

Bearing Witness: Supporting Parents and Children in the Transition to Peace

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This article seeks to provide a brief overview of group work with parents in two working-class communities (Protestant–Unionist–Loyalist and Catholic–Nationalist–Republican) that have been deeply affected by decades of political conflict in the North/Northern Ireland, as well as by post-ceasefire sporadic, violent political events.

The paper sets out the organisational and community context of the work, the rationale and approach developed for working with parents as well as working in groups, what parents wanted from the work, examples of interventions and, finally, key learning points for workers and organisations in supporting traumatised children, families, and communities.

“We’ll never be the same”, the name of a resource pack to be launched by Barnardo’s in May 2004, was taken from a statement by a young mother in reflecting on changes in herself, her family and community following violent conflict. The resource describes relevant research, group work undertaken, the theoretical model, and key findings on the impact of the conflict, with supporting background papers on a range of themes including trauma and recovery, children and parents/carers, victims and workers, groups and leadership, and finally, community and transformation.

Introduction

The aim of the pilot project “Parenting in a Divided Society”, which began in spring 2002, was to develop a model of support with parents affected by the conflict in relation to personal, family, community and organisational development. From the start, there was an intention to locate the work strategically, and to work from and

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between the grassroots/community and middle institutional tier; as well as to eventually connect to the top level/political tier (Lederach, 1997).

The primary intended outcomes for the work were to have:

- an increased understanding of the impact on parents and their children, of 30 + years of war/political conflict as well as continuing conflict;
- explored ways of supporting parents and children;
- produced a written resource to support organisations and other interested parties; and
- contributed to practice and policy debates.

Phases of Development

There were four main phases of development over a 2-year period:

1. Preparation (March–September 2002).
2. Identifying and working with parents in two areas (May 2002–February 2003).
3. Reviewing the work and writing a resource (February–December 2003).
4. Independent evaluation (September 2003–February 2004), publishing and dissemination (spring 2004 onwards).

The initial phase began by consulting with organisations. Several reports and publications revealed that many organisations have attempted to distance themselves from the impact of the “troubles”, and are likely to need a range of training and other supports, to reengage and contribute to the process of change (Campbell, 2001; CCETSW, 1999; Fay, Morrissey, & Smyth, 1999).

Given limited resources, a central question was: how can we recognise, value and respond to children’s experience of political conflict here? Graca Machel, who has carried out extensive international research on children’s experiences of war and conflict, provides one answer. She proposes that “the most effective and sustainable approach is to mobilise the existing social care system ... to enhance the communities ability to care for its children” (Machel, 1996).

Furthermore, a recent evaluation of services to victims and survivors noted the need for training and mentoring for group workers, and that there was “universal agreement” among groups and organisations on the need to address issues associated with young people and the “ripple” or “intergenerational effects” of the conflict (Deloitte & Touche, 2001).

On that basis, and given Barnardo’s experience of parent support work, the organisation decided to pilot work with parents/carers in areas most affected by conflict, on issues directly and indirectly arising from the conflict, and to research international learning prior to engaging in direct work. The work came under the remit of the Victims Unit of the Office for the First and Deputy First Minister, and was funded for two years from March 2002 at £30,000 per year. The work was carried out by the authors.

Supporting people to recover from the effects of the conflict is an essential part of the process of peace building. The Good Friday Agreement (1998) recognised this:

It is essential to acknowledge and address the suffering of the victim of violence as a necessary element of reconciliation.

Work with victims and survivors, requires both an informed and sensitive approach. The identification of and with victims is as contested as any other aspect of life here. This is further impacted by the absence of an agreed structure for handling events of the past at a communal level (e.g. a Truth and Reconciliation Commission). The community is small. Therefore, the extended family network and close social and cultural connections mean that everyone is connected in some way to someone who has been directly affected by the conflict. Moreover, while there have been fewer deaths since the ceasefires, for some communities attacks and threats have not ceased. The pain and loss and results of terrible events that people live with are ever present. At the same time, people have developed strategies that allowed them to continue daily living, rear families, and even engage in cultural and social activities that reflect their experiences by developing networks of community based support and self help.

Resilience

The concept of “resilience” has been one of a number of guiding principles in the work. Of relevance to our context, in this respect, is a range of studies from the Second World War to the present. These studies demonstrate that recovery from the effects of trauma is most likely where:

- children are supported by their families; and
- they are able to perceive that their immediate carers are able to exert agency over their circumstances.

Moreover, evidence that those who are best placed to maintain positive mental health in the face of distressing events, are those able to:

- identify with a community and the aims of that community; and
- have the opportunity to take part in meaningful social rituals that affirm their cultural values (Hodes, 2000).

Experts all agree (for example, Bloom, 1997; Herman, 1992; Perry, 1999; Siegal, 1999) that the child, or indeed any one of us, relies on resourced and resilient families, communities and social systems to recover from traumatic experience.

Defining Trauma

For the purposes of this work we chose Herman’s definition trauma because of its social and political framework and its redefinition of trauma as a complex syndrome (Herman, 1992). This seems more relevant to our understanding of trauma as a

cultural process: “the responses to trauma are best understood as a spectrum of conditions rather than a single disorder” (Herman, 1992).

This was further refined and extended by reference to:

1. Levine (1997)—the body/mind response to trauma, the impact on the central nervous system and of healing (from trauma) as natural phenomena.
2. Siegal (1999)—the relationship between the structure of the brain, memory development and infant attachment.
3. Hellinger (1998)—intergenerational impacts on families and communities as systems.
4. Bloom (1997)—the societal source of trauma, the vital role of the bystander and the need for sanctuary.

As previously emphasised, resilience or the capacity to recover from stress and trauma, and vulnerability, are best viewed as interpersonal and collective capacities that travel across geographic boundaries as well as between generations, rather than individual capacities and vulnerabilities (for example, Danieli, 1998; Siegal, 1999).

While we are not aware of specific research into intergenerational impacts in Northern Ireland, evidence from practice and from reports (for example, North Belfast Community Action Project, 2002) demonstrates that parental capacity to protect and to exert positive influence on children and young people is seen by communities as having been eroded in the face of multiple debilitating factors.

Getting Started

We worked with two groups between September 2002 and the end of January 2003. This followed extensive discussion with a range of community-based groups. The groups self-selected into the pilot programme were supported by a community liaison worker, and were both interface communities who felt a sense of urgency about gaining support for their children in the aftermath of violent events. These parents had all experienced severe, frequent and long-term impacts of decades of conflict (e.g. being put out of their homes repeatedly, physical attacks at the individual and community level, were parents who as children had experienced life-threatening events and now as parents themselves in the company of their own children). Both groups experienced the state as failing to protect them and their children. The work was aimed at providing support for parents to deepen their understanding of their experiences of conflict initially, and consequently that of their children, families and community, in order to become more aware of the support that they and their children might need.

Our starting points were that:

1. All child rearing carried out here is done in the context of unresolved political conflict, and the impact of this continues to shape the relationship with our children to a greater or lesser extent.
2. Parents and carers are the primary means through which children in the early

- years experience the world—engage with their environment, learn about relationships and develop the internal supports necessary for development to adulthood.
3. The effect of trauma is not limited to the person who experiences it directly, and therefore recovery must involve the person and their environment.

As part of the process of peace building there is a need:

- to understand how children are affected by political conflict and traumatic events, particularly where the conditions are continuing;
- to explore the impact of traumatic experiences of previous generations on the development of the child (e.g. the intergenerational effects of trauma); and
- to explore what it is that we are still teaching our children through child rearing as a result of our own experiences of the conflict.

Parents and Carers

Our focus was on parents and carers for a number of reasons:

- We wanted to support parents to consider how their own experiences had influenced their child rearing processes.
- We wanted to acknowledge the centrality of the family and community as the most significant support systems for the child.

Evidence from practice indicated that many children were not receiving trauma support despite their experiences, and/or that often the specific developmental issues were not recognised or understood sufficiently. In the light of this, we believed that:

- with specific awareness and training, parents and carers could provide continuous support to their children as part of the home environment; and
- with increased information parents would be better placed to obtain support and resources from the relevant agencies involved with children and their families.

Trauma Support and Children

In the field of trauma support and childcare, we wanted to address what we saw as a gap in current thinking in relation to the complex parent–child relationship in times of political conflict. We were concerned that where child trauma was recognised and support available, this tended to be individualised through counselling or medication—in other words, the child was the focus of treatment. This in our view separated the child even further from their friends, family and community as the “carrier” of the trauma and seemed to echo the isolation contained in the experience of trauma. The emphasis on the individual, it seemed to us, either missed or minimised the connections between the child, the family and community—connections that provide the paths along which traumatising experience(s) travel between the child, the family and community, thus changing the environment of the child and the experiences available. These connections, however, also provide the structure

through which the vital part of trauma recovery—reconnection (Herman, 1992)—is facilitated and supported.

Intergenerational Trauma

Where the effects of trauma were recognised, it tended to be in the context of direct experience or indirect witnessing of the event. However, children here are born into an already traumatised environment. We believe that what has not been explored sufficiently is mechanisms by which intergenerational trauma occurs through:

1. **Attachment**—The nature of the bond between the carer and the child that influences how we organise our emotional and behavioural responses throughout life and how this is affected where the parent/carer is experiencing ongoing or unresolved trauma. The attachment bond is formed within trauma (Bloom, 1997).
2. **Memory**—Recent developments in neuroscience have increased our understanding of attachment and the nature and function of memory and how they allow the child brain to develop “a balanced capacity to regulate emotion, to feel connected to other people, to develop an autobiographical story and to move out into the world with a sense of vitality” (Siegal, 1999, p. 21).
3. **Re-enactment**—Where traumatic events are re-enacted, often out of awareness, sometimes overtly but more usually in highly symbolised (mimesis) and disguised ways that can come to dominate a person’s life (Bloom, 1997). This might be a reason for the adults to look again at aspects of our community life (e.g. car theft, drugs use including alcoholism, youth suicide, neglect, etc. as aspects of unresolved transgenerational trauma).
4. **Family responses**—The process of not talking about or actively forgetting traumatic experiences means that the felt experience of the event is passed to the next generation without a cognitive verbalised framework for making sense of themselves in the world (Bloom, 1997).
5. **Community**—Where this is generalised across a whole community, then the child learns to expect a particular response to the environment as normal. There is a need for closer analysis of the interrelationship between the process of trauma recovery and peace building.

In the absence of strong political movements for human rights, the active process of bearing witness inevitably gives way to the active process of forgetting. Repression, dissociation and denial are phenomena of social as well as individual consciousness. (Herman, 1992)

We consider that these are vital areas of study, if, as adults, we are to support ourselves and the community, to develop a future in which the abnormal is no longer normal. The Children and Violence Intervention programme in South Africa, states that they have come to realise that ‘treating children in isolation from their support system can be detrimental to our efforts, and to the children themselves, if their family and wider community environment is not prepared or

equipped to deal with and nurture the changes intervention sought to achieve. (Zwane, 1997)

Why Groups?

The restoration of social bonds begins with the discovery that one is not alone. Nowhere is this experience immediate, powerful or convincing than in a group ... because traumatised people feel so alienated by their experience, survivor groups have a special place in the recovery process. (Herman, 1992, p. 215)

In addition to the process of reconnection, we decided to work with groups because we could work with more people given limited resources, the group is an important way of exploring the relationship between the individual and community, the power of the group in relation to people speaking out and, finally, meta-studies of parent support have been carried out that point to the effectiveness of group work as an intervention (Barnardo's, 1999).

We were conscious that working with traumatised people in groups required a different approach than the usual group development models that emphasised stages of development (for example, Kolodny, Garland, & Jones, 1965; Schutz, 1966, Whitaker, 2001). Certainly these were important, but in Herman's words "the work of the group focuses on the shared experience of trauma in the past, not on interpersonal difficulties in the present" (Herman, 1997, p. 223). She argued for a different approach to the idea of stages when working with traumatised people. "First-stage groups concern themselves primarily with the task of establishing safety. They focus on basic self-care, one day at a time. Second-stage groups concern themselves primarily with the traumatic event. They focus on coming to terms with the past. Third-stage groups concern themselves primarily with reintegrating the survivor into the community of ordinary people. They focus on interpersonal relationships in the present" (Herman, 1997, p. 217). In the group where attacks had come from outside their perceived community all of Herman's stages were present, while in the other, where attacks were experienced as coming from within, the work focused primarily on safety.

Principles

We believed that the work had:

1. To be in partnership with the participants—to emerge from their needs and interests, as well as our own. This was a fundamental approach as well as the method for discovering, working with, and writing up the work.
2. To support the resilience, autonomy and connectedness of those who had experienced overwhelming events.
3. To reflect the *transformative* nature of the trauma experience. The work could not restore the person to how they had been prior to the experience nor support someone to "get over it" as if their lives had not been forever changed. The

integration of the event with its losses and gains, grief and bereavement lay at the heart of the experience. Parents and people who work with children needed to know:

- to recognise that they had *lived* with traumatic events;
- to recognise the specific experience of children and the effects on their development; and
- to recognise the central role of parents in helping children to organise their experience of the world.

The Groups

Similarities

Both groups had experienced traumatic events in the company of their children—in some instances, partners/husbands and wider family, at least 12 months prior to this work, were women (mothers and grandmothers) and had had some support in the immediate aftermath. For both, the capacity to protect their children was called into question. At a wider level, our capacity as adults to protect all our children was shaken by such events. Ages in the groups ranged from young parents to grandparents. There were 20 women involved with varying levels of participation. The parents in both groups focused primarily on their primary school-aged children, although many children (from young babies, to adolescents and young adults) were directly connected to the events. We were working without the children present.

Differences

For one group, the events stemmed from the actions of a group *outside* their community, and represented to some extent a continuation of their experience over 30 years, while peaking at the time of the events. For the other group, the events stemmed from the actions of a group *within* their community, and represented a violent rupturing and fragmentation of relationships from within. Differences between the groups included the degree to which each group experienced a wide level of community support. This meant that both the process and the outcomes were different in each group.

What Parents Said They Needed

The parents in each group expressed similar needs in early meetings, and on programme enrolment forms, which were:

- to regain a sense of safety;
- to be able to talk to the children and help them feel safe so that children would not be left with after effects;
- to learn more about what had happened to them;

- to help make their community a safer place and to bring children up in a safe and loving environment;
- to “move on” and to regain a sense of hope and trust; and
- to be able to help children and young people come to terms with political events and problems.

What Parents Identified as Wanting from the Group

- To develop skills to support recovery at a personal, family, and collective level.
- To know what trauma was and how you could recognise it in yourself or your children.
- Parents identified specific health concerns arising out of their own experiences (e.g. nightmares, panic attacks, agoraphobia, anxiety, sleeplessness, rage, risk taking, obsessive routines, depression, grief, bereavement) and for their children’s (e.g. nightmares, bedwetting, withdrawal, fear, anxiety, sleeplessness, “parentification”, clinging, aggression, difficulty concentrating, repetitive play). Issues of medication and self-medication were also prominent (e.g. use of prescribed drugs, alcohol, smoking, over-eating and under-eating).

There were differences between and within each group as to how to address these needs. While both groups wanted to “move on”, some felt unable at that time to “move on” by working within the group to resolve their experiences. We trusted that people choose to do the work if and when they are ready, and their circumstances support them. We believed the parents themselves needed to experience the kind of support in the group, that they could provide for their children.

This involved creating safety and continuing every session to build increasing safety—emotional, physical, intellectual and belief-based safety. The participants, like their children, needed to feel safe to explore their experience even when this seemed different or contradictory to others in the group. They had to be free to express their own cognitive version of events and their emotional responses—whatever they may be. Being able to witness the others’ experience without judgement or trying to change or avoid it helps to create safety.

The parents themselves acknowledged that they could not discuss or engage with their children in the aftermath of the events if they failed to recognise how they themselves changed and how they were living with the effects of their experiences. To do otherwise was to perpetuate the view that the child is alone in the experience and it is he/she who needs to change.

What occurred in the group was discussion, learning, witnessing, and supporting—which arose directly and continuously out of the needs and interests of the group. These needs were reflected in all of us and as they were addressed faded and were replaced by others. The balance of expertise moved between the participants and us, and through this we all came to a new understanding of our experiences.

As facilitators, we also had to witness and support the exploration of both the groups’ version of events and that of the individuals as they created their narratives.

We encouraged and supported them to do this with their children. An important factor in this was not to “objectify” the participants, but to recognise that we had all had our experiences of political conflict some more directly than others, and some more recently than others. As facilitators, we had to be aware of how our experiences became part of what was happening in the group. We supported ourselves by drawing on our experience and training, by arranging supervision for our work, by writing a personal reflection after each session, and by meeting and talking through issues that had arisen in the group.

Measuring Effectiveness

In considering the question of measuring the effectiveness of the project we were guided by a number of issues, including the general notion of “what works” and the aims and theoretical underpinning of the work. However, effective work would reflect the *developmental* nature of the work—what emerged from working with people on the basis of their self-defined needs and interests as they arose moment by moment.

Immediate sources of evidence emerged from:

- what parents said they gained or how things had changed as a result of being in the group; and
- what we observed as effective in supporting parents.

What happened after the groups finished was also a measure of the effectiveness of the process but we had not control over how or when that might emerge. Clearly each time a group engages in this work, each will have a different starting point and will develop differently. Great attention is needed to ensure that the starting points of the each group is recognised so that progress can be monitored and brought to the awareness of the group participants.

Evidence of Effective Work—What Parents Said: A Selection

Group A

Personal level

Very useful. No-one told us about trauma and its impact before. It's only now that we're able to see the impact on ourselves and our children. We were just surviving before. We hadn't thought about children picking up on everything. We're observing our children, trying out different things to help them feel safer.

Community

Realising the degree of disappointment that our community doesn't stick together. Beginning to realise the impact of people not speaking out, how much fear there is and politicians saying nothing. Fear for the future and for future generations.

Group B

Personal level

Learning so much about trauma that we never knew—people should be told this. Being a different parent now. I can't just leave the children to grow up the way we did with the others. I'm really different now. Gaining friends, good to know that others felt similar to me. Feeling less burdened like I don't feel odd now, this is normal. Tuning into my children, observing and trying out new ideas. Relief that children are opening up more and we're able to support them. Sharing what I learn with my family. Doing things differently to previous generation (seeing what's happening with your child, involving the children in funerals). A blessing in disguise—we would never have learned all this if it hadn't happened.

Community

Taking on new challenges and working in the community. Concern for future but wouldn't be caught out again. We'll be better prepared and know what to expect.

The responses, in relation to the community, were a further indication to us of the importance of the support from the community. In group B, the community was clearly a resource and the parents felt supported and connected. In group A, the community was part of the danger for the parents and no alternative sense of community was available at that time other than a tight group sense.

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Identifying Effective Work—What we Noticed

Our aim was to encourage self-support and group support so that the participants could continue the process after the formal group meetings had finished. Therefore, effective work was demonstrated in the willingness of the participants to explore the extent to which they wanted to participate in the process.

The following are examples of this:

1. The participants began to take care of themselves and each other—bringing food, organising breaks, exchanging information, and sharing examples of how the families were coping.
2. Participants made connections between their own responses and how these were mirrored in those of their children (e.g. keeping silent, not using therapy, fear at night).
3. Each parent beginning to regain authority as a parent with the result that children were beginning to be more able to be children.
4. Challenged our knowledge and opinions and those of other professionals.
5. Group members used the group as a resource, and acted as a resource to others in the group.

6. Making collective decisions as a group.
7. Continuing to meet as a group afterwards.
8. Talked about their influence in the various communities of which they were members.
9. Discussed the different roles they played in the community and how their new awareness would make a more consistent experience for their children.
10. That the participants recognised the need for special skills and knowledge to support them and their families through extreme events.
11. That they needed and wanted to intervene directly in how their children were coping and to create opportunities to support their children.
12. They were concerned with the degree of understanding of the impact of trauma at a community level and how this is shaping the quality of life for their children in the future.
13. Finally, they express some concern about the type, quality, and availability of professional support.

Considering the Model

There is nothing as practical as a good theory. (Lewin, 1952)

A number of authors listed in the following example influenced how we worked with the group as well as our own experiences, contexts, and knowledge that continuously developed, as the work proceeded. It may be useful, therefore, to see the work as containing both *process* (how we and the group developed together over time) and *content* (the developing knowledge base). The following example may illustrate the content of the approach in terms of main theoretical sources.

Working with Process

A support programme must address the experience of the person in the present—a present that includes the effects of trauma as it is lived in their present lives rather than as symptoms to be cured. Interventions that behave as if the person is as they were at the time of the trauma encourage powerlessness. They tend to miss how the person has continued to live—a potential source of power for recovery. While, on the other hand, interventions that do not recognise the profound effects of trauma will fail to include this central aspect. In working with the pilot groups, we wished to work with participants urgent concerns with whatever knowledge, experience and skill we could bring.

Examples of Interventions to Support the Groups

In general, we were working with the group process with our combined knowledge and experience in education, training, parent support, early years, psychotherapy,

community development and as parents ourselves. Examples of specific interventions included:

- Negotiating the venue and time.
- Being there on time, holding time and space boundary.
- Tea at the beginning and during break, scones, etc. (the groups organised this).
- Pace—regular, predictable routines, loading, and manageability of the work; that is, check-in, group round, attention to beginning, middle of session and closure, to intervening in a way to modify the physiological cycle of arousal/activation and release/de-activation.
- As a resource—teaching on trauma and recovery, emotions, child development and attachment (supporting child's experience), grief and bereavement.
- Supporting discussion of issues from child's perspective, children's rights and systems/field (i.e. physical punishment in group A, 'joyriding' in group B).
- Use of self—self-disclosure, as appropriate.
- Journals/diaries for each group member.
- Lifeline—use of visual images and sequence of important life events.
- Breathing, body/sensation awareness, relaxation, affirmation—most sessions.
- Guided visualisation—a safe place within to go to at any time.
- Problem-solving and ideas generation for supporting safety and recovery with children (i.e. dream catchers, bedtime routines, use of stories and music, walking round house showing how it is safe and seeing what else parent needs to do to increase safety, visualisation, dolls, teddies, poems written by parent for child, etc.).
- Naming “parentification”—child parenting the parent and supporting parent(s) to take back their authority and responsibility in order to free the child to be the child, and the adult to be the adult (Hellinger, 1998).
- Encouraging support between group members, pairs working, a group member acting as a representative of whole group.
- Brainstorming losses and gains.
- Music, essential oils.
- Letters, reports to host organisations.
- Celebrating—birthday celebrating at the end.
- Offer of further workshops, if desired.

Considering Key Learning

What follows is a summary of the key learning from the work with both groups:

1. **The parents (their children, immediate/extended family, and communities) have been deeply affected** by sequential and cumulative trauma as a result of over 30 years of violent conflict, ongoing conflict and discrimination. This is compounded by a variety of factors that increase vulnerability (e.g. educational disadvantage, poverty, ill health, intergeneration transmission,) and ameliorated by factors that increase resilience (e.g. group solidarity in the face of threat,

- cultural structures that bind people together in a common identity, strong intergenerational family ties, valuing education).
2. **Restoring a sense of safety** is the number one priority for parents themselves, their children, families and wider community. This requires a strategic approach in order to “reconstruct the social” (Bloom, 1997). Making communities safer requires co-ordinated multi-agency efforts in tandem with political progress. At the level of personal and family safety, knowing how to restore a sense of safety in the midst of ongoing conflict that peaks into acute danger and intimidation against a backdrop of everyday, lower grade unease and threat, is a critical capacity for parents and other key caregivers to develop in order to both support themselves as well as children and young people.
 3. **Parents are usually best placed to support their children** in the long run, and therefore should have a right to support given the extraordinary circumstances we have been living with. Failure to address the difficult issues as adults and as parents will leave our children carrying intergenerational unresolved trauma. Postponing this work might be seen as a betrayal by adults of the next generation. Not all parents will engage in this work for various reasons, therefore a broad array of other supports for children need to be available (e.g. awareness raising and training for early years, youth workers, community workers, teachers, social workers and other key workers).
 4. **Extraordinary skills are needed for extraordinary situations.** Being a parent can be both a rewarding as well as stressful and isolating experience for many parents (Pugh, 1994). As a society, we have barely recognised the additional stress and demand that the impact of many years of violence and ongoing conflict has had on parents and caregivers. This requires recognition along with the need for the development of skills of self and child observation and intervention. Other skills parents need are to know the effects of trauma and loss on relationships, to become aware of family history, child development, what the child ‘carries’ in and for the family, to model mastery and resilience, and to identify and build support with others in the family and community. Parents and other caregivers can make a huge difference in terms of how they deal with events.
 5. **Trauma recovery can only progress alongside a strong social and political movement for human rights.** The dialectic between silence and forgetting, and speaking out/remembering is present at every level—individual child, young person, adult, family, community, organisational and societal. Neither forgetting nor going over the same frozen memory supports resilience or recovery, but rather an active process of remembering, reconnecting and integrating. Forgetting is not possible given the role of implicit memory, how trauma is held in the nervous system and the intergenerational transmission of trauma (Levine, 1997; Siegal, 1999). “By ignoring traumatic affect and memory, we do not make it disappear ... Children learn as much in their families by what is not said than by what is” (Bloom, 1997 pp. 67–68).
 6. **Trauma recovery is central to peace building** and is long-term, process-oriented work. Recovery requires all parties to the conflict, including “bystanders” to own

their culpability/responsibility as well as their innocence/vulnerability. In this, there is a need to start where the person/group are. Many people and groups will need safe spaces to explore their own suffering, before or as well as engaging in cross-community contact. Unresolved and intergenerational trauma can freeze people and groups in the past, and make transformation to more just, equal and peaceful society less possible.

7. **The need for strategic planning**—there is a need for a strategic approach that respects different experiences of the conflict. This means identifying and supporting resourcefulness and connection, as well as building and complementing informal supports. Terms such as post-traumatic stress disorder need to be redefined for our context. A more accurate, less individualising and pathologising term may be cumulative stress and trauma. There is a need for policy-makers, funders and organisations to be flexible in their thinking and criteria for resourcing the work, while recognising the need for an overarching strategy in supporting the whole community to handle the past.
8. **Improved and diverse services**—medical models of responding to trauma may help with symptoms on a temporary basis but should only be used as a temporary measure and with other supports in place. In the absence of other forms of support, many people have been dependent on both prescribed medication, and forms of self-medication. Holistic, co-ordinated and diverse models of responding to diverse needs that recognise and respond to trauma as a physical, cognitive, emotional, social/political, and spiritual issue have the capacity to support and develop the long-term recovery, resilience and well-being of the individual within the wider community.
9. **Working in a group** is an important counter to the isolation imposed by trauma. The good group experience supports safety, bearing witness to processes of remembering, building resilience and to reconnecting. Co-facilitation is an important way of working—it provides support for group workers and can support reconnecting at a community level. Who we can work with directly, and how we work needs to be carefully considered in terms of what the group can tolerate, and the facilitator(s). Mixed teams can work in creative ways. Co-working means working with difference, and requires both practice and support to enable both participants to work through conflicts creatively. Such practices are vital for practitioners, and not just participants. Working with people from a worker's own community of origin can be experienced as risky and difficult, where there are rigid views of what is acceptable and unacceptable difference within a group/community.

Conclusion

In order to develop the resilience of children, young people, families and communities, there is a need to bear witness—to recognise, acknowledge and address the impacts of conflict (both negative and positive)—and to develop skills that will

transform relationships and structures. This paper has set out to briefly describe one approach to this vital task.

Bearing witness means participating ... doing any activity that reconnects us to other people, to meaning and to our shared responsibility ... The question that faces us today, perhaps the most pressing question of human evolution, is how do we create and maintain environments that are truly supportive to life? (Bloom, 1997, pp. 247, 257)

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Appendix 1

Impacts of the Conflict on Children and Young People

Exclusion and abuse —being excluded and threatened by other adults and children (i.e. bullying, avoided, taunting, labelled as different, stigmatised, split off from part of the community), abused by adults (i.e. put out of their homes, spat at, life endangered)
Terror, fear and withdrawal —i.e. “flight” and “frozen” response, bedwetting, nightmares, Difficulty getting to sleep and staying asleep through the night, tiredness, clinging to parents, not wanting to go to the bathroom on their own, not playing with friends round the corner, not wanting to go out, not talking, not feeling safe, shutting down, nervous, escape into daydreams, forgetfulness, dreamy/dissociation, numb, loss of concentration, loss of interest in learning, in playing, depression, isolation, refusing counselling, and so on
Children as little adults/“parentification” —children “minding”/looking after and out for parents, role reversal, loss of confidence in being a child, needing to look out for adults
Hypervigilance and aggression —i.e. “fight” response, on guard, listening/watching news compulsively, expressions of hatred of the “enemy”, drawing armed men, tantrums, being like a fuse ready to go off, rage, shouting, screaming, volatile, explosive, impulsive, loss of “control”, re-enactment, less capacity to think and contain emotions, “acting out”, self-harm, risk taking, young people being attacked while out on the town, and so on
Health and medication issues —various
Repetition and ‘intrusion’ —repetitive play, reliving events, writing stories related to political events at strange moments on the back of an envelope, flash backs provoked by songs, music, colours, masks, houses, streets, people, and so on. Loss of flexibility and creativity
Restriction —further limits to freedom to move about immediate and less immediate environment
Impact on other areas of life —i.e. not wanting to go to school

Distrust —loss of trust in some or most “authorities”
Fragmentation —splitting off aspects of experience/of self, splitting of community into “good” and “bad”, safe and unsafe
Belief/values —loss of trust and range of impacts on beliefs
Resilience —finding ways to live with and manage traumatic experiences, developing greater self-support and learning as support is offered and received, increased development, creativity and integration

Impacts on Parents and the Wider Family

Exclusion —being excluded and threatened by violence of others (i.e. taunting, being labelled, stigmatised, split off from part of community, loss of freedom of movement, life endangered, attacked)
Grief —over what happened to me, my children, my family, community, self criticism and grief regarding felt failure to protect
Terror, fear and withdrawal —i.e. “flight” and “frozen” response, feeling overwhelmed, feeling helpless, abandoned/forgotten, difficulty getting to sleep and staying asleep through the night, exhaustion, not wanting to talk, not feeling safe, shutting down, nervous, escape into daydreams/dissociation/numbing, loss of concentration, loss of interest in life and in learning, isolating, depression, refusing counselling, despair
Confidence/authority as an adult/parent —erosion of, diminishing confidence as a parent to protect, set and maintain boundaries and to be an authority
Ill health, medication and self-medication —official and unofficial diagnosis and medication, self-anaesthetising (alcohol, increased use of cigarettes and prescription and over the counter medication), over-/under-eating, illness and general loss of well-being, increased accidents
Hypervigilance and aggression —i.e. “fight” response, on guard, watching and listening to news compulsively, difficulty living with rage, anger and desire and impossibility of getting even/revenge, hatred of the “enemy”, “enemy” as a bloc, anger at bystanders, loss of “control”, “re-enactment”, less capacity to think and contain emotions, “acting out”, self-harm, risk taking like doing “mad things” like taking the wrong bus, running into wrong place, and so on, being aggressed against (life endangered, attacked, etc.)
Restriction, ‘intrusion’ and repetition —further limits to freedom to move about immediate and less immediate environment, loss of privacy, loss of anonymity. Repetitive acts (busying, distractions, going over and over the event trying to get some resolution/relief, preoccupation with the ‘past’, reliving events, flashbacks, attempts to avoid thinking about what happened, going over and over what happened, feeling overwhelmed, invoked earlier unresolved traumas, dreams connected to events)
Impact on other areas of life –i.e. work, family relationships, friendships, neighbours (re-enactment, family break down, change in attitude to parenting and family, provoked earlier traumas, worried about impact on other children)

Gender issues—no men in the groups, similarities and differences in how men and women respond to traumatic experience, different pressures and roles in relation to work and family life, men may be more likely to “breakdown” (as greater cultural forces to “be strong” and not admit vulnerability) with women meant to “hold” the family together no matter what, intolerance of men’s vulnerability, impact on sense of self and family dynamics, relationships, and so on

Fragmentation—splitting off aspects of experience/of self, splitting of community into “good” and “bad”, safe and unsafe, bearable and unbearable

Belief/value system—disenchantment with people, the world, life, “God”, loss of faith, disbelief/loss of sense of the inherent justice and decency in people—how could anyone do that?

Resilience—discovering different ways to live with and manage traumatic experiences, sharing experience with others, mutual learning, identification of what needs to change, acting to change policies, involvement with youth clubs, voluntary community work, developing greater self-support and learning as support is offered and received, trying out new ways of dealing with situations, different ways of looking at situations, increased creativity—expression, poetry, singing, sense of solidarity and connection, discovering the learning and gains from terrible events, integration and increased complexity, triumph of “spirit”, hope, personal, family and community development, changing how things used to be done from previous generations/learning from the past, and so on

