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Strengthening Bonds between Children, Young People, and their Families after Family Violence

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Abstract

The experience of family violence greatly impacts family dynamics and often results in children and young people becoming intertwined in a complex cycle of love, hope, and fear within their family system. Research in this context has emphasised how having a close relationship to an attuned adult or caregiver is a key protective factor for children and young people experiencing family violence, therefore engagement of family and supportive systems is an important part of the work. This article will explore our collaborative approach to working creatively with children, young people, and their non-violent family members as a way of bringing families back together after their relationships have been disrupted due to family violence. We will draw upon a case example from our work to describe how we use music to give voice to children and young people's experiences. This approach aims to support children to tell their story, build upon their existing resources, and strengthen connections with the supportive people in their lives. In doing so, we will demonstrate how music can be used to advocate for children and young people's voices to be heard within the context of their family's experience.

Keywords: *family violence, children, young people, families, music therapy, child welfare*

Rationale

The literature about therapeutic approaches in the context of family violence has identified the central role that primary caregivers play in supporting children and young people in their recovery. Considering family violence often has a significant and negative impact on relationships between non-violent caregivers and their children (Sterne & Perle, 2010), it is timely to consider how family centred music therapy has the capacity to facilitate positive communication among family members and to rebuild family relationships that have been disrupted due to family violence.

There are a range of terms used to describe violence occurring between partners and family members, including *family violence, domestic violence, and intimate-partner violence*. For the purpose of this article, we have chosen to use the term *family violence* as we believe this best captures the impact of the violence on the entire family, including recognising children as witnesses or victims of the violence. Family violence

has been defined as “any behaviour that controls or dominates a family member that causes them to fear for their own or other family member’s safety or wellbeing” (Victorian Family Violence Protection Act, 2008, pp. 12–13). Family violence might include various forms of physical, sexual, psychological, financial, technological, systemic, and spiritual abuse. Additionally, there are many protective, systemic and financial barriers that make it difficult to leave a violent relationship, and violence tends to escalate when victims make these attempts (Hughes, Bolis, Fries, & Finigan, 2015).

Family violence is commonly described through a feminist lens, which is understood to be a result of patriarchal social structures, traditional gender roles and attitudes, and gender inequality (Woodin & O’Leary, 2009). According to the Australian Bureau of Statistics (2017), the evidence shows that the majority family violence is committed by men against women, with at least one quarter of women in Australia experiencing family violence perpetrated by an intimate partner or ex-partner. Almost half of these women reported that they were pregnant at some stage throughout the violent relationship, resulting in increased levels of risk to the developing baby and the mother. Men who are fathers have been identified as the dominant perpetrators of violence within family relationships, and their abusive behaviours often aim to control and undermine a mother’s ability to develop meaningful relationships with her children (Bancroft, Silverman, & Ritchie, 2012). While some men report experiencing family violence perpetrated by a female partner, the rates of this violence are significantly lower and have a much lower risk of lethality and serious injury in comparison to violence against women and children (ABS, 2017). Additionally, men perpetrate the majority of violence against other men. People who identify as lesbian, gay, bisexual, transgender, intersex, queer or asexual (LGBTIQA) experience family violence at similar rates as those who identify as heterosexual, however the theories and understandings of violence in the context of these relationships are not widely documented (Calton, Cattaneo, & Gebhard, 2016). The lens we are adopting for this article is to reflect on our work with mothers and their children who have experienced family violence perpetrated by a mother’s current or former male partner.

Children who experience family violence are commonly exposed to hearing or watching the violence, being blamed for the violence due to their behaviour, and intervening in an attempt to protect their mother or to stop the violence (Stanley & Humphreys, 2015). Hines (2015) has described how children exposed to family violence often take on the dual role of protector and victim within their family. In this way, they often take on the responsibility of protecting their non-violent parent and siblings when violence is occurring in the home, however they are also victims in their own right who are often deeply affected by their experience of family violence. Importantly, children in family violence situations have shown that they can also advocate for themselves and what they need through embodied acts of resistance (Larkins, 2014), such as going into another room while their parents are fighting or listening to music in an attempt to escape from the outside world.

Mothers in this context often identify a primary concern regarding how the family violence has impacted their relationship with their child. Humphreys, Thiara, and Skamballis (2011) have described family violence as “an attack on the mother-child relationship” (p. 3). Research in this area has explored the abusive tactics that perpetrators of family violence often use in direct attempts to undermine the mother-child relationship. These tactics might include: criticising mothers in front of their children, using the children to relay negative messages, belittling her capacity as a mother, threatening to report her to child protection, and punishing her if she is unable to control the children (Humphreys, Thiara & Skamballis, 2011; Mullender et al., 2014). The fracturing of family relationships is often further exacerbated due to the secrecy that surrounds family violence, as often it is not acknowledged or talked about among family members while it is occurring due to fathers’ coercing children and mothers to stay silent. Considering the impact of family violence on relationships, Mullender and colleagues (2014) recommended that new strategies are needed to understand and repair

the relationship between mothers and their children throughout their recovery from family violence.

As mothers are often going through their own parallel process of recovery in understanding their experiences of abuse and violence, their ability to respond in appropriate ways to their children may be compromised due to overwhelming feelings of fear and sadness. Keenan and Evans (2009) have identified that this may result in the mother having higher levels of stress, a lack of resources to respond, and having challenges attuning to the child's needs, which may in turn impact the child's social, emotional and behavioural development (Sterne & Poole, 2010). Therefore, mothers may need support and guidance in responding to their child's emotional responses in constructive and positive ways.

Despite the risks associated with the experience of family violence, the presence of a consistent and attuned caregiver is a key protective factor for children (Letourneau et al., 2007). Sturge-Apple and colleagues (2010) have identified that positive mother-child relationships are important in enhancing children's resilience and wellbeing. In an action research project exploring the relationship between mothers and their children after family violence, Humphrey's and colleagues (2011) reported that all 52 children participating in their study identified their mother as one of the people they were closest to in their supportive network. As these relationships are often disrupted due to family violence, there is an important role that professionals can play in building upon parent's capacity to understand and respond to their child's needs.

Van der Kolk (2015) has described how people who have experienced trauma often recover in the context of relationships. These relationships are important in order to provide emotional and physical safety and to support the process of reflecting upon and processing what has happened. As family violence often results in ruptures in attachment with primary caregivers, therapeutic work with children and non-violent parents has the capacity to provide relational opportunities to repair attachments and to recover from trauma (Pratchett & Yehuda, 2011). Thus, engaging the primary caregiver in the therapeutic process provides children with the best opportunity to process and overcome their experiences. Bunston (2017) has described how family-centred work provides an opportunity for mothers to understand their child's experience and to see the world from their child's perspective. This collaborative approach provides opportunities for unpacking feelings of secrecy and shame, while increasing communication and understanding among family members.

Children who have experienced family violence may have difficulty using words to express how they are feeling. Solely offering cognitive processes such as talking with children may be less effective due to children regularly being in a heightened state of arousal as a result of their ongoing exposure to fear and stress (Steel & Raider, 2001). Therefore, creative methods such as music provide a basis for children experience a sense of safety, regulation, and control over their emotional reactions and provide an alternative approach for engaging children in therapeutic processes. Considering the growing acknowledgement of body-based and creative approaches in working with children who have experienced trauma (ie. Gaskill & Perry, 2014; Malchiodi & Crenshaw, 2014; Ogden & Fisher, 2015; Van der Kolk, 2015), it is important to consider how expressive and creative therapies, such as music therapy, may be valuable modes of trauma therapy and processing for children and their families.

Within the context of child welfare, music therapists have established foundational understandings regarding the ways that music therapy can offer a supportive space for children to tell their story, express their identity and to have their voice heard (Fairchild & McFerran, 2018; Krüger & Stige, 2014; Zanders, 2012). Music therapy research has identified the importance of establishing safety with children and young people (Clarkson, 2008; Zanders, 2012), which is congruent with perspectives in the trauma literature stating that safety is the foundation of any therapeutic work (Herman, 2015; Ogden & Fisher, 2015). Strehlow (2009) has described how music can offer a way of out silence for children who have been silenced due to their experiences of abuse or victimisation. Music therapists have reported using a range of methods in this

context to provide a space for processing children's experiences and hearing their voices, including music listening (Kim, 2015; Krüger & Stige, 2014; Zanders, 2012), song writing (Fairchild, Thompson, & McFerran, 2016; Fairchild & McFerran, 2018; MacDonald & Viega, 2011), improvisation and instrument playing (Austin, 2007; Strehlow, 2009) and performance (Fairchild, Thompson, & McFerran, 2016; MacDonald & Viega, 2011).

Music therapy research with children experiencing family violence has identified that music is an important resource in children's lives and engaging in music therapy provides opportunities for building upon children's internal and external resources. Fairchild and McFerran (in press) have discussed how children experiencing family violence and homelessness use music in their personal lives as a way of escaping from the outside world, while also providing hope that the future will be better. In a collaborative article written with an 11-year-old child who had experienced family violence, Fairchild and Mraz (2018) reflected on their own experiences of engaging in music therapy together. Through this article, it was highlighted that the child's mother was a primary and positive external resource in his life and that her support was integral to his growth and development in music therapy. Similarly, Clarkson (2008) identified the importance of engaging non-violent caregivers in music therapy with children who had experienced family violence in order to support the child's recovery.

Several authors have described music therapy with women who have experienced family violence and other forms of abuse (ie. Curtis, 2013; de Juan, 2016; Day & Bruderer, 2011; York & Curtis, 2015). A unifying belief from authors in this context is a commitment to principles of feminism and social activism within their approach. The goals of music therapy often include empowering the women personally, interpersonally, and politically; increasing women's assertiveness and self esteem; and promoting social change through addressing gender inequality and power imbalances (York & Curtis, 2015). Curtis (2013) identified four key approaches to music therapy with women in this context: receptive methods such as lyric analysis, guided imagery and relaxation; group and individual improvisation using instrumental and vocal techniques; re-creative or performance based approaches such as singing and music performance; and compositional music therapy through songwriting and recording. Day and Bruderer (2011) described a joint music therapy and social work program for women who had experienced abuse in their childhood, which aimed to provide a space for women to process their own traumatic experiences so that they could be more available and attuned to their children. The program aimed to reduce the likelihood of intergenerational affects on their children by exploring concepts of parenting and recovery through songwriting and reflection. The women reported feelings of pride following their involvement in the group and described how the program provided a sense of closure from their childhood abuse. While authors working with women experiencing family violence and childhood abuse have suggested that there may be flow on benefits for family relationships as a result of mothers' participation in music therapy, there has been little discussion of the dual engagement of the parent and child in the therapeutic process.

Music therapists across various contexts have described how music therapy within a family centred approach can build connections between children and their primary caregivers. Edwards (2014) described how music therapy provides a gentle and non-intrusive approach to facilitating and strengthening bonds between young children and their parents. Similarly, Williams, Teggelove, & Day (2014) have explored how engagement in group and home-based music therapy programs may be viewed as less intrusive and threatening to families who might find it overwhelming to access support services. Pasiali (2012) identified that music therapy with families experiencing marginalisation provided opportunities to practice creative ways of interacting and bonding together, which in turn has the capacity to improve relationships and parental capacity outside of the music therapy sessions (Edwards, 2014). In their child protection research with families identified as "at risk," Jacobsen, McKinney, and Holck (2014) investigated how dyadic music therapy can foster communication and interaction be-

tween the parent and child (between 5 and 12 years old). After a 10-week dyadic music therapy intervention, the parents reported being less stressed by their child's behaviours and moods and demonstrated more understanding and increased responsiveness to their child's needs, in comparison to families who did not receive music therapy. As a result, the music therapy literature has described possibilities for improving parenting capacity and facilitating parent/child interaction. However, further consideration is needed to explore how this knowledge can be applied to family work with children and families recovering from family violence.

The purpose of this article is to reflect upon our own experiences of working within a family-centred approach with mothers and their children who have experienced family violence. Through describing our personal reflections and sharing a case story, we will explore how our collaborative approach to music therapy supports children, young people and families to build upon their internal and external resources, and to strengthen connections with the supportive people in their lives.

Personal Reflections on our Practice and Research

This section will describe our personal reflections on our work in this context and explore how we have used music to foster and rebuild family relationships after family violence. We are currently working as Counsellor Advocates at The Sexual Assault and Family Violence Centre in Geelong, Victoria, Australia. While we have both trained in music therapy, our pathways into entering this work have been different. We will share how our diverse experiences of working across trauma contexts have led us to a mutual understanding about the importance of engaging non-violent family members as much as possible in children and young people's recovery from family violence.

Rebecca's reflections

I have been working with children and families who are experiencing family violence for 8 years. For the majority of this time, I was working for a community organisation running music therapy groups for children who were accompanying their families through the homelessness and family violence system. Children were seen as individual clients within this program, and I developed a strong commitment for children's voices and providing opportunities for children to be heard within the context of their families' experience. Informed by a child-centred approach, individual children in families were viewed as the primary client. However, the program also acknowledged the importance of involving supportive systems that surrounded the child, such as their nonviolent caregiver's, siblings, and extended family members. As a result, ecological and family focused perspectives were also an important part of the work. In this role, I ran music therapy groups for infants and their mothers, as well as a group for pre-adolescent children. In the programs where the children attended by themselves, without any input from caregivers, I found it increasingly difficult to understand how this work was having an impact. While the children described positive experiences of participating and having their voice heard within the group, their voices and experiences were not always being heard and responded to by their supportive systems. While attempts were made to engage the families through a performance at the end of the group, I felt limited in the type of therapeutic support that I could offer in this context.

As I was working in this program, I became interested in researching children's experiences because I noticed in my work and in the literature that children's voices were often absent or not prioritised. In 2014, I completed a Master's research project which involved exploring the experience and meaning of a music therapy performance for pre-adolescent children who participated in the performance, as well as for their parent's who were audience members at the performance (Fairchild, Thompson, & McFerran, 2016). The children identified that it was both internal and external responses that contributed to their experience of the performance. Their internal responses included feelings of pride, anxiety, excitement, and ownership, and the external responses encompassed children's feelings of being supported by their family and audience

members and the children feeling connected to each other while they were performing. The parents reported that they saw their child through a different lens while they were watching the performance and described how this helped them to notice the strengths and potential of their child. The children also identified positive changes in their relationship with music as a result of participating in the group.

Following on from the Masters project, I started to think about how it was both the internal and the external resources that supported children to cope throughout this experience, and I was interested in exploring this concept more broadly in children's everyday lives. This understanding led to my doctoral research, which was a collaborative and arts-based project exploring children's resources and what helped them to "do well" throughout their experiences of family violence (Fairchild, 2018). Through group and individual interviews, I used song writing as a collaborative method in order to co-construct knowledge with children and to represent their voices and experiences in meaningful and creative ways. The results highlighted a range of resources that children draw upon throughout their experiences of homelessness and family violence such as music, sport, art, journaling, friends, family, pets, hope, and creativity, while also acknowledging the creative resources that children bring to research.

A key finding from this research identified the important role that family members and supportive people played in children's lives. Some children described ways that their family members helped them to feel safe and discussed how they provided practical assistance and support in everyday activities. However, it became clear that children were receiving various levels of emotional support from family members, and this was not always described as helpful or positive. While I did not engage family members in the research process, this knowledge led me to believe that further work was needed to ensure that children are provided with opportunities to be engaged in family work regarding their experiences of trauma.

As I was completing my doctoral research, I was successful in gaining a position as a Counsellor Advocate at The Sexual Assault and Family Violence Centre, which expanded my capacity to work therapeutically with children and their supportive family members. Through my work in this field, I have found that music therapy has been a creative and meaningful way to engage children, particularly those children who might not be comfortable in traditional talk therapy and who might struggle to find words to express how they are feeling. My doctoral research identified that many children are already using music as a coping strategy in their everyday lives, so music often provides a safe basis for engaging children in therapeutic process and provides the capacity to move into deeper therapeutic work to process their experiences of trauma. By adopting a collaborative and creative approach with children and their families in music therapy, we are able to work together to identify family strengths, risks and needs, while developing a united approach to their recovery.

Janine's reflections

I have been working at The Sexual Assault and Family Violence Centre since February 2011. I am a Clinical Family Therapist and a Registered Music Therapist. My work in this field began in 2003, when I developed a music therapy program within a refuge for women and children who had experienced family violence. Since then, I worked within the community sector implementing music therapy programs within refuges in metropolitan Melbourne, as well as working extensively with families in the community through music based programs for parents and/or carers and pre-school age children. These programs were based on early intervention and prevention for families who may be experiencing some form of disadvantage. The group looked at ways of strengthening the parent/carer and child bond through music activities that encouraged connection and having fun together through singing songs, moving and dancing, playing instruments, and relaxing.

Over the years, I co-facilitated several therapeutic music and creative arts groups for mothers and their children from 5 – 12 years of age who had experienced family vi-

olence and homelessness. These groups supported children at the time of crisis to minimise the negative impact on their physical and mental health. A key element of this work was the focus on early intervention and prevention of detrimental behaviours and emotional consequences that may occur in later years. Many children benefited greatly from this program due to the very nature of how the group provided a safe space, in which the children felt powerful when working together as a team, as well as being recognised and acknowledged as unique individuals. The observed outcomes were that confidence, self-esteem, and a strong sense of personal wellbeing were enhanced.

As a family therapist, I bring a range of therapeutic methods that have philosophical underpinnings in music therapy and narrative therapy as well as a thorough understanding of the principles of play and other forms of creative arts. Children who have experienced trauma, such as growing up in chaos, neglect, and threat, do not have the fundamental developmental experiences required to express their underlying genetic potential to self-regulate, relate, communicate, and think (Gaskill & Perry, 2014), and they rarely discuss their fears and traumas spontaneously. It is with this knowledge that I believe that utilising music and other creative methods within a family session, provides the child with the best opportunity to enhance and strengthen their own sense of self, encouraging personal growth.

I have found it valuable to use a range of music methods including songwriting, improvisation, and song singing when working with families with children. Songwriting has enabled members of a family to express themselves in a creative manner that did not seem as threatening as verbal dialogue. It became an avenue through which they shared their thoughts and ideas with each other, and it became something concrete to keep. Songwriting may also be used for other reasons including the need to express emotions and or move forward from past experiences and stresses, and it can empower a person as they are in control of what they want to write and how they want it to sound.

I have observed how music making can also enhance independence and decision making skills by the child actively participating in the activities that are offered. It provides a child with an opportunity to feel a positive sense of control through successful experiences with their families as witnesses to this. Music and movement activities have also been particularly useful as they provide patterned, repetitive, rhythmic stimulation of the brainstem, which can be very successful in helping modulate brainstem dysregulation (Gaskill & Perry, 2014). Doing musical improvisation and experimenting with instruments allows families to express themselves non-verbally and connect with each other in a creative and spontaneous manner. By providing a safe and supportive musical environment the family was able to release their emotions (built up tension for example) in an appropriate and positive way. It felt for me that the sense of being connected to each other in this way that was creative and together as one, created a powerful sense of belonging.

My experience has been that the benefit of using music when working therapeutically with children and their families is that it offers limitless potential in working non-verbally through issues that are usually too hard to express verbally. This safe way of expressing difficult feelings in turn seems to restore a connection between family members. I have also observed how it can become a way for mothers to connect to their child's world and for children to experience feeling powerful through the physical expression of emotion, allowing them to gain mastery over past and present issues and events, alongside their mothers.

Case Story: "Better Brighter Times"

In order to demonstrate the ways that music might bring families together in this context, we will share a case story of a mother and her two adolescent children who participated in a combination of family and individual sessions with Rebecca. The family provided written consent for their story and song recording to be included in this ar-

ticle; however, some details were changed to protect their confidentiality. Olivia¹, a 50-year-old woman, contacted the service and was seeking support for herself and her children after relocating to the region due to escaping family violence. She described how she and her children Jason (18-years old) and Tara (15-years old) had been isolated over many years and had experienced various forms of physical and emotional abuse perpetrated by the children's father, who was Olivia's husband of 20 years. In initial conversations with Olivia, she identified that she would like to have an opportunity to participate in family sessions with her children, however also discussed that she and the children might benefit from some individual sessions to process their separate experiences. Olivia described her relationship with her children as "open" and "close," while also identifying that their relationship had been impacted in a negative way due to a long history of family violence.

Olivia attended the first session with Jason and Tara. The session involved exploring the family's experience and the ways that they had been impacted by family violence. They identified several ways that they had been impacted, including having nightmares, fearing for their safety, feeling depressed and disconnected, feeling powerless, and feeling like they could not move on. However, they also identified that their family relationship had become stronger since fleeing the family violence situation. They discussed resources that had been helpful throughout these difficult experiences such as journaling, listening to music, connecting with new people, their close family relationship, and their faith. The family identified that they wanted to be able to process their experiences of family violence within the sessions, to develop more coping strategies, to feel connected in their new community, and to focus on the future.

In the early stages of the therapeutic process, there was a combination of family and individual sessions. It was important to establish safety in the initial sessions, to ensure all family members felt grounded and contained within and outside of the therapeutic space (Herman, 2015). The family sessions provide a space to process their shared experiences, to reflect on the challenges they had experienced, and to share their hopes for the future. The individual sessions provided an opportunity to reflect on their personal experiences and to identify individual strengths and needs. While the family appreciated the space to have their own individual sessions, they eventually decide to continue the therapeutic process as a family and for the remainder of the sessions to be together. Throughout the therapeutic process, a range of creative methods were used to support them to process their experiences, including song-sharing, using picture cards to represent their experiences, drawing their past and present selves, song writing, and musical improvisation to explore their feelings and coping strategies.

A significant part of the family's journey was writing a song together in the music therapy sessions. After discussing possibilities for what they could write about, they decided that they wanted to write a song about looking towards a better and bright future, and moving on from the past. The family participated in a typical songwriting process of brainstorming ideas, developing song lyrics, creating a melody and recording the song, which occurred over several sessions. The process of writing the song provided a way for them to work together, to negotiate ideas and to ensure that all voices were represented in the song lyrics. They chose the title "Better Brighter Times" because they wanted to emphasise the positive message of the song. The lyrics of the song are below and the recording can be found here: <https://soundcloud.com/user-945655072/better-brighter-times/s-5WPvF>.

"Better Brighter Times"

CHORUS

The old days are long gone
And we are finally moving on
Skies are clearing and we are flying free
Better, brighter times we will see

VERSE 1

No more bad dreams
No more fear
We're running towards freedom
No more worries
No more pain
We're healing from our past

REPEAT CHORUS

VERSE 2

We will be safe
We will be free
We will not lose hope
We will laugh again
We will dream
We're looking towards the stars

REPEAT CHORUS

In order to extend the creative process of writing the song, the family also created a CD cover using artwork they had created within the sessions that was based on the theme of the song. As the family were committed to the creative process they requested to continue to work on it at home between the sessions, which provided further opportunities for mastery and ownership.

Due to the family having additional medical and health needs, they were also linked in to a community health nurse based at the organisation. This referral supported them linking into health and disability services in the community. While the family were in the process of practicing and recording their song, they decided to invite the nurse into the room so that they could share the song they had written. Additionally, after receiving the recording of the song on a CD, the family reported that they had been listening to the song together at home and that they had shared it with some extended family members who had come to visit. Through sharing the song in this way, the family's growth and determination in their recovery from family violence was witnessed and they were heard in a powerful and creative way. Following this, the family reported feelings of pride about what they had achieved together, feeling more connected and being positive about a better and brighter future.

Discussion

The case story we have described is one example of how music therapy can rebuild and foster family relationships disrupted due to family violence. In the case of Olivia and her children, songwriting provided a creative way for the family to develop a new narrative about their experiences, while reflecting upon their challenges, resources and hopes. This concept is comparable to music therapy research that describes how songwriting helps people to express what is important to them at challenging times in their lives. Baker and MacDonald (2013) have reported how songwriting creates the conditions for people to develop, discover, or reinforce a sense of self and personal identity, and this was reflected in how the family's perceptions of themselves changed once they had completed the songwriting process. The family also reported feeling a sense of achievement, which is often observed throughout the process of songwriting music therapy by creating a meaningful product that represents the participant's experience (Baker, 2015; MacDonald & Viega, 2011).

The process of engaging Olivia and her children in a family-centred therapeutic process provided an opportunity to connect and collaborate in a way that would not have been possible if they had each received only individual therapeutic support. Humphreys, Thiara, and Skamballis (2011) have critiqued traditional organisational structures that often perpetuate the fracturing of relationships by offering separate services for children, women, and men. While in some instances it is necessary for moth-

ers and children to be offered separate therapeutic spaces to process their individual experiences and for mothers to increase their capacity to respond in an attuned way to their child, we must also consider the times when it is appropriate for children and mothers to come together for therapy. Thus, we believe it is timely to consider the ways the service system can be adapted in order to provide more opportunities for children's experiences to be heard and responded to within the context of their families' experience.

Perry and Dobson (2010) have discussed how trauma and subsequent responses to it need to be understood through the context of human relationships. Therefore, reflecting upon and fostering support provided by family members needs to be a fundamental part of therapeutic work with children. Aceves and Cookson (2007) have described how positive relationships with a caregiver can help a child to develop a positive identity and to foster healthy coping strategies. Despite the research that emphasises the importance of family support, some mothers may require support to ensure that they are able to be emotionally available and able to respond in an appropriate way to their child following their experiences of trauma (Groves et al., 2002). By providing a space for mothers to practice these skills in a family-centred therapeutic process, positive parent-child relationships are fostered and children have a greater access to emotional and practical support from the important people in their lives.

Final Reflections

Through our experiences of working as music therapists in this context, it is becoming clear that in order to create change in children's lives we need to include their family and supportive systems wherever possible. Children have a right to participate in the process of solving problems that they and their families face, as well as the right to be carefully considered as equal members of their families (Lund et al., 2002). The inclusion of all non-violent family members allows therapists to observe how each family member contributes to the challenges and growth of the family. For the children and young people we work with who have experienced family violence, what matters most is how these traumatic experiences affect their relationships and how these relationships are able to support the child's recovery. Therefore, we believe that the therapeutic approach must address the process of helping to create a therapeutic web that invites any healthy and invested people in the child's life to help provide therapeutic opportunities for the child to flourish in the face of adversity.

Notes

1. Pseudonym's used throughout to protect the confidentiality of the family

References

- Aceves, M. J., & Cookston, J. T. (2007). Violent victimization, aggression, and parent adolescent relations: Quality parenting as a buffer for violently victimized youth. *Journal of Youth and Adolescence*, 36, 635-647, <https://doi.org/10.1007/s10964-006-9131-9>.
- Australian Bureau of Statistics. (2017). Personal safety, Australia, 2016. Canberra, ACT: Author. Retrieved from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0>
- Austin, D. (2007). Lifesongs: Music therapy with adolescents in foster care. In V. A. Camilleri (Ed.), *Healing the inner city child: Creative arts therapies with at-risk youth* (pp. 92-103). Philadelphia, PA: Jessica Kingsley Publishers.
- Baker, F. (2015). *Therapeutic songwriting: Developments in theory, methods and practice*. United Kingdom: Palgrave MacMillan.
- Baker, F. A., & MacDonald, R. A. (2013). Flow, identity, achievement, satisfaction and ownership during therapeutic songwriting experiences with university students and retirees. *Musicae Scientiae*, 17(2), 131-146, <https://doi.org/10.1177/1029864913476287>.

- Bancroft, L., Silverman, J. G., & Ritchie, D. (2012). *The batterer as parent: Addressing the impacts of domestic violence on family dynamics* (2nd ed.). Los Angeles, CA: SAGE Publications.
- Bunston, W. (2017). Children exposed to family violence. In C. Haen & S. Aronson (Eds.), *Handbook of child and adolescent group therapy: A practitioner's reference* (pp. 404-414). New York, NY: Routledge.
- Calton, J., Cattaneo, L. B., & Gebhard, K. T. (2016). Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence. *Trauma, Violence and Abuse, 17*(5), 585-600, <https://doi.org/10.1177/1524838015585318>.
- Clarkson, A. (2008). Music therapy with children who have witnessed domestic violence. In S. Brooke (Ed.), *The use of the creative therapies with survivors of domestic violence* (pp. 136-157). Springfield, Illinois: Charles C Thomas Publisher.
- Curtis, S. (2013). Women survivors of abuse and developmental trauma. In L. Eyre (Ed.), *Guidelines for music therapy practice: Mental health* (pp. 263-268). Gilsum, NH: Barcelona Publishers.
- Day, T., & Bruderer, H. (2011). Music therapy to support mothers who have experienced abuse in childhood. In J. Edwards (Ed.), *Music therapy and parent infant bonding* (pp. 141-160). New York, NY: Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780199580514.003.0011>.
- Edwards, J. (2014). The role of the music therapist in promoting parent-infant attachment. *Canadian Journal of Music Therapy, 20*(1), 38-48.
- Fairchild, R. (2018). *Collaborative songwriting with children experiencing homelessness and family violence to understand their resources* (Doctoral dissertation). The University of Melbourne, Australia. Available at <https://minervaaccess.unimelb.edu.au/handle/11343/212530>.
- Fairchild, R., & McFerran, K. (2018). "Music is everything": Using collaborative group songwriting as an arts-based method with children experiencing homelessness and family violence. *Nordic Journal of Music Therapy*, <https://doi.org/10.1080/08098131.2018.1509106>.
- Fairchild, R., & Mraz, M. (2018). Everything changed when I got those drums: A collaborative case reflection. *Voices: A World Forum for Music Therapy, 18*(1), <https://doi.org/10.15845/voices.v18i1.957>.
- Fairchild, R., Thompson, G., & McFerran, K. S. (2016). Exploring the meaning of a performance in music therapy for children and their families experiencing homelessness and family violence. *Music Therapy Perspectives, 35*(1), 36-49, <https://doi.org/10.1093/mtp/miw004>.
- Gaskill, R., & Perry, B. D. (2014). The neurobiological power of play: Using the neurosequential model of therapeutics to guide play in the healing process. In C. Malchiodi & D. A. Crenshaw (Eds.), *Play and creative arts therapy for attachment problems* (pp. 178-194). New York, NY: Guilford Press.
- Groves, B. M., Augustyn, M., Lee, D., & Sawires, P. (2002). *Identifying and responding to domestic violence: Consensus recommendations for child and adolescent health*. San Francisco, CA: Family Violence Prevention Fund.
- Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence--from domestic abuse to political terror*. New York, NY: Basic Books Publishers.
- Hines, L. (2015). Children's coping with family violence: Policy and service recommendations. *Child & Adolescent Social Work Journal, 32*, 109-119, <https://dx.doi.org/10.1007/s10560-014-0333-9>.
- Hughes, C., Bolis, M., Fries, R., & Finigan, S. (2015). Women's economic inequality and domestic violence: exploring the links and empowering women. *Gender & Development, 23*, 279-297, <https://doi.org/10.1080/13552074.2015.1053216>.
- Humphreys, C., Thiara, R. K., & Skamballis, A. (2011). Readiness to change: Mother-child relationship and domestic violence intervention. *British Journal of Social Work, 41*(1), 166-184, <https://dx.doi.org/>, <https://doi.org/10.1093/bjsw/bcq046>.

- Jacobsen, S. L., McKinney, C. H., & Holck, U. (2014). Effects of a dyadic music therapy intervention on parent-child interaction, parent stress, and parent-child relationship in families with emotionally neglected children: A randomized controlled trial. *Journal of Music Therapy*, 51, 310-332, <https://doi.org/10.1093/jmt/thu028>.
- de Juan, T. F. (2016). Music therapy for women survivors of intimate partner violence: An intercultural experience from a feminist experience. *The Arts in Psychotherapy*, 48, 19-27, <http://dx.doi.org/10.1016/j.aip.2015.12.007>.
- Keenan, T., & Evans, S. (2009). *An introduction to child development*. London, UK: Sage Publishers.
- Kim, J. (2015). Music therapy with children who have been exposed to ongoing child abuse and poverty: A pilot study. *Nordic Journal of Music Therapy*, 24(1), 27-43, <https://doi.org/10.1080/08098131.2013.872696>.
- Krüger, V., & Stige, B. (2014). Between rights and realities—music as a structuring resource in child welfare everyday life: a qualitative study. *Nordic Journal of Music Therapy*, 24(2), 99-122, <https://doi.org/10.1080/08098131.2014.890242>.
- Larkins, C. (2014). Enacting children's citizenship: developing understandings of how children enact themselves as citizens through actions and acts of citizenship. *Childhood*, 21, 7-21, <https://doi.org/10.1177/0907568213481815>.
- Letourneau, N. L., Fedick, C. B., & Willms, J. D. (2007). Mothering and domestic violence: A longitudinal analysis. *Journal of Family Violence*, 22(8), 649-659, <https://doi.org/10.1007/s10896-007-9099-6>.
- Lund, L. K., Zimmerman, T. S., & Haddock, S. A. (2002). The theory, structure and techniques for the inclusion of children in family therapy: A literature review. *Journal of Marital and Family Therapy*, 28(4), 445-454, <https://doi.org/10.1111/j.1752-0606.2002.tb00369.x>.
- MacDonald, S., & Viega, M. (2011). Hear our voices: A music therapy songwriting program and the message of the Little Saints through the medium of rap. In M. Hadley & G. Yancy (Eds.), *Therapeutic uses of rap and hip-hop* (pp. 153-171). New York, NY: Routledge.
- Malchiodi, C., & Crenshaw, D. A. (2014). *Play and creative arts therapy for attachment problems*. New York, NY: Guilford Press.
- Mullender, A., Hague, G., Iman, U. F., Kelly, L., Malos, E., & Regan, L. (2014). *Children's perspectives on domestic violence*. London, UK: Sage.
- Ogden, P., & Fisher, J. (2015). *Sensorimotor psychotherapy: Interventions for trauma and attachment*. New York, NY: W.W. Norton & Company Inc.
- Pasiali, V. (2012). Supporting parent-child interactions: Music therapy as an intervention for promoting mutually responsive orientation. *Journal of Music Therapy*, 49, 303-334, <https://dx.doi.org/10.1037/0012-1649.41.4.648>.
- Perry, B. D., & Dobson, C. (2010). The role of healthy relational interactions buffering the impact of childhood trauma. In E. Gil (Ed.), *Working with children to heal interpersonal trauma: The power of play*, (pp. 26-43). New York, NY: Guilford Press.
- Pratchett, L. C., & Yehuda, R. (2011). Foundations of posttraumatic stress disorder: does early life trauma lead to adult posttraumatic stress disorder? *Development and Psychopathology*, 23(2), 477-491, <https://doi.org/10.1017/S0954579411000186>.
- Stanley, N., & Humphreys, C. (2015). *Domestic violence and protecting children: New thinking and approaches*. London, UK: Jessica Kingsley Publishers.
- Steel, W., & Raider, M. (2001). Structured sensory intervention for traumatized children, adolescents and parents. *Trauma and Loss: Research and Interventions*, 1(1), 8-20.
- Sterne, A., & Poole, L. (2010). *Domestic violence and children: A handbook for schools and early years settings*. New York, NY: Routledge.
- Strehlow, G. (2009). The use of music therapy in treating sexually abused children. *Nordic Journal of Music Therapy*, 18(2), 167-183, <https://doi.org/10.1080/08098130903062397>.

- Sturge-Apple, M. L., Davies, P. T., Cicchetti, D., & Manning, L. G. (2010). Mother's parenting practices as explanatory mechanisms in associations between interparental violence and child adjustment. *Partner abuse, 1*(1), 45-60, <https://doi.org/10.1891/1946-6560.1.1.45>.
- Van der Kolk, B. (2015). *The body keeps score: Brain, mind, and body in the Healing of trauma*. New York, NY: Penguin Books.
- Victorian Family Violence Protection Act Section 5 (2008). Available at [http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/083D69EC540CD748CA2574CD0015E7C/\\$FILE/08-52a.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/083D69EC540CD748CA2574CD0015E7C/$FILE/08-52a.pdf)
- Williams, K. E., Teggelove, K., & Day, T. (2014). Contemporary cultures of service delivery to families: Implications for music therapy. *Australian Journal of Music Therapy, 25*, 148-173.
- Woodin, E. M., & O'Leary, K. D. (2009). Theoretical approaches to the etiology of partner violence. In D. Lutzker (Ed.), *Preventing partner violence: Research and evidence-based strategies* (pp. 41-67). Washington, DC: American Psychological Association. <https://doi.org/10.1037/11873-003>.
- York, E., & Curtis, S. (2015). Music therapy for women survivors of domestic violence. In B. Wheeler (Ed.), *Music Therapy Handbook* (pp. 379-389). New York, NY: Guilford.
- Zanders, M. L. (2015). Music therapy practices and processes with foster-care youth: Formulating an approach to clinical work. *Music Therapy Perspectives, 33*, 97-107, <https://dx.doi.org/10.1093/mtp/miv028>.
- Zanders, M. L. (2012). The musical and personal biographies of adolescents with foster care experience. *Qualitative Inquiries in Music Therapy, 7*, 71-91.