‘We’ll never be the same’ Learning with children, parents and communities through ongoing political conflict and trauma: a resource. Rosie Burrows and Bríd Keenan
History, despite its wrenching pain, cannot be unlived, and if faced with courage, need not be lived again.

Maya Angelou

We’ll never be the same

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### 1 Considering the context

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There are also five accompanying booklets to this resource, which focus on the following issues:

- Considering trauma and recovery
- Considering children and parents / carers
- Considering victims and workers
- Considering groups and leadership
- Considering community and transformation

### 2 Considering the work

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Acknowledgements

Above all, we are indebted to the two groups of parents, to all the women who participated and their children, for sharing their experience. The title of the resource is a direct quotation from a young mother. We acknowledge the women with gratitude, recognising that:

while there is no way to compensate for an atrocity, there is a way to transcend it by making it a gift to others (Herman, 1992).

Appreciation and thanks also to:

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Nations and peoples are largely the stories they feed themselves. If they tell themselves stories that are lies, they will suffer the future consequence of those lies. If they tell themselves stories that face their own truths they will free their histories and future flowerings (Ben Okri, 2002).
About the resource pack

The purpose of the resource is to:

1. Contribute to an understanding of the specific impacts of political conflict in Northern Ireland / the north of Ireland by:
   identifying specific impacts of political conflict through working with parents.

2. Contribute to the field of parent support, trauma support and the process of peace-building by:
   providing information on how a model of parent and trauma support evolved
   inviting further exploration of the connection between trauma support, parent support and peace-building, in particular, the impact of unresolved and inter-generational trauma.

3. Encourage debate and the development of practice, particularly group work practice, by:
   sharing what was learned in working directly with parents, and working towards an integrated model using theories considered most relevant to practice in this context.

4. Provide an analysis that has relevance for social policy by:
   developing an analysis of the importance of support for parents / carers within the context of the wider community
   developing an analysis of the context of victim support, implications for trauma recovery and for workers
   drawing out key learning
   a policy briefing paper to be developed in 2004, and an independent evaluation available as a separate report.

5. Accompany presentations and / or training events for interested organisations by:
   providing a back-up resource with key theories, practice issues and references / further reading outlined.

6. Above all, make a contribution to the lives of our children and of parents who have experienced life-threatening events either directly or indirectly by:
   supporting the development of extraordinary skills for extraordinary circumstances among all those concerned with children and young people.
Who is the resource pack for?

The resource pack will be of most interest to organisations concerned with children, young people and families, as well as those involved with formal and informal education, peace-building, victims / survivors, community development, community relations and therapy and counselling organisations.

This resource is neither a how-to training manual nor an academic research study. Instead, it maps a shared learning journey into the realities of political conflict and the process of transition from a range of perspectives. As practical tips for parents and key carers have been written in numerous publications (for example, Macksoud, 2000; TAP leaflets, 2002), the resource focuses on outlining a way of approaching the work, including descriptions of the underpinning knowledge and skills as they unfolded through the work of the project.

We have chosen to include ourselves as workers (who are also parents living in this community) by using terms such as ‘we’ and ‘our’, rather primarily as distant and detached voices. As the work will reveal, we view the work as centrally about people as subjective beings who are mutually influenced (subject to subject). Examples of why this approach to the work and to the text is taken can be located throughout the document.

We hope the resource helps to support a process of recognition and reimagining what each person can do to acknowledge, mitigate and transform the effects of prolonged conflict and trauma.

Using the resource

The contents page provides a description of what is in each section with the page numbers. We encourage users to select in accordance with their interests and have divided it into discrete units to facilitate this approach.

It is probably best to read the main document first, as it describes the learning journey and includes five sections – the context, work, model, key learning and further information.

In addition there is a series of booklets that can be viewed as a set of background papers, a backpack to the journey taken for those interested in particular themes.

The resource can also be accessed via the internet site www.barnardos.org.uk.

I have learned that despite the brutality shown towards them and the failure of adults to nurture and protect them, children are both our reason to eliminate the worst aspects of armed conflict and our best hope of succeeding in that charge (Machel, 1996).

This is the main document, which is divided into five sections. It seeks to provide:

1. necessary background information (the context)
2. a description of the work with parents (the work)
3. a description of the theories and process (the model)
4. reflections on effectiveness (key learning)
5. further information.
‘We’ll never be the same’
Considering the context
In considering context, there is an outline of the pilot project, including organisational context. This is followed by an exploration of the political and social, policy and research context of the work as we see it. Finally, we propose a set of values for the work and an overview of the theories used.

1.1 History and organisational context

The overall aim of the pilot project, Parenting in a Divided Society, which began in the spring of 2002, was to develop a model of ‘support’ with parents affected by the conflict in order to promote personal, family, community and organisational development.

Our vision was to contribute to building an inclusive and peaceful society by identifying and beginning to address the ongoing nature as well as the legacy of the conflict on parents and children.

Right from the start, there was an intention to locate the work strategically and to attempt to work from and between the grassroots/community and middle institutional tier, as well as to eventually connect to the top level/political tier (Lederach, 1997).

The intended outcomes for the work were:

- an increased understanding of the impact of thirty-plus years of war and current ongoing conflict on parents and their children, and to explore ways of supporting parents
- a resource to support organisations and other interested parties
- a contribution to practice and policy debates
- an independent evaluation of the work (available as a separate report).

1 The term ‘support’ is used here to refer to several capacities of knowing your own experience: self-care, ability to self-protect, awareness of needs and desires, directly addressing needs with others and responding to others’ needs directly, and encouraging the development of these abilities in others (with our children, in our families, as group members, leaders and colleagues). See also the section on Lichtenberg, the ‘empathic helper’ in the booklet Considering victims and workers, and discussion of the concept of ‘resilience’ throughout the resource.

2 The term ‘parent’ is used here to include all primary carers – mothers, fathers, step-parents, grandparents, and so forth.
Methodology

There were four main phases of development over a two-year period: preparation (March to September 2002); identifying and working with parents in two areas (May 2002 to February 2003); reviewing the work and writing and rewriting the resource (February to December 2003); beginning dissemination (November 2002 onwards); and evaluation (September 2003 to February 2004).

The preparation phase focused on establishing the ground for the work. This included developing an evaluative framework, identifying and developing a robust relationship with a co-worker, identifying and establishing a multi-agency advisory group to the project, and identifying relevant reading. During this phase criteria were set, and two groups agreed to pilot the work.

Organisations

This phase also involved meeting organisations to find out how they were supporting parents / carers in relation to the political context, and whether or not they would be interested in piloting a group-work approach with parents. There was both widespread interest and agreement on the importance of acknowledging and addressing the legacy of political conflict, as well as hesitation and avoidance.

Some groups and organisations most obviously affected by the conflict immediately identified a need and interest in the work, and other organisations and groups were just beginning to formally contemplate such work, or wished to begin by focusing on staff / volunteer training.

Several reports and publications revealed that many organisations have attempted to distance themselves from the impact of the conflict, and are likely to need a range of training and other supports, to re-engage and contribute to the process of change (CCETSW, 1999; Fay et al, 1999; Campbell, 2001).

Since the ceasefires of 1994 and the Good Friday Agreement, a local administration, the Assembly, with locally elected politicians, has brought accountable, democratic structures on an on-off basis after years of ‘democratic deficit’, direct rule from London. Characteristic of the period of direct rule was the remoteness of public agencies from communities, with public service professionals viewing themselves as ‘neutral and apolitical’, for reasons such as status, safety, and being ill-equipped in terms of skills to deal with deep-seated traumas (Campbell, 2001).

A study of staff on the front line of areas seriously affected by the conflict showed that they usually had little support and felt inadequate in relation to the needs of clients. These staff noted that the effects of over thirty years of violent conflict had not been addressed and had been accompanied by other problems (Smyth et al, 2001). ‘The silence on the part of public agencies and professionals has meant that not only is there no professional or policy culture of openly addressing these issues, but the very language for doing so is not in existence’ (Fay et al, 1999).
Practice and policy boundaries

In preparing to work directly with parents, we began with deep interest in relation to the practice and policy boundaries of the work. The work would inevitably touch on many areas including: children’s and human rights; equality and anti-sectarian / discrimination work; trauma and recovery; parent and family support; health (emotional, spiritual and physical); education; community relations; community development; therapeutic; peace-building; conflict; cultural identity / diversity; victims; truth; justice; and politics.

On listing these areas, the compartmentalisation of public policies and practice becomes obvious. Yet there was a need to acknowledge the breadth of ground the work covers, as well as to examine the explicit and implicit agendas brought to the work.

Organisational context

Barnardo’s is a leading children’s organisation with a vision of contributing to creating a society in which children and young people are free from poverty, abuse and discrimination. Barnardo’s work is based on the seven building blocks that are seen as the fundamental right of every child. They are:

- the love and support of a family
- a secure home
- physical, emotional and spiritual health
- protection from harm
- good opportunities for education, training and employment
- communities, groups and activities which enrich and involve our children
- to be treated as citizens now with a voice in society.

Barnardo’s operates from a value base, which includes:

- respecting the unique worth of each person
- encouraging people to fulfil their potential
- working with hope.
Barnardo’s provides over thirty-five services in Northern Ireland working directly and indirectly with over 7,000 children and young people and is committed to making a contribution to addressing the legacy of the conflict and peace-building by:

- deepening its understanding of the legacy of political conflict and as a society in transition
- providing direct services to victims of the conflict especially children, young people and families
- building capacity and skills in relation to direct services
- ensuring that the voices of children and young people are heard
- developing responses which include individual, family, community and societal levels
- developing a culture of human rights, equality, anti-discrimination and citizenship
- promoting expression of diversity and multicultural opportunities.

Childhood is regarded as a special time in which children need, and have a right, to be nurtured and protected by adults. Our capacity as adults to deliver on this shapes the society we create, both now in the present as well as in the future.

**United Nations Convention on the Rights of the Child**

The United Nations Convention on the Rights of the Child provides a foundation for Barnardo’s work, with Articles 2, 6, 8, and 37 of particular relevance to this work, and with Articles 38 and 39 specifically addressing government responsibilities to children and children’s entitlement to support if they are affected adversely by war and injurious events.

Given limited resources, which mean that most children and young people will not directly access support services, a central question was: what can we do to recognise, value and respond to our children’s experience in relation to our context?

Graca Machel, who has carried out extensive 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).

On that basis, building on experience gained by the Parenting Matters project, and following general focus groups with parents and anti-discriminatory initiatives by the project, Barnardo’s decided to pilot work with parents / carers in areas most affected by conflict, on issues directly and indirectly arising from the conflict. The work came under the remit of the Victims Unit of the Office of the First and Deputy First Minister (OFMDFM), and has been funded for two years from March 2002 at £30,000 per year.

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3 Article 2: Right to protection against discrimination. Article 6: Right to life. Article 8: Right to an identity. Article 37: Right not to be punished in a cruel or hurtful way. Article 38: Right to protection in times of war. Article 39: Right to help if you have been hurt, neglected or badly treated.

4 Barnardo’s Parenting Matters is a regional parent support and training project based on the Ormeau Road, Belfast.

5 ‘Most’ affected in the sense of communities having extensive direct experience of political violence.
Victims Unit

The purpose of the Victims Unit, as outlined in Reshape, rebuild, achieve (2002), is to ‘help those who have suffered as a result of the conflict’. The vision is of

*a society where the suffering of all victims is recognised, a community that acknowledges the pain of the past and learns lessons for the future; and an administration that provides, in conjunction with others, support and services in a proactive and sensitive manner to meet the needs of victims.*

There are significant unresolved and contentious issues including: definitions of victims; the role service providers play including making services evidence-based and accountable; and ensuring those who have been victimised have a voice (Campbell, 2001).

Evaluation of services

A recent evaluation of services to victims and survivors notes that there is a need for training and mentoring for group workers. There was also ‘universal agreement’ among groups and organisations on the need to address issues associated with young people and the ‘ripple’ or ‘inter-generational effects’ of the conflict (Deloitte and Touche, 2001).

Victims and the contested nature of our context

Over the past number of years, there has been a significant increase in the numbers of groups, individuals and organisations from statutory, voluntary and community sectors concerned with ‘victims of the Troubles’. 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 an informed and sensitive approach. The community is small and the extended family network and other social and cultural connections means that everyone is connected in some way to someone who has been directly affected by the conflict.

Ongoing conflict

Although there have been fewer deaths as a consequence of political conflict, 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 allow them to continue daily living, to rear families, and even to engage in cultural and social activities that reflect their experiences by developing networks of community-based support and self-help.
Definitions

The term ‘victim’ is not a simple one. Who self-defines and/or is defined by others as a victim or survivor is complex. In our highly charged political environment, the term contains and reflects the way in which people view the conflict as well as their experience of it, so that competing notions of responsibility, culpability, guilt and innocence pepper the debate.

The Northern Ireland Human Rights Commission has developed a human rights and legal framework for victim support. It identified a need ‘to review how the law, policies and practice affect the rights of victims of violence’. The commission further identified four main rights of victims:

- the right to information about the incidents of violence in question
- the right to adequate compensation
- the right to have someone held to account for the violence inflicted on them
- the right to be treated equally with other victims of violence.

Clearly there were concerns about the availability of information, accountability and equality of treatment for all. The contested nature of the term ‘victim’ was further illustrated in the findings of the consultation paper on a victims’ strategy in 2002.

Some responses wished a distinction to be made between ‘innocent victims’ and ‘self-inflicted victims’ and others felt that the definition should be expanded to specify particular sectors or to include the victims of crime that may be indirectly influenced by the conflict, victims of indirect violence and friends and colleagues. While some respondents wished to be known as ‘victims’ others felt that the terms ‘survivor’ or ‘casualty’ were more appropriate.

Hence, attempts to separate the needs of victims from analyses of the conflict have proved problematic as the Bloomfield report (1998), the bill of rights debate, and the Healing Through Remembering report (2002) all indicate (Bell, 2003).

The Victims Unit in the Office of the First Minister and Deputy First Minister, in Reshape, rebuild, achieve, responded to the findings of a consultation and included a new definition of the word ‘victim’: ‘The surviving physically and psychologically injured of violent, conflict related incidents and those close relatives or partners who care for them, along with those close relatives or partners who mourn their dead.’

Who is the victim?

The new definition by the Victims Unit opens up the possibility for greater numbers of people and communities to identify how they have been affected by the conflict. In this definition there is the potential for us to develop a deeper understanding of how armed conflict impacts on whole communities and across generations.
1.2
Political and social context

Northern Ireland has existed in a state of conflict since its inception as a state in 1921. The period from 1969 to the ceasefires of 1994 marks the longest period of violent political conflict in any area of Western Europe.

More than 3,700 individuals over a period of more than thirty years have been killed during the conflict, with many more injured both physically and psychologically (Fay et al, 1997). Seventy-three per cent of all deaths were of people under the age of thirty-nine. More than 115,000 people have lost a close relative. The families of 1,800 people killed do not know the truth in relation to the details surrounding how and who killed their relative.

Children have arguably been the ‘least visible and most adversely affected victims’ (Smyth and Thompson, 2001). For example, over 70 per cent of children have witnessed a shooting or explosion, many children and young people have experienced the loss of a parent as a result of death and imprisonment, and all children have been affected as a consequence of restrictions on children’s play (McKeown, 2001).

Inequality and division

There are deep divisions and extensive levels of inequality on issues related to class, political affiliation, age, gender and disability. Catholic households are more likely to be in poverty at 36 per cent compared to 25 per cent of Protestant households. Although the top four income groups possess 67 per cent of all income, some 148,900 children live in poor households, 37.6 per cent of all children (Hillyard et al, 2003). There is a high percentage of children and young people in the population, 36.17 per cent of whom are under the age of twenty-five, and 36.47 per cent of all households have dependent children (Northern Ireland Census, 2001).

There are also higher levels of lone-parent families, children on the Child Protection Register, and disabled children than in England, Scotland or Wales (Our children, their future: a manifesto for children in Northern Ireland, 2001). Northern Ireland is also now officially poorer than the Republic of Ireland (Hillyard et al, 2003).

Impact of the conflict on physical and mental health

There is a paucity of research into the impact of the conflict on health in its broadest sense. However, the population experiences poorer health compared with other parts of Europe, particularly in terms of serious physical and mental health conditions, with widespread use of medication and self-medication (Investing for health, 2002). Twenty per cent of the population have a limiting long-term illness (Northern Ireland Census, 2001).

One person in six suffers from a diagnosed condition such as depression or anxiety (Promoting mental health: strategy action plan 2003–2008). A recent large-scale survey concluded that the mental health of the population
has been significantly affected by the Troubles (O’Reilly and Stevenson, 2003). Another study found that eleven-to fifteen-year-olds had higher levels of depression than ‘normal’ populations (Donnolly, 1995).

There has been an increase in domestic violence incident reporting since the ceasefires, an increase in drug and alcohol abuse, racial attacks and an increase in suicides, particularly among young men. Official estimates of adults and children officially suffering from post-traumatic stress disorder (PTSD)⁶ are likely to be an understate-
ment at 10 per cent (Angela Smith, 2003).

Peace and polarisation

Despite the political peace process and the ceasefires by the main republican and loyalist groups, increasing segregation is apparent over the past decade, and physical barriers between working-class communities, peacelines, have not come down. There are at least seventeen purpose-built peacelines in Belfast, marking an interface with a steel fence or solid wall (Belfast Interface Project, 1998).

On the contrary, there is evidence of increasing violence at such interfaces (Jarman and O’Halloran, 2000). While middle-class areas have widely benefited from the peace process, working-class communities are not experiencing similar benefits. Continuing violent confl ict in many working-class areas is ‘placing communities under severe stress and increasing demands on services’ (North and West Belfast Health and Social Services Trust, 2002).

Children and young people

Muldoon and Trew (2000) estimate that around a quarter of young people have witnessed shootings and street riots. Despite the growth of restorative justice initiatives, children and young people in many disadvantaged communities have been direct victims of, or exposed to, ‘punishment’ beatings and shootings, in community attempts to control local crime in the absence of acceptable state policing (Fay et al, 1999).

Polarisation has proceeded a pace, touching every aspect of life here. Despite the peace process, Shirlow’s (2003) research shows that there is less integration than ten years ago. For example, of the eighteen- to twenty-five-
year-olds surveyed, 68 per cent of young people had not meet young people from the ‘other side’ of the political divide. Ninety-five per cent of children and young people are segregated in school by the nature of the education system, divided by a history of discriminatory and parallel polarised development, on the basis of national identity and religion.

Moreover, polarisation includes many other social issues. For example, although 47 per cent of young people leave school with no formal qualifications, there is also the highest percentage of young people with the highest grades in A and AS levels.

A recent consultation by Barnardo’s with children and young people from a range of services showed that in relation to the political and social context, they felt ‘concern about sectarianism and sectarian and other forms of

⁶ Post-traumatic stress disorder was first identified in soldiers of the First World War, as well as victims of child abuse and domestic violence. Effects include: hyperarousal – being easily startled, ever alert to danger; bouts of rage; intrusion – repetitive images / flashbacks or sensations; constriction – numbing and social withdrawal. A full definition is provided in Considering trauma and recovery.
violence… It must be a top priority as it’s a very negative impact for all young people and their families [and] that parents and parenthood are valued along with children and childhood’ (Consultation on Creating a vision for all our children, 2003).

1.3 Policy context

The range of public policies considered relevant to this work include: the Programme for Government, the victims strategy, Children First (the proposed children’s strategy), the Northern Ireland Act 1998 (Section 75), targeting social need, human rights legislation, the regional strategy for health and personal social services, A shared future: a consultation on improving relations in Northern Ireland, Promoting mental health: strategy and action plan 2003–2008, community safety, Towards a culture of tolerance: education for diversity and Unlocking creativity.

The appointment of a Children’s Commissioner in 2003 marks a significant opportunity to place children and young people’s rights and needs at the heart of our society.

European funding

Since 1994 European funding for peace and reconciliation has played an important role in building community, voluntary and statutory capacity in relation to issues and needs. However, lack of long-term funding has often been perceived as undermining effectiveness and creativity.

1.4 Research context

A number of academic research studies have been conducted since the 1970s, aimed at understanding children’s attitudes and identities in terms of the Troubles (Cairns, 1987; Gough et al, 1992; Trew, 1992; Cairns et al, 1995). However, between the mid-1980s and mid-1990s, little work was published on the impact of the conflict on children.

Since the ceasefires in 1994 increasing research, both academic and community-based action research, is becoming available (Fay et al, 1999; SCF, 1999; Muldoon and Trew, 2000; Tar Anall report, 2000; Smyth et al, 2001; Smyth and Thompson, 2001; Persic and Bloomer, 2001; Connolly et al, 2002; Eyben and McGuire, 2002; Spence, 2002).
Local and international research was used to inform our approach. What follows is a brief outline of a selection of research.

**Children: risk, resilience and culture**

Recent child-care debates have been trying to shift the focus away from a preoccupation with risk factors to understanding the factors that promote and protect the child’s health and well-being, and summarised by the term ‘resilience’. Resilience has been defined by Newman (2002) as follows:

> A resilient child can resist adversity, cope with uncertainty and recover more successfully from traumatic events or episodes... Resilience is a quality that helps individuals or communities resist and recover from adversities.

The concept of resilience has been one of a number of guiding principles in the work. Of relevance to our context, in terms of resilience and protective factors for children, is a range of studies from the Second World War to the present. These studies again demonstrate that recovery from post-traumatic stress disorder is most likely where:

- children are supported by their families
- 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 (Hodes, 2000) are those able to:

- identify with a community and the aims of that community
- have the opportunity to take part in meaningful social rituals which affirm their cultural values.

**School**

Positive school experiences are another key factor in promoting childhood resilience and include good and mutually trusting relationships with teachers and the development of skills (Newman, 2002). Reynolds (1997) found that schools that promoted good outcomes for children were those that had high levels of pupil, parental and staff involvement, high expectations, staff cohesion and strong leadership.
School-aged children and parents

The most powerful factor promoting resilience in school-aged children was the attitude and behaviour of parents. Non-authoritarian and child-centred parenting along with positive attitudes to the child’s education outweighed all the other variables combined in terms of promoting resilience in the face of adversity (Osborn, 1990). However, schools are not able to keep the impact of the Troubles outside the gate, as schools reflect the society around them and pupils, staff and teachers carry the effects in a variety of ways (Save the Children Fund, 1999).

Early years – shaped by environment

Professor Bruce Perry is world renowned for his extensive studies on the impact of traumatic violence on children, on the brain in particular and development in general. His research indicates that children are not simply resilient but that they are malleable and are shaped by their experiences in their social environments. That children are affected differently by similar experiences is not in question. The key factors are:

- the age (and temperament) of the child
- the type and pattern of traumatic experience
- the presence or absence of supportive adults.

Early life experiences have a disproportionate importance in organising the child’s brain, including her / his capacity for empathy and attachment to others, and capacity to regulate emotion (Stern, 1998; Siegal, 1999). The reasons why the early years are so significant are more fully explained in the booklets Considering children and parents / carers and Considering trauma and recovery.

Children and post-traumatic stress disorder

Children with post-traumatic stress disorder have emotional memories of the trauma engraved onto their brain stem and mid-brain (Perry and Pate, 1994). The impact of unresolved traumatic events can be lifelong and destructive.

In a context where the abnormal is normalised, there is a high price to pay in human suffering and loss of potential, both individually and collectively. Children, as well as adults, who spend a lot of time in fear focus on the non-verbal, so cannot learn easily, will be easily startled, have sleep disturbances, anxiety, tendencies towards depression, and / or to commit violent acts against themselves or others (Perry, 1994; Bloom, 1997).
Utilising a wealth of research, Herman (1992) and Bloom (1997) propose that unresolved traumatic experience can ‘lock children and adults in the past’, whereby the past is superimposed on the present and tragically repeated in interpersonal relations. Siegal (1999) explains that repeated experiences in the early years of high stress and emotional intensity lay down patterns in the mind, states of mind that make these states likely to be repeated in the future.

Experts all agree (Herman, 1992; Bloom, 1997; 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.

Family and resilience

Therefore, the individual child does not experience the trauma of violent conflict in isolation, but in the context of family, school and community (Fay et al, 1999). These contexts shape children’s capacity to manage difficult experiences and develop effective coping strategies.

The family is the fundamental structure wherein children learn how to be in the world with others and in which their overall sense of self emerges. It is also the context within which many adults experience connection, validation and support, and/or disconnection, lack of support and violence. Families have been affected differently, and economically and socially disadvantaged areas have borne the brunt of the Troubles.

The parents whom we worked with had all experienced severe, frequent and long-term impacts of the conflict on themselves and their wider family. As previously emphasised, resilience or the recovery from stress and trauma is not only an individual but a collective capacity.

For example, the Agency for International Development (1991) proposes four broad dimensions in defining resilience at the level of capacities in:

- family management – skills in accessing and managing resources needed to sustain the family in more normal times and in times of crisis, and skills in decision-making as a co-operative unit
- family caring capacity – knowledge and caring skills in physical care, nutrition, health, education, and characterised by sensitive, loving transactions
- family beliefs, rules and goals – including implicit and explicit values and ideals for family and cultural behaviour
- family boundary maintenance or structural integrity – how partnerships are formed, maintained and dissolved, how children and the elderly are cared for, how loss and death are handled.

The capacity of the family to manage, care, maintain its integrity, beliefs and values in the face of prolonged war and political conflict is severely tested in a way that families in peaceful countries do not experience.
As a result of the highly charged divisions of political conflict, families here experience connection/support from others as well as disconnection, lack of support, hostility and sometimes, murderous attack.

Given the duration of the armed conflict and the situation of unresolved conflict in an ongoing peace process, the family supporting the child is a family shaped by its own unique experiences.

The inter-generational transmission of trauma

Although we are not aware of specific research into inter-generational 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, and others, as having been eroded in the face of multiple debilitating factors. Findings on the impact of the conflict on children, parents and the wider family can be found in ‘Considering key learning’ (pages 79–91).

An extraordinary collection of worldwide studies of inter-generational trauma confirm the continual inter-dependence of the fate of the child with that of the family and wider community, not only at any (horizontal) point in present time but vertically across generations (Danieli, 1998).

At least some of the following in families are disrupted by war:

- sense of continuity over time\(^8\)
- sense of capacity to cope with what life brings\(^9\)
- sense of faith and trust in the basic goodness of humanity and connection to others.\(^{10}\)

The inter-generational transmission of trauma is explored in the booklet *Considering trauma and recovery* as a vital area of study, given that trauma ripples through families via the structure of the mind (Siegal, 1999).

Mental health, abuse and war

With Herman (1992), Bloom (1997) and others, we agree that mental and emotional health, child abuse and neglect, domestic violence and war are not separate areas, but are deeply interrelated. They need to be placed within a broader social, political and psychological analysis, including a strong commitment to human rights.

Without such an analysis and commitment, work will inevitably fail to identify and address the profound structural, as well as interpersonal and personal, sources of family and community strength and risk.

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\(8\) For example, Bar-On (1998) found that children of Nazi perpetrators felt that their roots existed but were poisoned and could not nourish them.

\(9\) For example, Bar-On (1998) found that second generation Holocaust survivors were often overachievers but often had no children of their own due to what they were carrying psychologically and physiologically.

\(10\) The pain of broken social bonds as well as the externally imposed hierarchy of victimhood and actual asymmetry of experience between descendants had to be grappled with, making it difficult to establish trust (Bar-On, 1998).
1.5 Values

In reviewing values for the work in the light of experience, the following are considered as a foundation:

- safety is paramount – working to establish safety at every level in society, recognising the interrelatedness of each level, working to establish enough safety in the group, providing contact numbers for support or counselling should individuals need it, developing a clear working agreement or contract, suitable venue, supporting each person to increase their own capacity to manage difficult experiences

- acknowledgement – people need and have a right to have their experiences acknowledged

- solidarity – being a witness and an ally

- empowerment, resilience and recovery – when participants are in control and naming their own experience and needs, resilience and recovery are supported; the person/group need to be re-established as authors of their own story

- focus and framework – focusing the work according to the needs of the group

- group support – the group provides an experience of reconnecting with others and depathologises the individual

- collective learning – recognising the expertise of both the group and facilitators in developing a new understanding

- context and interconnection – recognising child, family, community, worker and organisation as a web of interconnection


The work also rests on a value base of human rights, equality and social justice, alongside the UN Convention on the Rights of the Child that endorses the child’s right to:

- protection (from abuse, exploitation, and so forth)

- provision (of services and goods)

- participation (to be involved in decision-making, to act in certain circumstances).
1.6 Starting points and principles

We worked with two groups of parents from September 2002 to the end of January 2003. The work was aimed at providing support for parents to deepen their understanding of the impact of political conflict in relation to themselves, their children, families and community, in order to be more aware of the support that they and their children might need.

Our starting points:

- All child-rearing in Northern Ireland 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.

- 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.

- The effect of trauma is not limited to the person who experiences it directly, and therefore that recovery must involve the person and the environment within which they live.

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 giving rise to the experience are continuing

- explore the impact of the traumatic experiences of previous generations on the development of the child (the inter-generational effects of trauma)

- explore what it is that we are still teaching our children through child-rearing as a result of our own experiences of the conflict.

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

- We wanted to support parents to consider their own experiences and to reflect on how their experiences influenced their own child-rearing processes.

- Our experiences 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.

- We wanted to acknowledge the centrality of the family and community as the most significant support systems for the child.
In the light of this, we believed that if parents and carers were supported to become aware of the effects of trauma on themselves, their children and families, they could provide constant support to their children as part of the home environment. Furthermore, with increased information, they would be better placed to obtain support and resources from the relevant agencies involved with children and their families.

We wanted to address what we saw as a gap, and to share our learning and analysis with others.

We were concerned that where child trauma was recognised and support available, this was 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 his / her 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 which 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.

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 how the trauma bond (increased need to bond in the face of crisis) assists the multigenerational transmission of traumatic experiences (Bloom, 1997). Attachment – that is, the nature of the bond between the carer and the child – influences how our emotional and behavioural responses are organised throughout life.

If the parent / carer is experiencing ongoing trauma or unresolved trauma, the bond created with the child will be affected. Where this is generalised across a whole community, the child learns to expect a particular response to the environment as normal. Moreover, there is a need for closer analysis of the interrelationship between the process of trauma recovery and peace-building.

We consider that these are vital areas of study if, as adults, we are to support ourselves and the whole community to develop a future in which the abnormal is no longer normal.

The Children and Violence Intervention programme in South Africa states that it has 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 that intervention sought to achieve (Zwane, 1997).
2.0

Considering the work
This section covers methods of working, the context of the groups, what parents said they needed, ethics, useful theories, description and discussion of working with two groups, and examples of interventions.

2.1 Methods of working

There are various approaches to working with parents and with the effects of trauma. The decision to opt for one or other approach depends on many factors including those such as:

- purpose of the organisation
- resources – skills of workers, time available, and so forth
- how soon after the event the intervention occurs
- age / condition of the person and the severity of impact
- environmental factors – for example, continuing danger
- expressed needs and interest of the people worked with.

Why groups?

We took into account a number of factors before and during working directly with the groups. We had decided to work with groups rather than individuals, recognising that finding support in a group would help to break down the isolation experienced as a result of trauma and support the channels of connection. In addition, we could work with more people, given limited resources. Moreover, meta-studies of parent support have been carried out which point to the effectiveness of group work programmes as a means of reducing isolation and supporting learning within the group (Barnardo’s, 1999). Finally, both groups worked with experienced themselves as having been violently attacked at the group level.
Why these groups?

In the period of information giving and consultation from April to September 2002, it was community representatives who expressed most interest in the work in areas where families had experienced relatively recent life-threatening situations with their children. There was a sense of added weight around the work as a consequence of this. Other organisations expressed interest but were not yet in a position to organise within the desired timescale of the work.

Before the work started

We met as co-workers and began with a number of ideas in relation to the work and we were open to these ideas changing and developing as the group experience changed. In fact a core belief was that we all change continually in our contact with each other.

To begin with there were a number of overarching principles.

- That the work needed 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 as a resource that could be shared with others.

- Given the focus on parents most affected by the conflict, it had to support the resilience, autonomy and connectedness of those who had experienced overwhelming events.

- That trauma would be present as a result of overwhelming events and that trauma was a transformative experience. Group support could not restore the person to how they had been prior to the experience. Their lives were for ever changed. Therefore, there is grief and bereavement at the heart of the experience. Nor could the work support someone to ‘get over it’ as if their lives had not been for ever changed. The integration of the event, with both its losses and gains, lay at the heart of the work.

- Parents and people who work with children had to know: how they had been affected and have lived with traumatic events; how children experience traumatic events and how their development is affected by traumatising events; the role of parents in helping children to experience and organise their understanding of the world.
2.2

Context of the groups

Criteria had been drawn up during the initial period that included working with a Catholic / nationalist / republican and a Protestant / unionist / loyalist group, and where there was a community link person. Initially, we suggested approximately ten to twelve sessions with the two pilot groups for up to three hours per session. The descriptions of the work that follow are of seven sessions with group A, and ten with group B.

Both groups had experienced traumatic events in the company of their children, and in some instances partners / husbands and wider family, at least twelve months prior to this work. Both groups comprised women – mothers and grandmothers. The involvement of men is an important issue in community support. The work was started some time after the event that had prompted the formation of the support groups. Both groups had had some support in the immediate aftermath. These groups were now taking place eighteen to twenty-four months after the event.

The events dramatically impacted on the lives of both groups, and continued to have an impact, as neither situation was resolved at a community level. However, the trauma had settled into the daily life of participants and was not immediate. This was an important consideration, as immediately after is not the time for a group. Instead, family and friends are usually the best support in the immediate aftermath, and ‘survivors are advised to wait six months to a year’ before joining such a group (Herman, 1992).

Both groups had severe experiences of violent political conflict and traumatic events for over thirty years as well as other forms of disadvantage (for example, poverty). A continuous or chronic level of trauma had been normalised and acclimatised to. A sudden event had then catapulted the so-called normal into extreme abnormal. As a society we were caught between protecting children and remaining at a distance.

Differences

For one group, the events stemmed from the actions of a group outside their perceived community, and represented to some extent a continuation of their experience over thirty years, while peaking at the time of the events. For the other group, the events stemmed from the actions of a group within their perceived 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.
For both groups, the impact of the events affected their capacity to protect their children was called into question and attracted external judgement. At a wider level, our capacity as adults to protect all our children is shaken by such events.

Therefore, and given the project purpose, the focus was not on the effects of trauma on the women or their children but the added dimension of the parent–child relationship in the wider family and community context. That meant that the women and their families so far:

- had survived the events
- had to some degree absorbed the events into their current lives
- were living with the effects and had already developed methods of coping from day to day
- recognised that the traumatising episode was unfinished and was continuing to impact on their lives
- unlike a car accident or plane crash, the traumatising event had not been a one-off incident. The direct threat had been sustained over a period of time – months and years.

During the life of the groups, a scaled-down repetition of the traumatising events reoccurred. This meant that the issue of safety – an essential requirement for trauma recovery – was very difficult to establish and impacted severely on the work of the groups.

We were working without the children being present. In effect, we were supporting the parents to understand and work through the effects the traumatising events had had on them as individuals and as parents and then to develop greater self-support to be able to support their children.

Because the aim of the programme was to support parents to support their children, we had to ensure a basic understanding of the impact of trauma on the developing child, and this involved some teaching as part of the development of cognitive mastery.

The fact that we were working with parents and children meant that we also were addressing the impact on families, taking into account family styles, cultures and traditions.

The age range in the groups ranged from young parents to grandparents, with many children affected by the events, from young babies through to adolescents and young adults. The parents in both groups focused primarily on their primary-school-aged children.
2.3 What parents said they needed

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

- to feel safe
- to learn more about supporting their children following traumatic events
- to learn more about what had happened to them
- to help make their community a safer place
- to move on and to regain a sense of hope and trust.

There were differences between and within each group as to how to address these needs. Although 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 in order 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 experience of others without judgement or trying to change or avoid it helps to create safety.

As facilitators, we also had to witness and support the exploration of both 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.

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 children are alone in the experience and it is they who need to change.

The same held true for us. An important factor in this was not to objectify the participants but to recognise that we had 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.

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.
2.4 Ethics

In the interests of protecting the confidentiality of the groups and to support ethical practice in a context of ongoing conflict, we have attempted to write in a way that honours and protects the groups, while sharing the mutually achieved learning with the wider community.

Many details of the work have been excluded in the interests of anonymity and safety. However, the themes and issues highlighted have both informed the developing model and perhaps provided evidence for the need for an integrated model. Both groups understood that they were pilot groups and agreed that the work could be written up as themes and issues to inform a resource.

2.5 Theories

We have drawn on all the theories outlined in this resource in thinking about working with groups. Those that appeared most relevant for writing up what happened in a way that respects the group boundaries are as follows.

Field, systems and gestalt theory – field theory seeks to describe the shifting focus and explicit and implicit themes and forces in the current field of the work. From the start, there were contradictory push-pull forces: towards increasing contact while simultaneously others were pulling us away, inducing caution and distance. This early dynamic gave information on the field conditions, the limits as well as the possibilities, for working with the group.

General theories of group development – basic theories of group development were held lightly as support to what was actually happening in the group. Schutz (1966) was useful as a basic framework for understanding the three basic needs people bring to groups: to belong – expressed through issues around identity and dependency; to be autonomous – expressed through issues of power and influence, and counterdependency; to experience affection – expressed through issues of intimacy, co-operation and interdependency.

Kolodny et al (1965) also provided us with an understanding of the power of the ‘good group experience’ as a frame of reference for relationships and later experiences. Above all, developing a framework to promote a sense of safety and reduce the (existing) heightened anxiety, stress and arousal in the group was essential.
The idea of the potential of the group as sanctuary (Bloom, 1997), or a holding environment / container (Bion, 1961), where difficult, unresolved experiences could be transformed by being ‘held’ and integrated in a different way, was useful. This idea was also useful in understanding the capacity of groups to repeat habitual and defensive ways of being, particularly in situations of heightened danger.

The relation between what was happening in the group, and outside the group, and seeing the group and wider context as interdependent was a support to the work, and the struggle to co-create enough safety in a context of continual hostility.

2.6

Perspectives on group A

Introduction to the group

Group A was made up of members of an existing group from a working-class Protestant community, and was composed of women – mothers and grandmothers who had been deeply affected by the conflict as well as by ongoing violent conflict within their community. Many of the families had experienced displacement from their homes as a result of recent intra-communal conflict, with some experiencing a history of displacement going back to the late 1960s.

Trauma theory was particularly relevant in understanding the central dilemma of the group. Herman (1992) states that the central dialectic of trauma is between the ‘will to deny’ and the ‘will to speak out’, and this is an inherent aspect of the work at every level – individual, group, organisational and societal. At each phase of the work with this group, there was a very strong pull to the dialectic (between the drive to silence and the drive to speaking).

Any group that has experienced traumatic events stemming from the actions of those within their community should be of particular concern to the wider community, as traumatic experience is amplified by such a situation. As Herman (1992) says:

_The damage to the survivor’s faith and sense of community is particularly severe when the traumatic events themselves involve the betrayal of important relationships. The imagery of these events often crystallises around a moment of betrayal, and it is this breach of trust which gives the intrusive images their intense emotional power._

"
For a community whose core sense of its own identity is built around the concept of loyalty – with its emphasis on being true to, faithful to, of service to, and so on – betrayal shatters the sense of self in relation to others. Betrayal involves a violation of the intimate boundaries of the person, the family and community.

Herman states that

*a belief in a meaningful world is formed in relation to others and begins in earliest life. Basic trust... is the foundation of faith. Resolution of these questions of meaning requires the engagement of the individual with the wider community. Traumatic events, once again, shatter the sense of connection between the individual and the community, creating a crisis of faith.*

Issues of trust and betrayal were compounded by media representations, and can be seen as an example of scapegoating outwith the community and within. Scapegoating, whereby a person or group is made to bear blame that should be shared with others, can also be linked in our view to traumatic re-enactment and other processes at a societal level.

Groups / communities made vulnerable by poverty and educational disadvantage can be seen as prone to being used in these ways by those who perhaps conceive of themselves as uninvolved and outside the conflict and, therefore, not responsible in any way (see *Considering victims and workers*).

What follows is a description of the main needs of the group as expressed over the life of the group, a thematic description of group meetings over a period of five months, and a representation of forces in the field of the group. In addition to group meetings, there were some individual support sessions.

**The needs and main dilemma of the group**

- the need to live with and make sense of what had happened to them (physically, psychologically, culturally and politically)
- the need to gain a greater sense of safety at personal and community levels
- the need to understand how their children had been affected by what had happened
- the need to understand how they had been affected
- the need to support their children
- the need to know what to do, to find ways to help their children in the wake of the events
- the tension or dilemma between the need to speak of their experiences and the need to be silent.

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13 Other ways of explaining this process relate to what is known psychologically as 'projective identification', whereby feelings and thoughts we disown and dislike in ourselves are seen and stirred up in others, so that they can carry our negative aspects. Racism, sectarianism and other forms of discrimination are examples of this process. The term was initially coined by the analyst Melanie Klein as a way of describing what parents / carers do for their baby by recognising and acting as a 'container' or holder of the baby’s distressing feelings.
Themes over the life of the group

In terms of group development, these early themes over the first few meetings can be viewed as sharing common concerns and interest, on issues of, and difficulties around, belonging. The themes also relate to Herman’s notional phases of group work and trauma recovery. These are: safety, remembering and mourning, and reconnection.

Safety and belonging

The first set of themes primarily clustered around issues of safety, and lack of safety, with the central dialectic of trauma (silence / speaking) apparent throughout the work due to the continual violence and threat of violence in the community.

- Worries and concerns for children and young people about the changing relationship of the community to the state and emergency services, including a breakdown in trust in relation to these services, which were seen as having failed to defend and support the families (for example, young people were attacking emergency services as these services were no longer seen as supportive to the community).

- Disillusionment and distrust of authorities: for example, people being told how to think and vote, rather than being encouraged to think for themselves, and to debate political opinions and options. This theme emerged and re-emerged in relation to other authorities, including negative experiences of the education system, concern that children’s experiences would be better, sadness and anger at how the formal education system had failed them.

- Judgement / ridicule: judging themselves harshly, self- and other criticism.

- Dilemma: believing something can be done and that nothing will change, for example, expressing that it is down to us in this community – no one else cares – and resignation (feeling overwhelmed by the extent of the problems, divisions and mistrust).

- The reality of ongoing danger and threat: multiple expressions of ongoing territorial battles as demonstrated by the painting of gable-end murals, hostile comments, and so forth.

- Loss: diminishing support, for example, further splitting in the community, group shrinking, worker leaving.

- Powerlessness in the face of the community tearing itself to pieces. There were expressions of fear, worry, weariness, wariness, sleeplessness, isolation, ridicule and self-criticism, hopelessness, loss of faith and social withdrawal: ‘our fear is of our own, not the other community’.

- Silencing: fear of speaking out, and ongoing life-endangering threats and intimidation within the community were uppermost, alongside concern that nobody really cares either within the community or without.
There were also indications of the resources within the group that supported resilience and perseverance in the face on ongoing stress.

Resilience: pride in the breadth of experience in raising children – over forty children and grandchildren among the group, giving and receiving support from each other as evidenced through humour, solidarity, liveliness, the exchange of stories, cigarettes, tea and biscuits and anticipating a break away together.

Remembering and mourning: acknowledging the reality of loss

The next set of themes over the next few meetings can be seen in group development terms as beginning to move towards the expression of differences. In relation to Herman, the work was primarily focused on remembering and mourning. The primacy of safety as an ongoing need was ever present and evidenced in most themes.

Comparing the past and the present: noticing changes and their impacts.

Exploring traumatic experiences and emotions: noticing how I / we survived losses and gains. Acknowledging how previous traumatic events continued to unfold in greater depth at the level of the individual, family and community. For example, keeping busy / obsessive cleaning; working hard to hold the family together; splits in the community; taunting in the street; rage when meeting / confronting the ‘enemy’ in the eye; feelings of hatred; sadness; hurt; withdrawal; looking down and avoiding eye contact when walking on the street; anxiety about going out; being frightened yet determined to speak out; working to inform and influence others; exhaustion, apathy and resignation. There was anger at bystanders who did nothing (some church groups, and others in the community) and negative comparisons of their own community with the nationalist community in relation to the capacity to organise and articulate their needs.

Observing and noticing the differing ways their children had been affected: for example, clinging to Mum; speaking out and standing up against coercive actions and views and the fall-out from that; bullying in school; being preoccupied with death and images of death; being preoccupied with hating; being afraid to go upstairs or to the toilet on their own; afraid to call for friends; having nightmares; increased restlessness and hyperactivity; difficulty concentrating; listening at keyholes to adult conversations; asking about the news; asking questions about local politics; and attempts to revisit the original site of trauma being met with terror.

Exploring what each child needs and the effects of different ways of responding: for example, a family wishing to put it all behind and not talk about events finding their child drawing pictures representing some aspect of what happened or talking to school friends.

Inter-generational and cultural strategies that the community, parents, they and their children had developed for living with traumatic experiences and victimisation were touched on. At a community level there was a sense of disempowerment, that working-class Protestants have ‘let things happen’ that the ‘other’ community would not allow to happen (services closing, splitting, and so forth).
Culpability-responsibility: at the same time, there was recognition of their part in feeling ignored. For example, the group members recognised that they tended to put more energy into comparing and complaining – what we don't have and what 'they' do have – rather than on focusing on what they wanted and needed, and taking collective action. As Herman (1992) notes: 'Traumatised people struggle to arrive at a fair and reasonable assessment of their conduct. When others can listen without ascribing blame, the survivor can accept her own failure to live up to ideal standards… Ultimately, she can come to a realistic judgement.' In making a realistic and complex judgement, another repeating question for the group, which represented the struggle and need to make sense of what had happened historically and cognitively, was: why are we so divided? Clearly, in the past, a degree of unity had been built on opposition to those seen as Catholic / Irish. The group recognised that they would not have been surprised if attacks had come from the 'other side'. However, some members of the group had taken support from women from the other side, and were open to new connections.

The continuing, heightened issue of safety

This primary issue emerged and re-emerged throughout the life of the group as further incidents in the community occurred and rebounded through the life of the child, adult, family and community.

For example, one session took place just after another violent incident in which a young man who lived close to a group member and was 'uninvolved' was beaten to death. Processing this incident was a vital aspect of the work of the group.

Vulnerability, death, loss and leadership: the focus of anger was with politicians, church leaders and the media, who had not condemned the young man's death. The sense of disbelief and grief that horrendous things can happen to young people and be met by a deafening silence with no one speaking out was held by the parents.

*Are we worth nothing to politicians and the rest of them? Are our lives worth nothing? That could have been my son and it would be completely ignored, invisible, as if it hadn’t happened at all.*

As Herman notes: ‘A supportive response from other people may mitigate the impact of the event, while a hostile or negative response may compound the damage and aggravate the traumatic syndrome.’

A final meeting took place after families outside the area were violently displaced from their homes, and provided evidence of a process of re-enactment.

Re-enactment occurs when unresolved aspects of the past are repeated in present interpersonal relations, as high arousal and stress is experienced in the face of further overwhelming threat, and habitual defences are drawn on. This was expressed in despair with disengaging statements such as: ‘we don’t need anyone’, ‘we can’t do anything’, ‘this has been going on since 1969, and it’s going to go on into the next generation. Nothing will change.’
Bloom (1997) proposes that it is a learned way of surviving and getting a sense of control in hostile environments, while Herman reminds facilitators that interpersonal conflict between group members needs to be carefully handled and reduced in a trauma-focused group. Intervening to direct the expression of conflict14 is a necessary skill.

Towards the end of the meeting and as we were parting I felt filled with sadness and it took time and talking before a sense of hope returned.

Disconnecting and reconnecting: the constant dilemma

The continual lived experience of this group in the face of constant threat was of disconnecting and reconnecting. In the group, the process of reconnecting could be taken a small step forward by some group members. This points to the different types and levels of support that groups, workers and communities need. In this process the group were:

- Reconnecting and disconnecting – experimenting with new connections and experiences, as well as suddenly ending connections and withdrawing.
- Identifying what needed to change / the vision for the future and in some instances acting to create change at the community and political levels. For example, how local schools support children in terms of what happened and was continuing to unfold, as well as links to parents’ own experiences of education and what they would like to see change were identified and acted on. Speaking on the local radio station was another way in which the group expressed its needs and concerns.

Key shifts

It is useful to consider key changes in the life of the group, and what occurred to support and limit change.

- Initially, in deciding to continue or discontinue the work individually or in subgroups. (Initial meetings with facilitator to explore the work. Not addressing directly the dialectic of trauma in the first meeting may have limited potential development.)

- Beginning to express personal needs and interests in relation to their own children, rather than generalised worries and concerns. (Support to focus, providing information and framework to understand experiences.)

- Recognition by each group member of how isolating her experiences had been, and to some extent continued to be. (Increasing level of trust and contact between group members and facilitator.)

- Recognition of their different responses as adults to a shared event – unique versions and experiences. (Support to tell and experience their story.)

14 Stress and trauma reactions can involve a feeling of being overwhelmed by experiences of fear and helplessness, and getting rid of these uncomfortable experiences by one or more of these methods: quickly putting blame onto others (fight), by withdrawal (freezing), and by leaving the situation (flight) (Wyman, 2002). Making conflict manageable and meaningful involves knowing and owning one’s own experiences, and relating to others in ways that build contact and relationships even where these traumatic ‘re-enactments’ are occurring.
Recognition of the different responses of their children and their connection to adult responses – how we handle events has a big impact on our children, with the group saying ‘we hadn’t realised that as much until now’. (Support to focus on the impact on children.)

Recognition of the need for development and change at each level and obstacles to that at individual, family, community and beyond. (Support to link and connect events at different levels.)

Insufficient support to continue the work, withdrawal from the group, with individual support continuing. (Ongoing events in the community, bereavement, trust issues and so forth.)

Meeting as a group with the facilitator and deciding to end the work. Taking their authority as a group.

An analysis of forces in the field (Lewin, 1952) can be useful in environments where there are strong oppositional forces. Often these forces have been simplistically seen as operating between the two main communities rather than within. The work provided evidence of the need for single identity work to support groups in order to acknowledge their own experiences, build skills in co-creating a working agreement, making contact and engaging in dialogue. This theme is taken up in the booklet *Considering communities and transformation*.

The primary forces in the field for the group emerged as:

<table>
<thead>
<tr>
<th>For disconnection</th>
<th>For reconnection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Withdrawal, isolation, loosening connections</strong></td>
<td><strong>Joining with, linking, connecting</strong></td>
</tr>
<tr>
<td>1. Threatening events, ongoing incidents within the community</td>
<td>Group engaging in the work</td>
</tr>
<tr>
<td>2. Not talking (I’ve nothing to say, resignation, hopelessness)</td>
<td>Risking speaking out and the need for others to understand what has happened (we need the schools to understand what we have been through)</td>
</tr>
<tr>
<td>3. Unwilling or unable to share personal experience (we’re all the same, I’ve nothing to say)</td>
<td>Identifying and sharing personal experience including needs and desires (we need to do something for the young people)</td>
</tr>
<tr>
<td>4. Isolation (nobody cares)</td>
<td>Desire / longing for connection</td>
</tr>
<tr>
<td>5. Need to move on by forgetting</td>
<td>Need to learn / move on by remembering and mourning, learning from and integrating the experience</td>
</tr>
<tr>
<td>Forces for disconnection</td>
<td>Forces for reconnection</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>6</td>
<td>Suspicion and mistrust</td>
</tr>
<tr>
<td>7</td>
<td>Disillusionment with authorities and withdrawal; seeing almost everyone as against us</td>
</tr>
<tr>
<td>8</td>
<td>Focus on helplessness and victimisation (we have the worst problems)</td>
</tr>
<tr>
<td>9</td>
<td>Fixed reductionist views (we’ll never…, it’ll always be like this…)</td>
</tr>
<tr>
<td>10</td>
<td>Repetition / re-enactment (it all goes round and round in my head)</td>
</tr>
<tr>
<td>11</td>
<td>Lack of cohesion (comings and goings, late start, early finish, some of the group in the other building)</td>
</tr>
<tr>
<td>12</td>
<td>Unaware of inter-generational – family and cultural – influences, repetition without awareness</td>
</tr>
<tr>
<td>13</td>
<td>Seeing the child with symptoms of post-traumatic stress disorder or other symptoms as the problem; seeing no relation between parents / family responses and wider community to traumatic events and child’s responses</td>
</tr>
</tbody>
</table>
Conclusions

*Wisdom lies neither in fixity nor in change, but in the dialectic between the two (Octavio Paz).*

Writing up the work on group A was difficult as there was less sense of recovery and resolution than in the second group. Fear is contagious and right from the start many of the women spoke (verbally and non-verbally) of not wanting to talk and of wishing to forget and move on, while at the same time demonstrating that moving on by forgetting is not possible.

The experience as facilitator included feeling overwhelmed, frightened, rejected and sad as well as determined to keep going so long as the group would do likewise. This seemed important at a time for the group that seemed clouded by an overwhelming sense of resignation and desire to forget. We were reminded of an earlier meeting with a group in the same community and the need for long-term support so that people can work when they are ready.

Therefore, the two group descriptions have been written differently. However, the learning coming out of each experience has been equally important with each pointing to different aspects of trauma, and it is significant for the wider community to hear.

The challenges for Protestant communities have been noted (CDPA, 1991; PUL Network, 2002; Langhammer, 2003), with intra-communal violence amplifying and fragmenting what has been described as a ‘void’ arising from ‘weak infrastructure, low confidence and levels of participation within wider community structures’ (PUL, 2002), despite the exceptional work of some women’s and community-based groups.

The extent to which family and community life have been affected by traumatic experiences has often not been included as both an explanatory and an ongoing force in the field, and that needs to be more fully considered.

Understanding individual and collective responses as linked to traumatic experience, and seen as examples of ‘fight’, ‘flight’ and ‘freeze’ reactions, may support the acknowledgement and integration of these experiences into community life, as well as help to inform approaches to practice and policy that help recovery and build resilience.

Exploring similarities as well as differences between communities is important in developing effective responses. Moreover, we can speculate that the strength of the apparent forces for disconnection in Protestant communities mirrors the wider political transition. In process terms, disconnecting is the loosening of prior links with the potential for new forms of connecting.

Finally, the importance of the local community level and its indivisible relationship to both the individual child, adult, family and wider community is demonstrated in this work and affirmed by Herman: ‘Restoration of the breach between the traumatised person and the community depends, first, upon public acknowledgement of the traumatic event, and second, upon some form of community action.’
2.7 Perspectives on group B

The restoration of social bonds begins with the discovery that one is not alone. Nowhere is this experience more 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).

This section provides an overview of the meetings with group B. It contains a brief outline of the first meeting followed by a diagrammatic overview of how the themes developed over the ten sessions and an exploration of the final session.

Session 1

We met in an agreed environment that was comfortable and welcoming. The time of arrival varied with each person. The community worker, who was initially involved in bringing us together, said a few words, wished us well, provided scones for the tea break and left, regretting that she could not be part of the group due to work commitments.

One person had not arrived and another said that she would be there for one session only. Initially there was a lot of general chatting. We had planned to introduce ourselves, giving some personal background information and general information on the programme, then waiting to hear from the group. Facilitator 1 started. However, before she could introduce herself, a number of questions emerged very quickly in relation to children and trauma and trauma in general. There seemed to be a great urgency about getting the information. We acknowledged their urgent need to know and asked the group to hold their questions until Facilitator 2 introduced herself and outlined the possibilities for the programme.

A general question and answer session followed. Our answers also illustrated the scope of the programme. Then the missing person arrived and we had a tea break in order to allow her to settle into the group.

Co-creating the narrative

After tea the women introduced themselves and spoke about their children. There was an almost overpowering amount of information and detail given about the impact of their experiences. Some spoke a lot and others hardly at all. However, between the information and the agreements and nodding, the events began to tumble out.

Clearly, the women wanted the opportunity to talk about the events, including their sense of being forgotten. There was a smoke break, which seemed like a relief for the group.
After the break, the women continued to talk about:

- the effect on families
- other children in the family
- the fact that women were holding it all together
- illness and distress (often severe) specifically in relation to husbands and fathers
- the re-evoking of traumatic experiences of an earlier age
- deaths and bereavements.

As the group members talked about the previous year’s events, they placed each other at specific crucial times – most life-threatening or comforting, times when they were most angry or frightened, asking each other about their responses, linking each other to the shared experience and identifying similarities in their individual experiences.

Clearly, the group was establishing the ground of their work, outlining what would form the content of the programme, their interests and concerns, and their relationship with us as the experts. They were creating a safe environment for themselves in order to explore how their lives had been changed.

We closed the first session with confirmation of the next. The first session established the themes which would appear repeatedly throughout the following month:

- how each person saw the group, which also reflected how such groups might be seen in the community as a whole
- the need to understand trauma and trauma recovery
- the need to understand how children and families had been affected
- the need to understand how they themselves had been affected and their lives changed
- the need to explore their role as parents in supporting their children
- the sense of urgency
- the need for detail and accurate remembering
- to find support and reassurance
- the need to have their experiences recognised and witnessed.
Considering the process of the group from a field perspective, it is possible to identify the themes and forces at work, which allows the facilitator to see what is present in the group and what support there is for working with the interests and issues.

In addition, a welcome and very important aspect of field theory is that it allows us to understand what was happening — the ebb and flow of individual and group interests, attendance and levels of participation at any moment in the life of the group, free from judgement / blame.

Field theory is used to understand the behaviour of individuals, groups, organisations and whole societies by regarding the context — or field — as composed of forces pushing and / or pulling in various directions. The relative strength of each force of any field determines the characteristics of that particular field, as well as the possible / probable actions of any part of that field (Gaffney, 2003).

The forces present in the field at the first meeting were indicators of the scope of what could be done in the group. We could identify the forces by listening to what was said and by paying attention to what was happening, to movement within the group and what was happening within and between us as facilitators, who attended. For example, how often did members say that:

- everyone had forgotten them and what happened to them and their children
- things were not cleared up, nothing had changed
- they just didn’t know what to do
- they were just getting on with it?

These could be seen as forces of despair, staying the same and remaining helpless / victims. Alternatively how often did people seek information about trauma, about each other, about us, and relate it to their experiences? How willing were people to speak about what was happening at home with their children, their family members and themselves? How often did group members find support in what each other said or did?

The information gives the facilitator a clue as to the balance of possibilities in the group. We found these to be forces for:

- sharing information
- reminding the world of what happened
- being together
- protecting their children
- finding ‘a cure’ and making things better
- moving on
- seeing what we could offer
- staying the same
- for not staying in the group
- despair and hopelessness
- toughing it out alone.
The force for forming a group and exploring how to work with what had happened seemed strong. In the end, we worked consistently with half the group throughout the period, with other members coming and going at various times. The forces from the field of family life and the community were also present, and were felt more strongly by some of the women. Illness, family break-up and difficulties, the need to find employment, hope, fear and despair influenced those who stayed and those who did not.

As facilitators, we were also of the field of the group (Belfast, the past thirty years) and also reflected what was happening within the group. We used our responses as a way of helping us to understand the movement and processes that were happening behind the verbal exchanges and contributions. We could ask during or after sessions ‘If I was feeling this, what meaning does that hold for the group?’ In the first session we experienced the following.

The polarities of engagement and separation: one of us was involved in talking and the other was quieter, one feeling engaged and the other at more of a distance. This reflected the group members exploring how to be in the group or indeed whether to be in it or not. It also reflected the moving in and out of the experience of retelling, what was possible and the level of detail that could be tolerated by individuals and the group.

Knowledge and not knowing: we knew, for example, about group work, trauma and child development both theoretically and from our own experience. We did not know the experiences of the women. So sometimes we were experts and at other times they were experts. This movement between expert knowledge and not knowing supported the development of dialogue, where all experience and knowledge had a valuable place in the group experience.

Overwhelmed and defended: sometimes the information seemed too much and too painful so that we distanced ourselves and heard it as a report. We wondered: if the information was overwhelming and frightening, supportive and reassuring, was being in a group overwhelming and frightening, and so on? Sometimes the women retold the events as a report, at a distance, which helped to create a place of safety when the detail and the memory seemed too much.

Authority and inclusion: sometimes we felt authoritative in our knowledge, organisational background and place in the world, and at other times we wanted to be accepted by the group. Could we be both? The experience of the authorities had generally not been a good one for these women. How could our authority as group facilitators be accepted as support for the group? The experience of trauma had also undermined the confidence of the women as parents and their parental authority – knowing what to do as parents was a major theme throughout. Inclusion also reflected the process of the group forming in the present moment but also the inclusion as a group who had shared events in the previous year.

Powerful and helpless: sometimes we felt we could offer support and could do something, and at other times we despaired that we could not change anything. In the retelling of the story there was also the terror of being helpless, and their children’s helplessness as well as their solidarity, courage and group support. The regaining of self-empowerment is essential for integrating and moving on from traumatic experiences and must be done by the person who had the experience. Could this be done in this group?
We were also to experience these feelings again and again throughout the months with greater clarity and understanding of the facilitator’s responsibility:

- to fully attend to what was presently happening in the group with the understanding that the unfolding process was what the group needed to be doing to integrate the experience
- to support a sense of resilience and manageability in the present of what had been overwhelming
- to support physiological release of traumatic experience
- to support awareness of change around how their story is retold each time it is retold in the group – changes in language, feelings, responses, connections with the present time and with the group members
- to pay attention to what needed to be retained about the experience and what needed to go in order for them to process through the effects of trauma rather than to be powerless in the face of what happened
- to support the women to find a way out of the fixed experience of the past to a fluid moving in the present towards the future

as facilitators, we had to continually challenge the urge to give advice. We had theoretical knowledge and personal experience. We had to work together to find ways to apply the personal learning in each of the families and with the unique experiences of each child. The group became the place to try things out, to share their children’s responses and to develop parental confidence in supporting their children through the experience of trauma.

Overview of the development of the themes

The following diagram illustrates how the themes present in the first session developed over the ten sessions.

<table>
<thead>
<tr>
<th>Learning</th>
<th>Impact</th>
<th>Safety</th>
<th>Moving on</th>
<th>Remembering</th>
<th>Recovery</th>
<th>Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions about trauma and children</td>
<td>Information given on the effects on the families</td>
<td>Where were you? Finding out where the others were during the event</td>
<td>Urgency</td>
<td>Details of the story</td>
<td>Recovery</td>
<td>Credibility and credentials – checking us out</td>
</tr>
<tr>
<td>Establishing a common language Teaching input on Herman trauma model – safety, remembering, mourning and reconnection</td>
<td>Previous trauma in the family Children’s symptoms</td>
<td>Would you do it again? Asking the unanswerable question</td>
<td>Taking quickly / not at all</td>
<td>Official version Own version Child’s version</td>
<td>Can’t be restored to how you were before the event</td>
<td>Supporting the self / relaxation Exploring the use of counselling Exploring the limits of self medication and prescribed medications</td>
</tr>
<tr>
<td>Learning</td>
<td>Impact</td>
<td>Safety</td>
<td>Moving on</td>
<td>Remembering</td>
<td>Recovery</td>
<td>Authority</td>
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</tr>
<tr>
<td>Not knowing enough about the impact on the children so began keeping diaries. Teaching input on James mastery model. Other trauma experience could be talked about (political violence but not past child abuse).</td>
<td>Way children were treated. Too hard / too much to listen to in the family – PTSD and earlier traumas. Bereavement in family.</td>
<td>Differences to experienced and felt</td>
<td>Unfinished business, threats not over</td>
<td>Further explanation of own version linked to how we all experienced it</td>
<td>Questions round value system and justice. Talking about medication</td>
<td>Birthday cake and card and chocolates. Soothing self. Keeping self safe. Talking in the tea break.</td>
</tr>
<tr>
<td>Loss in trauma – effectiveness of keeping a diary.</td>
<td>Closer observed children and seeing patterns of response</td>
<td>Crying for the first time in the group</td>
<td>Self-support through how they recorded events – letters, poem.</td>
<td>Recognition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informal meeting</td>
<td>We had changed date/rearranged</td>
<td>Only a couple turned up</td>
<td>Work issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child development – child empowerment and self-support plus role of parents in that.</td>
<td>How to talk to children re difficult or frightening issues – dolls, stories, art… with the child’s eye.</td>
<td>Threat continues but better organised and stronger; not all over the place. Considering options for action.</td>
<td>Great concern re starting again.</td>
<td>Poem read to group.</td>
<td>Challenge to us re child sleeping. Telling the truth to children – exploring contradictory advice. Parent phone call.</td>
<td></td>
</tr>
<tr>
<td>Hellinger Parents’ business.</td>
<td>Child slept well, children had changed, silent child started talking, parents’ courage and authority to support the child.</td>
<td>Blessing in disguise. Talking of bereavement with humour as well – difference in family.</td>
<td>One person needed to leave early – too hard to leave the group! Feeling the gains of the group.</td>
<td>Cards, chocs.</td>
<td>Cards, chocs.</td>
<td></td>
</tr>
</tbody>
</table>
Session 10

The group was a bit fragmented to start with – people not there on time, disconnected talking. All became clear when we received presents that had been secretly planned. One woman had also brought sandwiches and biscuits.

The focus of the meeting was to end the group so we began to talk about the experience of the programme. One woman – a consistent member – announced that she had to leave early to take her child to the dentist.

One woman told us, with delight and relief, that her child had finally started to speak about her experiences. She wondered about the fact that they, as parents, had not discussed the events with their child in the past for fear of bringing it all back again. She reported overhearing her child tell a cousin of the same age what had happened. The mother did not intervene and let the children have their conversation. That this should happen seemed important and right. Later the child became distressed on hearing a song from that period. This provided the opportunity for the parents and child to discuss what had happened.

We supported the woman’s story by referring to the work of Hellinger (1998) – the authority and responsibility of the parent to be the parent and the child to be the child. This became a reference point throughout the session when in doubt as to the parent’s role and to support parental authority.

Another woman reported that she had taken action to establish a bed-time ritual that had resulted in three good nights’ sleep for her child who had been very disturbed at night. She was so pleased and very elated at this breakthrough. She also commented that she discovered that she had been so anxious at night but had not fully recognised this nor the impact on her child.

One woman spoke of her isolation before joining the group, and that this has gradually eased. However, she would miss the group a great deal and was afraid that she would become isolated again. There was much support from her colleagues that they were now a group and ‘there’s no going back’. (Afterwards, they did continue to meet together for some time.) The woman also said that her children wanted to come to a group. This indicated a need for ongoing support and contact and raises issues of how such needs are met.

The woman who had to leave early stated that she had learned a lot that she had started to use in her work with young people. She told each person in the group how she had seen the children change throughout the course of the programme. This was a generous gift of feedback to the group, a reaffirmation of the hard work that they had all done.

The woman who had had many experiences of family bereavement told us, with great humour, how she was breaking traditions and coping with family stress. She also supported the other parents by giving them feedback on how she had seen their children change. Quite suddenly, she remarked that the traumatising experience had been a blessing in disguise. The others began to restate the gains arising from their shared experience – friendship, socialising, support, knowledge, more feeling of control, wisdom, different and deeper relationships with their children, a kind of discovery about parenthood (‘we see our children differently now’). ‘What would have happened if we had not had this experience? We’d have just gone on the way we had with our other children… but things are different now.’
We ended by giving feedback on how we had been affected by the work, what we had learned and appreciating the work they had done as individuals and as a group. We agreed another meeting to celebrate the work.

From a field perspective, the forces present in this session were:

- celebrating the achievements of the group
- appreciating the road that had been travelled by each – what was lost and what was gained
- supporting changes in the children
- restating parental authority
- supporting safety
- supporting connection
- for ending
- feeling powerful
- staying together
- staying untouched, the same
- not enough
- staying with the fear – of going back and losing the experience.

As facilitators we were experiencing the polarities of:

- feeling finished and not having done enough
- celebration of the achievements and sorrow at parting
- appreciation of the work done, the learning and insights gained, and concern over what to do next
- appreciation of our co-working relationship and awareness of our differences and the importance of this in the work
- grief over what was lost through trauma in our lives and recognising the gains arising out of the experiences.
The development of the group

As previously stated, Herman considers the use of groups in relation to her three-stage model of trauma recovery (groups whose focus is safety, groups for remembering and mourning and groups for reconnection).

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.

The group process outlined above illustrates the work of the group engaging with these various stages within a general group development framework. The stages were not defined by a clear beginning or end but rather by particular interests becoming very prominent or receding into the background. The interests may have related to one or more stage.

Furthermore, the themes illustrate a continuous deepening of the experiences related to safety, remembering, mourning and reconnection. The very process of moving through these stages also increased the general sense of safety arising from within the increased resilience of the individuals as well as the support arising from the group experience itself.

Safety issues were reflected in the need to know about trauma, child development, the impact of the events on themselves, to find ways to work together in the group, to trust us, how to support each other going to and from the group. This included the experience of a bomb having to be defused and consideration as to what to tell the children. Safety was also explored generally in relation to unrelated events in the wider experience – for example, joyriding, street attacks.

Remembering involved retelling the official story in detail, piecing together the events and placing each other at various times within the unfolding action of the event. This gave rise to being able to distinguish personal and individual experiences within the official story without undermining the support each received from having an official version of events and the presence of each in the other’s story. This allowed the participants to co-create a narrative, a shared experience that also included different experiences and responses. As a result, the group began to want to really know what their children had experienced from the child’s perspective, and they developed ways to support their children to recount their own story. They could then co-create their narrative together.

A very important aspect of remembering and safety was the discussion around the beginning and the ending of the experience and the discovery that there had been no official ending. Trauma then could be understood as an experience that changed for ever how you imagined your life might be. This led the group into focusing on what was lost.

Mourning became possible because of remembering the events and identifying what had been lost. The loss was multilayered, complex and in many cases unexpected. It ranged from recognising what had been lost by the children, aspects of normal childhood, the parents’ experience of sorrow at their children’s loss and shared loss.
within the parent–child relationship (expectations around the power of the parent and finally the adult’s personal experience of loss). Of course, grief accompanied the recognition of loss. Bereavement and mourning, with all the attendant emotions, played a central role in the work. (Family death and bereavement experiences were present throughout the group.)

It was also clear at this point that the seemingly contradictory feelings of the desire for revenge, not wanting this to happen to anyone else, and wanting to get on with living were explored. This exploration formed the bridge between the feelings of loss and those of reconnection, and finding gains that were also present in the experience.

Reconnection: a critical moment in beginning to reconnect came with the understanding that no one could be restored to the way they had been before the event. Interest in reconnection and so integration of the experience was evident when the group came to find supportive memories of the events. They began to look at what they had gained and seeing their experiences, awful as they were, as a blessing in disguise.

The gains included friendship, knowledge and skills, a different way to be a parent, changing family rituals, understanding their families differently, and the group experience itself. They also reconnected with the wider community through remembering their personal and family connections, inter-religious and cultural histories and thinking about their future as a group as well as individuals. They talked about changes in the children and how they could as a group extend their understanding into other aspects of their children’s lives (youth clubs, bullying, family relationships).

Reflections on group A and group B

This process of reconnection illustrates the ‘good group experience’ described in Kolodny’s model of group development. The experience becomes a resource for the individuals and group members to be used as a support for continuing resilience after the group ends. Diagramatically, it can be represented as the following:
In terms of the Kolodny et al (1965) model, the work can be seen as the issues of pre-affiliation where the group members get to know the parameters of the group, as well as issues of power and control, and where the group try to make the environment safe and controllable and can be seen as focusing on issues of safety. Intimacy and interpersonal relationships can be seen as contributing to the environment in which difficult processes of remembering and mourning can be explored.

Differentiation: learning to accommodate and respect difference in the group can be understood as the group members begin to feel their authority and strength again in acceptance of themselves and others.

Separation process supports the group to imagine the ending of the group with all its ambivalent responses and to actually end while bringing the group experience into the post-group environment. Similarities and differences in the issues the groups focused on in terms of Kolodny reflect wider similarities and differences at the levels of community and political environment for each community.

2.8 Examples of interventions

In general, we were working with the group process as outlined in this resource and in the booklet Considering groups and leadership, and with our combined knowledge and experience in education, training, parent support, early years, psychotherapy, community development, and as parents in a divided society. 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 (the groups organised this)

pace: regular, predictable routines, loading and manageability of the work – 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 (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 (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)

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)

couraging 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 cake, celebrating at the end

offer of further workshops, if desired.
3.0
Considering the model

It is theory that determines what we can observe.
Einstein

There is nothing as practical as a good theory.
Lewin
In this section, we present an overview of the theoretical component of the work to show what the theories are and how they relate to each other, and we begin to build an outline of an integrated theoretical and practice model that corresponds to our context. The work of many of the authors mentioned here is expanded on in the booklets with references to the texts.

3.1 Content and process

A number of authors influenced how we worked with the groups as well as our own experiences, contexts and knowledge that provided a foundation for the work that was continuously developing, supported by new learning that emerged as the work proceeded.

It may be useful, therefore, to see the work as containing both process (how we and the groups developed together over time) and content (the developing knowledge base of the group). Our choice of theoretical support reflects this.

Although in reality content and process cannot be cleanly separated, for the purposes of explaining the approach we took it may be useful to look initially at the sources we drew on in relation to what could be described as content:

- trauma and educational models
- support for workers in the field
- child development
- community
- family / parent.

In terms of process we worked within four fields. The first of these was that of our context in general, in particular, project and organisation. The second was that of group process both at the level of each group session and the development of the groups over time. Thirdly, we worked within the field of pedagogy (education as a tool of empowerment and the development of critical consciousness). The fourth was the process that we as facilitators engaged in. Once again, these are interconnected in practice.
The diagram below illustrates an overview of the approach and the subsequent list outlines the content.

Peter Levine
How the body stores trauma
Fight, flight, freeze
Embodied memory

Sandra Bloom
Continuing danger / creating safety and sanctuary
Traumatic re-enactment
Trauma bonding
Community / society – victim, perpetrator and bystander

Judith Lewis Herman
The politics of trauma and the dialectic of trauma
Trauma support models: trauma recovery – safety, mourning / witness (revenge / forgiveness), reconnection and integration
Using groups
Worker support
Integration

Daniel Siegal
The body / brain
Implicit / explicit memory
Inter-generational trauma
Trauma and attachment – effects on children

Philip Lichtenberg
Considering the victim
Considering the worker
Community and conflict

Paulo Freire
Education as transformation
Process of collective learning
Critical consciousness

Beverly James
Working with children
The importance of mastery – physical, emotional, intellectual and belief-based mastery
Co-ordinated agency approach

Daniel Stern
Child development
Parent–child relationships
Learned secure attachment

Bert Hellinger
The family as system and field
Inter-generational impact of trauma
‘Balance’ in families, groups, communities and society
3.2
Theoretical foundations: toward an integrated model

Gestalt theory

*Reality is not something inflexible and unchanging but ready to be remade (Perls et al, 1953).*

In our view gestalt theory provides an important foundation for this work. The word Gestalt means pattern or whole, and reminds us that human beings look for the whole meaning before considering the parts which make up the whole.

Gestalt has at its core the relationship between the person and the environment and the process of making meaning out of experience. There are a number of essential aspects to the theory, which inform how we work at establishing better relationships. These are:

- how we make meaning and interruptions to that process
- contact
- field theory
- holism
- paradoxical theory of change
- phenomenology.

Making meaning

People have a natural tendency towards their own health and satisfying relationships with others. Gestalt theory states that people naturally need and want to make meaning, to understand their lives and their experiences and strive to see and to complete the patterns of their experience (form a gestalt).

Satisfaction

The process of satisfying needs can be blocked or inhibited at any point and this can form the basis of exploration. We may be repeating old and set ways of handling situations (fixed gestalts) which do not give much satisfaction now.

Old responses may no longer be useful in the present and may be causing distress or dissatisfaction. A fixed gestalt prevents comprehension of what would be the most useful response in the here and now. We may be applying messages and rules about our behaviour and thinking that we have swallowed whole, that we have not reviewed or fully made our own, and that may be limiting our possibilities.
Completion

There may be aspects of our lives which we feel are unfinished (incomplete gestalt). There is an inherent human tendency or urge towards completing incomplete or confused perceptions and experiences. People strive towards completion of perception or action and are not satisfied or able to rest fully and move on until they do so. This has many implications for the individual, for groups, for organisations and for society as a whole.

Interest

Another way of speaking about this is to talk about figure (our interest in the moment) and ground (what we are not aware of). The figure is the interest or need we have. If a number of figures emerge, given enough time and space, one figure will seem more important and the others will recede into the ground. When the interest has been fully explored it will recede and another will take its place.

Concentration

To allow our interest to emerge and become clear, we need to differentiate an interest from everything else that we could be interested in saying, thinking or doing (the ground, or background). This is the process of developing awareness and requires concentration.

It is not simply a question of being open to something, although this is vital. We need to attend to what is taking our interest. However, in daily life we do not ordinarily stop to attend to a developing interest. We are constantly making choices about how much time and energy to devote to anything that begins to emerge as figural in our awareness. Ordinarily we simply make those choices without awareness (Nevis, 1987).

Awareness

Bringing these into awareness is the process of figure formation (for example, if someone is normally afraid of saying no or disagreeing with another person, and this normal or habitual reaction is brought into awareness); there is an increase in understanding and choice as to how to respond. We need the support of others to become more aware.

Contact / contact boundary

These terms are used to explore what happens in the person-to-person relation, between people and the environment. The quality and type of contact we make with others is inextricably linked to our environments and by our capacity to make good contact with our own experiences. We affect and are affected by those living around us, with all their memories of the past and imaginings about the future.
To make living more manageable, people draw arbitrary lines or boundaries around their life and experiences. This is the context of their experiences or field. One of the most important elements of gestalt theory for us has been field theory and applying a field perspective to the work.

Field theory
This theory emerged from the innovative work of Kurt Lewin from the 1940s. A field approach emphasises the interdependence of individuals and their environment, the interconnection of human beings with each other and with their social systems.

Essentially, a field perspective generates a more holistic or unified way of seeing and of thinking. It offers an integrative approach, which provides a counter to conventional practices of thinking in either/or terms and in terms of cause and effect. With this approach, we can think in terms of the interaction of multiple influences rather than linear or simplistic causes that can lead at best to a narrowing of potential choice, and at worst to blaming, splitting and attack (Parlett, 2000).

Forces
Field theory is used to understand the behaviour of individuals, groups, organisations and whole societies by regarding the context — or field — as composed of forces pushing and/or pulling in various directions. The relative strength of each force of any field determines the characteristics of that particular field, as well as the possible/probable actions of any part of that field (Gaffney, 2003).

For example, in any group there are forces for staying and forces for leaving. How many and who stays or goes will determine what the group can actually do. There may be forces for making changes and forces for staying the same. The relative strength of each force will determine what can be changed and how fast the change can occur.

Polarities
One particular aspect of field theory that is very significant for us is the existence of polarities. Polarisation of forces occurs very quickly. A strong move in one direction will easily find a response in the opposite direction. This is the natural movement of forces within a field, thus creating temporary equilibrium, and sometimes stalemate or conflict.

Rather than blame an individual for not wanting to make changes or for causing conflict, seeing them as representing a force in the field opens up the possibility of being able to engage and to explore the situation without identifying one person or group as being ‘to blame’.
Holism

Holism refers to an understanding of how people experience the world. Learning and experience involve the whole person in relation to the environment – the physical body, mind, emotions and belief system. To support someone to become aware of their experiences means paying attention to the whole person and all levels of being.

Paradoxical theory of change

Gestalt practice works by supporting people to become more aware of their patterns of living and, once in awareness, choice of how to be in the future is increased. Paradoxically, the more you become aware of how you are, the more you and others experience this as change (Beisser, 1970). Adding to this process of increasing awareness is the choice of trying out or experimenting with new and unfamiliar behaviours. For example, in the groups some mothers became aware of their frustration with the limits of prescribed medication for themselves and their children, and began to try out other ways of dealing with difficulties in getting to sleep and staying asleep. More energy and confidence was released in this process.

Phenomenology

Following on from that, how someone feels and thinks relates to this present moment – what they are actually doing now. Everything else is either a memory of the past or speculation about the future. The past is available in the present to give people information to understand how they currently are. The past does not cause the present as if we are hostages to it, although it does influence it.

Similarly the present also contains the seeds of the future and the possibility of influencing what will happen. We are not helpless in the face of unknown forces that shape the future. In this approach the worker does not interpret the actions of the person but instead supports the person to make their own meaning as it fits with their life experiences and desires for the future. Disempowerment is at the heart of traumatic experience, while a phenomenological approach supports the person / group to re-establish authorship of their own experience.

Setting aside familiar assumptions and being open to the other person’s lived experience while noticing the impact on ourselves is a basic phenomenological approach. In this, each person brings his / her own skill and knowledge to the relationship and co-creates something new in the meeting.
Judith Lewis Herman

Herman (1992) provides a thoroughly comprehensive understanding of working with trauma. As such this was extremely useful in helping parents to understand how they had been affected by traumatic events and thus increase their skills of identifying trauma in others, particularly in their children and close family.

Her work provided an understanding of the politics of trauma both at the small system level and the larger community level. She identifies the central tension or dialectic of trauma: the need to speak out and the need to repress experience, and also that children and adults experience this dialectic differently.

Adults have a particular responsibility in supporting traumatised children. Speaking out either at the individual / family level or the community and state level requires an act of standing with the victim and supporting them in order that they be heard. Certainly, our experience with members of the groups was hearing a clearly stated need to have the impact of their experiences recognised.

Providing a general political context for understanding trauma supported the group members to understand their experiences in a wider context and affirmed their instinct that trauma was a community as well as a specifically individual experience and therefore required both an individual and community response.

Herman’s work depathologises trauma while identifying the many ways that self-coping is misunderstood and misrepresented. She therefore rejects the current diagnosis of post-traumatic stress disorder in favour of a more complex understanding of the aftermath of trauma.

This seems more relevant to our understanding of trauma as a cultural process. With this understanding, some group members came to a less critical view of their own responses, identifying instead ways of coping that they wished to change. They extended this understanding to the wider family and community including their children’s coping strategies.

Three-part model

She provides a three-part model of working with people who have been traumatised, establishing and maintaining safety, remembrance and mourning what was lost as result of the trauma, and reconnecting with the present world of the living and future possibilities. Clearly, for the group as well as for us, the issue of safety was crucial and required constant attention.

Herman identifies mourning as a central aspect of working with trauma. Central to this is the view that the person can never be restored to how they had been before the event, and nor can they move on as if the event had not occurred. Integrating the experience, taking the time needed to work with its full impact in terms of what was lost and gained is the essence of reconnection.

This clearly challenges notions about speedy resolution of the impact of trauma either by curing the effects of trauma as if this were an individual medical condition or by rushing to get back to normal. She cautions here against the urge to avoid mourning the loss either by rushing quickly to forgiveness or through the relentless search for revenge.
In our context there are challenges to this arising from religious notions of forgiveness, the contested field of law and methods of obtaining justice and human rights, armed groups, and the absence of any agreed structure for handling the past.

The challenge was met in the groups with sorrow at the complex experience of loss, difficult exploration of revenge and justice and satisfaction at the gains made through the experience.

The process of reconnection combats the isolation imposed by trauma and Herman argues that timely encouragement to join an appropriate group is an essential support to those who have experienced trauma. This was relevant to us, as we had chosen to work with a group. It was also very important when we consider the scale of the trauma within and across the community and the need to provide effective support.

Working with groups rather than individuals, we believe, provides an effective way of working with the scale as well as supporting a wider understanding of the impact of trauma and the development of supportive, resilient communities.

Those who work with trauma need a clear understanding of the process and of their role within it, and Herman indicates the need for well-grounded support for the worker to handle either the possibility of experiencing secondary trauma or of inadvertently reinforcing the experience of trauma.

**Philip Lichtenberg**

We looked at Lichtenberg’s (1994) work for a number of reasons: first, he provides a field-based rather than an individual-based model for understanding the experience of being a victim, a worker, and communities involved in conflict. Whereas Herman’s work was extremely important in understanding the nature of trauma, it was still a model that started from the individual experience. We wanted support for understanding the interrelatedness of people and communities.

Second, Lichtenberg provides an accessible model for understanding the dynamics of being a victim in a wider understanding of contexts that create victims. Third, he offers a model for understanding the impact of long-term involvement on workers.

**The victim**

Lichtenberg challenges the view of the victim as being helpless and innocent only and illustrates how people try to dispel their intense feelings of vulnerability by looking at what they could have done to prevent the incident. In doing this, they regain a sense of power and control. However, the sense of control leads to feelings of guilt that they failed to prevent what occurred. He refers to this as the ‘dialectic’ of the victim. In order to recover from traumatic experiences, people need to be supported to experience all these feelings.
This was very clear in the groups we worked with. Group members were angry at being referred to as ‘victims’ because they resented the helplessness associated with the word. They spoke of a number of complex and, on the surface, contradictory feelings, but most of all they wanted the full range of their feelings to be understood and recognised. The work of allowing the various feelings was difficult at times but provided a greater understanding of the range of responses in their children.

This model of understanding the victim, we believe, is essential for the whole community. It requires us to look at the range of emotions experienced in a traumatic event and how the community can organise and support one polarity (innocent / helpless or culpable / influential) and for these to become fixed views of events. This has serious implications for supporting people to emerge from conflict with resilience at the individual as well as the community level.

Lichtenberg also argues that when we encounter victimisation in the other, we come face to face with our own sense of vulnerability and culpability. As workers, we either want to exaggerate our ability to influence or our innocence. In relation to the victimised person we either focus on their vulnerability and rush to protect them – in short, become rescuers – which stops the victim experiencing their power and influence. Lichtenberg calls this the ‘emphatic sympathiser’.

Alternatively, out of our own fear, we may blame the victim when we find their culpability and distance ourselves from them. He refers to this as ‘disaffected other’. In doing so, the innocence and helplessness of the person is unnoticed and not available to support the injured person.

He argues that as workers we need to find support to identify and deal with our own feelings of victimisation and to contain these in order to be able to stay with the intense feelings of the victim, whatever they may be. He calls this the ‘empathic helper’. These, of course, are not fixed types but rather ways of understanding our various responses to those who have been traumatised, particularly since we have also lived through the experiences of the conflict and have diverse responses and feelings around the same political events.

It was essential for us as facilitators to establish a system of support for ourselves through the development of a supportive model of co-facilitation, building in time for self-reflection, discussion and supervision. For those working with people who have had overwhelming life-threatening experiences, it is essential to have supportive, appropriate structures in place to enable them to work effectively. The context of the worker is as important as that of the person needing / seeking support.

Beverly James

Beverly James’s (1989) work provides a wealth of specific detail on how various kinds of trauma affect children. In addition, she identifies how the various styles of attachment developed between children and adults in infancy affect the child’s ability to handle traumatic events. Specifically, she focuses on the skills of recovery which children need to support resilience in children in the aftermath of trauma and throughout their lives. She refers to these
as ‘mastery’ and identifies the need to develop cognitive, emotional, physical mastery and trust in their spiritual beliefs (James, 1996).

Her work complements the references to attachment in Herman’s work. Clear inferences can be drawn from her work to bring greater understanding to the experience of the adult as a victim and a worker outlined in Lichtenberg.

Mastery

In the groups it was clear that the members, as adults, were struggling for mastery, and they used various methods and activities to support this. In doing so, they developed a clearer understanding and noticed more often how their children devised ways to feel in control. In many cases children took on the role of parenting the parents in order to feel powerful again. Parents were very keen to learn ways to support their children – from a child’s perspective – and how to regain their mastery.

What is vital in James’s work is the view that parents alone are not the only people required to support children through trauma. A co-ordinated support for children across agencies and adults having contact with the child are important.

The next layer of sources includes Daniel Stern in relation to a more detailed study of child development, Daniel Siegal on the developing mind, and Sandra Bloom who extended the work of Judith Herman in terms of creating safety within continuing danger, the phenomenon of traumatic re-enactment, and supporting workers.

Daniel Stern

It was clear from the outset of the work that adults need to understand how children develop and therefore how traumatic events affect the process of development. This was essential in helping parents to learn development-appropriate skills to help children to feel secure and powerful again.

We were interested in the work of Daniel Stern (1998) because he argues that from the beginning children are separate beings, existing in relationship to those around them and their environment. This model of development stipulated the connection between children and their environment from the earliest age. The child’s developmental task, therefore, is to find ways to integrate an increasingly greater and more complex understanding of her / himself with the world.

Carers in this model also develop in relation to the child. Simply put, the parent of the two-year-old child is a different parent when the child is sixteen years old. In one group, parents echoed this as they stated that they could no longer be the type of parents they had been in the past. The shared experience with their children had fundamentally altered their understanding of parenting.
Attunement

Stern’s theory seemed to us to be essential in supporting our understanding of how children develop as members of groups. He explains the central role of adults in confirming or altering the child’s experience of the world through the process of attunement – tuning in to the child’s experiences. This helped our understanding of attachment in infancy and its crucial place in the child’s understanding of the world.

What emerged in the groups was the complexity of the traumatic event. Some children had direct experience; others were affected by the distress of family members. Many children had been born into families where there were long histories of unresolved trauma. Understanding how adults attune to children’s experiences can help us to understand how traumatic experiences are passed from one generation to the next.

Many group members related family experiences contained within the culture of the family and that came to the forefront again through the latest child–parent experiences.

Gradually the view of the child as the traumatised member of the family was questioned by an understanding of the child as having shared a particular group experience expressed in specific child-related ways. This meant that the response to the child’s experience was a group response and not the isolating of the child as a collection of symptoms.

Sandra Bloom

Bloom (1997) takes as her starting point the work of Herman and extends this to consider the level of community in its widest sense – the community of human beings. Her concern is to understand the impact of trauma not only at the level of the individual (emotional, psychological and level of the nervous system, the body, social identity, meaning systems), but also how the context of the individual supports or inhibits the integration of the traumatic event.

Transformative power of relatedness

The individual needs to integrate the experience in order to re-establish resilience after trauma. Bloom’s commitment is to the transformative power of human relatedness. In other words people do not heal alone and our greatest resource, she maintains, is in our connections.

Her interest is to ‘reconstruct the social’ in order to create a safe environment in which the impact of trauma can be understood, supported and contained. This, she argues, allows everyone to be aware of the ways in which trauma manifests itself both at the individual and community level. We were particularly interested in this view as it states clearly that it is the responsibility of every adult in the environment of the child to provide support in the aftermath of conflict.

This echoes Beverly James’s work in maintaining that a co-ordinated, sustained, multi-agency approach is needed to create a safe environment for the child to heal.
Change in mindset

Bloom contends that what is required is a change in mindset from individual responsibility to community responsibility for the environment of children and away from the illusion that a bystander to traumatic events is merely neutral or well meaning.

She levels a serious challenge to the bystander – the person who is neither the victim nor the perpetrator – citing research which shows that the extent of the perpetrator’s actions is determined by the attitude of the bystander.

She introduces the idea of ‘sanctuary’: ‘A place of refuge and protection… a place of temporary refuge, where some of the rules of our present everyday society are suspended to allow for a different kind of social experience.’

We were interested in the idea of the group as a sanctuary where the members could fully explore their responses to the traumatic events without fear of judgement or censure. In fully exploring the polarities of emotions and responses, individuals and the group could find a place of balance and equilibrium. This clearly would be different for each person and group.

Bloom makes a strong case for linking the impact of trauma with issues of mental health, addiction, physical health, community cohesion and safety. Like Herman, she challenges clinical definitions of post-traumatic stress disorder, finding them inadequate to describe trauma at the level of community and inter-generational trauma.

This approach was very useful in supporting us to look differently at how communities are affected by conflict. Part of the group discussion was to consider the levels of alcoholism, eating habits, joyriding, physical attacks, relationship and marriage disruptions in relation to the conflict rather than separating them from it. This was reflected in the groups during discussion about how to create safety with (and for) children within a context of continuing danger.

Bloom discusses the relationship between trauma and attachment styles and introduces the term ‘trauma bonding’. This is clearly of interest to the parents we worked with as family histories of trauma and bereavement emerged in the groups. This has implications for planning support for children in the aftermath of conflict.

Bloom describes another aspect of inter-generational trauma which was clearly related to the communal as well as the individual – that is, the concept of ‘traumatic re-enactment’, the way in which we tell the story of past unresolved traumas through our current behaviour. As adults become aware of how this happens, they are less likely to re-create trauma in the environment of children.
Daniel Siegel

As the work continued and a deeper understanding of the impact of trauma emerged, we added the work of Daniel Siegel (1999). We did so because Siegel’s work provided a holistic understanding of the relationship between the body, the brain, human emotions and psychological functioning.

Unresolved trauma and organisation of the mind

Of particular interest was Siegel’s focus on the development of the mind and the way in which relationships can support resilience and well-being. Siegel’s work deepened our understanding of the influence of attachment on the organisation of the child’s brain and experience of the world. Secure attachments may be able to provide resilience and greater flexibility in the face of adversity. Where the parents have unresolved traumas, their ability to reflect on the child’s state of mind may be inhibited, therefore inhibiting the child’s development.

As well as summarising and advancing the latest research, Siegel explains that parents / carers and others need to develop what he calls ‘contingent communication’, that is, the capacity to notice and respond to a child’s or an adult’s particular state of mind. This reflective ability promotes secure attachment, and therefore resilience, and is similar to attunement (see Considering children and parents / carers). Siegel provides an optimistic view of development by showing how initial styles of attachment can be changed throughout life and create greater levels of support for children. His work clearly shows the impact of parents’ attitude to attachment on the attachment process with their own children, and the importance of working with parents. This becomes important when working with parents of families who have had multi-generational experiences of trauma.

His work is significant in adding to our understanding of inter-generational trauma. A number of parents said that, having begun to understand their own sense of overwhelming fear and helplessness as well as their own experience of growing up, they were brought to a new understanding of what it means to be a parent in this context.

Furthermore his description of the various forms of memory – specifically, implicit memory, which does not require conscious recalling, and explicit memory, which is factual recall and closer to our understanding of memory – become important. This helps us to understand more clearly the frequent sense of confused or sporadic memory following traumatic experiences which frequently causes distress to those who try to remember what happened or find that their memory is different even from those who shared the experience.

He also describes the important function of forgetting, particularly where the person has experienced terrifying events (that is, the implicit memory takes over while the explicit processing is impaired). Stress has a direct effect on memory: small amounts have a neutral effect, medium amounts facilitate memory and large amounts impair memory. This suggests that in working with people – particularly children – other forms of memory retrieval such as art, dreaming, visualisation, music and body awareness may be more supportive than telling the story, particularly if there is an official and public version of events.

It is also important in allowing the individuals in the group to construct a group story that arises out of each person’s experience and the official or public view. In both groups parents began to hear the child’s version of events as the child experienced it rather than how the parent had imagined it.
Peter Levine

Following our consideration of Siegel, we wanted to look more closely at the specific effects of trauma on the central nervous system. Although some body awareness and relaxation work was used in the groups, there seemed to be an important gap in the work.

We began to consider the views and work of Peter Levine (1997) who argues that ‘trauma is in the body not the event’. This offered a way of understanding how people organise their lives in the aftermath of trauma, caught between the current needs of everyday life and yet carrying the impact of the events, often unawares. Levine’s work goes some way to understanding how trauma configures and influences every aspect of human existence, not simply the cognitive or the emotional.

Fight, flight, freeze

Levine focuses on how the central nervous system stores the effect of trauma in the unfinished gestures of defence – the fight, flight and frozen responses – and how to work safely to discharge these stored effects. He shows that the impact of trauma is cumulative in the central nervous system. Levine argues that the cognitive and emotional response to trauma is dependent on how the central nervous system has handled the energy mobilised at the time of the incident (that is, fight, flight or freeze).

This seemed to us a vital area of understanding for workers for a number of reasons. Often in our experience, people do not want to, or cannot, tell their story (the dialectic of trauma), and this causes great pain, often keeping people from finding the support they need.

In other cases, not being able to remember coherently or not having the same memory as another person who shared the same event can be a source of distress. Culturally, we have all lived in a society in which the keeping of secrets and danger in speaking out, or the fear of saying too much, is prevalent. We therefore consider Levine’s work as very important.

Bert Hellinger

Following the theory and practice thread of trauma, victims, the worker, child development, attachment, parenting and inter-generational trauma, we looked at and drew on some aspects of the work of Bert Hellinger in relation to working with parents, groups, communities and the wider society.

Hellinger’s work was of particular interest to us for two main reasons. First, he understood the family as a system not just in its current life but also through the generations. Second, he includes, in his understanding of the family, the historical and political contexts that shape families as systems and individual family members. Hellinger’s family constellation work is internationally renowned as a systemic, inter-generational approach based on close observation of the functioning of families and groups, and works with the transmission of events from previous generations to current generations (of family, community, organisation).
There are key characteristics of this systemic approach.

- **Bonding and loyalty** – recognising the strength of the bond between family members, and the strong loyalty of family members to the overall system. This deep loyalty is also found at the wider levels of belonging to a group / community or organisation, even when it appears that members of a family or group have been excluded in some way. The effects of our need to belong and the dynamics arising from this are a key focus.

- **Order** – proposing an inherent hierarchy within families based on who comes first / chronological order (the parents need to stand together, followed by the children, parent[s] primarily need to give to the children, and children to take from the parent[s]). Failure to respect this can cause many different difficulties that he describes as systemic entanglements in families, as well as groups.

- **Love, guilt, innocence and systemic balance** – observing that deep loyalty and love for parents cause children to take on a quest for balance or equilibrium in the system. For example, parents who have significant difficulties in their relationship may find a child getting into trouble in school and thereby direct their attention to the child, temporarily distracting from their own problems. Rather than simply seeing the difficulties in school as a consequence of the parents’ difficulties, there is an emphasis on the loyalty children have, which may extend to the point of hurting themselves in order to attempt to balance the family. In this approach, much emotional pain is viewed as interrupted reaching out towards the parents, and can be expressed by the child as opposition to the parents. A child may, therefore, try to take on the guilt (culpability / responsibility) of the adults, while the adults attempt to remain innocent. Such imbalance and interruption to this flow can be passed on to the next generation, and there must be closure for resolution to be possible.

This approach to families fits well as an intervention in several systems (individual, parent–child, family, group and community) and on the inter-generational transmission of trauma and trauma-bonding.

In practical terms, the approach was most relevant in:

- supporting the parent / mother with other parent / father to take back their responsibility and authority as parents whose authority had been assaulted and undermined by traumatic political events which threw into question their capacity to protect their children; we encouraged parents to see how they could take responsibility back from children who had begun to ‘look after Mammy’; that is, in Hellinger terms, an imbalance in the order or integrity of the system so that the child tries to compensate or rebalance by shifting to caring for the adult, or by carrying some other aspect of the experience for the whole system (immediate family, family inter-generationally, community and so on)

- supporting us as workers to hold a picture of the integrity of the system and the necessary order of responsibility for well-being

- exploring and working with the important issues of guilt and innocence in multiple systems (family, community, wider society, as workers).
This was clearly demonstrated in the groups where the parents began to see their children’s actions as expressing something that was held or unspoken in the family system. For example:

- a child being very distressed and frightened at night (the parent was not aware of her own distress and fear)
- a child who refused to talk about the traumatic incident (the family did not talk about it in the hope that they would be able to forget)
- a child who behaved like a parent (the parent was too distressed to be a parent).

Group members found this to be supportive in understanding what was happening with the individual child but also what was happening at the level of the family. This helped to depathologise the child and include the family in the resolution of the trauma.

Paolo Freire

Finally, in terms of theory we found a difficulty in working with traditional teaching / training as a framework, although clearly the group members came to learn. We wanted to support a dialogue in the group which recognised all our experiences, specialisms and expertise and made them available to the collective learning of the group.

In order to support the empowerment of the membership we worked with some of the ideas of Paolo Freire (1973) relating to education as a transformative process. His views blended well with the theorists referred to and to our own training and the project purpose.

**Education as transformation**

For Freire, true education is not a banking process where facts are accumulated. Instead, education is a process of empowerment. The term ‘pedagogy’ refers to education as a cultural and political process, a way of engaging with the world in order to transform it. He envisioned education as a dialogue in which the educatee’s awareness grows of her / himself as a problem-solving being in the world.

The teacher or facilitator, as animator, recognises the needs and interests of the group as the field of learning, using the power of collective learning in the generation of relevant useful knowledge.

What is crucial to the integration of traumatic events is to work with the paralysing helplessness of the event and to support the person or group to find ways of moving on to the other polarity of influence. Freire states that the content of the work is not sufficient to support this if the process does not reflect it.
3.3 Working with process

The process side of the work involved four interlinking forms.

Individual group member

What became obvious was that providing for personal support was something that was missing and may need to be considered in future programmes.

To support our own self-awareness and our relationship to each other and the group we organised to have support structures throughout the work. This was consistent with our own training in order to ensure self-support and the support recommended by the trauma theorists we had read.

- We spent time preparing for the group, developing our understanding of the various approaches to trauma work and exploring our own experiences of trauma and the conflict.
- We allowed time for self-reflection, joint discussion and preparation after each group meeting.
- We ensured that we had regular supervision for our group work.

This cycle continued throughout the work, resulting in a deepening awareness of our own process and the group process. We developed our awareness of how our own histories formed part of the field of the group and what we represented from the outside and what we held for the group at various times that created space for the members to explore their own experiences safely.

Individual facilitator

We looked at our understanding of facilitation in two ways. The first was to challenge our view of psychosocial education, given our reading of Freire, and the importance of creating a safe enough environment for the work of the groups. Initially, we had a clear, if traditional, community education approach.

- We would devise, and write in advance, a number of sessions each involving relevant background materials reflecting what we viewed as the needs of parents having identified some of the issues from focus group
discussions. For example, stress and relaxation, trauma and post-traumatic stress disorder in adults and children, child development and bereavement. These would be available in handout form for the participants. We would use these materials to support the learning in the group.

- Each session would have a standard form – aim, objectives, content, time-slotted activities, group discussion, evaluation and between-session activities, if required.

- We would devise a number of briefing papers for ourselves in order to widen and deepen our understanding of the issues as preparation for information which might be needed by the group.

- We were very concerned that we would have relevant and accessible information for the group and would use the material to support group interest rather than a sequential organisation of the materials based on our understanding of need.

In effect, we would be teaching a course, albeit informal and needs-based.

First, what we quickly discovered was that this approach was not sustainable in the light of experience and was contradictory to our understanding of group process – process as in working with the issues that arose newly and differently each time a particular group met, and issues that were of importance to the group and which arose out of the current lived experience as it changed within the life of the group; in other words, the experiential process. Without the use of a reliable crystal ball, we could not prepare a session to cover this eventuality.

Second, our session planning had favoured the use of the intellect – the cognitive processes. Our understanding and commitment to the view of learning as a whole body experience – intellectual, emotional, physical, belief-based – meant that we could not favour the intellect. We had to be willing to work in a holistic way, that is, with the whole person.

Third, this holistic approach reflected the experience of trauma. Trauma affects the whole person – the physical, emotional, intellect and belief system. Trauma recovery required the regaining of mastery in all these spheres.

Pre-planned sessions, even in the context of informal delivery, assume a sense of something static. The material is a body of knowledge fixed at the moment of committing it to paper or memory. Pre-planning assumes that the planner knows what is needed and that the learner will be ready and able to engage with this material. The participants themselves are also fixed or frozen in this process.

- However, learning and change occur on the basis of the learner needs. The participants receive, integrate or reject the knowledge in individual ways as they are at that moment. The facilitator may or may not be open to acknowledging, receiving or integrating the knowledge available from within the experience of the participants. In other words there is an implied hierarchy of value placed on the types of knowledge and experience brought to the group.

This also seemed contradictory to our understanding of the project. We saw ourselves as bringing an expertise to the groups, and the groups bringing their expertise, in a process of mutual learning, part of which was making
our specialist knowledge and skills available in support of the groups’ development. Together we then produce something new: a collective experience.

This dialogic process respects and values equally everyone’s experience and expertise and places it at the disposal of the group in the interest of producing new, fully participative understanding. We discovered also that the traditional approach of providing a course in this situation further mimicked the experience of trauma, and something needed to change to mirror the process of recovery.

When someone experiences trauma, they do so at the moment of the trauma. We can then describe the person as a traumatised person or a person who has experienced trauma. The former labels the person as if they are frozen in time at the time of the trauma. Of course, this reflects something of what happens during a traumatic event. The experience is fixed in the brain and body and can be re-triggered by any number of subsequent experiences, even those seemingly unrelated to the event.

To describe someone as having had a traumatising experience creates a more fluid understanding of the person as being not only traumatised but also having further experiences subsequent to the trauma. That is, they are more than a traumatised person.

Part of the process of recovery is to support the person to move the frozen picture of the trauma to a fluid narrative and so integrate the experience. This story-making can be done in many different ways and the process supports the person to feel their sense of control and mastery again.

A support programme must, therefore, 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. Programmes 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. On the other hand, a support programme that does not recognise the profound effects of trauma will fail to include this central aspect. In working with pilot groups, we wished to work with participants’ urgent concerns with whatever knowledge, experience and skill we could bring.

Furthermore, experiential group work encourages the viewing of the traumatic experience in the here and now, an event that cannot be changed or undone but can be integrated as a support for living, transforming the frozen experience into fluid narrative. This meant that the groups retold the traumatic events as a loss, grief, anger, revenge, shame, as well as gain, development and strength.

In working with the groups, we had to abandon notions either in or out of awareness of curing and fixing. This agenda, if not addressed, meant that we would be unable to meet the participants, fully attending to how the effects of trauma were being expressed, nor to support them to recognise these and to find personal and group support.

Part of the change from content-based to process-based work required us to pay attention to how we modelled support – relating to each other in the group, commenting on our own awareness, and so forth.
Group process

The group process was considered in three ways.

The first of these was the field of relationships, that is, actual moment-by-moment experience during each meeting – themes, support needed and given and discussion among group members. In this, we also paid attention to the groups’ responses to us, us to each other and finally what each of us reflected about the group experience.

Second, we attended to the group development over time, referring to a number of group development theorists. Group development reflects how people meet each other and test out what is possible in the group, how they distinguish each other’s differences and handle conflict, how they reach a level of co-operation that supports both individual and the group and finally how to end the group relationship.

There are many models of group development which describe the process of becoming a member of a group and of how the group works together. Kolodny et al (1965) illustrate a number of ways in which to understand what is happening in the group:

- the behaviour of the membership to the frame of reference of the group
- the work of the group
- the facilitator.

The frame of reference refers to how previous experiences from family or society are experienced within the group. This was of particular interest to us as it provided a way of supporting the group to end well. The final frame of reference for group members as they leave the group is the experience of group itself. A good group experience becomes a support for the future. The continuing process of integration – the task of reconnection in the aftermath of traumatic events – requires resilience, independence and interdependence (reconnecting).

Co-facilitation process

There is no hope of creating a better world without a deeper scientific insight into the function of leadership and culture, and of other essentials of group life (Lewin, 1952).

We are aware of the difficulty of working in a context where the entire population has been affected and continues to be affected by the aftermath of violent conflict and that any facilitator, as a member of a community in Northern Ireland, will also be structured by this experience. Everyone has been affected, although not in the same way.

In relation to this work, we consider that facilitators need to be well prepared to work with what comes up in the process (for example, to have some formal knowledge of child development and of trauma). Equally important for the worker is training in experiential group work, solid supervisory support and to have processed at least some of our own traumatic experiences.
We reviewed our understanding of co-facilitation and developed an approach that was more consistent with the needs of the groups and was appropriate for the context which arose out of the field conditions of the work.

In general terms the groups could be described as: a group of women living in an internally conflicted community (group A); and a group of women generally supported by the community, whose injuries had been sustained as a result of the actions of another community (group B).

To be effective and to support the development of a safe enough space to do the work, we had to respect the different experiences brought by the two groups. We had to respond to the starting points of both groups and what they could tolerate regarding contact with ‘the other side’. We were also aware of the role various authorities had played in the events and to be aware of what we brought as representatives of authorities. Another concern for us was the degree of fear in the field: our own fear, the fears of individuals and of each group.

In the end we decided that we could not follow a model of co-facilitation, which meant both facilitators being present with each group. Yet we wanted to respect and support the power of co-facilitation for the group process and ourselves. This meant that in the interests of supporting safety, one facilitator worked with group A directly, and the other supported through meetings and reflection. Both of us worked directly with group B, although one facilitator was more to the fore as group leader in the beginning. Gradually over time, as group members worked at integrating their experiences, they began to have supportive memories and to reflect on their own personal history with the Protestant community. The image of the bloc that had resulted from their experiences began to break up.

As their anger and fear became more focused and delineated, their recognition of difference became clearer. In other words, as the group developed a strong sense of itself, it could relate more fully to its environment, which included both facilitators and their diverse life spaces as well as their supportive connections with the Protestant community.

We struggled for a long time with whether this was the right approach to co-facilitation and decided that the needs of the groups were paramount. We had to find a creative way to work together and to support the development of enough safety in each group. This was the way we found to work with the field conditions: respecting both groups’ needs and our own needs as part of a wider community experience.

Co-writing

Working with our similarities as well as our differences, rather than pretending that they do not exist, which in any case would be impossible in this work, continued beyond working directly with the groups to the writing of this resource. Again, off-line supervision was a vital support.
4.0 Considering key learning
This section aims to further reflect on the work in order to extract key learning and to demonstrate what was effective.

4.1 Measuring effectiveness

In considering the question of measuring the effectiveness of the project, we were guided by a number of issues.

The first of these was working in a context where allocation of resources is strongly influenced by demonstrating what works. Recognising that the appropriate allocation of resources is essential, we wanted to explore the concept of effectiveness.

The second concern was that whatever measure of effectiveness was used, it had to reflect the aims and theoretical underpinning of the work (developing awareness, resilience, children's specific needs, the specific needs of the group, and supporting personal and community development).

Any assessment of effectiveness had to reflect the developmental nature of the work as it unfolded over time. Therefore, there was a need to ensure that aims, objectives and outcomes were not seen as fixed in advance, but emerged from working with people on the basis of their self-defined needs and interests as they arose, moment by moment, and with theoretical ideas on an ongoing basis.

In the early phase of the project, and throughout its development, effort went into clarifying assumptions, agendas, objectives and intended outcomes. Given the developing practice framework, it was clear that the most important aspect of the work was to engage in a mutual learning process with parents, as well as with theories that seemed to apply but needed to be thoroughly considered in this context.

In attempting to make judgements around what works we:

- spent time preparing by reading the evidence from research and practice to inform the approach taken
- used enrolment forms to identify what parents wanted before the groups began and to identify key health issues which they said were of concern as well as an evaluative framework including project aim and intended outcomes
- noted the issues that emerged during the life of the groups
- commissioned an independent evaluation.

This provided an ongoing influence on the work as well as a baseline against which to judge the effectiveness of the work.
Immediate sources of evidence emerged from:

- what parents said they gained or how things had changed as a result of being in the group
- 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 did not have control over how or when that might emerge.

Finally, it was also possible to identify learning and make that available to the field in order to contribute to the development of practice and policy, both in this document and through an independent evaluation.

Discovering effectiveness

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**BASELINE**

- Research, evaluation framework, enrolment forms – what participants said they wanted.
- What emerged in the group session by session.

**IMMEDIATE EVIDENCE**

- What the participants reported about their experiences in the group.
- What we noticed which demonstrated aspects of integration of the traumatic events.

**FUTURE IMPACT**

- Trusting and supporting the group experience of the parents.
- Identifying the learning and influencing the field.

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The group experience during the life of the group
4.2
Establishing the baseline

What parents said they wanted: a summary

- to bring children up in a safe and loving environment
- to be able to help children and young people come to terms with political events and problems
- that children would not be left with after-effects
- to be able to talk to our children and help them to feel safe
- to make our community a safer place.

What parents wanted from the group

- to regain a sense of safety
- 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.

Key health issues

The identification of key health issues was considered important because of the way in which trauma manifests itself in the individual, family or community. The DSM IV definition of post-traumatic stress disorder was not a simple match for experience in this context given the range of impacts (see also 4.6 ‘Key findings’). Key health issues also indicated what parents themselves identified as giving cause for concern arising out of their own or their children’s experiences. Key health issues include:

- officially diagnosed post-traumatic stress disorder in family triggered by recent events, linked to previous events
- nightmares, panic attacks, agoraphobia, anxiety, sleeplessness, rage, risk-taking, obsessive routines, depression, grief, bereavement
- children: nightmares, bed-wetting, withdrawal, fear, anxiety, sleeplessness, ‘parentification’, clinging, aggression, difficulty concentrating, repetitive play
- medication and self-medication issues: prescribed drugs, alcohol, smoking, eating, and so forth.
4.3 Evidence of effective work
What parents said they gained: 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 our children and ourselves; 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, fear 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… 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 – I don’t feel odd now, this is normal
- tuning into children (observing) trying out new ideas / actions
- 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, for example, how to notice what’s happening with your child, family rituals such as funerals
- a blessing in disguise – we would never have learned all this.
Community:

- taking on new challenges and contributing to 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.

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 each group are recognised so that progress can be monitored and brought to the awareness of the group participants.

4.4

Identifying effective work

What we noticed

In identifying effective work there was evidence that the participants and the groups were developing an awareness of the impact on trauma in their lives and so beginning the process of integration of their experiences.

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.

We noticed that people began to:

- pay attention to their safety – witnessing, remembering, mourning, reconnecting
- feel their power and influence as well as their innocence and helplessness
- pay attention to their body experience
- identify the flight response through self-medication
- identify the frozen response – how they are caught in the traumatic event
- identify the specific effects on their children
- recognise the impact of trauma at the family and community level
- take action to learn about and support their children’s specific experiences
- take support from other group members and the group as a whole.
Facilitators: what we did

Where the environment was safe and supportive: making the environment friendly and relaxing (music, regular breaks).

We were open to disclosing some aspects of our training and experiences.

Actively addressed the paramount need to feel safe in each and every session, paying attention to the various ways this emerges.

Worked with the body–mind / the whole person, developing awareness of body sensations and imaginary safe places, soothing and relaxation skills that reduce arousal, support integration of traumatic experience, and develop resilience throughout the life of the group.

Supported the need to talk about what had happened as a group – who had shared the experience, how the experience may have been different for the individuals in the group.

Respected the importance of not being able to tell the story or not wishing to talk about it out loud.

Supported members of the group to come with their needs and to be present and responsive to, for example, being a resource for the learning rather than a trainer; being a resource means being able to match specialist skills and knowledge to the emerging needs and interests of the group.

Supported the sense of power of having survived; supported the group to distinguish the past from the present and future – what was left over from the past, intruding in the present and what they may wish to bring of their experiences into the future.

Recognised that the work can be a transformative experience for all involved.

Made links between what had happened recently and previous events experienced either directly or held within the family history.

Supported the group to explore their individual experiences in the group time as well as valuing the role of official version – discovering the power of the co-created narrative as part of the process of remembering and witnessing.

Developed ways of extending this to explore and value their child’s unique version of events as part of the co-created narrative.

Facilitated linking between how they had responded to what happened, and how their children had responded, to encourage the development of the skills of attunement as a means of deepening the parent / child relationship.

Groups: what they did

The participants began to bring food, organise breaks, bring information, and share examples of how the families were coping.

The groups asked us questions about our background and the programme and some decided not to work with us.

The participants found ways to support each other’s attendance and participation in the group.

The participants were willing to experiment with different ways of understanding their experiences.

Some participants supported the group by asking themselves and the others some very difficult questions.

They supported and encouraged each other to tell their story and then placed themselves in relation to that.

Did not insist on everyone talking.

Kept diaries and personal logs during the group and shared some of this with others.

Asked questions and used the information in relation to their own experiences to make connections and new meanings.

Recognised our specialist training and drew on it when needed.

Identified what they lost and how it was still influencing how they and their children lived; also identified how they had coped and what that had cost them.

Reviewed losses and gains – began to grieve losses as well as identify and celebrate gains.

Opened up events of their family histories and discussed with new awareness how these may have shaped their own experiences.

Compared their individual memories, the group memory and the media presentation of events both then and currently.

Began to identify ways to support their children to tell their story from the child’s perspective.

Taking initiatives with the children to support the children’s safety.

Encouraged children to talk, to be safe, to rely on them as parents. Shared information on toys, activities, stories, resources that helped the children to express their concerns and fears and to develop self-support and resilience.
Met the group’s interest in child development, and noticed increased awareness, attunement and creativity with their children.

Paced the work to maintain a balance between exploration (that increases arousal) and support (that facilitates integration and sense of mastery).

Helped group members to see the family as a system with the child(ren) carrying something for the whole family (terror) rather than to see the child as having the problem.

Helped parents to see how trauma attacks the ability to feel influential.

Reviewed existing strategies and resources of living with traumatic and stressful experiences and tried out new strategies where relevant.

Explored the connections with each other, identified changes in their lives, and how they were transforming their own experiences and with their children.

Supported autonomy, interdependence and resilience.

Explored their experience of community and what had changed.

Increased desire to develop and try out skills with their children (to observe and reflect).

Intervened in various ways to support their children at home with bed-time routines, safety and other rituals.

The groups worked on their own interests as they emerged – child actions, bereavements, street events, work concerns, dreams, family histories, and danger.

Participants made connections between their own responses and how these were mirrored in those of their children – keeping silent, not using therapy, fear at night.

Each parent began to regain authority as a parent with the result that children were beginning to be more able to be children.

Challenged our knowledge and opinions; challenged the opinions of other professionals.

Group members used the group as a resource, and being a resource to others in the group; making collective decisions as a group.

Discussed the different roles they played in the community and how their new awareness would make a more consistent experience for their children.

Continuing to meet as a group afterwards; talked about their influence in the various communities of which they were members.

Overall we noticed:

- that the participants recognised the need for special skills and knowledge to support them and their families through extreme events

- that they needed and wanted to intervene directly in how their children were coping and to create opportunities to support their children

- that 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

- that they expressed some concern about the type, quality and availability of professional support.
4.5

Key learning and initial recommendations

(a policy briefing paper will be developed by Barnardo’s during 2004 focusing on these issues)

- The parents whom we worked with, their children, immediate and extended families and their communities have been deeply affected by political conflict, and by sequential and cumulative trauma as a result of over thirty years of violent conflict, ongoing conflict and a well-documented history of discrimination, covert conflict and sporadic outbreaks of conflict.

- This is compounded by a variety of factors that increase vulnerability (educational disadvantage, poverty, ill health, inter-generational transmission) and ameliorated by factors that increase resilience (group solidarity in the face of threat, cultural structures that bind people together in a common identity, strong inter-generational family ties, valuing education).

- Restoring a sense of safety is the number one priority for parents – for 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. This includes the whole person (as a physical, intellectual, emotional and spiritual being), within their environment.

- 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 them, due to the inter-generational transmission of unresolved trauma. By addressing these difficult issues we may begin the process of integrating painful experiences, mourning our individual and collective losses, as well as building new connections and a sense of purpose. 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 needs to be available (awareness raising and training for early years, youth workers, community workers, teachers, social workers and other key workers). It is also crucial to involve men in this work. Fathers have a vital role to play in supporting their children, families and communities.

- Extraordinary skills are needed for extraordinary situations. Being a parent can be both a rewarding as well as a stressful and isolating experience for many parents (Pugh, 1994). 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 that 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.

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16 Post-traumatic stress disorder (PTSD) is less useful in our context as it implies a one-off event. ‘Disorder’ is a derogatory term that does not support recovery, and PTSD is an individualistic diagnosis of limited symptoms that will not embrace all that people experience in this context. Better descriptions of experience are vital to developing more useful concepts. Chronic post-traumatic stress syndrome may be of greater use (Herman, 1992), alongside recognition of the communal / social nature of trauma. Trauma in this context is cumulative and its effects travel through families, communities, organisations and society as a whole.
We can make a difference: supporting children by supporting parents and other key carers. The parents we worked with experienced life-threatening political events with their children. If parents and other key adults in children’s lives gain some knowledge about trauma, become more aware of the impact on them, notice effects on their children, and try out creative ways to live with these experiences, they can better support and protect their children to recover and develop. Everyone is affected differently. In children, the most important factors that promote recovery and resilience are the quality of relationships with parents / carers and how parents / carers respond. Factors that increase risk include insufficient family and community support. Children and young people at risk have emotional difficulties, thinking and learning difficulties and relationship difficulties. Parents and other care-givers can make a huge difference in terms of how they deal with events.  

Forgetting, memory and remembering: 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, organisation and society. 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 inter-generational transmission of trauma (Levine, 1997; Siegal, 1999). ‘By ignoring traumatic effect 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).  

Trauma recovery is linked to peace-building and is long-term, process-oriented work. Recovery requires all parties to the conflict, including bystanders, to own their guilt / 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 inter-generational trauma can freeze people and groups in the past and make transformation to more just, equal and peaceful society less possible.

The need for strategic planning: there is a need for a strategic approach and structures that recognise complexity and that respect different experiences of the conflict and respond inclusively. This includes consideration of what we mean by familiar concepts and how we work with ‘community’, ‘trauma’, ‘victim’ / ‘survivor’, ‘perpetrator’, ‘bystander’, ‘sectarianism’, ‘support’, ‘peace-building’ and ‘inter-generational transmission’. Approaches that build resilience at every level and that recognise the interconnectedness of each level are essential (child, parent, carers, community, institutions). 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 and less individualising / pathologising term may be ‘cumulative trauma’. Finally, 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.
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 addicted to both prescribed medication, and forms
of self-medication (alcohol, drugs, overeating). The fact that areas of high political violence have no additional
uptake of services (Cairns, 1991) no longer holds (North and West Belfast Health and Social Services Trust,
2002). Moreover, it may demonstrate the need for accessible and relevant models of support.

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 and well-being of the individual within the wider community.

Working in a group is an important counter to the isolation imposed by trauma. It is also a well-researched
means for parents to gain support from one another (Barnardo’s, 1999). The good group experience
supports safety, bearing witness to processes of remembering, building resilience and to reconnecting.
The following points are important.

Respectfully recognise the boundaries of the group and honour the learning: traumatic experience is a
violation of a person's boundaries. The groups we worked with were angry at how they had been
intruded upon and exposed by the media and were afraid of being further endangered. Clear ethical
boundaries of confidentiality are essential in order to honour the learning with these groups
without further exposing the members, while recognising that the insights we gain are important for
the whole community.

Preparatory work to build a ground of safety in the initial stages, from initial meetings with community
leaders on, is essential. This may take time, for many reasons, including current conflict in the community.

Understand the development of the group over time.

Provide a framework attuned to the group needs, viewing the work as more about an evolving,
transformative process rather than cure is helpful, as what is lost can never be regained. However,
gains may still be discovered (see 2.6 'Perspectives on group A', 2.7 'Perspectives on group B' and
the booklet Considering groups and leadership). Acknowledging the difficulties and dangers in
speaking out may be very important at the very beginning of the work, as well as using a variety of
methods to work in the light of this.

Time is a key resource for workers as well as those worked with – time to read, discuss, reflect and
so forth are essential to this work.

Specific training and access to information is essential for workers
(trauma, group work, child development).

No such thing as neutrality: each worker is affected in some way by the conflict and carries particular
histories and organisational agendas into the work. Knowing how we have been affected by the conflict
is vital. Being an authentic, proactive presence with a person / group is essential and means that aspects of who we are inevitably present in the work. We need to be aware of how our experiences are present in the work and recognise that workers as well as group members take learning from the experience.

Co-facilitation is an important way of working; it provides support for group workers and can support re-connecting 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 and the facilitator(s) can tolerate. Mixed teams can work in creative ways with groups (for example, not always both present with a group, from a distance supporting the other facilitator to reflect, together with one leading more and the other gradually becoming more prominent as the group progresses, supporting each other in working with fear, grief, isolation). 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 dangerous and difficult, where there are rigid views of what is acceptable and unacceptable difference within a group / community.

Supervision is essential: non-managerial supervision is necessary to develop awareness of our own experiences and responses, to explore ways of working and to address similar issues that the groups are working with / parallel processes.

Secondary or vicarious traumatisation is possible. Workers will inevitably need support to further integrate the impact of traumatic, political and cultural experiences in their own lives.

4.6
Key findings: impacts of political conflict on children and young people, parents and the wider family

Main impacts on children and young people

**Exclusion and abuse**
Being excluded and threatened by other adults and children – bullying, avoided, taunting, labelled as different, stigmatised, split off from part of the community, abused by adults (put out of their homes, spat at, life endangered).

Main impacts on parents and the wider family

**Exclusion**
Being excluded and threatened by violence of others – taunting, being labelled, stigmatised, split off from part of community, loss of freedom of movement, life endangered, attacked.
Terror, fear and withdrawal
Flight and frozen response, bed-wetting, 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.

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.

Medication
For example, for sleeping.

Hypercension and aggression
Flight 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 when out on the town.

Repetition and intrusion
Repetitive play, reliving events, writing stories related to political events at strange moments on the back of an envelope, flashbacks provoked by songs, music, colours, masks, houses, streets, people; loss of flexibility and creativity.

Restriction
Further limits to freedom to move about immediate and less immediate environment.

Impact on other areas of life
For example, not wanting to go to school.

Terror, fear and withdrawal
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 / undereating, illness and general loss of well-being, increased accidents.

Hyper-vigilance and aggression
Flight 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 such as doing ‘mad things’ (taking the wrong bus, running into the wrong place), being aggressed against (life endangered, attacked).

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.

Grief
Over what happened to me, my children, my family, community, self-criticism and grief regarding felt failure to protect.

Impact on other areas of life
Work, family relationships, friendships, neighbours – re-enactment, family breakdown, change in attitude to parenting and family, provoked earlier traumas, worried about impact on other children.
The above lists can only begin to capture some aspects of the impacts on children, young people and families of prolonged political conflict, impacts that travel through families and communities horizontally in geographic space, as well as vertically down through the generations.

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.

*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).
5.0
Further information
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Working with and providing ‘facing history’ lessons for young people

www.traumahealing.com
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