a training guide for educators seeking to support professionals and non-professionals who are interested in supporting women who have survived violence and the wellbeing of their children. In our experience, it is advisable that both the “trainers” and those who put themselves forward to organise and lead the workshops have previous experience of mentoring and supporting survivors of violence, knowing the context, and form part of the women’s support network. Although not mandatory, this sensitivity, experience and knowledge are of great importance when facing the difficult emotional challenge of applying the assumptions and theoretical concepts in women’s day-to-day lives.

In addition, the workshop described in this manual aims at supporting women who have survived situations of violence and show difficulties caring for and protecting their children. Besides this, there are no strict selection criteria for the women who take part in the workshops. Rather, the workshop dynamics encourage women to attend the sessions regularly and maintain their interest.

Besides, additional factors were taken into consideration when the groups were formed, for example:

- Women who have survived violent situations but, at present, are not suffering severe violence. If a woman is still a victim of severe violence, other types of intervention should be prioritised to meet her most immediate needs with regard to her vulnerable situation.
- Women who are responsible for the upbringing of children under 16 years that are members of the same immediate family.
- Women who do not suffer severe mental illness that will prevent them from taking active part in the group.

## 2. PROGRAMME IMPLEMENTATION TASKS AND PHASES

Implementation of this programme involves four fundamental tasks: a) understanding the context where the programme will be implemented; b) adapting, if necessary, of the activities and the training of the facilitators that will lead the workshops; c) implementing the workshop programme; and d) programme evaluation.

### The various programme “tasks”

**Task I. Preparation and community adaptation.** This task incorporates all the activities that help in the preparation for and discussion of the programme with all the people involved and immediately connected to it. These activities involve meeting with the proposed workshop facilitators, but this does not form part of the training, which will be conducted in a separate phase. The activities also enable lessons to be learnt from the context where the programme is to be carried out, the analysis of previous experiences of similar programmes (if there are any) and the analysis of existing knowledge and ideas about the perceived need to conduct this type of programme.

*Preparing the baseline:* Given that the programme aims to provide a space for learning from experience, it is important to measure the programme’s impact on the facilitators who lead and the mothers who take part in the group workshops. Chapter four includes the evaluation protocol and a description of how to prepare the baseline or “initial assessment”. This activity involves group discussions and individual interviews with the main people involved (facilitators, mothers and their children) that enable knowledge to be built up about the local situation before starting the workshop programme.

The information collected in the base-line study will be used to: a) adapt and contextualise the programme to the women’s needs and characteristics; and b) obtain a baseline that facilitates the monitoring and evaluation of the programme’s impact.

**Task II. Adapting the workshop programme and training and mentoring the professionals and/or volunteers that are put forward to facilitate the workshop sessions.** Based on the information obtained from task I, some time will be dedicated to adapting the workshop session activities, taking into consideration the needs of the mothers, the context, and the facilitators’ capacities and limitations.

In order to ensure the development of the programme, adults that accept and prepare themselves to carry out the role of resilience mentors and facilitate the women’s meetings are essential.



## 2. PROGRAMME IMPLEMENTATION TASKS AND PHASES

In chapter three we provide a guide for structuring this training and mentoring across three key areas: a) the theoretical concepts and framework that define the programme; b) the strategies and techniques for group leadership using an experiential and participatory approach; and c) the personal impact. The facilitator training and mentoring is conducted at three different times:

**1. Before the workshop programme.** In this phase, support focuses on:

- Understanding their knowledge of parenting skills and the situations of the women who will take part in the programme;
- Introducing parenting skills and the theory of early trauma;
- Disseminating the contents of the first five workshop sessions;
- Discussing and analysing the personal responses that people who work in the area of parenting tend to have; and
- Supporting their practical knowledge of group leadership strategies using an experiential and participatory approach.

**2. During the workshop programme.** Halfway through the workshop programme we propose carrying out a two-week seminar to support the facilitators. During this time, different theoretical and practical aspects of workshop leadership are addressed. At the same time, this phase is useful to evaluate how the workshops affect the facilitators at a personal level, what challenges and/or difficulties they have encountered and what strategies they use to meet these challenges.

**3. At the end the workshop programme.** Facilitators support will include:

- A review of previous sessions;
- Exploring the link between theory and practice and reflecting on the overall approach of the intervention;
- Reflecting on the experiences and emotions that they have experienced during the second half of the workshop; and
- Reviewing the group management strategies used and the changes in relationships compared to the start of the programme.



**Task III. Conducting the workshop programme.** The facilitators' main task is to organise and lead the groups of mothers using the proposed tools, ensuring that a personal, secure, affectionate and empathetic atmosphere is maintained. The programme is divided into 11 workshop sessions of about two hours each. The number of participants can vary, but, to facilitate the activities and group discussion, it is preferable that groups do not exceed eight to ten participants. The length of the programme will depend on the frequency of the meetings.

**Task IV. Evaluating the impact of the experience.** Programme evaluation is the only tool that allows us to learn from everyday experience and improve practice. In chapter four, we describe a protocol with methods and tools to record the experience and evaluate impact. The evaluation protocol includes monitoring indicators to illustrate how well the programme was conducted, impact indicators to measure the changes in the lives of the people involved and connected to the programme, and satisfaction indicators to qualitatively measure the perceptions of the people involved in the programme and their ideas about the future. This material is useful for repeating and improving the process in future interventions. In this way, it contributes to the development of such programmes, so that they are understood and considered by other interested parties, encouraging new perspectives and resources in the area.

The tasks are carried one after another following the rationale of evaluation the implementation of the workshops.

The total duration of the programme will depend on the context and particularly the frequency with which the women meet. Sometimes, the women agree to meet once a week; in such cases, the programme takes four months to complete. In other instances, however, it is not possible to meet so regularly and the meetings take place every three weeks, and therefore the programme lasts 10 weeks. In the following table, we put forward a proposal based on our experience of how to organise the tasks and the approximate duration of the programme – keeping in mind that this could vary depending on the context and the flexibility of implementation.



## 2. PROGRAMME IMPLEMENTATION TASKS AND PHASES

**Table 1. Programme Tasks and Phases: “Promoting parenting skills and resilience among women survivors of violence”.**

| PLANNING PHASE                                      |   | IMPLEMENTATION PHASE   |   |   |   |   |   |   | EVALUATION PHASE                              |
|---|---|--|---|---|---|---|---|---|---|
| Analysis of previous studies and local experiences. |   | Implementing the adapted workshop programme<br>“Promoting parenting skills and resilience among women survivors of violence”:<br><br>Groups of 10 mothers.<br>Meeting once every 3 weeks for 2-3 hours session.<br>2 facilitators support each group.<br>Each session is recorded systematically and principal outcomes are highlighted. |   |   |   |   |   |   | Conducting the programme evaluation protocol. |
| Preparing the baseline.                             |   |  |   |   |   |   |   |   |   |
| Adaptation of the workshop programme (if needed).   |   |  |   |   |   |   |   |   |   |
| Training and mentoring facilitators.                |   | Capacity building seminar to support facilitators (in the middle of the process).  |   |   |   |   |   |   |   |
| MONTHS  |   |  |   |   |   |   |   |   |   |
| 1   | 2 | 3  | 4 | 5 | 6 | 7 | 8 | 9 | 10  |

# PART I. THEORETICAL FOUNDATIONS, FACILITATOR TRAINING, AND EVALUATION PROTOCOL

## CHAPTER TWO - **THEORETICAL PRINCIPLES**



# INTRODUCTION

In this chapter, we describe the theoretical principles on which this programme is based: a) the focus on good care and the basic elements to ensure constructive parenting; b) children's needs; c) the impact of violence on mothering skills; and d) the resilience of mothers affected by violence.

We recommend that the programme implementers as well as the facilitators who lead the groups familiarise themselves with these concepts so that, in addition to drawing on their experiences, they can understand and implement more easily the programme. It is important that the facilitators understand why each of the activities is carried out: the rationale behind the activities in terms of the overall intervention, and how to carry them out. To acquire ownership of the activities, it is necessary that facilitators study and become familiar with the theoretical principles that underpin the programme.

We are aware that in the following pages it is not possible to describe the theories that have contributed to the development of this programme in depth. We therefore recommend further reading, particularly on parenting, good care and the impact of violence on childhood development.

## 1. THE NEED TO SUPPORT WOMEN WHO SURVIVED VIOLENCE IN THEIR ROLES AS MOTHERS

When mothers are affected by violence, whether it is organised (linked to war, persecution on religious, ethnic or other grounds) and/or inter-personal, it has often a double impact on them: they are affected as both women and as mothers. The human responses to real or imagined threats are known as “stress responses”. Stress responses can be seen as adaptations to situations that menace the balance of the organism. Threatening situations cause a redistribution of resources and physical energy, which are present in the normal state of equilibrium: the whole body gets ready to confront the threat. In response to stressful situations, the reactions are typically “fight or flight”, but other behaviours are also observed, such as helping one another and providing social support.

In threatening and dangerous situations, chemical substances, such as adrenaline and noradrenaline, flood the body and prepare it to act – to confront the threat and fight, or to flee the situation. These hormones have the effect of placing the body in a state of alert that is expressed by physiological sensations: speeding up the heart beat and increasing blood pressure with the aim of sending blood to the vital organs and those that are involved in the fight or flee response; also sweating, a result of the temperature regulation brought about by action; and slight trembling of the hands.

In addition, there is a range of emotions that accompany these reactions: fear, anxiety, distress and feeling threatened. When the threat activates this system, the released hormones help to slow-down the non-essential bodily activities to the benefit of the appropriate and effective responses to the threat.

From the biological point of view, women and men experience this phenomenon in the same way. However, from a social point of view, throughout evolution and still today, women and men face very different challenges as social individuals. In the case of mothers, responses linked to protecting and caring for their children can also be added to the classical reactions to stress. We have observed this frequently among the mothers that we have encountered in our programmes: the mothers' responses to danger have involved providing protection and care and favouring the survival of their children. Mothers from different parts of the world, who have all survived wars, genocide, ethnic, religious or political persecution or have been affected by partner violence, have confirmed to us that the female response to violence is universal. They have enabled us to show that, when faced with danger, women in general, and especially mothers, try to protect their children, and if necessary, to do so, they seek help and support from others. Instead of fleeing or fighting to save themselves, the mothers' priority is to protect and care for their children: showing altruistic behaviours, such as protecting them with their body, giving them the little food that they have, hiding them, carrying them in their arms for long period in spite of tiredness, hunger and thirst.

This programme is a way of sustaining these capacities and awakening and stimulating them in cases when violence, due to its seriousness, has led to a loss of mothering resources.



## 2. GOOD CARE, ATTACHMENT AND EMPATHY: THE IMPORTANCE OF PARENTING SKILLS IN CHILDREN'S UPBRINGING AND DEVELOPMENT

**G**enerally, good infant care is a result of the acquirement by parents of necessary skills to respond to the needs of their children and also of the support that communities provide to parents. From this point of view, good care is not the result of luck alone. On the contrary, it is a human product, never purely individual or linked to the family, but the result of the combined effort of an entire society.

Parenting skills are the result of their childhood experiences of care, protection and education provided by their parents or carers. The positive experiences with their parents when they were children are the main sources of the skills required to provide good care to their children. This explains why a large proportion of parents can carry out this role even in difficult situations, such as poverty, war, social exclusion or persecution. The extended family, neighbours and the local community, where social support can be found, also facilitate parenting roles. On the other hand, children's particular characteristics influence their needs and the relationship with their parents, which also impact the whole process.

Our model of good care seeks to emphasise parents' resources and abilities, rather than the faults and shortcomings of a family or a society. However, whatever the family circumstances or the situation of a society are, good care is a fundamental right for children and duty of society. In our model, there are four elements that make up the social processes that define good care: a) parents' resources and abilities; b) the needs of the children; c) the sources of resilience of all people involved in the process; and d) the resources provided by society. These elements are inter-related. In this way, when the children's needs increase or change, the parenting skills and the community resources ought to adapt in response. For example, when disturbances, such as violence linked to social inequality, war or abuse at home, increase or create needs, it is key to support the children's social, educational and therapeutic needs to repair the damage caused.

When carried out properly, parental tasks are crucial because they assure the care, protection and socialization of children that are born immature and dependent on adults until they mature. In general, across cultures, mothers mostly carry out these tasks. There are different explanations for this, but it

is most likely related to the predominance of patriarchy in many cultures, which designates the mother as the parent responsible for children's upbringing. To be able to carry out their tasks, mothers must have the appropriate skills and the social environment must be helpful. The concept of "parenting skills" is one way of describing parents' abilities to raise and educate their children.

Parenting skills form part of what we call "social parenting" in order to differentiate it from "biological parenting", which is the capacity for procreation or giving life to one's children.

One of the objectives of our programme is to strengthen or improve the parenting skills of women who have been affected by violence. This is promoted through group sessions designed to support or encourage good care for their children. The women who take part in the sessions and the facilitators will form a social network whose ultimate aim is to produce the necessary action to ensure good parenting and care for their children, which will also facilitate, at the same time, activities aimed at enabling women who have suffered to violence to heal. The ultimate aim of the programme is to create a dynamic of "community parenting".

### **The origins and elements of parenting**

Learning parenting skills, which in the case of mothers, we term "mothering", results from complex process that is mixed with innate personal skills, their experiences of good care or abuse as children and the learning processes as children of particular parents (or their relationships with other carers). All of which will be widely influenced by culture. The challenge of being a parent is two-fold: on one hand, it is necessary to respond to children's varied needs (food, physical care, emotional and psychological needs); and, on the other hand, it is necessary that the responses meet children's changing needs as they grow. For example, caring for and educating a baby is not the same as educating an adolescent.

When the social context becomes dangerous or deficient, such as in situations of violence, persecution, war or forced migration, the efforts needed to carry out parenting tasks are much greater. Women who have been victims of organised violence or partner abuse require therefore special skills and enormous resources to survive, protect their children and respond to their needs. In such extreme situations, the sources of support that can be found in the social relations are fundamental.





## 2. GOOD CARE, ATTACHMENT AND EMPATHY: THE IMPORTANCE OF PARENTING SKILLS IN CHILDREN'S UPBRINGING AND DEVELOPMENT

### **Parenting skills: capacities and abilities**

When planning interventions designed to support women who have been the victims of violence in their responsibilities as mothers, it is important to distinguish between the different aspects of parenting skills: capacities versus abilities. The basic parenting capacities are attachment and empathy. Parenting abilities are parents' emotional, psychological and behavioural resources that enable them to respond appropriately to their children's needs throughout their growth and development. The general concept of "parenting skills" includes notions of parenting capacities and parenting abilities.

### **Basic parenting capacities: attachment and empathy**

Attachment – or the ability to bond with another person – is the ability to establish an emotional link with children. This connection is fundamental in order to respond to children's needs, ensuring their survival. Different studies on attachment have enabled us to understand that human offspring have an innate ability to bond and their survival depends on this ability. Mothers' ability to bond depends on their biological potential as well as their own experiences of attachment. There are external factors that can influence emotional links with children. High-quality, prolonged and secure relationships of attachment allow the development of basic security and confidence and are a fundamental element of psychological and healthy growth. They also help to confront challenges and difficulties.

Violent contexts can disorganise or damage bonds of attachment. This is why, based on our experience, we propose that mothers take part in activities designed to facilitate or re-establish healthy attachment.

Empathy is part of the emotional intelligence that allows mothers to recognise the needs of their children. Empathy is the capacity to understand the behavioural or verbal messages through which people express their needs in order to respond to them appropriately. Parental empathy is the capacity to be in harmony with one's children, allowing parents to perceive their children's needs, which are expressed with body or emotional language. Empathy means parents' ability to communicate this by means of a gesture or an attitude – satisfying an expressed need. For example, an empathetic mother will be sensitive to her baby's cries and will try to determine the cause through trial and error and, at the same time, communicate through gestures and words that she is looking for a solution to the child's discomfort. The empathetic responses are closely linked to parents' emotional intelligence and their capacity to connect with their children.



Violent contexts can change or reduce a mother's capacity for empathy because of either the pain that they produce or feelings of threat and vulnerability (that are the basis of post-traumatic stress disorder). Empathy disorders can persist even if a mother is no longer subject to the violence – the war is over or she has separated from a violent partner – because her traumatic memories can affect her relationships with her children.

### Parenting abilities: models of raising children

The elements of parent abilities can be summarised as:

**a) The beliefs and models of raising children and educating them:** correspond to the combination of representations and behaviours that parents use to try to respond to their children's requests for care. These models are learnt in the family through the communication of familiar models and thanks to learning mechanisms, such as imitation, identification and social learning. The family's social and cultural context also influences this communication. The different ways of perceiving and understanding a child's needs form an implicit or explicit part of these models, such as the response to their needs.

**b) The capacity to use community resources or a mother's capacity to carry out her tasks,** supporting herself in her social networks, for example, receiving and giving support to other mothers.

## 3. CHILDREN'S NEEDS

The other protagonists in this programme are the children and their needs. Another way of understanding parents' capacities and abilities is based on observing and analysing their children's needs. From a child rights perspective, children's needs can be summarised as follows: all children have the right to live in conditions in which their needs can be satisfied and their rights respected. Unfortunately, diverse forms of violence – organised and partner – that affect mothers also constitute serious violations of their children's rights.



### 3. CHILDREN'S NEEDS

As we have mentioned previously, assessment of the level of satisfaction of children's needs can be useful as a framework to organise interventions to help mothers and their children. On one hand, we ought to consider, meeting physiological needs (physical and biological needs), and on the other hand, it is important meeting basic needs related to psycho-social development: the emotional, cognitive, social and ethical needs.

#### **The physiological needs**

In order to survive, children need material goods such as food, clothing, medicine and secure housing. Children have the right to have their physiological needs satisfied:

- a. To exist and live in good health
- b. To receive enough quality food
- c. To live in clean hygienic conditions
- d. To be protected from real dangers that threaten their security
- e. To receive healthcare
- f. To live in circumstance that permit healthy physical activity

#### **The need for secure and continuous emotional links**

Meeting their emotional needs enables children to connect with their parents and other relatives. On that basis, children will be capable of creating relationship with their natural and human surroundings and of belonging to a social network. If children obtain the necessary affection, they will be capable of giving and receiving affection and feeling emotions. If they are capable of this, they will be able to take part in the social dynamics of reciprocity: giving and receiving. Children have the right to live in a secure emotional environment and establish emotional links that are "sufficiently unconditional" with adults. Adults ought to be available and accessible for children, with the aim of accepting and helping them, and providing an emotional atmosphere in which affection can be expressed.

The testimonies of mothers affected by violence – to whom this programme is directed – show that violence not only damages them as individuals but also damages the familial, social and emotional environment that surrounds their children.



An important number of the activities in this programme are designed to recreate an affectionate context of positive relations among the mothers taking part in the workshops, with the aim of facilitating familial and group dynamics that ensure that children's needs for attachment, acceptance and recognition are met.

The need to bond is the basis for personal development: creating the profound connection that children need to establish with their mothers or their carers and with other relatives, and prolonging familiarity. Without attachment, children's psychological balance is profoundly, if not definitively, altered. One of the challenges of good parenting is to ensure a healthy and safe attachment that is responsible for the development of empathy, confidence and childhood resilience.

The need for acceptance: the positive and benevolent messages, that the children receive from adults who play a significant role in their lives, such as mothers, promote feeling of acceptance and therefore the resources allowing them to be accepted by others. Violence can alter this ability, either through causing pain or exhaustion. For this reason, it is important that relatives, neighbours and teachers collaborate to support children, giving them messages of solidarity and acceptance. Unfortunately, this is not always the case, and many children whose mothers have been victims of violence are not recognised as victims. Often, in school and in other institutions of the health and social system, only the problems or the symptoms of child's suffering are seen, and therefore their need to be recognised and accepted is not met.

The need for recognition: thanks to the work of clinical psychologists, researchers have identified that the child's basic needs involve wanting to be and feel important to, at least, one adult. In a healthy family, this need is met through the "project" – the future aspirations – that each parent has for his or her children.

### **Cognitive needs**

Children need to understand and give meaning to the world in which they have to live, to which they have to adapt and in which they have to grow into adults. Children should be stimulated and their senses, perception, memory, attention, language, rational thinking and especially their capacity to think and reflect should be developed. The adults who play a significant role in children's life should



provide them with the necessary stimulation and information so that they can understand and adapt to the surroundings in which they live. In many families, the mothers carry out this task.

**Stimulation:** this is fundamental for the development of a child's mind so that, progressively, he or she can carry out tasks that correspond to his or her age. Stimulating curiosity for their surroundings is fundamental, so that children want to explore the world that surrounds them and, at the same time, to know themselves. Violent situations can negatively influence mothers' capacities to stimulate their children. Educational difficulties, such as dropping out of school, or in the worse cases, learning disabilities, demonstrate this. In other instances, violence, for example, in the family, can over-stimulate child's minds: a result of the sensory and emotional attack that the assaults (on their mothers or towards them) cause.

**Experimentation:** satisfying the need for experimentation is strongly related with the need to connect. A child will decide to experiment if he or she has a figure of attachment that provides security. Violent contexts can damage mothers' ability to stimulate this experimentation. Mothers' indifferent and negligent attitudes can combine with overprotection of children as a result of fears that something might happen to them.

**Reinforcement:** positive reinforcement is what children feel when they have carried out a task or give a response to which an adult reacts positively. In order to develop, children need to be informed about the consequence of their actions because this information helps them to make sense of what they say or do. With this information, they can improve not only their awareness of their behaviour, but it also helps them to correct their mistakes and apply other behaviours. In other words, knowing the results of a task encourages learning. Also it is thanks to this process that children can reinforce their abilities and recognise the abilities of others.

#### Social needs

Another parental task is to ensure that children learn the community's rules and act according to them. To achieve this, it is necessary to educate them about respecting the norms that ensure respect for themselves and others. This is a guarantee of their participation in family and social life, where obligations are met and everyone's rights are respected. The negative impact of violence is connected with this need. Violence is a serious manifestation of a lack of empathy. Those responsible for violence have had their empathy altered. They do not have the ability to change their perspective of others so



as to see them as actual people. For this reason, they can assault coldly, without regret or guilt. In a minority of cases, mothers' capacity for this can be damaged because of the accumulation of traumas, the lack of social support and vulnerability. This programme and this manual are designed to support and restore these abilities.

To respond to children's social needs, their parents need to ensure: communication, consideration and structure.

**Communication:** it is through the different types of conversation that children feel recognised by their social surroundings. It is thanks to communication that children can get to know and learn their social references, such as their family or school. Violent situations, whether familial or social, negatively affect the communication in families and communities. One example, in a situation of family violence, is when the father abuses the mother and it becomes normal or lies are told about who is responsible for the violence. In situations of organised or social violence, those responsible for the aggression are, in general, authorities or people who abuse their power be it economic, social, or political. In these cases, women against women can be part of a totalitarian ideology that forces the population to comply with its ideas. All of this creates confusion and concern among the children whose mothers suffer this violence.

**Consideration:** to learn to feel a sense of belonging to a collective and live in a society, children have to be recognised as people with dignity, merit and specific abilities. To exist as social beings, it is important that children see themselves as valuable for society and as individuals. Feeling valued, the child will have the necessary energy to develop and face up to difficult situations. Another of the important damages caused by violence is the disdain towards women – both as women and mothers – which can seriously affect their necessary ability to interact with their children with the necessary consideration.

**Structure:** nobody can survive without the care and support from others. Children have the right to education, to be a part of society. Children have the right to learn to behave according to the social norms of the culture to which they belong but also to rebel against the norms if they are unjust. Cultural norms are not legitimate simply because they are cultural: rather they are legitimate if they are based on respect for life, and on ensuring that the rights of others are respected.



### 3. CHILDREN'S NEEDS

At the family level, social norms are a way of ensuring that family members carry out their roles. They are necessary to ensure a hierarchy of roles, which enables children to be educated. Children must be helped to manage their desires, impulses and frustrations. Fortunately, a large majority of parents still carry out their educational role, helping children to internalise the necessary norms to be part of society. It is clear that the challenge is greater in violent contexts.

#### The need for values and ethics

Children have the right to values that allow them to feel that they create their own culture. Children also have to follow norms that are legitimised by values: above all, if the norms guarantee respect for all, promoting justice, solidarity, social altruism and mutual assistance.

Internalising the social rules with positive and significant values allows children to feel dignity and proud and to have confidence in their community. For us, the internalisation of these positive values is a guarantee of good care.

## 4. SUPPORTING AND PROMOTING MATERNAL RESILIENCE

It is important to consider that, when we talk about developing a capacity for resilience, it is linked closely with the social support that adults receive from their surroundings. From this perspective, resilience is the result of a complex process: the effect of an interaction between a person and his/her surroundings, in particular, his/her social surroundings. Thus, it is clear that the resilience is the result of social production that emerges from a complex process of multiple factors, protagonists and experiences. For these reasons, it is necessary to consider that promoting this capacity depends on:

#### 1) ***The characteristics of the mothers before they were affected by violence:***

This relates to the experience (or lack of experience) of good family relationship that they have been able to use to acquire personal resources: whether they received care, education, socialising

or protecting affection from their families, which would allow them (or not) to learn an affectionate style of secure attachment. This is fundamental in good care that responds to children's needs. Developing this style of relationship depends on the quality and the abilities of the family and social contexts in which they grew up.

2) ***The nature of the violence and the trauma:***

This relates to the traumatic impact of the assaults, which is more difficult to evaluate because it depends not only on the type of violence, but also on the meaning ascribed to it by people as individuals and the one generated by the collective social context. The following can be evaluated:

- **The nature of violence and its intensity:** for examples, mothers who suffered sexual violence and rape show signs of significant psychological damage that may require appropriate treatment before they are able to take part in the types of programme that we describe here.
- **The duration of violence:** this has a close relationship with the level of damage. Often, it is not only multiple and accumulative assaults but also protracted violence.
- **Dwelling in the memory:** the women who have been victims of violence – sometimes merely for the fact of being women – are given a terrible message. *“I am someone so worthless that can be the object of aggression”*. Experiences of violence, particularly in the case of interpersonal violence, are very hard to symbolise, that is to say, it is very hard to explain what happened, and often there are no answers to the questions “Why did it happen? Why me?” Therefore it is difficult to create coherent memories that constitute meaningful stories. They make it impossible to generate a narrative that might open them up to receive affection and solidarity from sensitive people around them. The traumatic nature of these experiences stays with them because the sensory and emotional memories – that were inscribed on the body – are present and shown by the accumulation of symptoms, especially those that are related to anxiety disorders, depression, sleep disorders and other symptoms that are compatible with post-traumatic stress disorder.
- **The meaning given to violent events:** the assaults suffered are traumatic because they provoke pain and stress and they, and their duration, exhaust the mothers' natural resources to reduce the pain and deal with stress. But also, in most cases, the meanings or explanations





are unthinkable because of their very nature: for example, being a victim of a gang rape or witnessing the death of a child, or because, unfortunately, in many occasions, family, cultural or religious teachings lead them to see themselves as responsible for what happened. One example of this phenomenon is when religion or culture leads women to blame themselves for being raped.

### 3) *The resilient resources that remain among women who have experienced violence:*

- **The emotional style:** this is related to whether their experiences during childhood and adolescence allowed the development of secure attachment, confidence, healthy self-esteem and identity deeply-rooted in feelings of belonging.
- Regression, aggression, agitation, seduction, submission, indifference, emotional coldness, and confusion are **examples of adaptive, but less constructive defence mechanisms**. When they suffered the violence, these strategies were a legitimate form of defence, but if they are maintained when the violence has ended, they can make it more difficult to adapt to life afterwards. In this case, the persistence of these defence mechanisms that were protective in a violent context become an obstacle to resilience. An atmosphere of good care, affection, security and empathy is the basis to the activities proposed in this programme and one of the therapeutic pillars to reduce the impact of the defence mechanisms.

### 4) *From community support to promotion of maternal resilience.*

Social and emotional support is much more important than it is sometimes thought. Re-establishing social support and positive relationships within families after violent events can protect children from trauma, or at least, facilitate healing. This explains why this programme focuses on the “therapeutic value of solidarity”. And why it is based on workshops. Within the groups, women can experience how care and positive relationships are a way of repairing the damage caused by violence and, at the same time, they can learn more appropriate responses to stressful situations. When the mothers create emotional bonds and take part in healthy social relationships, they have more ways of controlling their response to stress and suffering, reducing the feelings of threat and pain.

# PART I. THEORETICAL FOUNDATIONS, FACILITATOR TRAINING, AND EVALUATION PROTOCOL

## CHAPTER THREE - **FACILITATOR TRAINING AND MENTORING**



# INTRODUCTION

**T**his chapter presents a guide for training and mentoring the facilitators that are put forward to lead the workshops with the mothers.

The group facilitator is a key element of the workshop's success. This is basically due to the fact that this workshop programme is based on promoting empathy and solidarity among the participants so that, as a result of their experiences of solidarity and recognising their personal resources, women who have survived violence can change their parenting practices.

This process of training and mentoring seeks to familiarise the facilitators with the contents of the programme and to promote ownership by adapting it to their reality, their personal resources and limitations. To this end, the three following aspects of training are included:

**A. The general theoretical framework and content of the activities.** As we mentioned in the chapter on theoretical principles, together with communicating the contents of the activities, we recommend teaching, in the programme's theoretical basis parallel so that the facilitators can understand and implement the programme more easily.

**B. Facilitation strategies.** Leading the workshops requires specific strategies of group management that complement the psycho-educational focus of the proposed model of participatory and experiential intervention.

**C. Personal impact.** Working in the area of parenting skills is a delicate undertaking that resonates among everyone involved, and specifically the facilitators, who are usually women and most often also mothers. Facilitators should be mentored to continue to identify and incorporate their personal skills and finally convert them into personal resources for group management.

We recommend conducting the training and mentoring in three phases: before, during and at the end of the programme. Each phase has different objectives and aspects, working through a series of exercises. We recommend carrying out the exercises in the defined order. Each phase of training lasts about 8 or 9 working days.

The table below illustrates the contents of each area and phase of the training and mentoring. We then describe the contents in detail, following the different phases, as they are carried out in the programme.



**Table 2. Levels and phases of training and mentoring for the facilitators who will lead the women's groups.**

| IMPLEMENTATION PHASE                                    |   |   |   |
|---|---|---|---|
| Areas of training and mentoring:<br>theory and practice | First phase<br><i>(Before the programme starts)</i>   | Second phase<br><i>(During programme implementation)</i>  | Third phase<br><i>(At the end of the programme)</i>   |
|   | <b>Theoretical framework for the programme activities</b> <ul style="list-style-type: none"> <li>→ To explore the facilitators' perception of the need for the interventions.</li> <li>→ Communicating the contents of sessions 1 to 5.</li> <li>→ Theory: Introduction to parenting skills. Impacts of experiences of violence.</li> </ul> | <ul style="list-style-type: none"> <li>→ Review of sessions 1 to 5.</li> <li>→ Communicating the contents of sessions 6 to 11.</li> <li>→ Theory: Specific elements of parenting skills.</li> </ul>                                     | <ul style="list-style-type: none"> <li>→ Review of sessions 6 to 11.</li> <li>→ To strengthen the overall approach of the programme.</li> <li>→ Theory: Overall process of the workshop programme.</li> </ul>                             |
|   | <b>Facilitation strategies</b> <ul style="list-style-type: none"> <li>→ To build and reinforce the basic group management skills using an experiential and participatory methodology.</li> </ul>  | <ul style="list-style-type: none"> <li>→ To analyse the group characteristics and identify challenges.</li> <li>→ To identify strategies that are being used and how to complement them.</li> </ul>                                     | <ul style="list-style-type: none"> <li>→ To review the group management strategies that are being used and analyse the changes with respect to the start of the programme.</li> <li>→ To identify achievements and challenges.</li> </ul> |
|   | <b>Personal impact</b> <ul style="list-style-type: none"> <li>→ Reflection and analysis of the facilitators' common experiences in terms of intervening in parenting.</li> </ul>  | <ul style="list-style-type: none"> <li>→ The facilitator's role: How do they see it? What do they feel?</li> <li>→ The mother's role: What do they feel?</li> <li>→ Support the facilitators and the mothers in their roles.</li> </ul> | <ul style="list-style-type: none"> <li>→ The facilitator's role: How do they see it? How do they feel about it? The mother's role: What do they feel?</li> <li>→ Analysis of the differences and positive reinforcement.</li> </ul>       |



**Table 3. Proposed exercises by area of work and phase.**

| Phase               | Area of work  | Proposed exercises   | Duration / working days. |
|---------------------|---|--|--------------------------|
| <b>First phase</b>  | Theoretical framework and content of the activities | Exercise 1. Analysis of the context and past experience<br>Exercise 2. Communicating the contents of session 1 to 5<br>Exercise 3. Theoretical training I  | 7/8 days                 |
|                     | Facilitation strategies                             | Exercise 4. Training in basic facilitation skills<br>Exercise 5. Eight steps to lead the mothers groups with a participative and experiential approach   | 1 day                    |
|                     | Personal impact                                     | Exercise 6. The most common reaction among professionals that support women who have survived violence   | 1 day                    |
| <b>Second phase</b> | Theoretical framework and content of the activities | Exercise 7. Revision of the completed group sessions<br>Exercise 8. Communicating the content of sessions 6 to 11<br>Exercise 9. Theoretical training II   | 7/8 days                 |
|                     | Facilitation strategies                             | Exercise 10. What kind of group are we facilitating?   | 1 day                    |
|                     | Personal impact                                     | Exercise 11. Analysis of the facilitators' emotions and experiences I<br>Exercise 12. The wheel of emotions and reactions during group facilitation<br>Exercise 13. Analysis of the mothers' emotions and experiences I                                | 2 days                   |
| <b>Third phase</b>  | Theoretical framework and content of the activities | Exercise 14. Revision of the completed group sessions<br>Exercise 15. Overall approach: reviewing theory and practice  | 5 days                   |
|                     | Facilitation strategies                             | Exercise 16. Reviewing the group management strategies: achievements and challenges  | 1 day                    |
|                     | Personal impact                                     | Exercise 17. Analysis of the facilitators' emotions and experiences II<br>Exercise 18. Analysis of the mothers' emotions and experiences II<br>Exercise 19. Personal changes<br>Exercise 20. Closing the process of facilitator training and mentoring | 2 days                   |

# 1. FIRST PHASE: TRAINING AND MENTORING THE FACILITATORS BEFORE THE PROGRAMME BEGINS

## A. Theoretical framework and content of the activities

### Objectives:

1. To analyse the context and previous experiences. To explore the facilitators' perceptions, ideas and knowledge of parenting skills and the intervention they seek to carry out with the mothers.
2. To transfer the contents of the first five workshop sessions.
3. To teach them about the theory: introduction to parenting skills and the theory of early trauma.

### Exercise 1. Analysis of the context and previous experiences

The first step for the instructors will be to create a space in which the facilitators can reflect on, analyse and discuss their knowledge and perceptions of the context in which they work and in which they will implement the programme. At the same time, they will discuss their ideas of what means “to be a mother”, what they perceive or know about the effects of violence in terms of parenting skill and the need to conduct a programme of this nature.

This discussion will take place during a working day and will last approximately two or three hours. The instructors can use the following questions to enliven the discussion and debate:

#### Exercise 1. Questions for the discussion with facilitators:

1. In your context, who is responsible for bringing up children?
2. Here, in Nepal, how do women who have been victims of violence manage to bring up their children?
3. What do you perceive as their biggest or most important difficulties and what are their greatest personal resources?
4. How do you think that the violence they have experienced might affect their children?
5. Why do you think it is a good idea to promote parenting skills?
6. Why do mothers have different parenting skills?



This debate allows the instructor to clearly understand three basic elements:

- a) the facilitators' needs;
- b) why they want to work with the mothers;
- c) what their main concerns are.

Previously, during the phase of initial exploration (see the protocol for evaluation and follow-up) the similarities and differences between views of the facilitators and the mothers on the local realities and their perceived needs are contrasted. This is useful to define and reach a consensus about the programme objective, to orientate and adapt the contents of the activities and define the degree of mentoring for facilitators according to their level of experience, knowledge and attitudes.

### Exercise 2. Communicating the contents of sessions 1 to 5

To clearly explain the content of sessions – both in theoretical and practical terms – a mixed methodology is used, which combines the following techniques:

- **Discussions:** to explain session activity, describing in detail the main objective, the steps to carry it out, and the possibilities and challenges that it offers. Based on this, a dialogue is started with the professionals to discuss the possibility of implementing it in the local context and assess its usefulness.
- **Role-playing:** to demonstrate the session activity, we suggest that the facilitators carry out a role-play of the situation. Two people will play the roles of the facilitators, while the rest of the group will play the role of the mothers. In this way, the facilitators practice interacting with the group of women. Once the role-play is completed, those who played the role of mothers and those who played the role of facilitators analyse how they felt and discuss the usefulness of the activity and the impact it might have in their local context.
- **Learning from experience:** we have seen that it is sometimes a positive experience for the facilitators to carry out the session activities. In this regard, the facilitators experience what the mothers experience and can identify the best strategies to manage the session. However, this methodology requires that the facilitators describe to the group their own life experience; often the facilitators belong to the same community as the participants and have been equally affected by violence. At such times, this approach may not be possible and/or the circumstances

advise against it. In any case, we recommend analysing in detail the context and following some steps beforehand: a) explain to the facilitators the main objective of the activity and ensure that they agree with the procedure; b) remind them that it is voluntary and participatory training and that it is not necessary that all the facilitators carry out all the activities and that they can observe and learn from the contributions of their colleagues.

Every time that an activity is explained, three questions are asked:

- A. Do you think that the exercises enable the activity's main objective to be met?
- B. Do you think that the activity is useful as part of the overall process of the intervention?
- C. Does it seem to you that the activity includes elements that are not appropriate for mothers in this context?

The questions are key in order to adapt the activities to a particular context.

### Exercise 3. Theoretical training I

The theoretical training has been divided into two blocks that are conducted at different times: first, before the workshops begin and later during the programme. In our experience, we have observed that it is easier for facilitators to take on board theoretical concepts about parenting once they have – during at least a couple of sessions – experience of sharing the participating mothers' perceptions, dilemmas, worries and achievements. This experience allows them to associate practical examples from everyday life with the programme's theoretical concepts.

This first phase seeks to study and share the theoretical bases of:

**I. Parenting skills:** factors that facilitate, complicate or impede the development of parenting skills:

- Parents' childhood and family histories
- Cultural factors and beliefs
- Contextual factors: poverty, social exclusion, war
- Familial factors: marital/partner violence, familial dysfunction and crisis, inter-generational learning
- Personal factors: drug consumption, mental illness, disability





### II. Trauma: How violent contexts can affect mothers' parenting skills.

In the introduction to this manual, a general theoretical framework is described that includes these elements, but we recommend that instructors acquire deeper understanding of these elements through further reading.

### B. Facilitation strategies

#### **Objective:**

To teach and reinforce the basic skills for managing groups of women who have survived violence using an experiential and participatory approach.

#### **Exercise 4: Training in basic facilitation skills**

The main objective of the facilitator is to “guide” and “mentor” the group in their reflection, exchanges, questions, dilemmas and new discoveries. This means creating an appropriate space so that women can reach their own conclusions and the facilitators not imposing their own opinions.

To this end, if people are to be trained to facilitate workshop and guide the groups of mothers, we recommend that a session should be conducted beforehand, in which role-playing exercises dealing with group management are carried out, that aims to reinforce the following characteristics:

- **Listening skills:** the facilitator presents the exercises, listens to others, summarises what is said, if is not clear, and acts as an intermediary between whoever speaks and the rest of the group. The facilitators convey the message that “*here we understand you*”. They make the women feel that their feelings and opinions are valued and that in the group there is an authentic dialogue involving the exchange of information and suggestions.
- **Management skills:** let participants take turns, thank them for their contributions, control participants who monopolise speaking time or act as experts without confrontation and encourage the most shy mothers to contribute.
- Being **empathic and sensitive** when faced with the suffering of others: during the meetings, the mothers share their experiences and their life stories, often filled with struggles and achievements, but also injustice and suffering. The facilitator must be sufficiently sensitive to receive, digest and re-direct these experiences.

- **Summarizing skills:** sometimes it is useful, during the training sessions, to ask each facilitator to summarise the objectives of the work carried out in each session, in order to observe and reinforce their analytical skills and ability to summarise.
- Fully understand the **idea of the group:** to be clear about the reasons why the workshops are carried out, the main objective and therefore what is the most relevant information.

Other skills that could be useful for leading groups and that instructors should seek to improve are:

- During the periods of reflection and analysis, **the facilitator tries to maintain a “neutral” position**, neither judging nor blaming. Accusing leads to re-victimisation; not blaming promotes understanding and growth.
- **The ability to deal with different attitudes and behaviours.** The facilitators should try to ensure that all the participants respect one another and feel safe to speak openly. The facilitator’s job is mainly to explore, accompany the women and ask questions, without giving his/her opinion. The facilitators should treat all members equally, listening to and treating every participant with respect. Devoting time to gathering the experiences of every woman is important to help them reconstruct meaning, a shared vision and a sense of belonging.
- **Adapting to the women’s language and level of understanding.** The facilitators have to find different ways of explaining the same question to ensure that all participants understand it clearly. The facilitators should think through how to explain and say things before speaking to avoid using emotionally loaded or judgemental words and expressions that may offend the participants.
- **Patience and persistence.** Facilitators should not rush the process. The participants need time to accept and trust the group as a safe or protected space. It is therefore important to respect the silence of the women when they are unwilling or unable to share their experiences, while letting them know that the facilitator and the rest of participants are available to listen whenever they want to talk.
- **Using active listening skills.** The facilitators can use structured ways of listening and responding to the women, focusing on what they are saying by suspending judgement and avoiding their own internal mental “chatter”. This communicates the value of the women and their statements, and allows the facilitator to be less reactive and offer thoughtful and sensitive responses.



- **Basic acceptance of and respect for the women.** A fundamental acceptance of women who have survived violence involves acknowledging that their inappropriate and destructive behaviour can change, and accepting the women as people. The facilitators must express and show a genuine concern for the women to serve as a source of support and care that is always available, no matter what happens.
- **Confidentiality.** Women who suffer violence, especially at the hands of their loved ones, usually feel particularly betrayed. This can be addressed by ensuring privacy and loyalty. It is very important that the women know that what is said in the group will remain in the group and that it will not be shared with others.

### Exercise 5. Eight steps to lead the women's groups using an experiential and participatory approach

1. **Introduction.** The facilitator reminds the participants of the previous sessions' activities and describes the meeting's objective. The participants are reminded about the length of the session and the importance of taking part. In other words, all the mothers are equally involved, as everyone has knowledge and their contributions are important.
2. **Presenting the session topic.** The facilitator poses a question, which is generally open-ended and will enable him or her to assess what is the state of the group. For example, *"talking about and reflecting on the situations with our children that worry us most and how we can manage them is what brings us here today. Would anyone like to start?"* Subsequently, the facilitator describes the exercises that will form part of the session.
3. **Creating and maintaining a warm and understanding atmosphere of solidarity.** Faced with the mothers' contributions, it is important to maintain an empathetic and non-judgemental attitude.
4. **Validating emotions.** The methodology tries to prevent the mothers from feeling guilty, frustrated, dependent or incompetent. From the legitimisation of their life experiences, their battles, their strengths, their limitations, the mothers are encouraged to take active part, to be at the centre of this process, and, above all, to be the key to the changes they make. After the participants' contributions, the facilitators collect what has been shared and explain the emotions experienced. *"If I were in your situation... I would probably feel the same as you and I am sure that some of the mothers from the group felt the same".*

5. **Using questions to aid reflection.** When the participants are carrying out the proposed exercises, the facilitators pose questions that help the mothers to reflect on and understand more deeply the topic, and that enable the women to identify other scenarios, other explanations or alternative strategies when faced with the same situation. The objective is to mentor the participants during their discoveries and analysis.
6. **Providing key information.** Once the participants have developed and shared their reflections, the facilitators can direct the conversation a little more and add theoretical and practical information to complement the analysis. This information could refer to specific aspects of the topic (for example, the phases of child development, or the psycho-physiological effects of long-term exposure to stress) or to more general information, such as legal aspects or public services that exist to provide socio-economic support to women who are separated from their husbands.
7. **Explaining the reflections and opinions collected.** This point is key in order to build agreement and go over the session topics. The facilitator makes summary comments, such as, *“it seems that the majority think that...is it like that?”* or, *“so it seems that people expect that...the rest is more inclined to because...”* or, *“one could sum up your opinions as...”* or, *“have I left anything out”*, *“is there anything that requests a clarification?”* In summary, the group gives its approval to what the facilitator considers as the meeting’s “conclusions”, validating them as the mothers own, but drawn by the facilitator.
8. **Closing.** When each session is completed, it is possible to give a final summary of the work carried out and the conclusions. Thank the participants for their contributions and remind them of the day and time of their next meeting.

### Exercise 6. Practical aspects and organisation before starting the workshops

The instructor should ensure that **before the workshops start** the following aspects are clear:

- Read through the background document, “Presentation of the Workshop and the Workshop Programme” several times to familiarise himself/herself with it. Feel comfortable with the contents and the activities proposed, try to respond to them yourself, and think of the characteristics of the group with which you conduct the session.



- You will probably conduct the sessions with women from particularly vulnerable situations, who may have no formal education. Thus, it is likely that you will have to illustrate the contents by giving examples that are easy for participants to understand and relate to. This may require presenting some drawings or using other youth-friendly tools that will help them understand the topics.
- As some of the issues to be discussed are sensitive, we recommend that, if you find that any of the questions/activities need more explanation than what is available in the text, organise that information in advance to help you explain the questions.
- Also, some sessions deal with very sensitive topics and you may consider inviting another person who can provide additional support to some of the women after the session, or to invite the women to attend counselling sessions if needed.
- Remember to plan in detail how to allocate time during the session: define previously how long an introduction should be, how many questions should be asked, how many interventions would be expected as a minimum, how to ensure that all participants have a chance to express their views, how to wrap up the session, what will the participants get in return from the facilitator, how will you record all the interventions, who will take notes, etc.

### ***To prepare the group session:***

- Make sure that you can find a quiet and undisturbed place to meet with the participants. For example: a room where all the participants can sit in a circle, in the shade of a tree, away from noise or curious members of the public.
- Identify a co-facilitator or a helper, who will assist you in taking notes and recording the women's contributions.

### ***During the first session:***

- Explain the purpose of the group at the start and at the end, assure all participants that all personal data will be kept confidential and set the ground rules for the group.
- We advise playing a game to welcome the mothers, to encourage them to introduce themselves and to answer simple questions in order to get to know one another. Some questions could be:



What motivated you to come to this group? What would you like to learn from this group? Why do you think that other women did not want to come? These questions will lead to discussions about their motivations and expectations for taking part in the group.

- Make sure that, at the end, you restate the aim of the session and how the information that the participants have provided will be used. Give them a brief summary of the session, and share the outcomes and the plan for the following session with them.

### ***To make a report of each session:***

- Record the first name and age of each participant in your group session. You can use the “Registration Document” for each session.
- As soon as possible after conducting the session, write down your impressions (was there a good atmosphere in the group, were there many contradictory opinions, did everyone agree, did they all take part or did some of the women participate much more than others, was it an interesting or lively discussion or was it rather dull and hard to keep everybody’s participation). You may want to do this work with the co-facilitators.
- Try to keep your report to no more than 1-2 pages maximum

### **C. Personal impact**

#### **Objective:**

To bring up and analyse the personal responses that most people that work in the area of parenting tend to have.

#### **Exercise 6. The most common reaction among professionals that support women who have survived violence**

In our experience, it is common to find that people who work to improve the welfare of children, supporting the parent-child relationship, experience an immediate reaction and desire to protect young children from a parent who may not yet be meeting their emotional needs in a manner that seems appropriate. “How can she act like that?” is a frequent early response to observing an overly harsh or punitive parent.



This is an important point in facilitator training. The instructors can use some of the following questions to work on the memories and feelings that facilitators might experience during this type of mentoring:

- *How do you feel when faced with these situations as a professional?*
- *How do you manage all these feelings?*

The discussion is facilitated to increase the facilitators' ability to imagine how the mothers' childhoods may have been, enabling them to be more empathic with them during the workshops. If trainees can see these parents as persons whose needs were never met as children and understand their struggle, they can mentor parents' efforts to "work through" some of their past difficulties and meet their children's needs more effectively.

## 2. SECOND PHASE: FACILITATOR TRAINING AND MENTORING DURING THE PROGRAMME

**T**his second phase centres on mentoring the facilitators once they have carried out three or four sessions with the group of women. One way of understanding the impact that the experiences have had on the facilitators and to identify the elements that are working and those that require reinforcement is to administer an individual questionnaire with key questions on the process. The instructors can use the template that is attached as an annexe (I, page 61) or his/her own version.

This information is listed on a flipchart and presented to the group for discussion. This procedure has been very useful when adapting and organising support for the facilitators using the analysis of their own experiences.

### A. Theoretical framework and content of the activities

#### **Objectives:**

1. To revise the session that the facilitators have led during the first period (1 to 4 or 5).
2. To transfer the contents of sessions 6 to 11

3. To share the theoretical perspective on the elements of parenting skills: attachment, empathy, parenting models, the ability to become involved in social networks, and the capacity for resilience.

### **Exercise 7. Reviewing the group sessions conducted**

In order to carry out this review, a range of questions are used to analyse the experience and identify: a) how the activities have been carried out; b) the impact of the session on the mothers; and c) the facilitators have internalised the main idea of each intervention. Some useful questions for the discussion:

#### **Exercise 7. List of questions for reviewing each activity conducted:**

1. In your opinion, what is the main objective of this activity? Do you think that the objective of the session was achieved? What were the main difficulties?
2. What ideas were discussed/analysed during the session? What do the mothers think about the session when it ends?
3. Can you demonstrate briefly how you introduced and carried out the activity?
4. Do you think that this activity has been useful for the participants? Why or why not?
5. Do you think that the session has had a positive impact? Why? Or a negative impact? Why?



Take around three to four working days to review the five sessions and keep giving answers to the questions that come up during the discussion with the facilitators.

### **Exercise 8. Communicating the contents of sessions 6 to 11**

To disseminate sessions 6 to 11 same methods described in the first phase are used.

### **Exercise 9. Theoretical training II**

In the second phase, in order to understand the session objectives, their usefulness and the process in which they are integrated, the following elements of parenting skills are to be discussed from a theoretical point of view:

- The ability to offer and secure connections and attachment
- Empathy
- Parenting models: structure and effectiveness
- Ability to be part of social networks
- Capacity for resilience

## **B. Facilitation strategies**

### **Objectives:**

1. To analyse the characteristics of the group and identify the challenges involved in managing the group members' different attitudes and behaviours.
2. To explore the facilitation strategies that are used and to complement them with other that could be useful.

### **Exercise 10. What kind of group are we facilitating?**

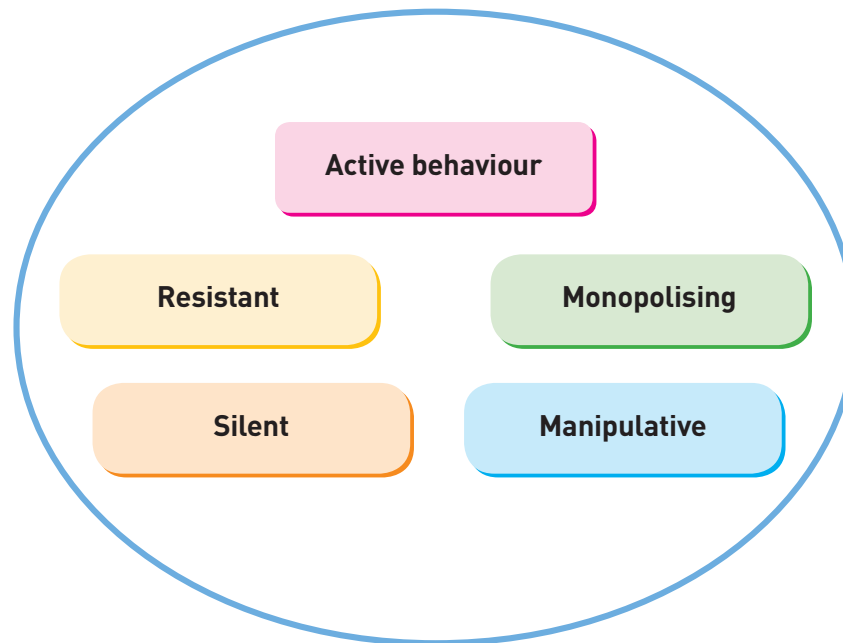
The facilitators have to do several things simultaneously while a session is running: they have to observe, notice and respond to issues concerning the group as a whole and also attend to group members' individual needs. This can be very demanding, so it is very important that facilitators understand clearly their style, strategies, emotions, limitations and strengths during the sessions.



This exercise aims to identify several challenges linked to working with the women's group, regarding their behaviours and attitudes during the sessions. To do so, the facilitators are asked to organise (or distribute) the participants in one of five categories according to their participation and attitude during the workshop sessions:

- a) Resistant
- b) Monopolising behaviour
- c) Withdrawing into silence
- d) Manipulative behaviour
- e) Active behaviour

To do so, the facilitators can write the names of the participants in a silhouette and organise the information on a flipchart in the following way:



## 2. SECOND PHASE: FACILITATOR TRAINING AND MENTORING DURING THE PROGRAMME

Subsequently, the instructor focuses on the following aspects:

- a) Using the “overview” of the group characteristics and the women’s involvement that has been generated, reflect on the facilitators’ group management strategies and the possibilities of incorporating new techniques if needed. For example, if in a group there are many women who take active part, share their experiences and put forward their thoughts we can say the group can be managed fluidly. However, it could be that in the same group there are many participants that tend to monopolise the discussion and/or manipulate the comments and opinions of the others. In this case, the facilitators must think of specific strategies to resolve the situation.
- b) Reflect on the link that exists between the context in which the participants live and their behaviour during the group meetings.
- c) What personal resources do you think enable you to manage these situations?



## **C. Personal impact**

### **Objectives:**

1. To reflect on the experiences and emotions that the team members have when they carry out their facilitation role.
2. To offer support to the facilitators in order to be able to constructively manage the common reactions that they have while working with the mothers.
3. To discuss and share the emotions that the facilitators experience while working with the women, particularly with regarding their role as mothers.
4. To offer support to the emotions that the facilitators experience in their role as mothers.

### **Exercise 11. Analysis of the facilitators' emotions and experiences I**

There are many varied experiences and emotions that the facilitators might have when they lead the groups. In our experience, these are some of the most common experiences and emotions:

- a) The facilitators experience very strong feelings of helplessness and frustration about the mothers' difficulties in looking after and protecting their children and want to "rescue" the child from the family situation<sup>3</sup>.
- b) The facilitators feel overwhelmed or inhibited by the circumstances in which women live and tend to think that family conflicts are private matters. When this happens, the facilitators will not question any of the mothers' actions.
- c) The facilitators seem arrogant ("I do it right" attitude) and forget the conditions in which the mothers live and how they struggle to be good parents.
- d) The facilitators do not feel capable of managing the group and they cannot recognise their own personal and professional abilities as facilitators, which can prevent them from applying these skills during the intervention.

3 - This is one of the most common reactions, as the literature suggests, and for this reason it is discussed in the first phase with the intention of pre-inscribing the reaction so that the facilitators were better prepared.

To mentor the facilitators in managing these emotions, we propose the following activity. Each facilitator receives a card (annexe II, page 62) on which several drawings represent a large variety of experiences. Each facilitator is asked to identify two or three experiences that reflect her/his role as a facilitator while working with the mothers' group. At this time they are offered the opportunity to present these to the group and explain why they have selected these drawings. Group discussion is encouraged.

Next, another card is handed out (annexe III, page 63) on which there are different faces that demonstrate particular emotions. Each facilitator is asked to choose the emotions that he or she mainly feels during his/her work as a facilitator (they can choose at most two or three emotions). As in the previous step, once the facilitators have carried this out individually, they can share the selected emotions and their reasons for choosing them with the rest of the group.

### **Exercise 12. The wheel of emotions and reactions during group facilitation**

During this exercise, the facilitators are reminded that frustration is one of the emotions that they may experience most frequently. Faced with situation of mothers affected by violent situations who cannot always look after their children, one can end up wondering, "how can a mother act like that with her child?". This exercise presents the following steps:

- a) With the help of the wheel of emotions and reactions (annexe IV, page 64), the instructor explains that feeling frustration while working with the mothers as a facilitator could also bring a series of reactions, such as, for example: "to tell the mothers what they should do"; or, "to point out to the mothers what they are doing wrong". The described reactions are listed in the second diagram, using the same colour that corresponds to the reaction.
- b) Subsequently, the facilitators are asked to share an example of when they have experienced this emotion and have had a similar reaction to those described. They can describe it using a role-play in which one person plays the facilitator and the others play the participants.
- c) Through this representation the emotions of those who play the mothers can be analysed and it can be connected with the wheel: "how would the mothers feel if faced with this reaction? What can cause these reactions in the group? Some of the most frequent responses:

- Make the mothers' more defensive
- The mothers feel questioned in their role as mothers
- The mothers do not feel capable of being good mothers

d) Follow the wheel in order to see possible alternatives for the facilitators in these situations. Together, the participants have to reply to the following question: "What can we do?" Some of the most frequent responses include:

- Observing and being aware of our emotions
- Trying to intervene in terms of what the mothers need and not to react to our own emotions

e) The instructor ends the exercise by reinforcing the importance of awareness during these interventions.

### **Exercise 13. Analysis of the mothers' emotions and experiences I**

It is a well-known fact, already described in this manual, that the facilitators who are also mothers reflect on and discuss parenting skills: what does being a mother mean? What are the characteristics of mothers? What emotions do mothers feel towards their children? What might their children feel towards them? Normally these mothers also begin to question themselves and experience varied – sometimes unpleasant – emotions.

Sometimes, the facilitators start to critically assess their own practices and identify instances of bad practice. The facilitators tend to confuse specific moments when they have lost control with their children, with genuine "difficulties" of bringing up children. In this sense, the facilitators can feel a sense of self-identification with the participating women and tend to compare their particular practices with the "systematic" difficulties that mothers have in looking after their children.

To be able to discuss this aspect the following exercise is proposed:

- a) Firstly, the facilitators choose two or three emotions from the card (annexe III, page 63), that they have experienced in their role as mothers. Once they have identified the emotions, it is suggested that they share them with the group and that the group discussion starts.

- b) In the previous activity, positive emotions linked to their role as mothers can emerge but they can also list emotions related to self-criticism or feelings that they neglected their children. The latter possibility offers two great opportunities: first, to help to increase the facilitators' awareness of the own mothering practices, being able to reinforce their parenting skills. Second, to reinforce the idea that with this experience of self-criticism, they have the opportunity to understand better the process of self-critique that the mothers who take part in the group experience. They will therefore have a greater capacity to support them and minimise any negative effects.
- c) In order to support the facilitators when facing the emotions that the previous activities provoke and to be able to take advantage of the described opportunities, the discussion can be directed towards meeting the following objectives:
  - To reinforce whatever emotions they have experienced that make them feel proud of their role as mothers.
  - To normalise their self-questioning and help them to exonerate themselves when they have questions about their role as mothers :
    - To normalise self-questioning: anyone in their position would question their role as mothers and the “perfect mother” does not exist. Whenever a woman reflects on her role as a mother, she will think about what she would like to have done differently with her own children.
    - To exonerate themselves: understand and support the facilitators in their self-reflection and convey the idea that they surely did all they could with what they had and what they knew at that time.
- d) Lead the facilitators to differentiate the occasional difficulties that they have experienced as mothers from the systematic and pervasive difficulties of the mothers who take part in the workshops. Facilitators can start to compare the occasional times when they were overwhelmed, felt tension, or even used physical discipline on their children with the more severe and systematic difficulties of the mothers whom they are supporting to help them to take care of their children.

- e) Strengthen the idea that the process of self-questioning is a new tool that will permit them to have a greater understanding of and empathy towards the personal processes that the mothers in the group experience. They will therefore be capable of communicating their understanding and minimizing such feelings among the mothers.

## 3. THIRD PHASE: TRAINING AND MENTORING THE FACILITATORS AFTER THE WORKSHOPS

### A. Theoretical framework and content of the activities

#### **Objectives:**

1. To review the sessions that the facilitators have led during the second period of the programme.
2. To link theory and practice and reflect on the overall approach of the intervention.

#### **Exercise 14. Revision the completed group sessions**

The third phase takes place after the facilitators have completed the workshop programme, including sessions 6 to 11. To review the latter half of the programme, the same set of questions is used as in the second phase (see exercise 7, page 49).

#### **Exercise 15. Overall approach: reviewing theory and practice**

Reflecting on theory in this third phase centres on:

- a) Recalling the theoretical elements presented in the previous phases, reinforcing them and linking them to the facilitators' practical experience during the sessions.
- b) Putting emphasis on the continual therapeutic process that the programme of workshops promotes among the participating mothers. This idea can be reinforced by explaining the therapeutic phases and support for participants (see: "Workshop programme process", page 108).





#### **B. Facilitation strategies**

##### **Objective:**

To review the group management strategies used during the last sessions of the workshop programme and to analyse the changes in relation to the start of the programme.

##### **Exercise 16. Reviewing the group management strategies: achievements and challenges**

One way of evaluating the development of group leadership is to analyse the extent to which the participants are involved themselves in the activities. In other words, to what extent they have taken ownership of the process or else seen it as an external activity and taken part passively.

The objective of this exercise is to review the group leadership strategies that they have used during the programme, identifying the achievements and future challenges. In order to be able to compare previous instances in the programme, the same activity that was carried out in phase two is repeated: Exercise 10. What kind of group are we facilitating? The facilitators are asked once again to divide the names of the participants across five categories that correspond with their participation in and contributions to the workshop.

Once all the information is recorded on the flipchart, the instructor can take the results from exercise 10, that was carried out previously and compare the differences or similarities between these two instances. The information can be arranged in a table such as this one:

| LEVEL OF IMPLICATION     | After 4 months... | After one year... |
|--------------------------|-------------------|-------------------|
|                          | Group A           | Group A           |
| Active behaviour         |                   |                   |
| Monopolising behaviour   |                   |                   |
| Withdrawing into silence |                   |                   |
| Manipulative behaviour   |                   |                   |
| Resistant                |                   |                   |



Next, a group discussion is started. Some of the following questions can be used to promote discussion:

- a) What are the most significant changes that have been observed?
- b) What do you think has caused these changes?
- c) Which strategies were useful when mentoring the mothers that showed a “defensive” attitude when faced with certain activities? ...and when mentoring the mothers that tended to monopolise conversations? ...and those that manipulated the others’ comments?
- d) Which leadership strategies were not useful and would not be useful for future groups?
- e) What are the personal resources which you think have enabled you to manage these situations?

By the end of the workshop, it would be good if the facilitators could collect a list of the personal resources and skills that they have used during the workshops with the mothers.

### **C. Personal impact**

#### **Objectives:**

- 1. To reflect on the shared experiences and emotions that the facilitators have experienced during the second section of the workshop.
- 2. To discuss and share the emotions that the facilitators have experienced in terms of the role as mothers during this phase of the interventions.
- 3. To offer emotional support to the facilitators both in terms of their role as a facilitator and as a mother.
- 4. To wrap up the process of facilitator mentoring.

#### **Exercise 17. Analysis of the facilitators’ emotions and experiences II**

The same activity about emotions and experiences in facilitation (exercise 11 from phase 2), but the facilitators are asked to focus on the second section of the workshop programme.

#### **Exercise 18. Analysis of the mothers’ emotions and experiences II**

This exercise is conducted in the same way as in the second phase (exercise 13), but now the facilitators focus on the emotions that they have experienced in their role as mothers during the final section of the programme.

#### Exercise 19. Personal changes

For this exercise, the instructors select the responses to exercises 17 and 18 and propose that the group begins a discussion to analyse the differences between how facilitators felt in the middle and at the end of the workshop. During the discussion, pay special attention to:

- a) Reinforcing the positive changes that the facilitators have experienced and emphasising that they are part of a normal process for anyone who analyses parenting skills and supports mothers who have been the victims of violence.
- b) Detecting the strategies that they have learnt in order to manage the frustration that they can feel when facilitating the mothers' groups.
- c) Recalling the differences between the situations that the facilitators might have experienced and the opportunities that they have had to gain parenting skills, and the difficult situations that the participating mothers have experienced. This distinction is useful so that the facilitators do not confuse their occasional difficulties when caring for their children and the systematic difficulties that the participating mothers experience. This distinction helps to reinforce the facilitators' ability to mentor the mothers' personal development.

#### Exercise 20. Closing the process of facilitator training and mentoring

To wrap-up the process of training and mentoring that has been carried in the three phases, we propose the following exercise:

- a) Each facilitator is asked to write three positive attributes of their fellow facilitators on a small piece of paper. The attributes should relate to the women as persons, as facilitators and as mothers. On the other side, they should write the name of the person.
- b) Once the individual work is completed, a coloured piece of card with their name on it will be given to each facilitator.
- c) At this time, each facilitator will be asked to give her descriptions to each member of the group and, before handing it over, to read it out to the rest of the group.
- d) Each member of the team should stick the pieces of paper that they receive to their own coloured card.
- e) The exercise will be completed when every person has her own coloured card with all her qualities as a person, a facilitator and a mother.



## 4. ANNEXES

### Annexe I. Questionnaire for facilitators. What has been done so far?

| Code | Question  |
|------|---|
| 1    | My objective as a facilitator is...   |
| 1    | During the facilitation of sessions, I have been very good at...                      |
| 5    | My favourite session was... Because...  |
| 5    | My less favourite session was... Because...   |
| 1    | During the past months as a facilitator, I feel I have improved:                      |
| 1    | As a facilitator, I would like to improve:  |
| 2    | During the workshops I felt:<br>1. Two positive feelings: / 2. Two negative feelings: |
| 4    | Something unexpected that happened during the sessions:                               |
| 5    | A situation that was difficult or a challenge to manage:                              |
| 3    | Write one aspect of the mothers' resilience:  |
| 3    | Write one aspect of the mothers' vulnerability:                                       |
| 4    | One practical issue you would like to discuss:  |

Once the facilitators have answered all the questions, the replies are summarised and organised in five areas for analysis:

Code 1: The facilitator's style and the strategies employed.

Code 2: Personal feelings.

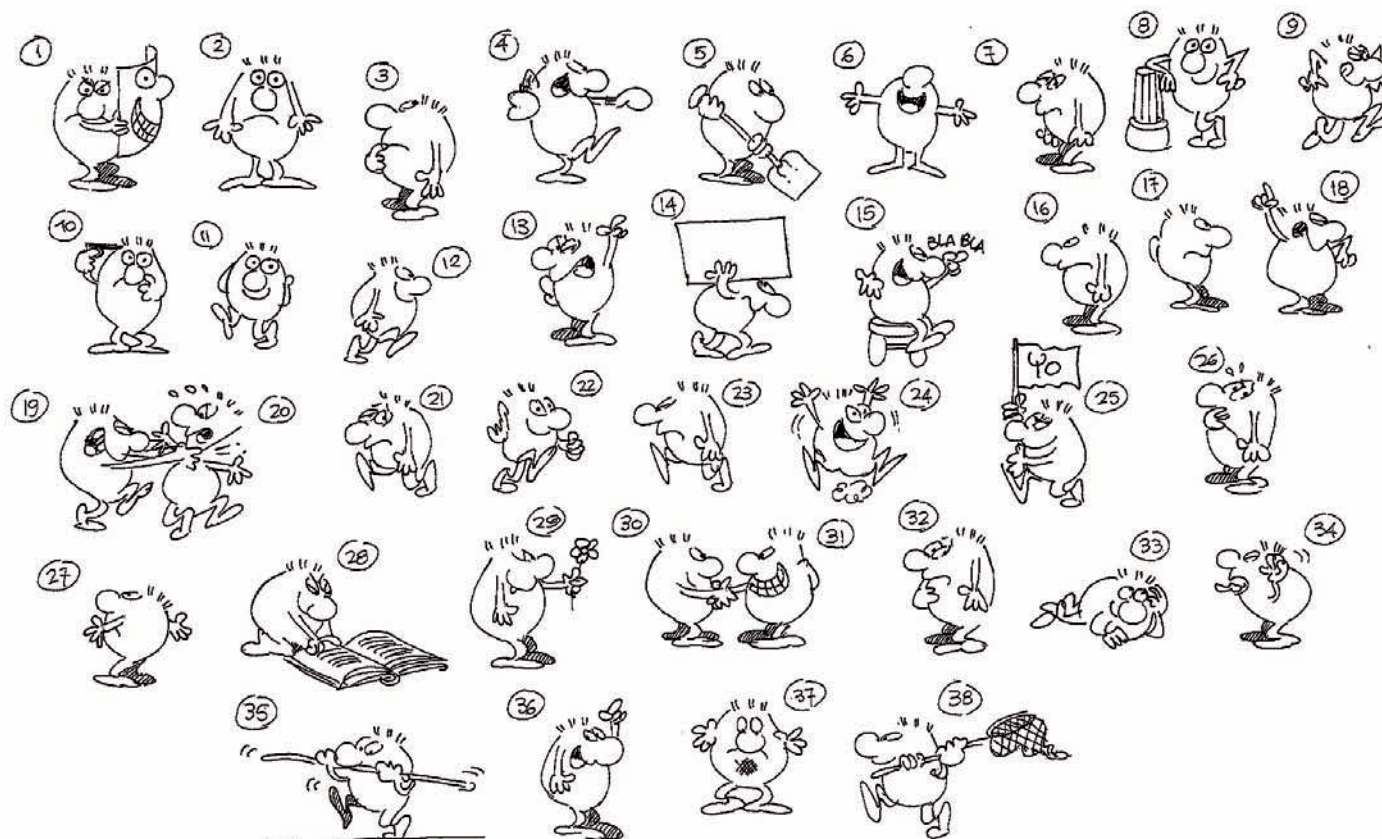
Code 3: The contributions of the participating mothers.

Code 4: Practical aspects.

Code 5: The content of the activities.



## Annexe II. Personal Characteristics<sup>4</sup>



4 - Adapted from "Taller Mirando mi árbol". Fundación Integra. [www.integra.cl](http://www.integra.cl).

**Annexe III. Emotions<sup>5</sup>**



5- Adapted from Mitlin, M., (1998). Emotional bingo. Los Angeles: WPS Publishers.

### Annexe IV. The wheel of emotions and reactions during group facilitation.

Diagram 1.

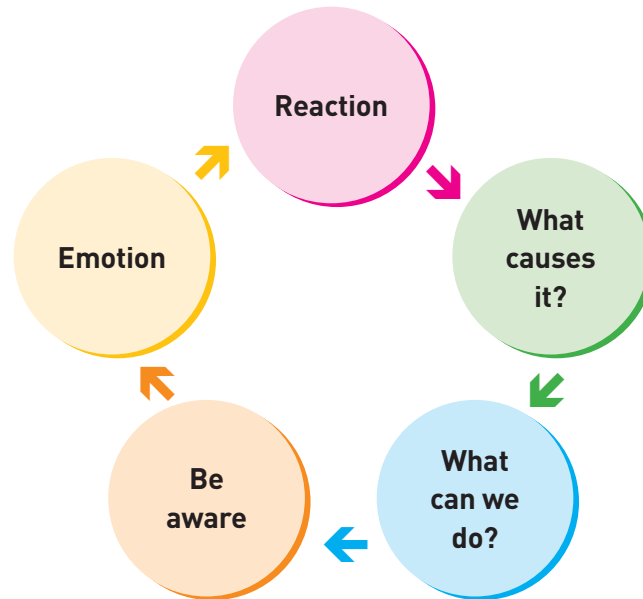


Diagram 2.

#### Possible reaction of the facilitators:

- To say what mothers "should do"
- Indicate what mothers are doing wrong

#### What can cause these reactions in the group?

- Increase the mothers' defenses
- That mothers feel questioned their role as a mother
- That mothers feel they are not able to be a mother

#### What could the facilitators do in these situations?

- Observe and be aware of our emotions
- Try to intervene on what the mothers need and not to react to their own emotions

# PART I. THEORETICAL FOUNDATIONS, FACILITATOR TRAINING, AND EVALUATION PROTOCOL

## CHAPTER FOUR - **PROGRAMME FOLLOW-UP AND EVALUATION**





# INTRODUCTION

**P**rogramme evaluation is the only tool available that enables us to learn from daily practice and to improve our interventions. For that reason, evaluation is, above all, a learning tool. In this chapter, we describe a model to evaluate the impact of this programme on the people involved: both the mothers who took part in the sessions and the facilitators who led the workshops.

## Measuring resilience: some challenges

The main aim of this programme is to support and encourage parenting skills and the resilience of mothers who have survived violence and who experience difficulties bringing up their children. Evaluating the impact of such a programme, especially if it promotes resilience, is not an easy task. We can raise at least three controversial aspects:

- **The context in which the programme is implemented.** In this type of programme, we work with people in real life contexts. There are no laboratories or experimental conditions. In most cases, the practicalities of longitudinal follow-up are complex. Nor are there any control groups with a sample of community members taking part in the programme to compare with those who are not involved. Because we work in real life contexts, there are many factors that we cannot control; so, how can we directly attribute the perceived changes to our intervention?
- **The multi-faced and dynamic nature of the concept that we want to evaluate.** What does it mean to be a resilient woman after experiencing violence? In Nepal, when a woman who is a victim of domestic violence wants a divorce from her husband, she faces enormous social pressure. Society often blames her, regards her as a «disgrace» and as responsible for breaking up the family. Moreover, economic dependence on men makes it almost impossible for women, unless they have strong family resources. Given this situation, most women choose to continue living with their husbands, even though it is a threat to their health or that of their children. It is not a question of fear, but rather of avoiding a greater evil. Sometimes social exclusion is worse than having to adopt protective strategies and staying with one's husband. So, which woman is more resilient: the woman who chooses to stay, despite the high costs, or the woman who chooses to leave, sometimes with a perceived higher cost?

- Additionally, not all the women who take part in the workshop have lived through the same experiences and have suffered the same, or have the same capabilities or resources. Some women have been «rejected by their husbands» and forced to leave the family home, others have suffered severe domestic violence, other women have been victims of sex trafficking, and others have been affected by political violence (forced migration, guerrilla attacks etc.). In other words, **each woman has her own story, her own resources and vulnerabilities**. And so, how can the changes (presumably due to their participation in the programme) be compared if the women do not start from the same level?

These aspects however do not mean that it is not possible to identify the impact of the intervention and especially why some things work and others do not. It means that, at least in our experience, the evaluation of this type of interventions has to take into consideration three principles:

- Rather than measuring whether women are more or less resilient before and after they take part in the programme, we propose identifying «**behaviours, perceptions and attitudes**» that are sensitive to change and that are to relate to constructive strategies to continue in their parenting role.
- **To consider «individual goals»** for every woman who takes part in the workshop. It may not be necessary to explicitly define individual objectives (which is difficult in practice), but to consider each woman's individual and unique life history when analysing the impact of the workshop programme.
- **The focus of the evaluation is the process**, not only the result. What we want to measure is not only the final results, in terms of behaviour change (e.g. no longer physically punishing a child), but the process, which is related to changes in attitudes (for instance, the mothers are able to link their personal experiences of violence to their current moments of distress), the mothers' self-perceptions (as strong women and survivors, not only as victims) and the perceptions of others. This is because, in our experience, working to promote resilience does not mean teaching mothers how/and why not to physically punish their children when

they feel irritated. Working to promote resilience involves mentoring mothers, understanding their life stories, listening to their opinions and supporting them to make changes when they feel stronger and more able to manage stressful situations with their children. The process itself is the most important as an element of empowerment. This means that all activities and actions that increase the mothers' development of their own resources and minimise feelings of powerless and vulnerability will be key factors in supporting mother to positively cope with their children.

# 1. EVALUATION PROTOCOL

## 1.1 What will be evaluated? Objectives and expected results

**T**able 1 contains the Protocol for Programme Evaluation. The design of the evaluation is based on the objectives of the programme and the desired results. These objectives can be divided into two areas for evaluation:

- a) Objectives linked to the facilitators and/or volunteers that are put forward to lead the workshops. In this section, we attempt to measure to what extent the programme has affected: a) the theoretical and practical knowledge about parenting skills; b) group facilitation strategies; and c) their personal development.
- b) Objectives related to the workshop participants. We will attempt to measure the extent to which, among the mothers, certain attitudes, perceptions and behaviours towards their children have changed.

Starting from the definition of these objectives, a system of indicators has been designed to evaluate the extent to which these objectives are met.

This system includes:

- **Impact measures:** The issues to be assessed, in terms of effectiveness, include to what extent the objectives of the workshop programme have been achieved, and the difference that has been made in practice. Specifically, indicators of impact aim to monitor the positive and negative, primary and secondary long-term changes/effects caused by the programme, directly or indirectly, intended or unintended.
- **Process measures:** In terms of process, the issues to be addressed are how the activities have been performed according to the programme plan.
- **Satisfaction measures:** The issues of satisfaction to be addressed are the participants' subjective perceptions of the benefits of the workshop, their perceptions of its usefulness, and the level to which their expectations and needs are met.

### In our experience...

At times, evaluation can take on a life of its own. During programme implementation in the Surkhet Region, together with the research-action team from the local NGO Aawaaj, the group of researchers and the authors of this manual were tempted to think that more and more data were needed to understand the main objective of the programme and its subsequent impact. We began with an evaluation plan with ten main objectives, 15 impact indicators and 13 questionnaires. When the “initial diagnosis” ended, the research team was tired (almost as tired as the participants) and faced with an enormous amount of information that could not be analysed due to lack of time and also because, as we realised later, the data were also much less relevant than we had thought. This experience illustrated how overly complicated evaluation design with excessively complicated tools can be a waste of resources. The simpler, the better.



### **1.2. Sources of information: facilitators, participants and their children**

To evaluate the impact of the programme, the observations, opinions and perceptions of the facilitators, the participants and their children are all considered. Using three sources of information enables the reduction of bias that might result from the subjective opinions of people involved in the programme, when the information is compared, and, if desired, a triangulation table is drawn.

### **1.3. Data collection tools and instruments**

The data collection tools used are: focus group discussion, individual semi-structured interviews and questionnaires. Some of the questionnaires have been adapted from standardised instruments and others, the majority, were designed specifically for the evaluation of this programme. The instruments used in the evaluation are included in the Indicator System (Annexe VI, page 78).

At times, the women who take part in this programme have a basic education and are not very familiar with technical language. Therefore, the questionnaires have been designed or adapted to be used with participants who have basic reading and writing skills. Mostly, the questionnaires were designed as practical exercises involving imagination, role-playing or expressive activities to facilitate understanding and enjoyment. Some of the questionnaires are long and take approximately one hour to administer. The time required to administer the questionnaires also depends on the level and quality of adaptation to the context and respondents' level of education and understanding.

We recommend that the programme implementers always carry out a second revision of these instruments prior to using them, and that they adapt them both, in terms of form (language) and content to the particular context.

**Table 4. Characteristics of the questionnaires.**

| Theme   | Questionnaires  | Duration        | Completed                  | Location            |
|---|---|-----------------|----------------------------|---------------------|
| <b>Personal information</b>                     | <ul style="list-style-type: none"> <li>General and personal Information</li> </ul>  | 30´             | Participants               | Participants' homes |
| <b>Psychosocial context</b>                     | <ul style="list-style-type: none"> <li>Perceived family problems</li> <li>Social network diagram</li> </ul>   | 30´<br>30´      |                            |                     |
| <b>Impact of violence</b>                       | <ul style="list-style-type: none"> <li>Life story questionnaire</li> </ul>  | 1h              |                            |                     |
| <b>Mother-child relationship</b>                | <ul style="list-style-type: none"> <li>Participants' emotions about their children</li> <li>Personal characteristics as mothers</li> <li>Questionnaire of perceived responsibility</li> </ul> | 30´<br>1h<br>1h | Facilitators               | In the NGO          |
|   | <ul style="list-style-type: none"> <li>Facilitators' baseline questionnaire</li> <li>Questionnaire: observed parenting practices</li> </ul>   | 1h              |                            |                     |
|   | <ul style="list-style-type: none"> <li>Children's perception of family relationships</li> <li>Questionnaire of perceived responsibility</li> </ul>  | 1h 30´          | Children                   | Family home         |
| <b>Satisfaction with the workshop programme</b> | <ul style="list-style-type: none"> <li>Participants evaluation questionnaire</li> <li>Facilitators evaluation questionnaire</li> </ul>  | 1h              | Participants, Facilitators | In the NGO          |
| <b>Carrying out the workshop programme</b>      | <ul style="list-style-type: none"> <li>Template for session registration</li> </ul>   | 1h              | Facilitators               | In the NGO          |

In case of the questionnaires administered to children, we suggest that they are accompanied with recreational activities, so that their experience is more pleasurable.



### 1.4. Procedure

The programme evaluation is divided into three phases:

#### **Phase I. Understanding the context and forming a baseline**

This phase involves all the activities that aim to learn from the context where the programme will be carried out and describe an initial profile.

First, group interviews are carried out with the facilitators with the objective of collecting information on: a) the knowledge of parenting skills and the situations of the women who will take part in the programme; b) the theoretical and practical knowledge of group leadership strategies using an experiential and participatory approach; and c) their opinions about the importance of and reasons for carrying out a programme of this type.

Second, a group discussion will be carried out with the participants. To lead this discussion, the list of questions from the psycho-social questionnaire can be used.

Next, the individual interviews with mothers who have decided to take part in the workshop programme are carried out. During these interviews, the mothers are assisted to complete the questionnaires designed to collect information on: a) their situation and the challenges faced in raising their children; b) the impact of violence on their parenting practices; c) their perception of community support; and d) their expectations regarding taking part in the workshop programme.

Lastly, interviews with the participants' children are carried out. The aim is to understand how the children represent the family dynamics, their perceptions of the problems and difficulties with regard to their carer and their views about their experiences of violence.

#### **Phase I. Understanding the context and forming a baseline**

| <b>Activity</b>                        | <b>Questionnaires</b>  |
|--|--|
| 1. Group interviews with facilitators  | Facilitators baseline questionnaire<br>Questionnaire of parenting practices-observed behaviour |
| 2. Group discussions with participants | Psychosocial questionnaire   |

| Phase I. Understanding the context and forming a baseline |  |
|---|--|
| 3. Individual interview with participants                 | General personal information<br>Perceptions of family problems<br>Life story questionnaire<br>Participants' emotions towards their children<br>Questionnaire of perceived responsibility<br>Social network diagram |
| 4. Individual interviews with children                    | Children's perception of family relationships<br>Questionnaire of perceived responsibility   |

All of the collected information is organised in a database that will be later analysed using data analysis tools or the available statistics package. Once this information is collected and analysed, and the contents of the workshop programme adapted to the context, the programme can be started.

**Phase II. Recording and organising the process during the workshop programme**

Following up on the sessions is a key part of evaluating this workshop programme because it is what helps us to gather data on the process and to determine whether it is meeting the set objectives. For this reason, after each session, the facilitators complete a form that records the most relevant aspects of what has occurred during the session. The form included in the annexe can be used.

In parallel, halfway through the programme, we propose a couple of days' mentoring and support for facilitators. During these days, various theoretical aspects and practical aspects of workshop leadership will be addressed. At the same time, these days are useful to evaluate how the workshop is affecting the facilitators at a personal level, what challenges and/or difficulties they have encountered and what strategies they are using to meet these challenges. The support activities are described in chapter three. In terms of evaluation, this information allows us to measure the development of the facilitators' practices, and to mentor them with regard to the personal impact of the experience. Next, we present the information as it is described in chapter three.



### Phase II: Recording and organising the process during the workshop programme

| Activity  | Questionnaires   |
|---|--|
| 1. Recording and organising the sessions  | Template for session registration                                      |
| 2. Training and mentoring days for the facilitators during the workshop programme | ** All the exercises used during facilitators' training and mentoring. |

### Phase III: Assessing the impact of the programme

This final phase of evaluation is carried out once the programme is completed and focuses on identifying and organising the key elements that have enabled the generation of the empowerment process at both the individual and group level.

First, an individual interview is conducted with each of the participants in which most of the questions used in the baseline study are asked. A questionnaire that addresses the general assessment of the experience and their level of satisfaction with the programme, the group and the facilitation is also administered. Second, an individual interview is conducted with the children in which a questionnaire on the perceptions of changes in family routines and dynamics is administered. Finally, the facilitators complete two instruments individually: a) on the assessment and observation of the changes that the participants have experienced; and b) regarding their personal assessment of the experience.

### Phase III: Assessing the impact of the programme

| Activity                                  | Questionnaires   |
|---|--|
| 1. Individual interview with participants | Participants evaluation questionnaire<br>Perceptions of family problems<br>Participants' emotions towards their children<br>Worksheet 2: Personal characteristics as mothers |
| 2. Individual interview with children     | Children evaluation questionnaire  |
| 3. Individual interview with facilitators | Facilitators' evaluation questionnaire<br>Questionnaire of parenting practices-observed behaviour  |



## 2. ANNEXES

### Annexe V. Evaluation protocol for the workshop programme: “Promoting parenting skills and resilient resources among women who have survived violence”

**Overall goal** - Strengthening competence as parents, and strengthening the resilience resources of women who have survived violence, in order to encourage good interactions with their children.

#### Indicators regarding facilitators that lead the workshops

| Objectives  | Expected Results  | Indicators   | Sources of Verification  |
|---|---|--|--|
| <b>Increasing theoretical and practical knowledge</b>           | The facilitators acquire extensive knowledge about how to support the parenting skills of mothers who have survived violence.                 | <ul style="list-style-type: none"> <li>• The number of facilitators that attend and complete the training and mentoring during the workshop programme.</li> <li>• The number of facilitators that show extensive knowledge of the parenting skills of women who have survived violence.</li> </ul> | <ul style="list-style-type: none"> <li>• Facilitators’ baseline questionnaire.</li> <li>• Facilitators’ evaluation questionnaire.</li> </ul> |
| <b>Reinforcing and increasing group facilitation strategies</b> | The facilitators acquire new strategies for leading groups using an experiential and participative approach.                                  | <ul style="list-style-type: none"> <li>• The number of facilitators that gain strategies for group leadership based on an experiential and participatory approach.</li> </ul>  | <ul style="list-style-type: none"> <li>• Facilitators’ baseline questionnaire.</li> <li>• Facilitators’ evaluation questionnaire.</li> </ul> |
| <b>Mentoring the personal impact of workshop facilitation</b>   | The facilitators will review their own parenting practices, identifying and reinforcing their own resources and reducing their vulnerability. | <ul style="list-style-type: none"> <li>• The number of facilitators that show a change in parenting perceptions and practices.</li> </ul>  | <ul style="list-style-type: none"> <li>• “Personal Characteristics” worksheet at baseline and after the workshop programme.</li> </ul>       |



### Indicators regarding participants

| Objectives  | Expected Results   | Indicators  | Sources of Verification   |
|---|--|---|---|
| <p><b>Validation of participants' feelings</b></p> <p>Create an affection and structured atmosphere that means the mothers are well treated.</p>  | <p><b>Expected results 1.</b></p> <p>An environment of trust and respect is created for caregivers to share their experiences, worries and ideas about their parenting challenges.</p> | <ul style="list-style-type: none"> <li>• The number of participants who attend the workshop.</li> <li>• The number of participant that dropped-out of the programme.</li> <li>• The number of participants who actively take part in the sessions and share their worries, problems and proposed solutions to others.</li> <li>• The number of women who report satisfaction and feel respected during the workshop.</li> </ul> | <ul style="list-style-type: none"> <li>• Individual evaluation questionnaire.</li> <li>• Session registration forms.</li> <li>• Facilitator evaluation questionnaire.</li> </ul>  |
| <p><b>Self-confidence</b></p> <p>Reflecting on the perception that participants have of their children's behaviour and feelings, and the image they have of their own resources and vulnerabilities.</p>  | <p><b>Expected result 2.</b></p> <p>Caregivers increase their capacity for identifying their own strength and vulnerabilities in rearing their children.</p>                           | <ul style="list-style-type: none"> <li>• The number of women who identify their personal resources and vulnerabilities in their parenting practices.</li> </ul>   | <ul style="list-style-type: none"> <li>• Template Session 2- Mothers' emotions towards their children.</li> <li>• Individual evaluation questionnaire.</li> </ul>   |
| <p><b>Understanding the impact of violence</b></p> <p>Encouraging participants to reach a level of awareness of how their different experiences of violence and stress, either previous or present, affect their interaction with their children.</p> | <p><b>Expected result 3.</b></p> <p>Caregivers understand the impact of past violence on their current parenting abilities.</p>  | <ul style="list-style-type: none"> <li>• The numbers of participants who associate their past experience of violence with their current explosions of rage towards their children.</li> </ul>   | <ul style="list-style-type: none"> <li>• Questionnaire - Perception of responsibility about children's suffering.</li> <li>• Individual evaluation questionnaire.</li> <li>• Facilitators' evaluation questionnaire.</li> </ul> |

| Objectives   | Expected Results   | Indicators  | Sources of Verification   |
|--|--|---|---|
| <p><b>Understanding children's feelings</b></p> <p>Increase their capacity for self-awareness and awareness of their emotions towards their children, specifically during those moments when they lose control.</p>  | <p><b>Expected result 4.</b></p> <p>Caregivers increase their understanding of and sensitivity towards their children's actions, communication, feelings, and needs (understand the normative and adaptive nature of their children's behaviour in response to violence).</p>  | <ul style="list-style-type: none"> <li>• The number of participants who report increased understanding of the intentions behind their children's actions.</li> <li>• The number of participants who perceive their children as independent individuals with their own feelings, emotions and thoughts.</li> <li>• The number of participants who spend more leisure time with their children.</li> </ul>                                  | <ul style="list-style-type: none"> <li>• Session registration forms.</li> <li>• Mother/children's questionnaire-perceptions of the mother-child relationship.</li> <li>• Facilitators' evaluation questionnaire.</li> </ul>     |
| <p><b>Increased self-control</b></p> <p>Increasing their capacity for self-awareness and awareness of their emotions towards their children, specifically those moments where they lose control.</p> <p>Strengthen the development of strategies, based on positive interactions, for the resolution of conflict and management of situations of stress.</p> | <p><b>Expected result 5.</b></p> <p>Caregivers increase their capacity for self-awareness and awareness of their emotions towards their children, specifically those moments when they lose control.</p> <p><b>Expected result 6.</b></p> <p>Caregivers reinforce and increase the development of strategies, based on positive interactions, for the resolution of conflict and management of situations of stress.</p> | <ul style="list-style-type: none"> <li>• The number of caregivers who notice their own reactions during stressful situations with their children.</li> <li>• The number of participants who report an increased use of constructive strategies to calm their children in moments of distress.</li> <li>• Facilitators identify that participants introduce new strategies to constructively respond to their children's needs.</li> </ul> | <ul style="list-style-type: none"> <li>• Mother/Children's Questionnaire-Perception of mother-child relationship.</li> <li>• Individual evaluation questionnaire.</li> <li>• Facilitators' evaluation questionnaire.</li> </ul> |



### **Annexe VI. Indicator System**

The formal indicators attempt to measure the programme's success in terms of supporting women who have survived violence to make behavioural and attitudinal changes to their parenting that reflect higher levels of psychosocial wellbeing. The proposed measures are the following:

#### **A. List of questions for group discussion**

1. Psychosocial questionnaire

#### **B. Completed by the facilitators**

- 1F. Facilitators' baseline questionnaire
- 2F Facilitators' questionnaire of parenting practices-observed behaviours
- 3F Facilitators' evaluation questionnaire

#### **C. Completed by the participants**

- 1P. General and personal information
- 2P. Perception of family problems
- 3P. Life history
- 4P. Mothers' emotions towards their children
- 5P. Questionnaire of perceived responsibility
- 6P. Social network diagram.
- 7P. Participants' evaluation questionnaire

#### **D. Completed by the participants' children**

- 1CH. Children's perception of family relationships
- 2CH Questionnaire on perceived responsibility
- 3CH Children evaluation questionnaire

#### **E. Registration form. Workshop attendance.**

#### **F. Registration form. External activities (coordination meetings, planning meetings).**



### **A. List of questions for group discussion**

#### **Psychosocial questionnaire**

These questions should be decided on with the assistance of the facilitators. The objective is to better understand women's perceptions and opinions about their challenges as mothers and their current situation. Here, we propose some questions that could be useful to facilitate the group discussion with the women. We recommend choosing a maximum of four or five questions for each group discussion.

1. In your community, how are the tasks and responsibilities for bringing up children organised?  
Who carries out these tasks and who is responsible for bringing up children?
2. What are the difficulties that you see as most important?
3. In your opinion, what are your main personal resources? How do women who have been victims of violence manage to bring up their children?
4. How do you think that the violence you have experienced can affect your children?
5. What is the main concern that mothers have about their children?
6. Did you feel supported by others?
7. How does the community support women who have been victims of violence?
8. Who supported you the most?

### **B. Completed by the facilitators**

#### **1F. Facilitators' baseline questionnaire**

The facilitator answers these questions after having obtained the information through observation and/or informal discussions with the mother.

**The history of victimisation during childhood.** Choose which situations is most similar to the experience of the women:

- During childhood the mother received protection and care from her parents, although their could have been some episodes of physical punishment in exceptional occasions.
- During childhood the mother received protection and parental care, but in times of crisis (familiar or contextual) her parents could abuse and/or neglected her.
- The mother was victim of abuse, neglect and/or withdrawals, in a severe and continuing form during her childhood. There was no protective or secure environment.

**The extent to which violence affects women's parenting skills.** Choose which of these situations is similar to how the woman's life history impacts her relationship with her children:

- The mother is aware that the experiences of violence may interfere with her parenting. She does not want to hurt the children and actively tries to avoid it.
- The mother is aware that her experiences of violence interfere with her parenting, but she is not sure how to change or control it.
- The traumatic experiences she lived through stop her from having a healthy relationship with her children, but she seems unaware of it.

**The women's self-perceptions and views of their relationship with their children.**

The woman's self-perception:

- She believes that the violent experience was an important event in her life, but that the event belongs to the past.
- She considers herself to be a woman affected by violence, but she does not define herself as a victim.
- She feels trapped and with no possibility of moving on. She feels like running away from her life and her responsibilities.

The woman's perception about her relationship with her children:

- The relationship with the children is fine. There is no major problem and the existing difficulties are normal and expected for the children's developmental phase.
- There are some difficulties. The conflicts with the children are an important issue and frequently disturbing family dynamics.

The woman's perception about her capacities as a mother:

- She feels very confident and believes that she has a good ability to manage the children's care.
- She feels frequently overwhelmed. In conversation, the woman refers to many situations in which she did not know what to do or how to go about it.
- The woman believes that she is an inadequate parent. She believes she is the ONLY cause of her children's shortcomings. She is frustrated in her attempts to create structure or be consistent.



## 2F. Facilitators' questionnaire on parenting practices-observed behaviours

The most common behaviours observed are similar to...

|  | 1  | 2  | 3  |
|--|--|--|--|
| <b>Availability/<br/>indifference</b>                        | Responds to requests from the child and reacts with an appropriate tone.   | Responds to requests from the child, but does not help to calm him/her down.   | Does not usually respond to requests from the child.   |
| <b>Reinforcement/<br/>undermining</b>                        | Can emphasise her child's positive qualities. She can reinforce her child's good behaviour.                                    | Gives little attention to the things that the child does. There is no positive or negative reinforcement. She tends to be indifferent. | Feels irritated by the child's demands. Most of the time she behaves with verbal or physical aggression. She only mentions child's negative characteristics. |
| <b>Differentiation/<br/>ownership</b>                        | Understands that children's needs are different from adults' needs and adapts her demands to the real capacities of the child. | Treats the child more as an adult. The mother considers that children's needs and feelings are the same as hers.                       | Requires the child to do things that do not correspond to his/her age.   |
| <b>Discipline</b>  | Usually talks to the child and teaches him/her through dialogue.   | Tends to make their children feel bad for misbehaving, insult or undermine the child. The child obeys because of fear.                 | Uses physical punishment as the most frequent method to educate the child.   |
| <b>Stimulation/isolation</b>                                 | Encourages the child to learn new things. She teaches her children the value of tasks so they are motivated to do them.        | Believes that children should be responsible for motivating themselves.  | Tends to promote the isolation, the exclusion of the child and preventing him/her from learning new things.  |
| <b>Mother's answers<br/>to the child</b>                     | Most of the time, she can respond calmly.  | Tends to respond angrily or irritated by the child's requests.   | Either tends to ignore the child's request or responds with physical or emotional aggression.  |
| <b>Enjoying leisure<br/>activities with her<br/>children</b> | Spends times and enjoys leisure activities with her children.  | Does not spend much time with her children, but when she does, she enjoys it.  | Cannot enjoy or feels irritated by leisure activities with the children.   |

### **3F. Facilitators evaluation questionnaire**

#### **On parenting skills**

1. Please, imagine a conflict situation between a mother and a child. Is there any change in your understanding of this situation since the beginning of the workshop? Why?
2. Based on your experience, what are the factors that influence the mothers most in changing their attitudes and behaviors?

#### **On the workshop**

1. Please, make a drawing to represent what did it mean for you to conduct and learn from this workshop programme?
2. Please give one positive and one negative aspect of this workshop?
3. Imagine that you can conduct this workshop again, what would you do the same? What would you do differently?

#### **On facilitation skills**

1. Please complete this sentence: My role as facilitator is .....
2. Imagine that during the group meeting, one of the mothers shares that last night she lost her temper, shouted and badly beat her young child. What would you say to the mother as a facilitator?
3. What are the five main steps for facilitating a group?
4. What would be your advice to a volunteer or a professional who wants to facilitate such a group of women?



### C. Completed by the participants

#### 1P. General and personal information

##### A. Personal information

Name: ..... Date: ...../...../.....

Date of birth/Age: .....

Sex: ☐ 1. Female ☐ 2. Male

Education Level: ☐ Literate ☐ Illiterate

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow

Do you have children? ☐ Yes ☐ No

If yes, how many children do you have?: .....

Age of children: .....

Social class:

☐ Upper class ☐ Middle class ☐ Lower middle class ☐ Lower class

Do you practice any religion?

|                             |   |  |  |   |   |  |
|-----------------------------|---|--|--|---|---|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes,<br>Christianity | <input type="checkbox"/> Yes,<br>Judaism | <input type="checkbox"/> Yes,<br>Islam | <input type="checkbox"/> Yes,<br>Hinduism | <input type="checkbox"/> Yes,<br>Buddhism | <input type="checkbox"/> Yes,<br>other |
|-----------------------------|---|--|--|---|---|--|

Profession/Livelihood: .....

**B. General information**

1. Why would you like to join this group?
2. What is good/bad about living in your family?

Good:

Bad:

3. What is good/bad about bringing up your children?

Good:

Bad:

4. Let's say in about 5 years you walk into the kitchen and overhear your child talking to his/her friends saying, "My mum is...." How would you want your child to finish this sentence?



**2P. Perception of family problems**

Instructions: “Some women have strong feelings when raising their children. From the following list, how often do you feel like this when dealing with your children?”

|     |  | 1<br>Never | 2<br>Very<br>Rare | 3<br>Very<br>Often | 4<br>Always |
|-----|--|------------|-------------------|--------------------|-------------|
| 4.  | <b>Perception of children's problems</b>   |            |                   |                    |             |
|     | <i>When my child gets out of control, I do not understand what is happening to him/her and I get very angry.</i>                   |            |                   |                    |             |
| 5.  | <b>Perception of children's problems</b>   |            |                   |                    |             |
|     | <i>When I am angry with my child, I truly believe that he will be like his father.</i>   |            |                   |                    |             |
| 6.  | <b>Protection</b>  |            |                   |                    |             |
|     | <i>My child is involved in the fights and violent incidents.</i>   |            |                   |                    |             |
| 7.  | <b>Family support</b>  |            |                   |                    |             |
|     | <i>Nobody in my family supports me in raising the children. I feel alone.</i>  |            |                   |                    |             |
| 8.  | <b>Availability/affection</b>  |            |                   |                    |             |
|     | <i>When I am experiencing violence I cannot hold the child. I cannot give him/her love. I feel like leaving home.</i>              |            |                   |                    |             |
| 9.  | <b>Availability/affection</b>  |            |                   |                    |             |
|     | <i>I do not have lot of time to play with or talk to my children.</i>  |            |                   |                    |             |
| 10. | <b>Communication/feelings</b>  |            |                   |                    |             |
|     | <i>I do not often talk to my child about how he/she feels, or what he/she thinks about the situation.</i>                          |            |                   |                    |             |
| 11. | <b>Communication/feelings</b>  |            |                   |                    |             |
|     | <i>I do not think it is useful to talk to my child about why the violent incident happened. He/she does not need to know that.</i> |            |                   |                    |             |

### 3P. Life history<sup>6</sup>

It is not necessary to follow the order of the questions, but to create a relaxed atmosphere and have an informal conversation:

1. How would you describe your family situation when you were a child? (Who were your family members? In what kind of environment did you grow up ? What was your life like? What were your family activities?)
2. I would like you to try and describe your relationship with your parents when you were a child.
  - a. Please provide 5 words that describe your relationship with your father?
  - b. Please provide 5 words that describe your relationship with your mother?
3. As a child, when you were worried, what did you do?
4. What is the happiest memory related to your family? And the saddest memory?
5. Do you think that what you have just told me has affected your life as an adult? If so, how?
6. Do you think it affects your relationship with your children? If so, how?
7. Were there any other adults to whom you felt close and who were especially important to you?

6 - Adapted from Adult Attachment Interview (AAI; Mary B. Main).

### 4P. Mother's emotions towards their children

Name: .....

Name of the facilitator: .....

Date: .....

*Regarding my child. Most of the time I feel:*

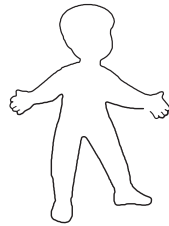
| EMOTIONS:       | 25 | 50 | 75 | 100 |
|-----------------|----|----|----|-----|
| HAPPINESS:      |    |    |    |     |
| ANGER/RAGE:     |    |    |    |     |
| PRIDE:          |    |    |    |     |
| FEAR:           |    |    |    |     |
| RELAX/CALMNESS: |    |    |    |     |
| SADNESS:        |    |    |    |     |
| ANXIETY:        |    |    |    |     |
| PLEASURE:       |    |    |    |     |

*Mothers can feel a wide range  
of emotions towards their children!!!!*

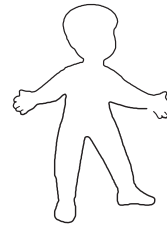


### 5P. Questionnaire on perceived responsibility

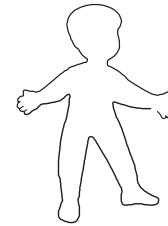
1. Please draw a silhouette for any person who is/was involved in the violent situation? Please write their names beneath.



Name: .....



Name: .....



Name: .....

2. Then the facilitator asks the mothers, one by one, the following questions, giving them time to complete the activity:



Please, place a red cross on any member that you think needs help,



Please, place a sad face on any person who you think is suffering,



Please, place a black sign on each person who you think is responsible for the children's suffering,



Please, place a star on any person who you think is brave,

3. Please, could you explain why you put the signs there.





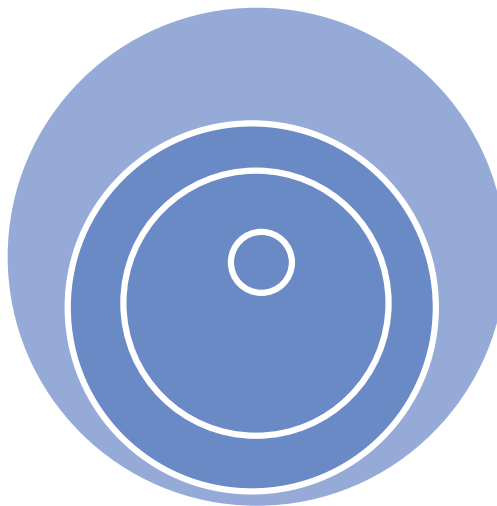
### 6P. Social network diagram

This information can be obtained using the technique of “Constellation of Affective Relationships” adapted to the context. The facilitators can follow these steps:

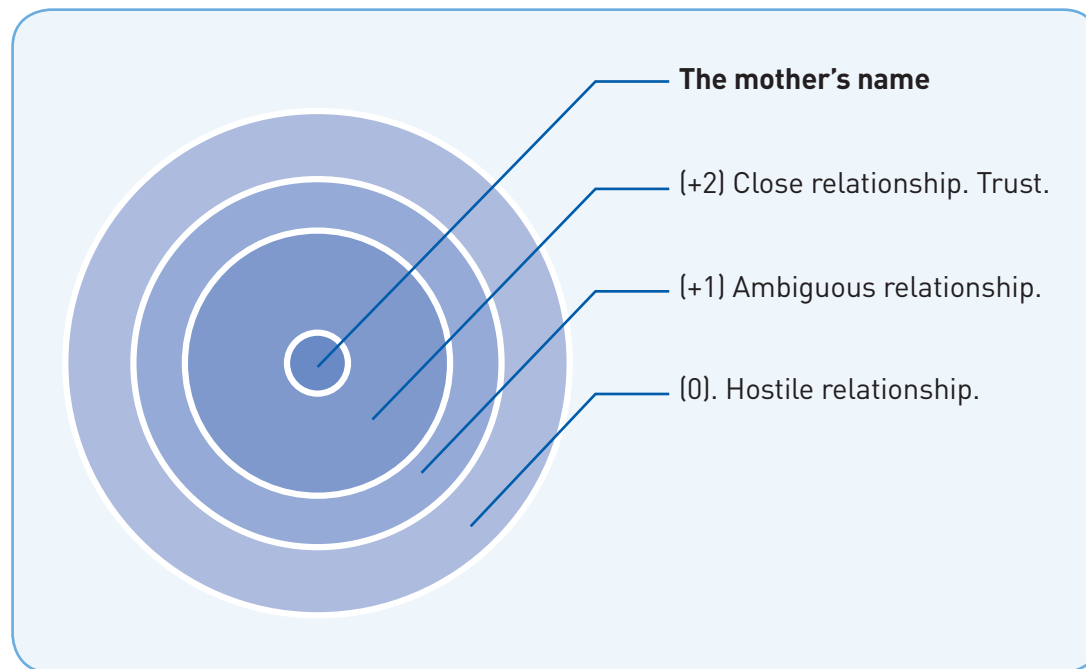
1. Please make two lists. One with the people with whom you are in contact and are related to your work, and another with the institutions/services that are in your community and with which you are familiar.

| People | Institutions |
|--------|--------------|
|        |              |
|        |              |

2. Then the facilitators will give her a sheet of paper with three circles like this:



3. The point in the centre of the circles represents her position. The facilitator will ask: could you please place every person/institution in the circles?
- a. The first level represents supportive relationships.
  - b. The second level represents ambivalent relationships. Sometimes supportive, sometimes not.
  - c. The third level (the farthest from the women) represents hostile relationships.



## 2. ANNEXES

4. Finally, the information can be organised as follows:

Personal network:

| Supportive resource | Ambivalent | Hostile | Comments |
|---------------------|------------|---------|----------|
|                     |            |         |          |
|                     |            |         |          |

Institutions:

| Supportive resource | Ambivalent | Hostile | Comments |
|---------------------|------------|---------|----------|
|                     |            |         |          |
|                     |            |         |          |



## 7P. Participants evaluation questionnaire

1. **Exercise 1:** Show a picture of a conflict situation between a mother and a child. Facilitator: “You told me in the beginning of the programme, that you face quite often this type of problems at home. Is there any change in this situation now? Why? Why not?”
2. **Exercise 2:** Use the questionnaire 2w. Perception of family problems. This questionnaire was used at the initial assessment phase. We use it again to compare the results and analyse possible changes.
3. **Exercise 3.** Show a picture of an angry child: Do you think that you understand better your children now, after the workshop? Please give an example of how you deal with your children?
4. **Question 1:** Do you think your past experiences affected your role as a mother?
5. **Exercise 4:** Use Worksheet 2: Participants’ personal characteristics as mothers (see Parenting programme manual, Session 2, Activity 7, Worksheet 2, page 125). This exercise was used during the second session of the programme. We use it again to compare the results and assess possible changes. Here is an instruction to be given to the mothers: *“We distribute the questionnaire that you filled in at the beginning of the workshop. Do your characteristics as a mother remain the same or have they changed? Please use different color to mark a possible change in your characteristics on the questionnaire”*.
6. **Question 2:** Do you think you have changed because of your participation in the workshop? Could you please give me one example of your personal change?
7. **Question 3:** Since the beginning of the workshop have you engaged in any social activities? Do you know if other women of this group are engaged in any social activities?
8. **Question 4:** What do you think about the facilitators’ performance? Please give both positive and negative feedback on their performance.
9. **Question 5:** If you would do the workshop again, what would you wish to change/improve/maintain?



### D.Completed by the participants' children

#### 1CH. Children's perception of family relationships

Child's name: ..... Age: .....

Name of caregiver ..... Date of interview: .....

Name of facilitator: .....

#### Please answer these questions

1. Who cooks in your family?
2. Who is the person who normally plays with you?
3. Who knows what your favourite food is?
4. Who spends most time with you?
5. Who has the longest hair among your family members?
6. Who makes you feel good when you are sad?
7. With whom is it most difficult for you to talk about your problems?
8. Who likes to do activities with you?
9. Who is the tallest of all the members of your family?
10. Who is the person who makes you feel angry sometimes?
11. If you have homework, who supports you?
12. Who is the person who is least patient with you?
13. Who does not like milk in your family?
14. Who gets angry quickly?
15. Who serves you dinner?
16. With whom do you like to spend a holiday?
17. Who likes Momo<sup>7</sup> in your family?

7 - Momo is a type of dumpling native to Nepal

18. If you're worried/or sad, who do you think would notice first?
19. If you do something that is very good, who encourages you?
20. Imagine it's night and you're in your bed, there is heavy rain and lightning and you feel scared, whom will you call?
21. Who watches most television in your family?
22. Who loves to give you hugs or cuddles in your family?
23. Who is the most ticklish or laughs most in your family?
24. Who likes bananas in your family?

### **2CH. Questionnaire on perceived responsibility**

\* Used same questionnaire than with mothers.

### **3CH. Children's evaluation questionnaire**

#### **Presentation**

1. Do you know that your mother was attending a workshop?
  - a. If Yes. Facilitator can explain: "We facilitated this group and we would like to know if you think it was useful, and if you would be interested in providing us with further information to support your mother?"
  - b. If No. Facilitator gives some information about the workshop: "This workshop is a place where many mothers gather together to discuss how they can improve their home atmosphere".
2. Your mother did a very good job in the workshop. She is a very brave woman who is doing her best to improve your home environment that could be good or bad sometimes. The relationship between a mother and her children can be difficult, but this kind of support groups can help to improve it. We want to support you, your mother and your family to make things better at home. We would like to hear your opinion in order to understand better how you view this situation, as this will help us to support both you and your mother.

Are you ready for some questions?

Questions:

- 1. Have you detected any change in your mother’s behavior since she started the workshop, especially in her relationship with you?
- 2. When you get very angry or frustrated, how does your mother react now compared to before?
- 3. When you are talking to your mother, does she listen to you now, compared to before?
- 4. Does your mother have more fun with you than before?

E.Registration form. Workshop attendance.

| Participant's name | Dates of the workshop session |  |  |  |  |  |  |  |  |  |  |  |
|--------------------|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|
|                    |                               |  |  |  |  |  |  |  |  |  |  |  |
|                    |                               |  |  |  |  |  |  |  |  |  |  |  |
|                    |                               |  |  |  |  |  |  |  |  |  |  |  |
|                    |                               |  |  |  |  |  |  |  |  |  |  |  |
|                    |                               |  |  |  |  |  |  |  |  |  |  |  |
|                    |                               |  |  |  |  |  |  |  |  |  |  |  |
|                    |                               |  |  |  |  |  |  |  |  |  |  |  |
|                    |                               |  |  |  |  |  |  |  |  |  |  |  |
| Session activity   |                               |  |  |  |  |  |  |  |  |  |  |  |

**F.Registration form. External activities (coordination meetings, planning meetings).**

| Activity | Date | Attendance | Comments |
|----------|------|------------|----------|
|          |      |            |          |
|          |      |            |          |
|          |      |            |          |





## **PART II. PARENTING PROGRAMME MANUAL**



# INTRODUCTION

The “**Promoting parenting skills and resilient resources of women survivors of violence in their role as mothers**” workshop programme, described in the following paragraphs, is comprised of group sessions to support the parenting skills of women affected by violence. The aim of the workshop programme is to support and develop women’s personal resilience as well as their parenting skills, so that they not only guide their children’s development but also build their resilience. The concept of “resilience” within the framework of this programme is understood as “the acquired capacity to face adversities and atrocities in a constructive manner, as a result of the effect of interpersonal interaction and solidarity, an awareness of their own situation, and social support”.

The workshop programme is also conceived as a way of preventing child abuse, as it reinforces the development of educational practices that enable children to protect themselves in violent situations, learning to handle conflicts and social interactions in a non-violent way.

This workshop programme is guided by the following five fundamental ideas:

**1. Mentoring is both group work and the relationship** between mentor (the facilitator) and mentored (the mothers). The programme promotes the role of the facilitator as someone who understands the value of learning every day from the courage of the women who move on with their lives and raise their children, who understands their privileged position as a vessel for women’s emotions, worries, doubts, anxieties, lessons learnt and personal achievements. The facilitator sees him or herself as someone who can transmit his or her knowledge to help the mothers to obtain the keys to understand themselves, their children, their surroundings, and to be able to make freer and more constructive decisions about their own life and the life of their children.

**2. Mentoring starts by recognising life experiences and legitimising emotions.** This makes it possible to identify the cause of the mothers’ difficulties, acknowledge their suffering, and help them to recognise and accept their own personal qualities and their capacity to give and accept social support from other mothers. Readers will find ideas for conversations and group activities to support mothers in the process of recognising their emotions and behaviour. Once they trace their origins, they can develop strategies to reinforce the elements that are beneficial and overcome those which are damaging.

This will involve, among other things, exploring the issues of violence, family, and partners, social and cultural issues and how they have affected women, how they affect them now, and how they affect the upbringing of their children.

In this sense, the programme methodology takes into account the crucial role of culture and its influence on the creation of thoughts, beliefs, emotions, and attitudes related in particular to motherhood practices. The goal of the activities and exercises is to reflect on the fact that culture is something dynamic that is created through the interaction of people and their environment. All these interactions are strongly influenced by power structures, where those who abuse this power can impose cultural and emotional constructions, discourses and representations to legitimise the domination and oppression of other human beings. One example of this is patriarchy as a social organisation system implemented by men who, as a social group and both individually and collectively, define, reinforce, and build social and cultural discourses whose purpose is to maintain the unequal distribution of power and oppress women both individually and collectively.

The programme is also a possibility to discover the oppressive and violent elements in culture which have an impact on women and children in various aspects of their lives, and specifically on upbringing practices. The activities proposed in the various sessions are meant to co-build an alternative culture through the analysis, reflection, and production of new emotions, discourses, and behaviours compatible with love, solidarity, and caring.

Even though mothers' dysfunctional behaviours are the result of processes of "imitation" of other people, in particular significant others, such as their own parents, reinforced by cultural dynamics, they also have mental resources due to brain plasticity and flexibility. These resources and this flexibility make it possible to change some practices by others, something which is amplified within a group dynamics in a caring, respectful environment, which is the goal of this programme. The experiences carried out in different mother groups, following this methodology, confirm the idea that human beings are programmed to live, and those to experience wellbeing, not only individually, but also as social beings. Thus it is possible to find the essence of being human in amorous, solidarity, and empathetic environments, as well as to promote social dynamics that make new ways of interpreting reality and acting possible.

**3. Support through stimulating creativity and experiential methods.** It cannot be denied that the beliefs that help to maintain dysfunctional interpersonal relationship (in particular mother-child relationships) are resistant to change. These beliefs can be difficult to influence, even if lessons are given about what one should or should not do to be a good mother. Experience shows that this “educational approach” can be counterproductive, giving rise to the opposite effect and producing negative emotions. Mothers can feel judged and guilty, which, in turn, increases their fears and insecurities that then latch on to what they believe. Besides, they are unable to understand that beliefs are nothing more than a way of making sense of reality, and that they are often imposed by people with power, including their own parents.

Our experience confirms that a mother becomes much more open to new ways of thinking if, during times of reflection, she is encouraged to tell her emotionally-charged stories that also resonate with the emotions of others who have experienced similar events (stories about child abuse, war, poverty, domestic violence, sexual assault etc.).

Promotion of creativity is a central part of the programme. Creativity is the ability to generate new ideas and solutions that are useful in everyday problems and challenges. The point is not only to conceive the new ways to bring up children or alternative ways to respond to conflict, but to work to turn them into concrete reality. Creative thought involves: (a) having controlled judgement and assessing several alternatives before making a decision; (b) having the capacity to make questions (including to oneself), questioning reality and any assumptions that block the way, finding different data to compare the various options; and (c) being able to change the point of view and stand in the other’s shoes, as well as establishing associations between different experiences and being able to imagine the consequences of various actions. To facilitate these creative processes, experiential activities are used on a methodological level, such as role playing, drama, practical exercises, and graphic-plastic techniques such as representations, drawings, clay, colours, etc.

**4. The networks of trust, respect and solidarity are the basis.** Creating an affectionate atmosphere is another goal of the workshops, and this begins with helping the formation of trusting relationship between the women in the group. One of the pillars to promote resilience in mothers is the presence of an adult or a person who is important for them (in this case, the facilitator, as a resilience tutor)

who accepts them. This acceptance may not be unconditional but it is fundamental. It involves accepting a person as he/she is, even if we do not accept all of his/her behaviours, particularly in cases where mothers' practices are being harmful to their children. This environment of fundamental acceptance allows them to start to reflect on what they want to change or improve about themselves and their role as a mother. If instead of treating these mothers as women who are inadequate or ill we rather focus on developing their capacities as mothers, they will have much more mental energy to achieve what they were deprived of due to their negative life experiences. Especially, if they feel understood rather than handicapped by their lack of family and social opportunities. Supporting this level of awareness, as well as carrying out activities in order to find alternatives to these negative experiences, is part of the methodology and the role of the program facilitators.

The methodology tries to prevent mothers from feeling guilty, frustrated, dependent or incompetent. By recognising their life experiences, their battles, their strengths, their limitations, mothers are encouraged to actively participate and be at the centre of this process, and, above all, to be – themselves – the key to the changes they make. The method used in this programme encourages action, and this action stems from the women themselves.

**5. The group as the driver of change.** As much as possible, this process is carried out in group sessions with other mothers, which helps them to constructively share new experiences, knowledge and practices. The group provides the mothers with a powerful experience of altruism, stimulated by means of activities, the interchange of experiences and mutual support, positive social habits, sympathy and empathy, as well as loyalty and gratitude.

The key element, which allows this understanding and legitimisation of the mothers' situation, is the group itself. In the group, the mothers feel free to emotionally express the difficult experiences that they cannot control, and which harm their children. When a woman reveals a situation in which she has lost control, or the difficulty she experiences relating to her children, other mothers confirm that these circumstances are not unique to her, which creates a dynamic interaction in the group, reducing the feeling of being alone in such situations. When women feel the closeness and understanding of other members of the group with regard to what they have suffered, they become more aware of the different types of violence that they may still be suffering in their family, community or culture.

# 1. OBJECTIVES

## 1.1. General objective:

To reinforce the parenting skills of women who have experienced violence by strengthening their resilience, in order to encourage positive interactions with their children.

## 1.2. Specific objectives:

1. To reflect on the perception that mothers have of their children's behaviour and feelings, while exploring the image that they have of their own resources and vulnerabilities as women.
2. To encourage mothers to increase their awareness of how their different experiences of violence and stress, either past or present, affect their interactions with their children.
3. To increase their capacity for self-awareness and awareness of their emotions towards their children, specifically when they lose control.
4. To promote the recognition and validation of the mothers' childhood experiences, both positive and negative.
5. To strengthen the development of strategies based on positive interactions, for the resolution of conflicts and management of situations of stress.
6. To identify significant people in their past who supported them in order to analyse these experiences, so that the mothers can identify aspects of good care which they would like to reinforce in their relationship with their children.
7. To encourage discussion of the mothers' beliefs and education models to strengthen parenting practices.



## 2. WORKSHOP PROGRAMME

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### 2.1. Workshop programme structure

The workshop programme is divided into 11 sessions of approximately two hours each. The number of participants can vary, but we suggest that, in order to be able to work and discuss the issues in depth, the group should be composed of no more than eight to ten participants.

We recommend carrying out the sessions once a week or once every two or three weeks, depending on the context in which the workshop takes place and bearing in mind the time availability of the participants, especially if they are geographically dispersed. However, to guarantee the continuity of the process and encourage the creation of emotional bonds between participants, there should never be a gap of more than three weeks between sessions.

The content of this programme to support mothering skills is divided into three main modules, each one comprising three or four sessions.

The **first module** focuses on mothers' perceptions of their children, with the purpose of drawing their attention to how violence affects their children and enabling them to understand their children's behaviour, emotions and learning problems, without making them feel guilty. At the same time, to reinforce their confidence in their own abilities to look after their children and reflect on the parenting skills which they would like to improve, we will work on the mothers' strengths and vulnerabilities.

The goal is to make them feel that their experiences are understood and accepted. In this module, the women are guided in their reflections, in order to avoid downplaying the impact of the mothers' current experiences. Their experiences – of violence, exclusion from the community, cultural violence, etc. – are analysed, examining how these influence their capacities as mothers. This module also looks at how mothers may suffer from severe stress in their everyday life.



The **second module** is geared towards increasing mothers' awareness of the relevance of their own experiences for their relationship with their children, hence enabling them to identify situations that give rise to excessive emotion or loss of control. It highlights the links between moments of loss of control and mothers' past experiences of violence during childhood or as adults, and offers a space to recognise these associations to promote self-control in times of stress.

The objective of the **third module** of the workshop is to develop specific forms of interaction that will enable mothers to improve their conflict-solving skills, as well as care and protection of their children. Collective reflection encourages the identification of people who have/had a "protecting" and "caring" role for the mothers so that, by analysing these experiences, mothers can identify aspects of good care which they would like to reinforce in their relationship with their children. It is also a way to encourage reflection on children's experiences of violence so that mothers can reinforce the appropriate responses to their children's needs.

| PROGRAMME MODULES   | SESSION  | OBJECTIVE  |
|---|--|--|
| <b>Module 1</b><br>→ <b>Welcome and reflection on the resources and present difficulties women have in their roles as mothers</b> | 1. Welcome to the workshop                             | Welcome the participants and establish the group rules.  |
|   | 2. Mothers' resources and difficulties                 | Reflecting on the mothers' perceptions of their children's behaviour and feelings while exploring the views which have of their own resources and difficulties as mothers.   |
|   | 3. The impact of violence and stress                   | Supporting mothers to become aware of how their different past or present experiences of violence and stress affect the interactions with their children.  |
| <b>Module 2</b><br>→ <b>Mothers' experiences of violence and their impact on their relationship with their children</b>           | 1. Emotional self-awareness                            | Increasing mothers' capacity for self-awareness of emotions towards their children and specifically when they lose control.  |
|   | 2. Self-control  | Identifying current situations of conflict and tension with children that act as emotional triggers for violent situations experienced by the women.   |
|   | 3. Mothers' childhood background                       | Encouraging the recognition and validation of the mothers' positive and negative childhood experiences.  |
|   | 4. Constructive strategies to manage stress            | Reinforcing the development of strategies based on good interaction to resolve conflicts, and stress management.   |
| <b>Module 3</b><br>→ <b>New practices used in children's upbringing, constructive strategies and a forward-looking approach</b>   | 1. Mothers' resources and strategies                   | Identifying significant people who have been important in the mothers' life history in order to analyse these experiences, so that the mothers can identify aspects of good care which they would like to reinforce in their relationship with their children. |
|   | 2. The child's history and background                  | Reflecting on the experiences of violence which children have experienced so that mothers can respond to their children's requests, fulfilling their needs.  |
|   | 3. Educational models and the forward-looking approach | Promoting discussion of beliefs and educational models to strengthen a positive and realistic vision of the future.  |
|   | 4. Workshop closing                                    | Assessing the steps achieved in the workshop by identifying lessons learnt and challenges for the future.  |



### 2.2. The therapeutic phases in supporting participants

The process of supporting parenting skills focuses on the reflection, analysis, discussion and exercises, including three periods: the past, present and future.

**The first phase of the process** focuses on reflecting on the present and its current challenges faced by the mothers. The family, social and economic context is discussed, as well as how these factors influence their role as a mother and perceptions that the mothers have of their children's behaviours and experiences. Attention is drawn to their current emotions, and little by little their reflections are directed towards identifying the situations that give rise to the highest levels of stress in their relationship with their children. This reflection seeks to promote higher levels of self-awareness. Session 2, 3 and 4 focus on this.

**The second phase of the process** focuses on the mothers' past experience. The aim is to help mothers to become aware of their own disproportionate reactions to their children's displays of emotion and the emotional associations with their own experiences of violence. Often some of the children's behaviours (more obstructive or challenging) can act as triggers for past traumatic experiences and lead to a disproportionate response. Through dynamic activities the mothers can recognise these experiences and, in a second step, they have the time and space to express and share what they experienced, with the intention of reducing the impact that it might now have. This phase takes place in sessions 5 and 6.

Through these activities the mothers can recognise these experiences and, in a second step, they have the time and space to express and share what they experienced, with the intention of reducing the impact that it might now have. This phase takes place in sessions 5 and 6.

**The third and final phase of the process** consists in returning to the present with the aim of building their future. At this time, we seek and propose alternative strategies which the mothers want to use in their children's upbringing– with affection and closeness, but without compromising the mother's position of authority. All of this starts by reducing the number of situations in which mothers lose control and react sharply to their children. Last but not least, in this third phase, we assist the mothers in imagining their future, and in considering the educational models which they wish to continue to use. This phase comprises sessions 7 to 10.

**In our experience**

When mothers can identify their current difficulties and challenges, and are able to reflect on their origins and the influence of the past, this leads to a better understanding of their present and they are able to decide more freely about their future.

**Workshop programme process**

| Session Number | 1                       | 2                                   | 3                                 | 4                        | 5            | 6                             | 7  | 8                                 | 9                                  | 10  | 11               |
|----------------|-------------------------|-------------------------------------|-----------------------------------|--------------------------|--------------|-------------------------------|--|-----------------------------------|------------------------------------|---|------------------|
| Session Title  | Welcome to the workshop | Mothers' resources and difficulties | The impact of violence and stress | Emotional self-awareness | Self-control | Mothers' childhood background | Constructive strategies to manage stress | Mothers' resources and strategies | The child's history and background | Educational models and the forward-looking approach | Workshop closing |

**Present:**

What is happening now?  
What worries me as a mother?  
What impact does violence have on parenting skills?

**Past:**

What makes me lose my control?  
What keeps me in this situation?

**Present and future:**

What strategies would I like to use in the future as a mother?



# 3. WORKSHOP PROGRAMME SESSIONS

## SESSION 1: Welcome to the workshop

### **a) General objective**

To welcome the participants and establish the group rules.

### **b) Specific objectives**

1. To introduce workshop participants to each other and create a comfortable environment encourage an “informal” support network among the women in the group.
2. To inform participants about the workshop’s characteristics and the structure of the work which will be conducted in the group.
3. To establish the group rules.
4. To share the mothers’ opinion of the workshop and get to know their expectations.

### **c) Key ideas**

- The women are the leading figures in this process. Therefore it is important that together they define and agree on the characteristics of the workshop, the work plan and the main objectives.
- During the first few sessions, it is important to start to create an atmosphere of trust and respect.
- The effectiveness of this support programme for mothers is based on the emotional ties that link the women of the group – both between the facilitators and participants as well as between the mothers themselves. The bond between mothers makes it possible to work on an emotional and affective level, which enables change.



### **d) The facilitator**

During this session, the facilitator should pay special attention to the following:

- That all women feel welcome.
- Give space to each woman to introduce herself and provide the information which she is willing to share with the rest of the group.
- It is important that the facilitator control the duration and the content of each introduction. The idea is to share basic information and avoid spending the whole session talking only about problems.
- Create a relaxed and calm atmosphere. Recommended factors in order to generate this atmosphere include a positive manner and a capacity to propose entertaining ice-breaking activities.
- It is essential that the facilitator actively develop a climate of trust and encourage participants to support each other; this reinforces the idea that this is a collaborative and mutual support group which promotes the creation of emotional bonds between participants.
- It is important that the facilitator make it clear that participants should be respectful even if they have different opinions and emphasise the need for confidentiality: participants should not discuss anything mentioned during the sessions outside the group.
- Explain why we are in the group: we share the same interest, which is to improve the mother's situation.

### **e) Procedure**

Step 1: Reception of participants and welcome.

Step 2: The facilitator welcome the participants, introduce themselves and reinforce the mothers' decision to join the group.

Step 3: Enable each participant to introduce herself by carrying out Activity 1.

Step 4: Introduce and describe the workshop. Activity 2.

Step 5: Establish the group rules. Activity 3.

Step 6: Share the workshop's expectations and close the session. Activity 4.

#### f) Activities

##### Activity 1: Who am I?

**Objective:** To make the introductions easier for the rest of the group and create a good working atmosphere.

**Material:** Paper and pencils (optional).

**Time:** 30 minutes.

**Description:**

1. The facilitator proposes that the participants get into pairs and guides them with questions to interview each other:

*What is your name?*

*How did you find out about this group?*

*Tell us about your children.*

*Why do you think there are other mothers that do not wish to join this group?*

2. Immediately afterwards, each participant is requested to introduce the women who interviewed her to the rest of the group. To do so, she must remember the main facts of her biography and share them in a respectful, empathetic way.

#### In our experience

##### It could happen...

The last question might raise possible concerns or doubts about their involvement in the workshop.

##### We recommend...

...using this opportunity to reassure them with the necessary explanations about the workshop. If, for example, concerns arise about the obligation to talk about personal issues, it is important to assure them that they are not obliged to share their personal experiences and that their decision will be respected.

### Activity 2: Psycho-social map of the mothers' situation

**Objective:** To identify psychosocial factors related to the challenges of the maternal role.

**Material:** A large sheet of paper, markers.

**Time:** 30 minutes.

**Description:**

1. In a circle in the middle of the paper the facilitator writes: "being a mother".
2. The group brainstorms on the possible factors that make a mother's situation difficult. The facilitator writes them down around the circle.
3. Once completed, the participants look at each of the factors influencing their situation as mothers in detail, especially at their similarities and differences.
4. All the information generated by the women can be classified by different factors (economic, social, cultural, religious, and family) which have an impact on motherhood. After this, the facilitator will explain:
  - That there are social, economic, religious and cultural factors that influence a mother's situation.
  - That the situation of the women, who are mothers and their difficulties in carrying out this role, is a complex and multidimensional problem. The mothers can work to resolve part of the problem but some aspects of this problem exist at a larger scale, and they require greater involvement of other people and society in general.
  - The facilitator can ask: "bearing this in mind, what would you like to do?"
5. Finally, the facilitator will present the workshop's programme focusing the attention on the areas to work on.





#### Activity 3: The tree

**Objective:** To establish the group rules.

**Material:** A large sheet of paper and markers.

**Time:** 30 minutes.

**Description:**

1. Draw a tree with branches on the large sheet of paper.
2. Ask the mothers to describe to you the rules they would like the group to have.
3. The facilitator writes each rule on the branches of the tree.

#### In our experience

**It might be...**

...that the women only come up with practical rules to organise the group, such as, regarding punctuality and attendance etc.

**We recommend...**

...bearing in mind that rules as **respect** towards the other mothers and **confidentiality** should be mentioned. If they are not, the facilitator can suggest them.

#### Activity 4: “The Network”

**Objective:** Sharing the mothers’ preconceptions and expectations regarding the programme.

**Material:** A ball of wool.

**Time:** 30 minutes.

**Description:**

1. The facilitators and mothers stand in a large circle.
2. An instructor holds a ball of wool and asks the following questions: “What were your thoughts before coming to this workshop today?” and “What were your feelings before coming to this workshop today?”
3. She answers, holds the end of the wool yarn and throws the ball to one of participants. The person, who catches it, answers the same question, holds the end of the wool and throws the ball to someone else. This continues until all participants have answered the question.
4. The ball goes back to the first person that answered the question.
5. Through this exercise you will have created a “net” between the people forming the circle. At this stage one participant is asked to try moving closer to another one but since the yarn is tight, the rest will have to move to enable her to achieve this.
6. The facilitator will then explain the significance of the construction of the “net”:

*In a group of people such as this group of mothers, we all play an important role and anything one person does, any movement, has an influence on someone else. In the net you can see the connections between us and how they can support us.*

#### **SESSION 2: Mothers' personal resources and difficulties**

##### **a) General objective**

To reflect on mothers' perception of their children's behaviour and feelings, at the same time as exploring the image they have of their personal resources and difficulties as mothers.

##### **b) Specific objectives**

1. To identify the perception's that mothers have of their children's behaviour, emotions and learning.
2. To perceive their children as people affected by violence.
3. To promote identification of strengths and vulnerabilities of women as mothers.
4. To increase the women's confidence in their ability to look after their children.

##### **c) Key ideas**

- An important catalyst to the process that will take place during the workshop is identifying the mothers' perceptions of their children. It is a way of focusing the attention on the concerns that mothers have about their children in order to think afterwards about what they would like to do as mothers to give support to their children to overcome their difficulties.
- Increasing their self-awareness, identifying their strong and weak points when parenting, is the first step to be able later on to change or strengthen those aspects which they perceive as most relevant, improving their parenting skills.
- It is very important to empower women in their role as mothers, to reinforce them positively during the whole workshop, but especially at the beginning so they feel welcome and not judged.

#### d) The facilitator

- Should ensure that mothers do not feel judged, and should not show any sign of surprise when they describe themselves or their children.
- It is important that while mothers are looking at their personal characteristics, the facilitator helps them to describe their qualities in detail.
- Should reinforce and acknowledge each of the characteristics that appear in the “collage”.

#### e) Procedure

Step 1: Welcome the women and ask how they have been since the last session.

Step 2: Summarise what was done the previous week and present the theme of the day: “We will talk about how we see our children and how we see ourselves as mothers.”

Step 3: Work on the mothers’ perceptions of their children. Activity 5.

Step 4: Reflect on how women perceive themselves as mothers. Activity 6.

Step 5: Activity 7 to close the session.

#### f) Activities

##### Activity 5: What is happening to my child?

**Objective:** To identify the mothers’ perception of their children’s behaviour, emotions and learning.

**Material:** Worksheet 1 “Children’s behaviour, emotions and learning”.

**Time:** 45 minutes.

**Description:**

1. The facilitator hands out worksheet 1 to the mothers. They ask them to mark individually with an X the box that best describes their children for each of the items suggested on the card.

2. Immediately afterwards, he/she asks the participants to identify one or two of their children's behaviours or emotional responses that worries them most.
3. Once those behaviours are identified, the next question should be: *"Why do you think your child goes through what you are describing?"*. The facilitator leads the participants in their reflection on the influence that their experiences of violence have on their children's current emotions and behaviours.

#### Activity 6: How am I as a mother?

**Objective:** To encourage the women to identify their strengths and vulnerabilities as mothers.

**Material:** Worksheet 2 "Mothers' characteristics".

**Time:** 30 minutes.

#### Description:

1. Each participant is given a list with different attitudes that a mother might have towards her children. On the left there is an adjective and on the right the opposite of the adjective. For example:

Not affectionate..... Affectionate

2. Go through them one by one, and ask the participants to draw a line where they think they would place themselves between not affectionate and affectionate. For example:

Not affectionate..... Affectionate

3. Once the individual work is finished, the facilitator can guide the conversation with the following questions:

*-Among the attitudes that you have pointed out, which one could be used for building and/or strengthening a relationship with your children?*

*-Which attitudes can hinder a positive relationship with your children?*

*-Which attitudes are easiest to recognise in oneself and which are the hardest?*

*-Taking the previous considerations regarding your attitudes and behaviours as a mother which you most like into account, what would you like to do with respect to your relationship with your children?*

4. The activity ends by providing a positive reinforcement to the reflection and analysis work carried out by women in this activity. At this point, women participants are only asked to reflect about their qualities/vulnerabilities as mothers. Work on deciding which aspects they wish to change and how they wish to change them will take place in later activities.

### **In our experience**

#### **It might be...**

...that the mothers only mention positive characteristics and strategies for bringing up their children and that is difficult for them to carry out a self-evaluation of both, their skills and their vulnerabilities.

#### **We recommend...**

...remembering that the goal of this activity is not confronting women's view of themselves. It may be, and it is often the case, that there are discrepancies between women's real attitudes and behaviour and what they share and describe in this programme session. This can be understood as a result of the tendency towards social desirability of most human beings, the desire to offer a positive image of oneself, and the resistance to identify and assume our own limitations or vulnerabilities. At this time the most important thing is to encourage the women to think about how they think of themselves as mothers. In later sessions, towards the end of the programme this exercise will be repeated and the women's answers before and after the programme will be compared.

#### Activity 7: “Mommy, what I like about you is...”

**Objective:** To identify and reinforce every mother’s personal qualities and those she positively values.

**Material:** A large sheet of paper, magazines or newspapers, scissors.

**Time:** 30 minutes.

**Description:**

1. Ask the mothers to cut out pictures from magazines which represent their personal qualities that their children might value. Specify that the mothers can illustrate some activities they do with their children and also their children’s preferred activities. They should also pay special attention to their personal characteristics by replying to questions such as “how am I as mother?” and, “what are the characteristics that my children might value in me?”.
2. The participants cut out pictures and stick them together on the same large sheet of paper placed in the middle of the circle.
3. Once the collage is finished, the participants show to the rest of the group the personal characteristics their children might like in them that they have identified together.
4. Close the activity by summarising the mother’s personal qualities.



#### In our experience

##### It might be...

...that the mothers identify activities (and not personal qualities) that they do with their children and that their children like, for example: “that I buy him new clothes” or “that I take him to the market with me”..

##### We recommend...

...Supporting the women’s exercise and helping them to see the difference between their personal characteristics and qualities and the activities which they do with their children. In other words, encouraging them to answer the question “What am I like as a mother?” rather than “What things do I do as a mother?” ....

**Worksheet 1.** Children's behaviour, emotions and learning

Name: .....

Date: .....

**Children's behaviour, emotions and learning<sup>1</sup>**

Emotional health is connected to physical health. Because parents are often the first to notice a problem with their child's behaviour, emotions, or learning, you may help your child get the best care possible by answering these questions.

Please mark the statement that best describes your child:

1. Spends more time alone

|   |       |  |           |   |       |
|---|-------|--|-----------|---|-------|
|  | NEVER |  | SOMETIMES |  | OFTEN |
| <input type="checkbox"/>  |       | <input type="checkbox"/>   |           | <input type="checkbox"/>  |       |

2. Fidgety, unable to sit still

|   |       |  |           |   |       |
|---|-------|--|-----------|---|-------|
|  | NEVER |  | SOMETIMES |  | OFTEN |
| <input type="checkbox"/>  |       | <input type="checkbox"/>   |           | <input type="checkbox"/>  |       |

3. Less interested in school

|   |       |  |           |   |       |
|---|-------|--|-----------|---|-------|
|  | NEVER |  | SOMETIMES |  | OFTEN |
| <input type="checkbox"/>  |       | <input type="checkbox"/>   |           | <input type="checkbox"/>  |       |

1 - Questionnaire adapted from the Pictorial Pediatric Symptom Checklist: Jellinek, MS., Murphy JM., Burns BJ. Brief psychosocial screening in outpatient pediatric practice. The Journal of pediatrics, 1986 August;109(2): pages 371-378.



### 3. WORKSHOP PROGRAMME SESSIONS

4. Acts as if driven by an engine



5. Daydreams too much



6. Easily distracted



7. Is afraid of new situations



8. Feels sad, unhappy



9. Is irritable, angry



10. Has trouble concentrating



11. Less interested in friends



12. Fights with other children



13. Has trouble sleeping



### 3. WORKSHOP PROGRAMME SESSIONS

14. Worries a lot



15. Feels he or she is bad



16. Does not follow the rules



**Worksheet 2: Mothers' qualities**

Name:.....

Date:.....

**MOTHERS' QUALITIES**

Draw a line where you would place yourself between these opposites:

Not affectionate.....Affectionate

Tolerant.....Intolerant

Fearful.....Confident

Available.....Busy or worried about other matters

An involved Mother.....Negligent

Impatient.....Patient

Authoritarian.....Permissive

Serious.....Cheerful

Strict.....Easy-going



#### **SESSION 3: The impact of violence and stress**

##### **a) General objective**

To support mothers to become aware of how their different past or present experiences of violence and stress affect the interactions with their children.

##### **b) Specific objectives**

1. To reflect on how violence and difficult situations affect the mother-child relationship.
2. To validate the vulnerabilities that mothers may have identified in the previous session.

##### **c) Key ideas**

- The consequences of having lived through traumatic situations affect the availability and capacity of a mother to fulfil her role. The need to survive in violent context makes it difficult for women to fulfil their roles as mothers especially while being defenceless and stressed.
- For the women to feel understood and avoid feeling that their role as a mother is being questioned, it is essential to validate the weaknesses mothers may have identified by relating them to the impact that violence has had on their parenting skills.
- Women affected by situations of violence often feel underestimated, guilty, inadequate and ashamed. Their participation in a group can be a key element in addressing these thoughts by sharing similar experiences with other women since it reduces their feelings of loneliness. With this in mind, it is important that women in the group feel accepted for their life experience, justifying their emotions and understanding their attitudes or difficulties they have with their children.

##### **d) The facilitator**

- In this session, the facilitator should bear in mind that the topic of the session is very important and as such should be approached with sensitivity.

- The activity can be used as an entertaining way of presenting a metaphor. The group is able to have fun but the facilitator should bear in mind that they are talking about mothers' vulnerabilities while at the same time providing an explanation for them.
- It is important to keep acknowledging the strategies which mothers have used so far to communicate with their children and to keep underlining that what they have done has always been the best they could do for their children with the personal resources that they had at that time especially taking into account what was happening in that context.

### e) Procedure:

Step 1: Recall the information from the previous session. Focus on remembering how their children's behaviours and attitudes were defined in the previous exercise, and remember the characteristics (both resources and vulnerabilities) which they had chosen to define themselves as mothers.

Step 2: In this session the aim is to explore and analyse, through a metaphor, the origin and impact of these vulnerabilities. Activity 8.

### f) Activities

#### Activity 8: Gloves

**Objective:** To validate the vulnerabilities they have been able to identify in the previous session.

**Material:** One bowl with water, another bowl with mud mixed with a little bit of water. Latex and plastic gloves. Coloured pencils and paper.

**Time:** 2 hours

#### Description:

1. The facilitator will place the material in the centre of the circle of participants.
2. She will then present a metaphor that will allow them to easily understand how some of their strengths and vulnerabilities can be acquired. While the metaphor is explained, the participants use the materials available in the centre of the circle. If there are some participants who do not really want to participate, we recommend allowing them to stay and observe.



### 3. WORKSHOP PROGRAMME SESSIONS

3. The facilitator says the following: “Let’s imagine our hand represents ourselves as mothers. When we experience difficult situations of violence, stress or injustice... it is as if our hand gets dirty, as if this dirt was the difficulty that left you defenceless”.
4. Facilitator will ask the participants to get their hand dirty with the mud and ask:  
*“How do you feel having your hand dirty? What happens?”*  
*“What can you or can’t you do?”*
5. Facilitator will share the idea that: “In these situations, people normally need to move forward in spite of these difficulties because life goes on; we have to keep going to work, keep cooking, etc. We don’t have time to even think or see what is going on but we need something that helps us to move on, something that enables us to continue holding things with our hands. This is why we wear a latex glove. The glove prevents us from understanding what is happening but it does let us do things with our hand. It is the most preferred option at this stage. After a while another difficult experience can happen to us and get us dirty again”.
6. Facilitator will ask them to get their hand dirty with mud. Go through the same explanation and action from the previous step, covering the glove with another one but this time with a plastic one. This can be repeated until they are wearing 2 or 3 gloves on the same hand.
7. Facilitator will ask the participants the following:  
*How do you feel about this hand?*  
*What can you do? Can you hold a mug?*  
*Can you write your name on a piece of paper?*  
*If you stroke another member of the group’s face, can you feel it?*
8. Facilitator highlights that with all the negative experiences we have had, we can continue with our day-to-day life but it may be difficult to feel and express affection towards others, including our children.  
*What do you think you can do to start removing the gloves?*

9. The facilitator will gather together ideas on how to remove the gloves. Possible responses: I still have another hand, other resources; I can ask another participant to help me; I really want to take them off, personal motivation...etc. Also facilitator can ask the participants:

*What do you think of the activity?*

*What did you learn?*

10. To end the activity, the facilitator will reinforce the idea that, by expressing their concerns and motivations and by thinking about how to remove the gloves to make themselves feel better, the mothers can reflect on what they want to do to improve their relationships with their children.

The meanings of the elements used in the metaphor:

- Mud: difficult experiences.
- Latex gloves: survival strategies necessary to continue day by day such as ignoring difficult situation that they have experienced, playing down the damage that they have suffered in these situations.
- Taking the bowl: carrying out day-to-day activities, such as getting up, eating, etc.
- Writing their name: life activities that require a little more physical and emotional stability, such as following a routine of carrying out certain obligations.
- Caressing other group members: having healthy interpersonal relationship, to be able to feel another person, to understand them, and to be able to act accordingly.





### 3. WORKSHOP PROGRAMME SESSIONS



#### **In our experience**

##### **It might be...**

...that the mothers understand that the people who have experienced violent situations are inevitably less sensitive than other people who have not been exposed to violence.

##### **We recommend...**

...that the facilitators remind the women that the metaphor helps to give sense to the vulnerabilities which they identified in their roles as mothers and makes sense of their responses (how?).

It can be explained that the mothers' work in the sessions is an opportunity to set aside the survival strategies that helped them at that time, but that they no longer need. In some instances, these strategies could have affected their sensitivity towards their children. It is also useful to explain the plasticity of humans and that just as they learnt strategies that worked in the past, they can learn other ways that are better for them.

## **SESSION 4: Emotional self-awareness**

### **a) General objective**

To increase the mothers' capacity to recognise the emotions they experience towards their children and specifically when they lose control.

### **b) Specific objectives**

1. To increase participants' capacity to recognise their own emotions.
2. To identify and analyse instance of mother-child interaction when the mother feels rage and/or loses control.

### **c) Key idea**

The most complex challenge of mothering is controlling moments of meltdown that have been influenced by previous experiences of violence. The first step to be able to control these meltdowns is that the participant is gaining better knowledge of her own emotions and being able to identify the situations in which the interaction between mother and child gives rise to rage and loss of control.

### **d) The facilitator**

- Should keep transmitting the message that there are no good or bad emotions and that everybody is allowed to feel what they feel.
- Should endorse the emotions that mothers feel towards their children, whatever they may be, and explain that feeling negative emotions do not necessarily mean that they are good or bad mothers.
- Should remind the mothers that we are working to help them control their emotions when they lose self-control so that they can continue to behave towards their children as they would like to, and not be overtaken by rage.



#### e) Procedure

Step 1: Summarise the previous session and introduce the next one.

Step 2: The facilitator explains that in this session they will focus on emotional self-awareness as well as on understanding our emotions in order to better control them later on. For everybody, this is the hardest and most common challenge. Activity 9.

Step 3: Activity 10 aims to identify different situations in which mothers' interactions with their children cause different levels of anger and possible loss of control.

Step 4: To end the activity, all the ideas about how to combat situations of loss of control suggested by the mothers will be gathered together.

#### f) Activities

##### Activity 9: My map of emotions

**Objective:** To increase participants' capacity to recognise their own emotions.

**Material:** Worksheet 3 "My feelings map" and colour pencils.

**Time:** 1 hour

##### Description:

1. The facilitator hands out a copy of worksheet 3 to each mother. The participants are requested to choose a colour for each emotion proposed. If they want, they can add the emotions they consider relevant.
2. Then the women draw a silhouette on the paper and colour the parts of the body where they feel each of the emotions that they have identified.



3. Once finished, the women share their drawings with the rest of group and everyone observes the drawings' similarities and differences.
4. The facilitator then acknowledges and endorses the emotions that each woman describes, as they will be specific to each person. Before ending the activity, the facilitator can recall how it is important to learn to express emotions without hurting oneself or anyone else.

### In our experience

#### It might be...

...that the facilitator wants to share the lessons they have learnt and their examples of how they manage their emotions, using up the session with their own examples.

#### We recommend...

...that the facilitator uses questions that can help the participants to identify and reflect on their own experiences, before they intervene with their own opinions. Leave some time before doing so, to allow the mothers to think and to give their opinions.

### Activity 10: The volcano

**Objectives:** To identify and analyse instances of mother-child interaction when the mother feels rage and/or loses control.

To recognise different intensities of anger they feel when they are with their children.

**Material:** Worksheet 4 “Volcanic Eruption”

**Time:** 1 hour.



**Description:**

1. Each participant will be given the handout for this activity. The facilitator will then introduce the topic, highlighting the difference between feeling and expressing anger.
2. The participants will be asked to think about the times when they interact with their children and feel anger. The facilitator will explain that people have different levels of anger by making a distinction between the three levels of rage identified on the card and explain that it is necessary to be conscious of these levels.
3. The women will be asked to fill in the card individually and to describe their own situations comparing them with the different levels of the volcano. They will be asked to start at the bottom of the volcano and go upwards: for example, irritation, that would be the base of the volcano, then anger, the central part, and finally out of control, which is the upper part where the lava explodes and that represents the physically destructive ways of expressing rage towards their children.
4. To fill in the card, facilitator can ask the following questions at each step:

Volcano state 1/ Irritation:

- a) *What makes you get irritated with your child?*
- b) *What physical reactions do you feel when you are irritated?*
- c) *What do you do when you are irritated?*

Volcano state 2/ Anger:

- a) *What makes you feel angry with your child?*
- b) *What physical reactions do you feel when you are angry?*
- c) *What do you do when you are angry?*

Volcano state 3/ Out of control:

- a) *What makes you lose control with your child?*
- b) *What physical reactions do you feel when you are out of control?*
- c) *What do you do when you lose control?*



5. Finally, facilitator asks:

*Do you think that there are other mothers experiencing such situations?*

*Have you seen these situations in your community?*

3. These questions are intended to help the mothers to feel that they are not alone when feeling the rage. The facilitator can take this opportunity to acknowledge the effort that the mothers have made during the session. To close the session, the facilitator communicates the message to the participants that all mothers can lose control with their children, but the fact that they are taking part in the workshop means that they want to change what happens in these situations and that they are committed to do so, so that their children feel better.

### Worksheet 3: My map of feelings

Name:.....

Date:.....

#### MY MAP OF FEELINGS

Draw a large version of your silhouette so you can colour your feelings inside.

- |                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | HAPPINESS |
| <input type="checkbox"/> | ANGER     |
| <input type="checkbox"/> | SADNESS   |
| <input type="checkbox"/> | FEAR      |



#### Worksheet 4: Volcano

Date:.....

Ask these three questions to the mothers at each step:

- a) *What makes you get irritated/ angry/ out of control with your child?*
- b) *What physical reactions do you feel when you are irritated/ angry/ out of control?*
- c) *What do you do when you are irritated/ angry/ out of control?*

#### Out of control

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#### Angry

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#### Irritated

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## **SESSION 5: Self-control**

### **a) General objective**

To link the impact of the violence that mothers have experienced in the past with the times when they now lash out at their children.

### **b) Key ideas**

- People who have been deprived of affection, who suffered violence and/or the loss of important friends or relatives during their childhood can retain these memories in adult life. This is called traumatic memory.
- At times, a mother's traumatic memory can interfere with her relationship with her children when a situation, context or the child's behaviour triggers this traumatic memory. It could be that the mother then overreacts or loses control of her anger when faced with a child's request and when she is not able to respond to her/his need.
- The more aware the mother is of memories that can trigger or interfere with the relation with her children, the greater is her capacity to control her reaction. A mother's self-awareness aids her self-control.

### **c) The facilitator**

The facilitator should bear in mind that this activity helps the mothers to recognise traumatic memories that can provoke emotions of sadness, rage, and helplessness. It is important to contain these moments and to mentor them by legitimizing the suffering they have experienced.

### **d) Procedure**

Step 1: Establish a connection between the previous session and the present one by reminding participants that up until now they have been identifying situations in which they have experienced a loss of control with their children and that, in the present session, we aim to understand what causes these moments so we are able to bring our emotions under control.



Step 2: Activity 11.

Step 3: Explain the impact trauma has on the brain and how traumatic memories can interfere, if they are not careful with the interaction between a mother and her children.

#### e) Activities

##### Activity 11: Connecting experiences

**Objective:** To link the impact of the violence they have experienced with present moments of loss of control they have with their children.

**Material:** Paper and coloured pencils.

**Time:** 2 hours.

**Description:**

1. The facilitators ask participants to identify a recent situation in which they think they have lost control with their children and over-reacted. The mothers can also use the example that they gave during the last session, for activity 10, when they described a situation in which they had lost control with their children.
2. Once the situation has been identified, ask the participants to try and remember a previous experience in which they have felt the same way and perceived themselves and others in a similar way to the recent example that they just gave. Try and have them remember the earliest experience they can, probably something during their childhood when they interacted with their own parents.

Facilitators can help them using the following questions:

*“How did you feel during the situation that you described for activity 10 (Volcano)?”*

*“What past memories are awoken when you lose control with your children?”*

3. Suggest that the mothers draw something that represents this experience and the associated feelings.

4. Afterwards, each participant can show her drawing to the rest of the group, explaining what it means. At this point, the facilitators should empathise with the mothers and give them lots of support.
5. Then the facilitators help the mother to connect this experience with the current situation and the interaction with their child that they described at the beginning of the activity. This process is carried out in order to encourage the mothers to recognise the influence that certain traumatic memories have on their daily lives when they interact with their children. The more they are aware of the influence of these memories on their relationships with their children, the greater number of tools they will have to control themselves in stressful moments.
6. To end the session, the facilitators explain that when people experience such violent and unfair situations, sometimes it is not easy for them to take care of their children. But, despite all of this, they are taking care of their children and want to improve their relationships with them; this is the reason why they are attending the workshop. Besides, they now have the opportunity to give their children the care that they did not receive from their own parents.

### **In our experience**

#### **It might be...**

...that the session is difficult to understand both for the facilitators and the mothers.

#### **We recommend...**

...before starting the activity, that the facilitators review the main concepts about how violence can affect parenting skills in order to understand the process and the influence of traumatic memories on the present. When they carry out the session, we recommend that the facilitators follow the steps closely. At the same time they should remember that they empathise the mothers and help them to see how the traumatic memories of the past appear in the present, giving rise to difficult emotions when they are angry with their children and to loss of self-control.



#### **SESSION 6: Mothers' childhood stories**

##### **a) General objective**

To encourage the recognition and validation of the mothers' positive and negative childhood experiences.

##### **b) Specific objectives**

1. To reflect on the mothers' childhood experiences.
2. To encourage the women to make new sense of traumatic experiences from the past.

##### **c) Key ideas**

- The process of identifying traumatic memories that influence interactions between a mother and her children requires a space in which they can think about their experiences and emotions, share them if they want to and, with the help of the group, make new sense of them. During this process it is very important that the participants feel accepted, understood and loved.
- The group is a key element, providing women with support and acceptance. The group reduces feelings of isolation in the face of problems, strengthens the idea that violence is unfair, and stresses the need to live in an environment where women are well treated.

##### **d) The facilitator**

- The role of the facilitator is very important during this part of the process because it is a session that provides the space in which mothers can share the situations that they experienced and the traumatic memories that these situations left them with.
- The facilitator should encourage the women to recognise their experiences, empathise with the women, and facilitate dialogue in order for the women to build a story of what they lived through. It will reduce any feelings of guilt that they might feel and will enable them to see themselves as survivors and as people with coping mechanisms and support systems that have helped them to overcome adversity.

- As in the previous session, the facilitator should take into account the emotions in each conversation and pay sufficient attention to all the women.

### e) Procedure

Step 1: Remind the participants of the previous session and link it with the activities that will be carried out in this session.

Step 2: Activity 12.

### f) Activities

#### Activity 12: Talking about the child inside

##### Objectives:

To reflect on the mothers' childhood experiences.

To encourage women to make new meaning of past traumatic experiences.

**Material:** Paper and coloured pencils.

**Time:** 2 hours.

##### Description:

1. The facilitators refer to the previous session in which they linked occasions when they lost emotional control with their children with instances in their childhood when they experienced those emotions (rage, injustice, indifference, etc.). The facilitators explain that in the current session they will work with the experiences that they identify and represent through a drawing.
2. The facilitators ask the participants: "Imagine yourselves at the time in your childhood when the experiences that we worked on in the previous session took place. Remember how old you were at this time. Draw this child (yourself) just as you remember her".
3. The facilitators explain that the participants will send a message to themselves when they were children; they will send a message to the child they have drawn.
4. The facilitators will follow 3 steps to help the mother to give the message:



Step 1: *“Remember what feelings the child had during the experience”*

Step 2: *“Think about what you would like to say to her so that she feels supported”.*

Step 3: *“Help to that child to comprehend the situation, and give her some information to understand why this is happening.”*

5. During the last step, it is important that the mother helps the child to see the situation differently, for example, without feeling guilty for what happened, explaining to her that she is just a child and she could not have changed things, etc.
6. After every step, the facilitators encourage the mothers to share the message they are giving to her child inside. If it is necessary, the facilitators can add comments so that the message to the child is supportive and encouraging.

#### **In our experience**

##### **It might be...**

...that the mothers convey a general message to themselves as children. This could mean that the conversation is too open-ended and vague and that there is not enough time for all women to be heard.

##### **We recommend...**

...focusing the mothers' message on a single past experience. They can refer to the same experience that they identified in session 5 and follow the steps focusing on that situation.

## **SESSION 7: Constructive strategies for stress management**

### **a) General objective**

To strengthen the development of good parenting strategies for resolving conflicts and managing stress.

### **b) Specific objectives**

1. To identify mothers' strategies for managing the stress that is generated by day-to-day activities with their children.
2. To identify mothers' strategies for resolving conflicts with their children when they are upset or out of control.

### **c) Key ideas**

- The mothers taking part in the workshop should experience a process of empowerment and enhanced self-control. Once they have connected emotionally with whatever causes their turmoil and rage, it is time for them to be able to identify different strategies to manage these feelings.
- Sharing the strategies that the workshop participants identified, empowers the women to put forward their ideas and at the same time these strategies offer new opportunities for the other mothers who can use them in their daily lives.

### **d) The facilitator**

- Presenting situations that provoke anger is not always easy for people, and it is even more difficult if the situations involve the behaviour or demands of their children evoking feelings of rage. For this reason, the role of the facilitator is important: The goal is to validate those emotions, as well as making the difference between feeling and acting clear. One can feel anger and rage in the face of children's challenging behaviour, but certain behaviours are unacceptable to express that rage, such as blows and insults.

- When the mothers feel that the difficulties they have in controlling their impulses and managing situations that bring stress and anger are accepted, they will be able to freely share their experiences and allow themselves to view honestly what happens to them.

#### e) Procedure

Step 1: The facilitators remind participants of how, in previous sessions, they identified situations in which they felt anger when dealing with their children and how this anger did not allow them to have a good relationship with their children.

Step 2: The facilitators suggest to the participants that because they have already identified these situations, and they are familiar with the past experiences that trigger these emotions and have connected with them, now they can carry out the following activity.

Step 3: Activity 13.

#### f) Activities

##### Activity 13: The pressure cooker

##### Objectives

To identify the mothers' strategies for dealing with the stress generated by day-to-day situations with their children.

To identify the mothers' strategies for resolving conflicts with their children when they are upset or out of control.

**Material:** A pressure cooker, a large sheet of paper with the same drawing shown on Worksheet 5.

**Time:** 2 hours.

##### Description:

1. Explain the analogy between the pressure cooker and people who find themselves in situations of stress and anger. When situations of stress and anger build up, they put constant pressure

on the person until all this tension explodes, resulting in illnesses, attacks, screams. It is like the pressure that is building inside the pan. So people can manage stressful moments, but when many of these moments are put together, it is possible that the mothers explode and act aggressively, even though they do not want to. In the same way, if the steam in the pan can escape, little by little, the pressure reduces.

2. The facilitators can use a real pressure cooker while explaining the analogy.
3. They ask the participants to throw sheets of paper into the cooker: the sheets of paper represent situations or things that make them stressed. Explain that when the pressure cooker is too full it can explode.
4. The women are asked about their strategies to reduce pressure so that their feelings of stress, anger or rage do not accumulate and therefore avoid an explosion. The facilitator asks specifically:  
*How do you manage your stress?*  
*How do you manage a conflict with your children? For example, when they are asking for lots of attention, or money, etc. what can you do in this stressful situation?*
5. The facilitators use the large sheet of paper with the drawing of a pressure cooker to write down the strategies that the women describe.

### **Possible replies:**

To manage their stress, some women suggest:

- Being relaxed on one's own
- Listening to music
- Sharing the difficult situations that I experience with friends
- Explaining to the person who made me feel bad, "When you said this, I felt..."
- Reading quietly, etc.





To reduce conflicts during interactions with their children, some women said:

- Self-affirmations: “I am not going to get angry...”
  - Deep breathing
  - Looking for signs to identify when the child is going to get upset or lose control.
  - Taking “time out”: separating oneself physically from the situation that is generating stress.
  - Having a sense of humour. Using humour to rechannel children’s obstructive and challenging behaviour, or emotional tantrums. This doesn’t mean making jokes or mocking the child, but rather using humorous paradoxes and exaggerations to help the child change emotional register and move from anger to a calmer, more relaxed energy level.
  - Putting oneself in the child’s place: remembering what is happening now or what they have experienced in the past, in order to understand how it is related.
  - Remembering situations when I was little in which I felt the same as my child.
  - Thinking: “My child is out of control; I can’t lose control. If I, who am the adult, also lose control, there will be no one to help him/her calm down, and he/she can’t calm down on his/her own. So I’d better calm down so I can help him/her.”
6. While the mothers are giving ideas, the facilitators can write or draw in the cloud of steam from the pressure cooker the strategies that are constructive. Reinforce the strategies that have come up and include others like those mentioned above.





### In our experience

#### It might be...

...that the mothers offer some responses to manage stress which are not constructive, such as, for example: "shouting at my husband".

#### We recommend...

...pointing out that aggression only leads to more aggression, tension and stress, and it is important to make a distinction between aggressive and assertive responses. Assertive responses can be placed in the cloud of steam and the others outside

### Worksheet 5: The pressure cooker

#### PRESSURE COOKER

How do you manage  
your stress?



How do you handle  
conflict with your  
children?



#### **SESSION 8: Mothers' support systems and coping strategies**

##### **a) General objective**

To identify significant people who have been important in the mothers' life history in order to analyse these experiences, so that the mothers can identify aspects of good care which they would like to reinforce in their relationship with their children

##### **b) Specific objectives**

1. To identify the coping strategies that mothers have learnt during their experiences of negligence, violence and abuse.
2. To validate the feelings that experiences of negligence, violence and abuse can generate.
3. To recognise how the relationships between the mothers and the important persons have helped them to develop their support systems and coping mechanisms.
4. To identify the behaviours and attitudes of the persons who are important in the mothers' life stories and connect them to their behaviours and attitudes.

##### **c) Key ideas**

- People affected by violent situations must carry out a personal development process in order to be able to move on and continue with their lives without the consequences of what they have suffered impeding their personal development and enjoyment of life. This process starts when they feel recognised as victims of their experiences, affected by violence or neglect, and the feelings of guilt connected with these situations weaken since the feelings of guilt are the strongest when women become mothers. The process continues when they are able to identify the coping strategies that they have used throughout their lives, and see themselves as survivors, rather than victims, of the situations that they have experienced.
- Mothers can be examples of resilience for their children, having survived violent or impoverished social situations. They can be examples of resilience who look after their children in ways that they have learned through healing experiences in supportive and nurturing relationships.

#### **d) The facilitator**

- In this session, it is important that the facilitators focus their attention on the points in women's stories that involve overcoming difficult events that show that the women have support systems that can be reinforced and that the women can continue their process of empowerment.
- If a women starts to speak about a topic that is emotionally important for her, the facilitator should give her enough time for expressing herself so that she does not feel that she is not understood.
- If a participant prefers to remain silent during a specific part of the discussion, she should be allowed to do so.

#### **e) Procedure**

Step 1: Welcome the women and ask them how they have been since the last session.

Step 2: Provide the context for this stage of the process. In the previous session, they worked on strategies for stress management and conflict resolution and in this session they will work on the mothers' personal support systems that have helped them to overcome the violent situations which they have experienced.

Step 3: Activity 14.

Step 4: Make it clear that the following activity is focused on the importance of their examples of resilience – both the people who have been protective of and important to them and their role as mother and as an example of resilience for their children.

Step 5: Activity 15.

#### **f) Activities**

##### **Activity 14: The river of life**

###### **Objectives**

To identify the coping strategies learnt by mothers during their experiences of negligence, violence and abuse.

To validate the feelings that these experiences can generate.

**Material:** Worksheet 6 "The river of life" and pencils.

**Time:** 1 hour.

**Description:**

1. The facilitators show how during the activity each person will create a drawing that reflects their river of life. Like the river, life makes different movements. Sometimes the river goes quickly, it drops, it twists... and at other times it is calm and peaceful. The participants can take some time to think about the changes that their lives have experienced up to now.
2. A page is handed out that contains a graph with two axes: the horizontal axis is for age, from birth in the far left to current age in the far right. The vertical axis indicates the degree of well-being, with times of greatest well-being at the top and at the bottom greatest distress.
3. It is proposed that the women draw a river on this graph that represents the different stages of their lives as they remember them: if the line goes up, it represents positive experiences or events or if it goes down it represents difficult times. This is a task that they carry out individually and they can leave the groups if they feel more comfortable (It is suggested to allow 10/15 minutes for the task).
4. When the individual work is completed, the group comes together with the participants forming a circle. There will be a discussion about the task, directed by the facilitator making use of the following questions:

*How did you feel when you were completing the task?*

*What coping mechanisms did you use to overcome the difficult events that your drawing represented on the river of life?*

**In our experience****It might be...**

...that it is difficult to visualise and represent the lived experience by drawing.

**We recommend...**

...in these situations, using the “river of life” only as a metaphor to discuss and endorse the different events that people experienced, without having to draw them. To carry out the activity, the women can be asked to focus on a specific life event that was especially difficult and which they remember how they overcame it. The same question described in the activity can be used:

*What coping mechanisms did you use to overcome this difficult event?*

### Activity 15: Significant people

**Objectives:**

To recognise how mothers' relationships with persons who are important to them have helped them to develop a support system.

To identify the behaviours and attitudes of the people who are important to the mothers and to relate them to their behaviours and attitudes as mothers.

**Material:** A large sheet of paper and a pencil.

**Time:** 1 hour.

**Description:**

1. The facilitators can present the activity by explaining that in the previous activity the mothers shared their experiences of overcoming adversity, identifying the internal support systems that helped them to move forward. In this activity, the external support systems will take centre stage, particularly the persons that helped them.

2. The facilitators draw the outline of a person on the large sheet of paper so that all the participants can see it easily, and they ask:

The people that helped you, what were they like?

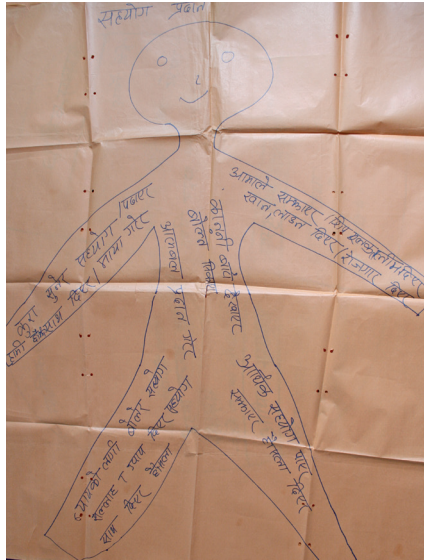
3. The facilitators fill the outline with the different descriptions that the mothers suggest.
4. In order to end the activity and connect their reflections with the relationships that the participants currently have with their children, the following can be asked:

“As a mother, which of these qualities are difficult for you to display when you interact with your children?”

“Which of these qualities do you display when you deal with your children?”

### 3. WORKSHOP PROGRAMME SESSIONS

**Possible replies:** “Encouraging me to go to school or use my skills; giving me self-confidence: ‘you can do this’; offering to listen to me in a respectful manner; doing fun things with me; making me laugh; motivating me; making me feel trusted, strong, making me believe that I was valued, making me think that I wasn’t a bad person, etc.”



## In our experience

**It might happen...**

...that the mothers' descriptions of the personal resources of the people that helped them do not relate to their own resources as mothers.

## We recommend...

...recalling during the discussion, at point 4 in the activity, the importance that mothers have as a significant person and resilient figure in the life of their children.

**Worksheet 6: "The river of life"**



Year

Current age





#### **SESSION 9: Children's life stories**

##### **a) General objective**

To reflect on the experiences of violence which children have experienced so that mothers can respond to their children's requests, fulfilling their needs

##### **b) Specific objectives**

1. To develop the mothers' capacity for empathy towards their children and their understanding of their children's behaviour and attitudes.
2. To encourage discussion about new parenting techniques that help to meet their children's needs.

##### **c) Key ideas**

- In the process of strengthening parenting abilities, to achieve greater self-control and use constructive strategies in their relationships, first the mothers reflect on how their life stories affect their interactions with their children. Next, they can discuss the new parenting practices that they would like to include in their children's upbringing.
- The group's reflection on the events that their children have lived through helps connect the mothers to their children's suffering, increasing their ability to empathise with them and improving their ability to identify their children's needs.
- When the mothers are capable of understanding their children's behaviour as an expression of the suffering that they have experienced, they can empathise more with them and respond to their needs with good parenting practices.

##### **d) The facilitator**

- In the current session, the facilitators should help the mothers in the process of connecting with their children's suffering without changing the kind and accommodating role that they should hold during the whole workshop.
- It is important to continue promoting the mothers' empowerment and responsibility regarding their parenting practices and to always avoid and minimise any feelings of guilt that they may experience during the exercise.

### e) Procedure

Step 1: Connect the previous session with the current, reminding the participants of the previous activities.

Step 2: Bring up the tasks that will be carried out in the current session: a reflection on the way that they want to look after their children.

Step 3: Activity 16 and 17.

### f) Activities

#### Activity 16: Group discussion

**Objectives:** To promote the mothers' ability to empathise with their children and to understand their behaviour and attitudes.

**Material:** ---

**Time:** 1 hour.

**Description:**

1. During this activity, the facilitators direct a group discussion to encourage the mothers to reflect on their children's behaviour. The ultimate objectives are: a) to understand the mothers' arguments and how they view their children; b) to encourage reflection based on the arguments put forward; and c) to advance little by little in their collective reflection on the beliefs and myths that surround children's aggressive nature.
2. The facilitators can start the discussion by putting forward the following argument:

*"Throughout the meetings, we have learnt from all your experiences. Often we talk about how proud you are of your children, when you see them studying, when they help out with jobs at home or when they say that they love you, or are loving and affectionate toward you. At other times, we have heard about your anger and confusion when you see that they don't obey, or when they behave aggressively or they insult you, don't respect you...At such times it is difficult to understand why your children act like this"*

3. The facilitators suggest the following activity to the mothers: *“Now, we would like you to draw the outline of your child – see the example – and you could think about which of the following descriptions fit with your child”*
  - a) G/G: He/she has a good heart and does good things, is well-behaved, respectful, affectionate, responsible, polite...etc.
  - b) G/B: Has a good heart but sometimes does things that he/she should not such as insulting people, fighting, lacking respect, stealing...etc.
  - c) B/G: Does not have a good heart but behaves well and appropriately, is respectful, does not insult people, does not steal, is polite, studies hard...etc.
  - d) B/B: Does not have a good heart and displays a destructive behaviour, fights, lies...etc.

It is important that the facilitator translates the terms GOOD and BAD into the women's own language to ensure that these descriptions make sense to them.

4. Leave time so that the mothers can think it over and decide which of the descriptions suit the child. When they are ready, they are all asked which option they would choose and why they would choose it.
5. In our experience, many of the mothers tend to opt for category two (G/B), but there are also mothers who choose B/B. Once all the mothers have been heard, the facilitator's aim is to encourage a group discussion. To achieve this, the facilitators might ask the mothers to form groups depending on the description that they chose and then to argue for their opinion and convince the other groups.
6. It is important that the facilitator is really dynamic and tries to encourage the mothers to reflect on this, if necessary, by giving an example of what every option means. At this time it is important that the facilitators remain neutral. In other words, they should not favour one side or the other.

7. After leaving enough time for the women to offer different arguments, the facilitators will ask questions to direct the general opinion, little by little. Now the facilitators are no longer “objective” and adopts a more confrontational style. Sometimes the mothers have deep-rooted ideas about the fact that their children have been born “marked” and that they will always be aggressive. To help them reflect on this, but without imposing their views, the facilitators can make use of the following questions and arguments:
  - Explore, from their point of view, what would be the steps to follow if the child really was “marked”: “What can you or we do about this? Is there anyway to removing this mark? How could it be done?”
  - Use the group to promote discussion: *“Does everyone agree with this idea? What is your experience? Why do you not agree with it?”*
  - Give information about the children’s development. E.g. *“When children are very young, their brain is very small. This means that babies are much independent than the young of other animals which, for example, can stand up and walk to look for food on their own shortly after birth. When they are born, children can do basically three things: eat, defecate, cry and sleep. In other words, babies’ brains are able to feel distress when something makes them uncomfortable, like cold or hunger, and also, as they can’t walk, they have other abilities, like crying to attract attention so that someone helps them and eases their distress: feeding them, wrapping them in clothes or picking them up. With this brain, do you believe that a child can cry with the intention of harming his or her mother? What happens when the mother, who is tired, gets irritated when the child cries to satisfy a need?”*
8. The activity is finished off by supporting the idea that children are not born as “devils” but, as they grow up, they experience difficult situations and express their suffering through bad behaviour.



#### Activity 17: The small river

**Objectives:** To promote the discussion of new parental practices that meet their children's needs.

**Material:** Paper and pencils.

**Time:** 1 hour.

**Description:**

1. Start the activity by describing how, in the previous discussion, they came to the conclusion that children behave badly because their behaviour expresses their suffering. Now, in order to better understand the suffering that their children express, they will do an activity to connect with their life stories and to be able to reflect on how they want to bring up their children.
2. The facilitators propose that the mothers draw a continuous line on which they can place the years of the child's life since birth. They then identify the years when the child has experienced a difficult situation and draw a dot above the line. The size of the dot corresponds with the level of difficulty of experienced situations: large dots for very difficult experiences and smaller dot for less serious situations.

It is suggested that each mother choose to draw the line for the child with whom they have most difficulty connecting or whose behaviour they least understand.

3. Once they have finished the individual task, they join the group and take part in discussion. This is directed using the following questions:

*How did you feel doing the exercise?.*

*Now that you have identified the experiences that your children have experienced, how do you think they felt during those experiences?*

*What did you think they needed at that time to feel better?*

*How do you think that you can help to meet the needs of your children?*

4. The facilitators end the activity by summarising the good parenting practices that have come up during the group discussion. They can reinforce the different ideas that emerged and add more as they see necessary.

### **In our experience**

#### **It could happen...**

...that the mothers understand their children's behaviour as responses to difficult situations that they have experienced. This process could mean that the mothers experience some feelings of guilt because they were not able to protect and help their children at that time.

#### **We recommend...**

...taking advantage of this discussion to free the mothers from blame, and to reinforce the idea that they have done what they could with regard to looking after their children and, if sometimes they think that they should have acted differently, they should remember why they could not: possibly because they were victims of violent situations or experienced lots of stress or because they did not know what was the best way to react, etc.

At the same time, facilitators should support the mothers and encourage their current efforts to improve their relationships with their children, especially when they are seeking assistance and willing to share their experiences with other women.



#### **SESSION 10: Current educational models and a vision of the future**

##### **a) General objective**

To encourage the mothers to think about the educational models that they use and the models that they want to use in the future.

##### **b) Specific objectives**

1. To reflect on the educational models that the mothers use in order to satisfy their children's needs.
2. To practice new forms of good parenting with their children.

##### **c) Key idea**

One element that the mothers have developed during the workshop is self-control: their ability to control their behaviour during times of stress and rage when they are with their children, so that they can respond better to their children's demands. But there are other elements of mothering, such as the accessibility of a mother to her children, her sensitivity when faced with emotions, or the ability to reinforce children's good behaviour. At a practical level, it is important that the mothers work with all of these elements so that they can think about them and describe how they can use them in their relationships with their children. This is the aim in the current session.

##### **d) The facilitator**

In this session, the facilitators should encourage a playful atmosphere as role-playing can be fun, but at the same time, during the discussion, they should remember that they are dealing with an important and serious topic.

##### **e) Procedure**

Step 1: Connect the previous session with the current session: the facilitators should have the graphs that the participants drew during the previous session, as part of the activity "the small river".

Step 2: Activity 18.

Step 3: Close the sessions by encouraging the mothers to continue doing what they have done in the session with their children at home.

## **f) Activities**

### **Activity 18: Role-playing**

#### **Objectives:**

To reflect on the educational models that the mothers use in order to satisfy their children's needs.

To practice new forms of good parenting that the mothers want to use with their children.

**Material:** Worksheet 7 "Role-playing".

**Time:** 2 hours

#### **Description:**

1. It is explained to the participants that in this activity they will do role-play to work in practice with some of the elements that they have been discussing throughout the workshop. The aspects to be worked on are the following:
  - Availability
  - Sensitivity
  - Appreciation
  - Guidance
  - Support and empathy
2. The mothers are asked to pair up for the role-playing. In each pair, one of the mothers will play the "mother" and the other the "child". Before starting, each pair will be given a card ( see Worksheet 7, page 163). Each of them describes a situation where a demand from a child and a response from a mother are described. In all of them the child's demand is not met for different reasons: because the mother is unavailable; because the mother is not sufficiently sensitive





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to be aware of what is happening to her child; because the child is not appreciated as a person; because no guidance is given to the child in his/her doubts and curiosity; or because the mother is unable to empathise with the child and does not support him/her.

3. Each pair should enact a conversation that reflects the situation shown on each card. The person that plays the mother should act in a way which she believes will help her child.
4. Once all the participants have prepared their conversations, the pairs will act out their conversations for the rest of the group one at a time. After each performance the facilitators ask:  
*How did you feel as a child?* (To the mother who plays the role of the child)  
*How did you feel as a mother?* (To the mother who plays the role of the mother)  
*What do you think about the answer that the mother gave to her child?* (To the group)
5. After these questions, if another mother from the group wants to enact the scene again, to share a different strategy, they can do so.
6. When answering the last questions, the mothers are expected to realise that what is required to boost the mother-child link is the opposite of what appears in each role play. They are asked to describe action to be taken in each situation and write it down in a piece of card. Facilitators should reinforce and summarise all the good strategies and individual skills that emerged during the role-playing.

#### **In our experience**

##### **It might happen...**

...that the scenes described in worksheet 7 do not correspond to the women's actual experiences.

##### **We recommend...**

...adapting the scenes to the context and the mothers' culture. Because the facilitators are familiar with the women's experience and have experience mentoring them, the facilitators can adapt the scenes.



### Worksheet 7: Role-playing

#### Card with scenes to act out:

Create a situation depicting a relationship between a parent and his/her child in which the child asks for something and is not listened. (Availability)

Create a situation depicting a relationship between a parent and his/her child where the child listens to a conversation on a family problem and want to give his/her opinion but is not taken seriously or it told not to speak. (Appreciation)

Create a situation depicting the relationship between a parent and his/her child in which the child expresses a feeling of sadness and the parents do not give any importance to his/her feelings. (Sensitivity)

Create a situation depicting a parent who loses control when the children are fighting a lot among themselves, they cry, they don't look after their things and throw them around when they are angry. (Stress Management and Guidance)

Create a situation depicting the relationship between a parent and his/her child, in which the child has been telling them for some time about a problem at school with his/her schoolmates which makes him/her very sad, but his/her parents don't pay any attention. (Empathy and Support)



#### **SESSION 11: Ending the workshop**

##### **a) General objective**

To evaluate the workshop, identifying lessons learnt and future challenges.

##### **b) Specific objectives**

1. To share participants' and facilitators' assessments of the workshop.
2. To set up a fun activity to bring the workshop to an end.

##### **c) Key idea**

The last day of the workshop is a time to reflect on what has taken place during the previous months and to strengthen the connections that have been made among the women that have participated in the group. Together the mothers have created a network and it would be very positive if this network remains a source of assistance for them and that the system of mutual support that has developed among the mothers is continued.

##### **d) The facilitator**

- It is important that, in this session, the facilitators give feedback to each of the women about their work in the group and about the importance of their contributions to the group. Remember that at this time it is important that the women receive positive messages that give them strength.
- The final session is a time for enjoyment and fun and a time to say goodbye yet leave open the possibility of future meetings.

##### **e) Procedure**

Step 1: The first part of the session is spent assessing the workshop. Activity 19.

Step 2: In the second part of the session they will take part in a fun activity as a way of saying goodbye. Activity 20.

## f) Activities

### Activity 19: Evaluation of the workshop

**Objectives:** To share the participants' and facilitators' assessments of the workshop.

**Material:** ---

**Time:** 1 hour

**Description:**

1. The facilitators suggest that they carry out an evaluation of the workshop together. They explain that, to begin with, they will have a discussion in order to find out the opinions of the women that have participated so that they can change or improve the workshop for the future. On the other hand, the facilitators will share with the participants their own evaluation of the work that they have done in the group.

2. To begin, the facilitators suggest some questions to discuss in the group:

*Which activity or session did you find most interesting? Why?*

*Which activity or session did you find least interesting? Why?*

*Do you think you have changed because of your involvement in the activities during the workshop?  
Explain your answer.*

*Did you learn any skills that help you? What are they?*

NB: Some of the facilitators will take notes of the women's responses while other facilitators keep the discussion going using the list of questions.

3. Once the previous discussion has finished, the facilitators will give a positive message to each of the mothers that have participated in the workshop. They will tell each of them their opinion about their participation and involvement in the workshop and highlight their abilities and the contribution that they have made to the group.



#### Activity 20: Goodbye for now

**Objectives:** To set up a fun activity to bring the workshop to an end.

**Material:** Paper, pencils and small sheets of coloured paper.

**Time:** 1 hour

**Description:**

1. This activity is a way of saying goodbye to the other group members.
2. Each mother is asked to write on the different small sheets of paper, and write or draw a positive characteristic of each of the other mothers. The characteristic should be related to the woman as a person and as a mother.
3. On the other side they will write the name of the person described by the characteristic.
4. Each participant will receive the sheets of coloured paper. Once the individual work is completed, each mother will be asked to give the small piece of paper with the characteristic to the mother that it describes and before handing it over, to read it out in front of the group.
5. Each person will stick the small sheets of paper that she receives to her own coloured paper. This coloured paper, including the comments from the other women, will be the final gift that the participant will take away as a memento of the programme. This part of the activity is completed when each mother has her own piece of paper with all her personal qualities, as a person, a facilitator and/or a mother.
6. Next, the facilitators will highlight, in front of the rest of the group, the work that the participant has done during the workshop. The facilitators can give each participant individual comments.
7. Time is made available for the women to enjoy themselves and for the facilitators to tell the participants that the workshop meetings have come to an end, but the relationships created among the women still exist and the network that they have created is still there to support them.

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