

Project Impact Report

Promoting parenting skills and resilient resources.

Supporting Nepalese women survivors of violence in their role as mothers

Nepal, October 2012



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I. INTRODUCTION

General introduction

Discriminatory attitudes towards women remain deeply rooted in the social, cultural, religious, economic and political institutions of Nepalese society^{1 2}.

Women face significant institutional discrimination that is economically, socially and culturally entrenched³. In financial terms, ongoing restrictions are placed on women's independent use of property. For example, women are required to receive permission from a male relative before selling property. Women's education remains limited: traditionally women are less likely than men to be highly educated or to have received vocational or technical training. The majority of women work in the agricultural sector and carry out poorly paid tasks.

Socially, the *ijjat*, or honour, is a central social concept in Nepalese communities and is strongly associated with patrilineality, as honour does not play the same role for men and women. Women primarily gain honour by serving their husbands and performing household work⁴. As part of their duties as honourable wives, women are forced to accept an asymmetrical relationship with their husbands, in which the husband's rights and privileges supersede those of his wife. A husband also appropriates his wife's reproductive and productive labour as an element of his prestige.

In this context, violence against women remains a pervasive problem⁵. Spousal abuse is common: men think they have the right to use violence against women to guarantee their good behaviour and to conserve the family's honour. Violence against women is most commonly provoked by: a wife's perceived slowness or laziness in work, or

¹ Nepal is ranked 126th in the 2011 Global Gender Gap Index, with a score of 0.5888 (1 is equal to equality, and 0 to inequality). World Economic Forum (2010) 'The Global Gender Gap Index 2010 rankings', <http://www.weforum.org/pdf/gendergap/rankings2010.pdf> p.11

² CEDAW (2011) Concluding observations of the Committee on the Elimination of Discrimination against Women Nepal, CEDAW/C/NPL/CO/4-5, CEDAW, New York, p.4

³ CEDAW (2003), Consideration of Reports Submitted by States Parties Under Article 18 of the Convention on the Elimination of All Forms of Discrimination against Women: Nepal, Combined Second and Third Periodic Reports of States Parties, CEDAW/C/NPL/2-3, CEDAW, New York, NY, pp. 30-31, 38; CEDAW (2011) Concluding observations of the Committee on the Elimination of Discrimination against Women Nepal, CEDAW/C/NPL/CO/4-5, CEDAW, New York, p.3.

⁴ Understanding Children's Work Project (UCW) (2003) 'Understanding Children's Work in Nepal Report on child labour', Rome: Understanding Children's Work Project, An Inter-Agency Research Cooperation Project, ILO / UNICEF / World Bank, p.

⁵ United Nations Population Fund (UNFPA) (2007) 'Priority Areas for Addressing Sexual and Gender Based Violence in Nepal', Kathmandu: UNFPA Nepal, p.6-7.

mistakes, such as spilling food while cooking, or the more severe offenses of talking to a nonrelated male or travelling without her husband's permission ⁶.

If a woman suffers a sexual assault, or maintains a sexual relationship before or outside the marriage, she suffers a severe loss of honour. This has social consequences. For example, when a woman who has been a victim of domestic violence wishes to separate from her husband, she loses all the privileges that she gained when she married: she not only loses honour, but neither she nor her children can rely any longer on the support of her husband, she is excluded from her immediate social networks and blamed for her behaviour – for failing as a wife and as a mother. Women can lose custody of their children, particularly as male children are considered property of the paternal lineage. Faced with these conditions, rather than leaving their husbands, it is easy to understand why a high percentage of women prefer to stay with them and develop strategies to protect themselves⁷.

These women, in addition to securing their economic and social “survival” with few specialized resources in a discriminatory context, face the challenge of bringing up their children: boys and girls that have been equally affected by domestic violence.

Justification for the action research project

In 2000, Aawaaj's⁸ started to promote and support women's self-help groups in communities in the Surkhet Valley⁹. Usually, these groups were formed by ten or fifteen women of similar ages that live nearby. Most of them were mothers. They met once a month and shared their ideas about and perceptions of local issues, family matters, and the situation of women in general. During these meetings, some women started to share their stories of domestic violence and describe how these experiences had somehow influenced their and their children's well-being.

Aawaaj's facilitators realized that the women's highly stressful experiences might influence their ability to care for others, especially their children. Although most of their children participated in recreational activities in a safe and protective environment (mainly child-friendly spaces, where they received support with their school work) the same atmosphere may not be have been found at home.

⁶ United Nations Population Fund (UNFPA) (2007) 'Priority Areas for Addressing Sexual and Gender Based Violence in Nepal', Kathmandu: UNFPA Nepal, p.8

⁷ United Nations Population Fund (UNFPA) (2007) 'Priority Areas for Addressing Sexual and Gender Based Violence in Nepal', Kathmandu: UNFPA Nepal, p.8

⁸ AAWAAJ (“the Voice” in Nepalese) is a non-governmental and non-profit social organization established in 1999 through the joint initiative of professionals with a strong desire to demonstrate the capacity of the local community and to raise their voice against violence and the discrimination of children and women in Nepal. Seeking to serve children and women in local communities and through the process of empowerment, Aawaaj aims to eradicate all forms of sexual and domestic violence.

⁹ Aawaaj's started activities in Bardya and Dailekh in 2007.

A lot of sensitization and community-based interventions was carried out using the right-based approach and/or implementing educational strategies. However, experience showed that educational strategies were not enough to comprehensively support parents who had difficulties on taking care of their children. There was a need to take a holistic approach that links women's experiences, personal resources and resilience, parenting skills and the cultural context.

Aawaaj's members were convinced that, in order to promote children's well-being, they also need to support the parenting of mothers who were affected by violence. The facilitators posed the following questions: *how can we support these individuals as mothers and survivors of violence? How can we prevent a damaging home situation from affecting their children?*

In May 2011, BICE¹⁰ launched the project "Promotion of parenting skills and resilient resources". The objective of the project was to invest in primary prevention of child abuse by supporting the parenting skills of mothers affected by violence, who play a major role caring for their children.

Building on experience gained in Spain by EXIL-Center¹¹, the project proposed to conduct action research in Surkhet, Nepal involving a cross-cultural team of researchers and implementers. This research, for the first time, documented and addressed this issue through an evaluation and intervention program that, using a holistic approach, sought to develop and support mothers' parenting skills.

¹⁰ Founded in 1948, BICE (the International Catholic Child Bureau) is a network of member organisations committed to the promotion and the protection of the dignity and the rights of children. With a presence in 66 countries, BICE supports projects in the field with children in difficulties in partnership with local partners, encourages reflection and research on childhood, builds international advocacy and develops trainings on child rights and human rights. The partnership between AAWAAJ and BICE started in 2000 with a pilot project in the Surkhet region titled "Breaking the silence on sexual abuse, trafficking and domestic violence towards children and women in rural Nepal." Two other projects have been undertaken since 2007: "Empowerment of children and their families affected by conflicts" is taking place in the districts of Surkhet, Bardyia and Dailekh and is closely linked and is complimentary to the prevention project.

¹¹ The Association EXIL was created in 1976 in Brussels, Belgium by a group of South American refugees who had been victims of torture in their country and had to flee with their families. In the year 2000, EXIL opened another centre in Barcelona, Spain. The NGO EXIL is now a reference in Spain in the treatment of the consequences of violence, especially amongst women and children. The relationship with BICE started in 2007 when the Director of EXIL, Jorge Barudy participated as an expert in the BICE's European committee. In 2008 the collaboration between EXIL and BICE broadened and, as part of this, professionals from EXIL participated in the evaluation of three of BICE's projects in Asia: Nepal, Cambodia and India. In 2009-2010, the two organizations developed a project of action-research named "Learning from practice" about good practice in the field of prevention of child abuse in the projects conducted by BICE in Cambodia, India and Nepal.

II. BACKGROUND TO THE CONTEXT

General data on the social, economic and political situation in Nepal

Nepal is a Central Asian country officially titled the Kingdom of Nepal. Kathmandu is the capital city. The country is comprised of 147,181 Km², with India to the east, south, and west and Chinese-occupied Tibet to the north.

According to the preliminary results of the 2011 Population Census, the population of Nepal stands at 26.6 million (Central Bureau of Statistics, 2011a). Just over 80% of the Nepalese population are Hindu, 10.7% are Buddhists, 4.2% are Muslim, 3.6% are Kirat (a local “traditional” religion), 0.5% are Christian, and 0.4% belong to other religions.



Topographically, Nepal is divided into three distinct ecological zones: mountain (6,75%), hill (43,1%), and *Terai* (or plain) (50,15%). The fact that Nepal is located in one of the world’s most mountainous areas contributes to its isolation and has complicated the exploitation of the country’s natural resources.

Nepal is among the poorest countries in the world and currently ranks 157 of 187 countries on the Human Development Index, with a per capita gross domestic product of 237\$US.

To understand the country’s economic situation, one cannot ignore the armed conflict that took place from 1996 to 2006 and saw the Communist Party Nepal (CPN) take up arms against the Nepalese government. Extreme poverty, great social inequalities that result from the entrenched caste system, prevailing ethnic disputes, and the political system dominated by poorly functioning parties and corruption, are some of the problems that contributed to the strengthening of the CPN and prompted the conflict.

This conflict was characterized by widespread human rights violation, large numbers of civilian deaths, the forced recruitment of child soldiers, and the kidnap and sexual enslavement of women. Towards the end of the conflict, different human rights groups accused both sides of using torture and summary executions. In November 2006, the leader of the Nepalese Maoist guerrillas, Prachanda and the prime minister, Girija

Prasad Koirala, signed a peace agreement through which the formal end of the armed conflict was announced and members of the guerrilla organization joined parliament and the government during a six-month transition period prior to new elections. Nepal's main socio-demographic indicators are shown in the Table 1 (see annex).

Human Rights in Nepal: The situation of women and children¹²

In this vulnerable context, many initiatives, led by organization and members of civil society, managed to reduce the impact of the conflict. Nepal has signed specific and regional treaties, conventions and resolutions, such as the Convention on the Elimination of all Forms of Discrimination against Women, 1979 (CEDAW), the Convention on the Rights of the Children (UN, 1989), the UN Security Council Resolution 1325 and SAARC Convention 2002 on Combating Trafficking. However, the administrative and technical infrastructure remains insufficient for the implementation of these treaties, resolutions and conventions.

Violence against women and children is a dramatic problem in Nepal: women suffer trafficking, sexual abuse, torture and domestic violence. Such violence violates all the human rights treaties that Nepal has signed and constitutes a major social problem.

In 2001, the International Labour Organization/International Program on Elimination of Child Labour (ILO/IPEC) estimated that about 12,000 children under 18 years were trafficked annually from Nepal to India for the purpose of sexual exploitation. Eastern Benjamin Trust (2007) estimated that about 600 children were trafficked for the circus industry in different cities in India, mainly from Makwanpur and Bara districts. About 40 000 girls work in 1200 cabins and dance restaurants in the Kathmandu Valley: half of them are the victims of trafficking and sexual exploitation.

In its most recent report on Nepal, the UN Committee on the Elimination of Discrimination against Women (CEDAW, 2011) states that over a fifth (22%) of ever-married women aged 15-49 report ever having experienced emotional, physical, or sexual violence from their spouse, and 17 % of women experienced one or more of these forms of violence in the past 12 months prior to the survey.

Other data demonstrate how violence against women is a serious problem in Nepal¹³. Six percent of women have experience physical violence during pregnancy and younger women (aged 15 to 19) are more likely to be affected. The statistic on sexual violence demonstrate that 12% of women aged 15 to 49 have experienced sexual

¹² National Human Rights Commission of Nepal (2006, 2007, 2008).

¹³ Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc. 2012. Nepal Demographic and Health Survey 2011. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and ICF International, Calverton, Maryland.

violence at least once in their lifetime and almost half of women (47%) who first had sex before age 15 said that they were forced against their will.

Women who earn cash income are more likely to have ever experienced any of the three forms of violence. One possible explanation for this finding is that working women who have an independent source of income pose a challenge to the established gender norm of a woman as resource dependent on her husband, and hence these women may be more at risk of spousal violence.

It is often said that violence perpetuates violence. As shown in NMICS-2010 report¹⁴, a family history of domestic violence is associated with a respondent's own experience of domestic violence. Among women whose fathers beat their mothers, 47% have experienced emotional, physical, or sexual violence, compared with 29% of women whose fathers did not beat their mothers. There are no exact data that associate the number of women that suffer or suffered abuse with the number of women that are violent towards their children. However, the data suggest that there is a general trend (36% of respondents) to carry on and tolerate physical punishment as a form of education and discipline for their children. According to these data, 83% of children aged two to 14 years experienced violent discipline (psychological aggression or physical punishment) at home during the month prior to the survey.

In response to the violence that they have experienced, it is uncommon for women in Nepal to seek assistance from any source. Two out of three women have never told anyone about the violence they have experienced¹⁵. One possible explanation is related to the prominence of patriarchy as the central system of social organization and deep-rooted social values that perpetuate asymmetric gender relations and the dominance of men over women. According to studies carried out recently¹⁶, 48% of women aged 15-49 believed that wife beating by a husband is justified in at least one of the following circumstances: she goes out without telling him, she neglects the children, she argues with him, she refuses sex with him and/or, she burns the food.

The city of Surkhet

This project was carried out in **Surkhet**, one of the 75 districts in the Bheri Zone of the Mid-Western Development Region of Nepal. Birendranagar is the administrative capital of Surkhet and the whole Mid-Western Development Region. Surkhet District

¹⁴ Consulted on 5th of October 2012 at <http://cbs.gov.np/wp-content/uploads/2012/07/Nepal-Multiple-Indicator-Cluster-Survey-NMICS-2010-Key-Findings-PPT.pdf>

¹⁵ Idem.

¹⁶ Idem.

lies in the [Surkhet Valley](#), which is about 50Km² in size, and approximately 400Km west of the Nepalese capital of [Kathmandu](#).



(1) Aerial photo of Surkhet city. (2) Surkhet's main street

Surkhet is accessible by air and road from various parts of the country. Ratna highway links it to the rest of Nepal. Karnali Highway, recently constructed links Surkhet to the remote Western region Karnali. Flights connect Surkhet to Kathmandu, Nepalgunj, Jumla and several other districts.

The majority of the people are Brahmin and Chettris, and there are also minorities groups, such as the Newar, Magar, Tharu, Sunaar, and Kaami. Eighty percent of the population are Hindu and the rest are Buddhists, Christians, and Muslims.

Farming is the main livelihood activity. Three colleges provide education up to Master's level. In local schools, subjects such as science, management, humanities, rural development, education are taught. Various institutions provide technical education: courses include veterinary sciences, information technology, assistant health worker, etc. The construction of a university has been proposed for Surkhet Valley, which will

provide cheap and quality education to people in the region. There is also a regional hospital that provides basic healthcare.

III. OBJECTIVES

Overall Objective

- To strengthen the parenting skills, personal resources and resilience of women who have experienced violence, to promote appropriate care for their children.

Specific Project Objectives

1. To **provide culturally aware knowledge** on the mother-child interactions in the Surkhet Region.
2. To **adapt and implement a programme** to improve parenting skills of a group of mothers in the Surkhet Region. The specific objectives to the workshop programme are divided in two sections:
 - a) Objectives linked to the **facilitators and/or volunteers** that are put forward to lead the workshop program. The specific objectives are:
 - a. To increase facilitators theoretical and practical knowledge about parenting skills of women who have been affected by violence.
 - b. To reinforce and increase group facilitation strategies
 - c. Mentoring about the personal impact of workshop facilitation
 - b) Objectives related to **the workshop participants**. The specific objectives are:
 - a. To support caregivers to accurately and empathically understand and respond to their children's actions, communication, needs and feelings.
 - b. To support caregivers to identify and consider the impact of violence on their family and on their parenting skills.
 - c. To promote the recognition and validation of mothers' childhood experiences
 - d. To encourage discussion of the mothers' beliefs, and educational models to strengthen positive parenting practices.
3. To **evaluate the effectiveness and impacts** of the programme.

This report mainly deals with the third specific project objective and the results obtained from the implementation and development of the pilot programme “Promoting parenting skills and resilience of women survivors of violence in their role as mothers”

IV. METHODOLOGY

IV. 1. General Characteristics of the Project: “Promoting Parenting Skills and Resilient Resources”

The project: “Promoting Parenting Skills and Resilient Resources” was implemented in 4 phases:

Phase I. Preparation and community adaptation. This phase incorporated all the activities that help in the preparation, discussion and socialization of the programme with all the people involved and immediately connected to the programme. These activities involved meeting with the people who are proposed to facilitate the workshops, though they do not form part of the training, which will be conducted in a different phase. These activities enabled lessons to be learnt from the context where the programme was to be carried out, the analysis and study of previous similar experience and the analysis of existing knowledge and ideas about the perceived need to conduct this type of programme.

The base-line study

In this phase, the team prepared the baseline or “initial assessment”. This action included carrying out group discussions and individual interviews with main people involved (facilitators, mothers and their children) that enable knowledge to be built up about the local situation before starting the workshop programme.

The information collected in the base-line study was used to: a) adapt and contextualize the programme to the women’s real needs and characteristics; and b) obtain a base-line that would facilitate the monitoring and evaluation of the impact of the programme.

Phase II. Adaptation of the workshop program and Training the professional and/or volunteers that were put forward to facilitate the workshop sessions. The workshop: “Promoting parenting skills and resilient resources of women survivors of violence in their role as mothers” is based on the model of EXIL-Barcelona, for the promotion of

mothering skills. From the information produced during the initial base-line study in August 2011, the program's activities were adapted to meet the needs and characteristics of Nepalese women, the context, and the facilitators' capacities and limitations. Table 3 (see annex) contains the workshop objectives, indicators and sources of verifying data.

The training and mentoring of the facilitators was structured in three key areas: a) the theoretical concepts and framework that define the programme; b) the strategies and techniques for group leadership using an experiential and participatory approach; and c) the personal impact. This training was conducted at three different times: before, during and at the end of the workshop programme.

Phase III. Conducting the workshop programme. The workshop program: *"Promoting parenting skills and resilient resources of women survivors of violence in their role as mothers"* was carried out from November 2011 to August 2012. Twenty women participated in the workshop program.

The women were divided into two working groups. There were no strict criteria for the group selection but selection was based on women's place of residence with the intention of creating a local social support network.

Each group met every three weeks in Aawaaj's office, which is located in the outskirts of Surkhet's urban centre. Transport costs were covered for the women who needed them. Refreshments were offered during a break in the meeting. Also, mothers of young children were offered a crèche service: one of the facilitators took care of the children during the sessions.

Two facilitators took charge of directing the sessions using the script described in the manual. Another facilitator provided individual support to women who were unable to read or write. Finally, two facilitators were responsible for taking notes and transcribing the sessions.

Phase VI. Evaluating the impact of the experience. After the tenth session of the programme, an interview was conducted with each woman to evaluate the programme. The women completed a participant satisfaction questionnaire and repeated seven of the tests for the base-line evaluation. In the eleventh and final workshop, the women conducted a collective evaluation of their experiences and some of them expressed their opinion through songs that they had written. In parallel, each facilitator completed a questionnaire to evaluate the programme.

The evaluation protocol included: a) monitoring indicators to illustrate how well the programme was conducted; b) impact indicators to measure the changes in the lives of the people involved and connected to the programme, and c) satisfaction indicators to qualitatively measure the perceptions of the people involved in the programme and their ideas about the future.

IV. 2. Participants.

Twenty women from the Surkhet Region participated in the workshop. The women were divided into two working groups of ten members each. When selecting the groups the following characteristics were taken into consideration:

- a. **Women who have survived situations of violence**, but at present are not suffering severe violence. If the woman is a victim of severe violence, other types of intervention will be prioritized to meet her most immediate needs related to her vulnerability.
- b. Women who have **children under 16 years old**.
- c. Women who **do not have a severe mental illness** that would prevent them from participating in the group.

IV. 3. Questionnaires

The utilized data collections tools were: focus group discussion, individual semi-structured interviews and questionnaires. Some of the questionnaires were adapted from standardized instruments and others, the majority, were designed specifically for the evaluation of this programme.

The women who participated in this programme had basic levels of education and were not familiar with technical language. Thus, the questionnaires were designed or adapted to be used with participants who have basic reading and writing skills. At most times, the questionnaires were designed as practical exercises involving imagination, role-playing or expressive activities to aid understanding and enjoyment.

Some of the questionnaires were long and took approximately one hour to administer. In case of the questionnaires administered to children, we accompanied them with recreational activities so that they experience is more pleasurable.

Table X. Characteristics of the questionnaires used.

Theme	Questionnaires	Duration	Completed	Location		
Personal information	<ul style="list-style-type: none"> General and Personal Information. 	30'	Participants	Participants' homes		
Psychosocial context	<ul style="list-style-type: none"> Perceived family problems Social network diagram 	30' 30'				
Impact of violence	<ul style="list-style-type: none"> Life story questionnaire Vivo questionnaire * 	1h 1h				
Mother-child relationships	<ul style="list-style-type: none"> Participants' Emotions about their children. Personal characteristics as mothers* Questionnaire of Perceived Responsibility 	30' 1h 1h				
	<ul style="list-style-type: none"> Facilitators' baseline questionnaire Questionnaire: observed parenting practices 	1h			Facilitators	In the NGO
	<ul style="list-style-type: none"> Children's perception of family relationships Questionnaire of Perceived Responsibility 	1h 30'			Children	Family home
Satisfaction with the workshop programme	<ul style="list-style-type: none"> Participants evaluation questionnaire Facilitators evaluation questionnaire 	1h	Participants Facilitators	In the NGO		
Following-up the workshop programme	<ul style="list-style-type: none"> Template for session registration 	1h	Facilitators	In the NGO		

IV. 4. Procedure.

The programme evaluation was divided into three phases, accordingly to the project implementation.

Phase I. Understanding the context and forming a baseline

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

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

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

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

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

Phase I: Understanding the context	
Activity	Questionnaires
1. Group interviews with Facilitators	Facilitators baseline questionnaire Questionnaire of parenting practices-observed behaviour
2. Group discussions with participants	Psychosocial questionnaire
3. Individual interview with participants	General personal information Perceptions of family problems Life story questionnaire VIVO (Vital Impact Assessment Questionnaire) Participants' emotions towards their children Personal characteristics as mothers Questionnaire of perceived responsibility Social network diagram
4. Individual interviews with children	Children's perception of family relationships Questionnaire of perceived responsibility

Phase II. Recording and organizing the process during the workshop programme

Following-up the sessions was a key part of the evaluating this workshop programme as it is what helps us to gather data on the process to determine whether it is meeting the set objectives. For this reason, after each session, the facilitators completed a form that records the most relevant aspects of what has occurred during the session.

In parallel, halfway through the programme, a two weeks mentoring and supporting seminar for the facilitators was carried out. During these days, different theoretical aspects and practical aspects of workshop leadership were addressed. At the same

time, these days were useful to evaluate how the workshop was affecting the facilitators at a personal level, what challenges and/or difficult they had encountered and what strategies they were using to meet these challenges.

Phase II: Recording and organizing the process during the workshop programme	
Activity	Questionnaires
1. Recording and organizing the sessions	Template for session registration
2. Training and mentoring days for the facilitators during the workshop programme	

Phase III: Assessing the impact of the programme

This final phase of evaluation was carried out once the programme was completed. First, an individual interview was conducted with each of the participants, in which most of the questions used in the baseline study were asked. Also, we added a questionnaire that addresses participant's general assessment of the experience and their level of satisfaction with the programme, the group and the facilitation.

Second, an individual interview was conducted with the participant's children. A questionnaire on the perceptions of changes in family routines and dynamics was administered.

Finally, the facilitators completed two instruments individually: a) on the assessment and observation of the changes that the participants have experienced; and b) regarding their personal assessment of the experience.

Phase III: Assessing the impact of the programme	
Activity	Questionnaires
1. Individual Interview to participants	Perceptions of family problems Participants' emotions towards their children. Personal characteristics as mothers Questionnaire on perceived responsibility Social network diagram
2. Individual Interview to children	Questionnaire on perceptions of changes in family routines and dynamics

3. Individual Interview Facilitators	to Facilitators' evaluation questionnaire. Questionnaire of parenting practices-observed behaviour
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V. RESULTS

Result-1.

Specific Objective: To provide culturally aware knowledge on the mother-child interactions in the Surkhet Region.

- Research of previous studies in Nepal regarding supporting women’s survivors of violence as mothers was conducted. We found about 376 references in International Date Base (PsyInfo y Pubmed) about Parenting *Programs*; 87 *documents related to Parenting/Resilience/Women survivors of violence*, and several books about mothering and parenting characteristics of Nepalese mothers were reviewed. Moreover, an introductory email with the characteristics of the project was sent through the main local networking lists in Surkhet District and Kathmandú.
- Most of the found information refers to general parenting programs, and not to programs specifically addresses for supporting women affected by violence in their role as mothers. We found no previous studies or similar initiatives in the Nepalese context.
- During the initial assessment, several discussions with Aawaaj’s facilitators and women from the communities were conducted. In total approximately 50 women and 10 children took part in the discussions.
- The analysis of outcomes from women’s group discussion allowed the team to identify key elements that characterizes the situation of women’s survivors of violence as mothers.
- All these results are being collected and written as a scientific paper with title: “Perceptions of parenting challenges of women survivors of violence in Surkhet, Midwest of Nepal”.

Result-2

Specific Objective: To adapt and implement a workshop programme to improve parenting skills of a group of mothers in the Surkhet Region

- Five professionals from Aawaaj’s team were trained and mentoring in three key areas:: a) the theoretical concepts and framework that define the programme; b) the strategies and techniques for group leadership using an experiential and participatory approach; and c) the personal impact. This training was conducted at three different times: before, during and at the end of the workshop programme
- The workshop program: *“Promoting parenting skills and resilient resources of women survivors of violence in their role as mothers”* was carried out from November 2011 to August 2012. Twenty women participated in the workshop program.

Result-3

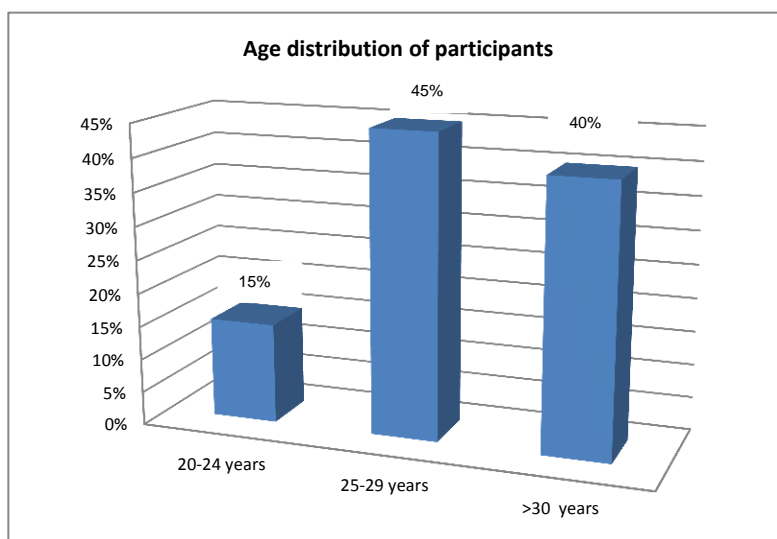
Specific Objective: To evaluate the effectiveness and impact of the workshop programme.

The results presented in the following section illustrate the responses of each of the mothers, their children and the facilitators, summarizing the characteristics and highlighting the most important differences.

1. Profile of the participating mothers

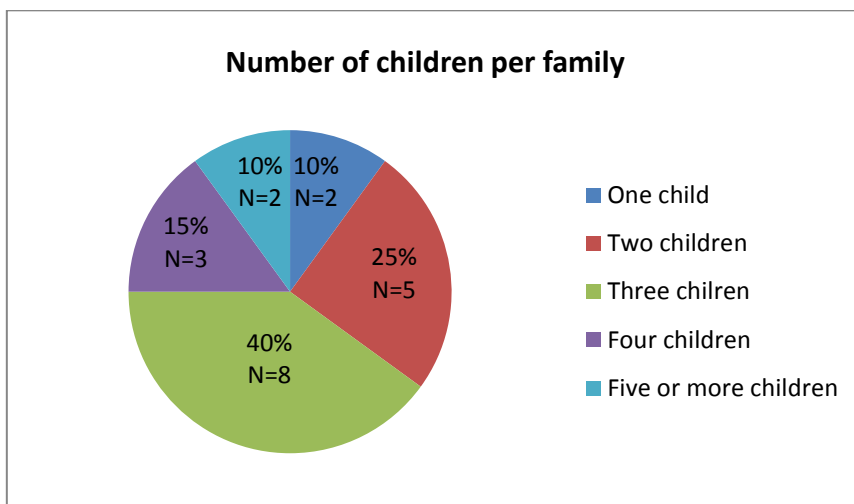
Twenty mothers, aged from 20 to 53 years participated in the workshop program. Their average age was 26.5 years. Chart 1 illustrates the age distribution of the mothers who participated in the group.

Chart 1.



All the mothers had children, for whom they cared. Their children were aged between nine months and 16 years. Chart 2 shows numbers of children for whom the mothers cared.

Chart 2.



Life stories and current situations

Three-quarters of the mothers (n=15) experienced absolute poverty and precarious living conditions during their early lives: their families were sometimes unable to earn enough income to guarantee everyday foodstuffs. Almost half (45% n=9) of the women suffered occasional abuse, neglect or abandonment by their parents. As adults, all the women experienced systematic and chronic physical, verbal violence at the hands of their husbands.

Currently, most of the women are separated and live alone in their own house or with relatives (45%) or have divorced and re-married (10%). Just under a third (30%, n=6) of the women still live with their violence husband but in an more protected environment as a result of family mediation, social pressure, or as a result of an illness that has left the husband no longer able to carry out violent acts. Three of the women (15%) continued living with their husbands and were exposed to abuse. All of the women except one worked.

2. Individual impact on mothers

2.1. Overall changes in the mother-child relationship

The mothers' opinions

After one year, do you perceive changes in the relationship with your children?	YES n=17(85%)	NO n=3(15%)
Less irritated or angry	16 (80%)	
Do not beat the child as much	7 (35%)	
Learn how to manage my anger	5 (25%)	
Feel more confident, and happy in general	5 (25%)	
Use to express more often my love to the children	5 (25%)	
Feel supported and understood by other mothers	3 (15%)	

- Most of the women (85%) perceived a changed in their relations with their children. The changes included them being less irritable (80%), in tense moments the use of physical violence had reduced (35%), they were using new non-violent strategies to manage conflicts (25%) and they felt more secure in themselves as mothers (25%).
- For some mothers (15%), this change was related to the discovery that other mothers were facing the same problems and had the same feelings.

The children's opinions

Have you noticed any change in your mother's behaviour during this year?	YES n= 11 (68%)	NO n=5 (31%)
More loving behaviours and shows less anger	9 (56%)	
Reduce the frequency of beatings	5 (31%)	
She is more talkative and open to us	4 (14.2%)	
More protection in front of my father.	1 (6.2%)	
Drinks less (alcohol)	1 (6.2%)	

- The majority of the children interviewed (68%) reported having noticed a positive change in their relationship with their mothers. For 56% of children, this change was characterized by mothers' more loving attitudes and a reduction in their irritability; just under a third (31%) specifically mentioned a reduction in physical punishment.

"Previously, she was more irritated and easily lost control. She used to send us to buy tobacco, alcohol and cigarettes and used bad words. After joining the workshop she changed. Now she is more caring, loving, and does not use bad words. She is more talkative and open with us." (LN's daughter)

“My mother shows less anger, even if we are angry, she does not get angry. Mum says that when she is angry she loose her energy, so better not to be angry”.(PS’s son).

- Fourteen percent of the children mentioned perceiving better dialogue and closeness with their mothers, even in conflictive situations. Two of the children reported an increase an increase in protectiveness from their mothers when faced with their fathers’ violence behaviour, and a reduction in their consumption of alcohol.

“Thanks to my mother now, my father does not cause conflicts at home. If my father tries to beat me, my mother tells him not to”.

The facilitators’ opinions

Have you observed any changes in the mother-child relationship?	YES	NO	DON’T KNOW
Women can understand better their children’s feelings, attitudes and behaviours. (No: KL, BS, JT)	17 (85%)	3 (15%)	-----
Women have more self-control and self-awareness of her reactions and feelings. (DON’T KNOW: JT, BS, MH, SN, KL)	15 (75%)	-----	5 (25%)
Women enjoy more with her children (No: BS) (DON’T KNOW: NN, KL, JT, SN)	15 (75%)	1 (5%)	4 (20%)

- The facilitators suggested that 85% of women could better understand their children’s behaviour, attitudes and feelings, 75% showed greater self-control when overwhelmed, and 75% increased the moments of pleasure with their children.
- The mothers that experience greatest difficult when understanding their children, often had experienced and continue to experience extremely violent situations.
 - KL:** A 40-year-old mother, with two children. Since she got married she never had a good relationship with her husband. Her husband used to drink a lot and beat her very badly. One day her husband beat her very badly, causing her head injuries and leaving her unconscious, he didn’t help her or take her to the hospital. After that she left the house and went to live with her parents. At that time her husband started to live with another women, who left him after one year. Now, KL lives once again with her husband and faces violent incidents at home. According to the facilitator’s observations during the group discussion, it is very hard for her to speak about her children.

- **JT:** A 35-year-old mother of three children. She was born in Surkhet and lives in the same place. She has a small house, but life is very hard for her. She does not have enough income to sustain the five family members. During conversations, she described very painfully, how she could not provide a single piece of clothing for her daughter. She felt irritation when the children fight amongst themselves, sometimes for no reason. She has a long and deep-rooted problem of alcohol addiction, and up to now, her children often ask for help from the facilitators when her mother is drunk.
- **SN:** A 27-year-old mother born in Surkhet. When she was a child she faced many problems because her father was very weak, and as he could not work, so they were very poor. They did not have enough food to eat, nor enough clothes to wear. Her parents wanted to send her to school, but due to their poverty they could not. SN lives with her husband and her three children. Her husband is an alcoholic, so she suffers lot violence at home.

“He is evil and sometimes, when he drinks a lot of alcohol, it does not make differences who is his wife and who his daughter and he tries to do whatever he likes. He sometimes tries to sexually abuse his daughter also”.

She is well supported by a neighbour when her daughter or her feels sick. They also help whenever her husband is violent by making him aware of SN, telling him that she is doing so much hard work to manage the house and taking care of the children so do not do anything. SN feels very bad sometimes and thinks that maybe her children will be like their father when they grow up because children have seen her doing such a hard work running house yet still they demand more money, food and clothes and they never understand her.

“All the people admire me and say that I’m doing great but I heard that my uncle’s son said a bad thing about me: she does not care for her husband but cares for another’s husband. That hurts me a lot and I felt that I had lost dignity due to my husband’s behaviour. If he treated me well then than nobody would blame me”.

- **B:** A 28-year-old women from Satakhani VDC. She has several children, one of whom is one year old and she is currently pregnant. Her husband does not care her. He lives elsewhere with another women. When he returned home, he beat B very badly, even when she was seven months pregnant. She cannot take care of her other children, and all her strength is dedicated to surviving herself. When she was pregnant, she has to work very hard carrying stones and after that she gave birth. She has no family support.

2.2. Strengthening self-control

The children's opinions

When you get very angry or frustrated, what does your mother do now compared to before?	Better N=11 (68%)	Same N=5 (31%)
Keeps silent	6 (37%)	
Tries to convince me not to be angry	8 (50%)	
Interested for the reason of my anger	3 (18%)	
My mother also scolds me and gets very angry		4 (25%)
Meets my demand		1 (6,2%)

- Two-thirds of the children (68%) mentioned that their mothers had developed new strategies of self-control at times of anger when there is a conflict between the demands of the children and what their mother is prepared to permit. In these moments the children are unreasonable, fight or cry uncontrollably and can destroy everything. These strategies are intended to calm them down through talking over the source of the anger or remaining quiet until the child has calmed down and then starting intervening
- Self-control in these situations is one of the most difficult aspects of mothering skills for women who have experienced violence because the uncontrolled behaviour of their children often provokes very intense feelings (linked to their own adolescence), which sometimes they cannot control and lead them to react in an irritated or aggressive manner. When this occurs and the mother reacts aggressively or with irritation, the children react against the rage or powerlessness, frustration or sadness that they detect in their mothers' shouts and can hear nothing else. This creates an emotional distance between mother and child.

"Previously when I was angry my mother also expressed her anger and shouted a lot, but now she does not speak even if I am in an angry mood. When I am in a temper she keeps silent and afterwards she tries to convince me. Now, when she is angry, she keeps silent, goes away and then becomes more calm". (MN, 12-year-old daughter of D)

"Before she used to beat us, but now she tries to convince us not to be angry". (DS, 8-year-old daughter of K)

"She does the same than before. She buys everything we demand from her". (JN, 11-year-old daughter of LN)

2.3. Development of empathy and understanding children's needs

The mothers' opinions

Do you think that you understand better your children's behaviours and feelings?	YES N=20 (100%)
I try to understand the child's tantrum and try to calm him or her down with soft words, cuddling and pampering.	15(75%)
After a tantrum I talk to my child and try to convince him/her	6 (30%)
I keep silent when he is angry, then he calms down slowly	1 (5 %)

- All the mothers reported understanding better their children's behaviours and feelings. This understanding is translated, according to 75% of the mothers, into greater attempts at dialogue with their children during moments of tension, prior to punishing them or getting angry.

"Previously when I was angry I used to scold to my child and shout. I had the feeling that whatever pain I had was due to my children. When I was very angry I didn't want to do anything and I had the feeling that the children had to understand me. I wouldn't care children when I was angry. Now I learnt that there is not my child's fault for what I have faced."

"The other day we had an incident at home. My child came back from school very angry, scolding and beating her sister. I asked him why are you angry, what is the problem with you? What do you need? I tried to calm him. I try to put my child on lap, put my hands on him and ask him the cause of his anger. I use to ask my child whether anybody said anything to him? Then he told me he was very angry because he has no school uniform and other children were laughing at him."

"I learnt that I have to understand the children; I have to calm down and have to love them. If a child is feeling low, I need to understand what their problems are. If we scold them, it will be a worry and a burden for them"

Children's opinion

When you are talking to your mother, how much does she listen to you comparing with before?	Better	Same
	87% (n= 14)	12,5% (n=2)

- Eighty-seven percent of the children reported feeling being listened to more by their mothers and they identified more frequent dialogue and conversation than before.

“Whenever I said to my mother that I go to my maternal uncle’s house, she would listen and question me, why I want to go, what is the objective of going there, and she tried to convince me to stay if she thinks it is not useful. She listens to what I want to tell her”.

- For one of the children the situation was positive before and after the programme and his mother showed the same level of attention and listening.

“She is the same: she used to listen and she listen now also”

- Another child identified no improvement and still felt that his mother did not listen to him.

“My mother never listens to me. In the past I worked and I made some money and then she used to listen to me, but not now”

Does your mother have more fun with you then before?	YES 81% n= 13	No 19% n=3
She talks to us more	5 (31%)	
We watch TV together	5 (31%)	
She plays with me	3(18,7)	
She sings and dances; we spend time together roaming around	6 (37%)	
We use to enjoy telling stories, etc.	10(62%)	
)	
My mother has a lot of work to do, so she has not time to stay with me.		3 (19%)

- Eighty-one percent of the children said that they were enjoying more pleasurable moments with their mothers than before. They mentioned activities such as singing, dancing together, watching television, and enjoying entertaining conversations.

“We watch TV together and we watch the women’s festival together. She takes me to the market. We also read books and poems together and also we pray together”.

“When my mother is angry, I say something funny and she laughs”.

“When I am alone she usually come and to play with me. When I cannot sleep she comes and plays with me. She often sings a song and dances with us. The happiest time was when my mother played a song on her mobile and said dance daughter. Then my mother also danced with me encouragingly”.

- For three of the children (19%) the relationship had not improved in this sense and, for work reasons, their mothers spent lots of time away fro home and the children

were cared for by neighbours or relatives, hence they did not have many pleasurable moments with their mothers.

2.4. The women's perceptions of their role as mothers

With regard to the questionnaires that were administered prior to the start of the programme, a general change in the women's perception regarding their characteristics and skills as mothers can be detected.

The mothers' opinions

Do you think that your characteristics as a mother have changed?			
	Increased	The same	Decreased
Affectionate	42,8%	42,8%	14,4%
Tolerant	28,5%	50%	21,5%
Confident	35,7%	50%	14,2%
Available	50%	42,8%	7,1%
Involved mother	28,5%	64,2%	7,1%
Patient	28,5%	42,8%	21,4%
Authoritarian	35,7%	28,7%	35,7%
Cheerful	64,2%	28,5%	7,1%
Easy-going	78,5%	14,2%	7,1%

- In general, the mothers perceived that their behaviour was more caring and affectionate (42%), they are more happy and relaxed (64%), more open when faced with their children's needs and demands (50%) and with a more flexible parenting style (78%) and more tolerant (28%) than before. This contrasts with the 35% of the women who perceived decreased in these characteristics.
- Half of the women maintained the same level of involvement and self-confidence as mothers (50%), and 35% felt more secure in their interventions and practices with their children.
- A significant proportion of the mothers (21%) see themselves as less patient with their children than before.

One of the objectives of the process was to reflect on the early experiences of violence (neglect or abuse) that the mothers experienced in their relationship with their fathers or the situation of deprivation or poverty that had influence the development of their mothering skills.

The mothers' opinions

Do you think that past experiences of violence affect to your parenting skills?	YES	NO
	10 (50%)	10 (50%)

- The analysis show that half of the women recognized that their early experiences of abuse in their own families influenced the way that they educate and take care of their own children now.

“Due to my economic situation and life problems I could not provide them with good food and clothes, and I didn’t care properly for them. I have failed to provide proper attention to the children.”(KB).

- On the other hand, half of the mothers showed a strong resistance to talk about their past and preferred to forget the experiences.

The facilitators’ opinions

Most of the time, participant...	N (%)
Tends to minimize the problem. It is difficult for her to analyze her strengths and vulnerabilities in her mothering role.	5 (25%)
Is able to analyze and reflect about her own strengths and vulnerabilities as a mother and identify the causes.	12 (60%)
Feels guilty and questioned and doesn’t get involved in self-reflecting processes.	1 (5%)
Is disconnected and out of context.	2(10%)

- The facilitators’ observations suggest that most of the women (60%), during the passing sessions, could analyze their skills and limitations as mothers and, as a result of this collective reflection, they were able to find strategies to strengthen their skills and reduce risks.
- For 25% of the mothers (n=5) it was difficult to analyze their strengths and weaknesses, and they tended to minimize the problems and found it difficult to find solutions that were constructive and appropriate to the context. For one of the women this process was impossible, because she felt very guilty and questioned: she closed herself off to any attempt at reflection or analysis. Two of the women (10%), were systematically disconnected from the group dynamics and activities and their contributions were often inappropriate.

2.5. Impact on the mothers as a self-help group

One way of evaluating the impact that the programme had on the group of women is to analyze the degree of the women's participation in the activities: to what extent they made the process their own or whether they saw it as a external activity and participated passively.

The facilitators' opinions

How do you see the women's participation and attitudes during the sessions?

LEVEL OF IMPLICATION	After 6 months...		After one year...	
	Group A	Group B	Group A	Group B
Active behaviour	4	2	8	9
Monopolizing behaviour	2	3	1	0
Withdrawing into silence	1	2	1	0
Manipulative behaviour	1	1	0	1
Being resistant	1	1	0	0

- At the beginning the group facilitation, especially for the group B, was a challenge due to the participants' varied attitudes and personal resources. Most of the women monopolized the conversation, some of them did not participate or contribute much, and two of them showed manipulative and resistant behaviour. In contrast, women from group A were more involved in the activities and constructively participated in the programme.
- According to the facilitators, women from the group B suffered, in their majority, severe situations of domestic violence, lived in context of extreme poverty and a few were still suffering violence from husbands. On the other hand, the majority of mothers from group A, were in regular contact with Aawaaj's members and had participated in different activities (banking group, women's group...) than the other group.
- After one year, the facilitators observed significant changes in the behaviour of women from group B. They become more attentive and involved in the exercises; they started questioning and sharing more personal experiences. According to the mothers, the facilitators' attitudes and strategies to guide the group helped them to feel more relaxed and confident with the exercises.

- *KU: She lives in an abuse relationship with her husband who is an alcoholic and beats her. During a few sessions we observed that she was not relaxed, always hyper alert. She used to be quiet and did not share or speak about her feelings or personal situation. After few sessions, she felt more relaxed and she participated more.*
- *JM: At the beginning, she had more difficulties to get involved in the conversations, and was questioning other women's interventions. Sometimes she said things that had nothing to do with the topic at the time, but now she keeps silent and asks for help from the facilitators. She frequently slept and when we asked her to participate she just repeated whatever the rest of the women had said. She never had questions. She spoke out of context and sometimes we could not understand her language. She has a very difficult life: she lives alone and has suffered a lot of painful experiences with her first husband. A few months ago her 14-year-old child was married to an old man...*
- *KL: She expresses herself more, but sometimes we think that she speaks in a very theoretical way, not real. Sometimes her interventions have nothing to do with what the rest of the women are sharing, and we feel that she wants to show off in front of others. She is also a political leader and some of her interventions tend to manipulate the opinions of others. During some sessions she slept, and she was the one who one day arrived four hours later and all the women were angry with her.*

The mothers' responses coincide with the facilitators' observations

The mothers' opinions

How did you feel during sessions?	N (%)
The woman felt comfortable. She felt herself understood	13 (65%)
The woman felt uncomfortable in more than one session, and felt questioned and overreacted defending herself.	4 (20%)
<i>(KS, NP, PR, KU)</i>	
Disconnected. Out of the context	3 (15%)
<i>(JM, BS, KU)</i>	

2.6. Overall evaluation of the workshop

The women's opinions

What do you think about the program and would you like to do in the future?

We need more good discussions and sessions like this	9
There is a need for other mothers and children to be taught	8
We should conduct a workshop with the fathers as well	4

"We should teach other mothers. Those who know more should teach the ones who know less. There is a need to conduct discussions together with children and the mothers."(NS)

"We should conduct a workshop with the fathers as well, so we would feel less tense because the father will understand that he also has responsibilities at home."(PR)

"We have to do this type of workshop adapted for the illiterate women. I suggest that it is longer, not only 10 sessions."(JL)

4. Impact on the facilitators

The group facilitator is a key element of the workshop's success. This is basically due to the fact that this workshop is based on the promotion of empathy and solidarity between the participants: these experiences of solidarity and the recognition of the women's own resources facilitate changes in the mothering practices of women who have experienced violence and survived abuse.

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

In this sense, the programme had an effect on the facilitators along three levels: a) increased awareness of the parenting skills amongst women who have survived violent abuse; b) strengthening and/or acquisition of facilitation strategies for groups of this type; c) a person impact and reflection on their own mothering practices.

a. Improvement of the theoretical and practical knowledge about parenting and resilience of women survivors of violence.

Support women who have survived violent abuse in their role as mothers is based on two basic paradigms: the relationship that exists between the development of

parenting skills and how they relate to their experience of trauma; and b) the basic parenting skills to ensure the healthy development of their children are: empathy – the capacity to understand their children and their true needs; connecting positively – the parents’ capacity to respond constructively to these needs but have the same maintain self control.

In this sense, during the year in which the facilitators accompanied the women, it was observed that:

- All facilitators can identify how the stories of women's lives, especially the experiences of violence affect the development of women’s parenting skills and the mother-child relationship.
- Before the workshop facilitators could identify the child's suffering in the conflict but they had difficulties understanding the position of the mother. They now have a global understanding why mothers have difficulty dealing constructively with their children.

“We focus and we look the mother’s difficulties (economic situation, social support, family and community responses...) to best understand her reactions to her children”(F#1).

“We remember her history life, and the family environment where she grew up” (F#3).

- Three out of five facilitators identified the ability of mothers to handle anger in order to meet the demands of their children as key elements of parenting skills.
- Two out of five highlighted mothers’ capacity to understand the feelings of their children as a key facilitator of parenting skills.

“It is very important to listen to the children in a lovely way, and to try to understand the children’s feelings. To give time to children is important”. (F#1)

“To understand how a child’s early experiences and, especially violence and stress, affect them. It is very important to be able to understand children’s feelings and behaviours” (F#2)

“It is essential that mothers are able to identify and to manage their anger and frustration. (F#3, F#4, F#5)

b. Facilitation strategies and group management

- All the facilitators have internalized the idea that to promote discussion and the process of self-reflection amongst the participants, they have to use awareness questions. Also they all identify the difference between giving information and accompanying a mother in her process of reflection.
- Three of the five facilitators put into practice a more comprehensive process of accompanying, which include three main steps for promoting and supporting self-reflection: a) first offering a sympathetic and empathetic message to the mother; b) then include awareness questions, and c) assess whether it is necessary to offer some information.
- Two out of five facilitators, still need to work on their strategies to promote the process of self-reflection.
 - *"I understand you; it may be very difficult, you were very angry, but I know you love your children... You couldn't control yourself, and you beat them. How did the child feel in that moment? What did he think? What to you think what was the proper action for that moment?"(F#4).*

The facilitators' reactions when they felt frustrated with the mothers

First 6 months...	After 12 months...
Some feelings and reactions: <ul style="list-style-type: none">- Speak loud or yell at the mothers <i>"Why are you doing so?"</i>- Tell the mothers that it is your fault, we are teaching you but you are not doing anything.- To speak irritatingly to the mother. <i>Why did you have the child if you cannot full your responsibility?</i>- Indicate what mothers are doing wrong	Most common reactions: <p>The facilitators described how during the workshop they encountered various situations in which they felt frustrated. They could not always handle this emotion but when they are aware of their frustration they include three new strategies:</p> <ul style="list-style-type: none">• Not to reply to the mother and call other facilitators to take over the situation.• Reply to the mother with an awareness question to focus on the mother's behaviour.• Keep silent and avoids getting into an argument. At the end of the session to share the feelings with the other facilitators and ask for advice and support.

The mothers' perceptions of the facilitators

What do you think about the facilitators?	N (%)
They listened to us and they supported us	15 (75%)
Would like to have more training in the future	10 (50%)
What did you like most about the facilitators?	N (%)
Clarity and they speak very nicely	11 (55%)
They give good advice and supported our analysis and reflection	10 (50%)
They mix very well with us. We felt that we are on the same level.	8 (40%)
They listen to us.	7 (35%)
Very cheerful and encouraging. Welcoming nature and very warmly behaviour.	7 (35%)
They give information on time and in advance	5 (25%)
They made the sessions a fun experience	4 (20%)
Maintaining privacy	3 (15%)
I use to forget all my sorrow when I was near to them	3 (15%)

- More than half the mothers (65%) reported that the facilitators helped and taught them to improve their self-confidence. They also provided insight into the mother-child relationship and taught them skills to change their behaviour.
- The mothers were happy that thanks to the workshop and the facilitators they had the opportunity to develop their relationships with the other mothers.
- The participants liked most the facilitators' sensitivity. The facilitators were cheerful, ready to listen and helpful - all behaviours that were viewed positively.
 - *"Whenever I enter in the office of Aawaajs I said Namaste, and they greeted me, closing hands and smiling." (NP)*
 - *"Teaching anger management was good."(SG)*
 - *"They clarified many things which we did not know before; they taught us to love our children."(BB)*
 - *"They try to convince us by giving good examples."(DG)*
 - *"Encouraging behaviour: encouraging those of us who were silent to speak. They taught us to speak nicely." (KB)*
 - *"They phoned me to remind me about the sessions." (KS).*

c. Personal development

Discussing and reflect on parental practice is an engaging process. The experience showed that sometimes the following situations occurred:

“As a mother I feel” ...	
First 6 months...	After 12 month...
Guilty: 3/4	Confident: 3/5
Loving: 3/4	Happy: 2/5
Overwhelmed: 3/4	

- The facilitators, who were also mothers, started to critically analyze their own practices and identify instances of bad practice. Facilitators tended to confuse the particular moments when they had lost control with their children, with genuine “difficulties” in bringing up children. In this sense, the facilitators felt a sense of self-identification with the women and tended to compare their particular bad practices with the “systematic” difficulties that the mothers had in looking after their children.
 - *“I feel guilty because my child frequently wants to watch cartoons, and he becomes very demanding and sometimes I beat him when I run out of patient to make him to stop. I feel guilty after the sessions for having beaten my own child” (F #4).*
 - *“Some time ago I beat my child also: sometimes I could not avoid it because I was very stressed and angry. Now I see that there are many ways to manage the anger and stress without punishing the child with physical pain, so that is why I feel guilty”(F#3).*

- On the other hand, the facilitators frequently felt overwhelmed about the circumstances in which women lived and had strong feelings of helplessness.
 - *“After so many discussions, and knowing all the problems that the women have, for example, when they have been victims of abuse, I feel tired and burnt out. I used to cry sometimes at night, thinking that I cannot manage all these situations. This work is very demanding and I feel that I have to help all of them (women and children) and when I cannot do it I feel sad and overwhelmed”. (F#2)*
 - *“During the sessions, the mothers share lot of tough experiences. Most of them have experienced extreme situations of violence in their homes at the hands of their husbands, who humiliate them, physically hurt them. Some of them have been tortured by strangers, lost their children...etc. I really feel*

hurt when I listen all these stories. Sometimes I have nightmares thinking that somebody will come and hurt me, like somebody hurt the mothers. Every woman has somehow managed the situation...that encourages me.”(F#1)

- Another reaction involved the facilitators feeling like they had become more loving and affective to their own children.
 - *“I started to be more soft and affectionate to my children. I feel like I should create more opportunities to have fun with them”. (F#4)*
 - *“The expression of love is to touch the child in a nice way, kissing, holding him, so I feel like to love my child even more now that I have the opportunity. I have more feelings of affection towards my child. I am looking forward to have time to enjoy my child, dancing with my child, helping her to do her homework”.(F#3).*

- After one year of the program, the facilitators’ main feelings were confidence and content.
 - *“At the beginning, when we started to debate and reflect on the most important parenting skills and the impact of on the children’s development, I started to questioning my own mothering, thinking that I was not managing properly my own child. Now, after finishing the workshop, and after learning more about the challenges on parenting, I feel that I am not that bad a mother and I am taking care properly of my children. Now I am better able to control myself when I am frustrated; I started to put into practice the exercises from the sessions”. (F#1).*

How do I see myself as a facilitator?

First 6 months...	After 12 months...
<p>Expecting</p> <ul style="list-style-type: none"> ▪ <i>I want to learn how to manage sessions and acquire skills to facilitate the group. I am expectant to see the impact of the exercises in the women.</i> <p>Helpful and willing to help</p> <ul style="list-style-type: none"> ▪ <i>I want to create a pleasant atmosphere in the group, in which each person is on the same level, to learn from each other, and to create a support network among participants.</i> ▪ <i>I strongly want to help participants and sometimes I feel pressured to have to give an answer to their problems.</i> <p>Admiration</p> <ul style="list-style-type: none"> ▪ <i>I listened to the difficulties that the participants face and I admire their capacity to survive and face adversity.</i> 	<p>Skillful and Knowledgeable</p> <ul style="list-style-type: none"> ▪ <i>I feel capable and confident of myself to facilitating sessions and transfer skills.</i> ▪ <i>I see that we've been able to promote a friendly atmosphere in the group and there is a support network. When I see that the activities and discussions are having a positive effect on the participants, I feel more confident as facilitator.</i> <p>As "The road man"</p> <ul style="list-style-type: none"> ▪ <i>I understand that our position as facilitators is to promote and generate space so they can reflect.</i>

- During the first six months, most facilitators shared the positive experiences they had seen so far in the workshop and this made them feel hopeful about the final results.
- At the end of the workshop, most facilitators felt "self-confident" to see that they had been able to conduct the workshop and successfully support and guide the group of women.
 - *"Previously I felt hopeful because I didn't know if I would be able to do the workshop. Now I am satisfied because I successfully transmit a lot of skills, and it is very useful for the mothers and I see how the mothers are changing their attitudes." (F#4)*

5. Triangulation and contrast of information

To evaluate the impact of the programme, the observations, opinions and perceptions of the facilitators, the participants and their children are all considered. Using three sources of information enables the reduction of bias that might be a result of the subjective opinions of people involved in the programme.

As a result of this analysis, a triangulation table was elaborated for better understanding of the impact of the programme in the mother's participants. The colour codes are as following:



In blue: There is a strong perception of change in the attitudes, and behaviour in the parenting practices of the women's participants..



In light blue: There is light perception of change in the attitudes and behaviour regarding parenting practices.



In red: There is no perception of change.

Table. Triangulation of Information

Name/code of participants		General change in women's practices			Self-perceptions as mothers				Changes in the relationship with their children								
					Understanding the impact of violence		Self-confidence		Increased self-control			Understanding children's feelings			Enjoying their relationship with their children		
		W	C	F	W	F	W	F	W	C	F	W	C	F	W	C	F
1.	NP	Blue	-	Blue	Blue	Blue	Blue	Blue	-	Blue	Blue	Blue	-	Blue	-	Red	
2.	DG	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	
3.	PR.	Blue	Blue	Blue	Red	Red	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	
4.	JM	Light Blue	Light Blue	Red	Red	Red	Light Blue	Red	Light Blue	Light Blue	Red	Blue	Light Blue	White	Light Blue	Red	Red
5.	SN	Blue	Blue	Blue	Red	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
6.	MH	Light Blue	Red	Red	Light Blue	Red	Light Blue	Red	Blue	Red	Red	Light Blue	Light Blue	Light Blue	Blue	Light Blue	Light Blue
7.	KL	Red	Red	Red	Blue	Red	Red	Red	Blue	Red	Red	Red	Light Blue	Red	Light Blue	Red	Red
8.	BB	Red	Red	Red	Red	Red	Light Blue	Light Blue	Light Blue	Light Blue	Red	Light Blue	Light Blue	Red	Light Blue	Red	Light Blue
9.	SG	Blue	Blue	Blue	Red	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Light Blue	Blue	Blue
10.	SB	Blue	-	Blue	Blue	Blue	-	Blue	Blue	Blue	Blue	Blue	-	Blue	Light Blue	-	Blue
11.	KS	Blue	Blue	Blue	Red	Red	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
12.	KB.	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
13.	GN	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
14.	MK	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
15.	LN	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
16.	PJ	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Light Blue	Light Blue	Blue
17.	LXS	Blue	Light Blue	Blue	Red	Red	Light Blue	Red	Light Blue	Light Blue	Light Blue	Light Blue	Blue	Light Blue	Blue	Blue	Blue
18.	KS	Blue	-	Blue	Red	Blue	Blue	Blue	Blue	-	Blue	Light Blue	-	Blue	-	Blue	Blue
19.	SN	Light Blue	Light Blue	Red	Red	Blue	Blue	Blue	Blue	Light Blue	Light Blue	Blue	Light Blue	Blue	Light Blue	Light Blue	Red
20.	DBK	Blue	-	Blue	Red	Red	Blue	Red	Blue	-	Red	Blue	-	Blue	-	Blue	Blue

VI. ANALYSIS AND DISCUSSION

The programme's impact on the women and their relationships with their children

The triangulation of information from three sources (the mothers, their children and the facilitators) and the analysis of the results suggest that:

1. The programme has a positive impact for **16 of the mothers (80%)**. The changes perceived in two of these women were smaller comparing to the rest. The changes observed were in regard to:
 - Greater understanding between the mothers and their children
 - Increased comprehension of their children's attitudes, feelings and behaviours.
 - Increased moments of pleasure shared by mothers and their children.
 - Improvements in self-control and the management of conflictive situation with non-violent strategies.
 - Better understanding of their personal experiences and how they affect their parenting.
 - Greater empowerment, feelings of worth and security.

2. **For four mothers** was difficult to observe a significant change in their attitudes and practices towards their children.

According to these results, the majority of women are more sensitive to their children's life experiences and how they feel. This allows them to empathize better with the children's attitudes. When the children start a tantrum, the mothers have begun to show interest in their children's feelings, rather than react by becoming nervous and angry. The mothers started to ask their children about the causes of their frustration or anger. This increased empathy is also coherent with other results that suggest that the mothers spend more time with their children enjoying activities together (e.g. watching TV) and they listen to their children more than before.

Possible explanations for these results are related to:

- a) **The mothers had never had before the opportunity to get together**, discuss and reflect in a supervised manner about their experiences and their mothering practices. This was the first time they had a space to reflect about their parenting skills. They never had the opportunity before to reflect and discuss

with other mothers their role as a mother. All mothers love their children a lot, but sometimes it is difficult for them to relate with their children in the way they would like. This workshop gave them the opportunity to analyze how they want to give love to their children, if their practices are good or bad. As quoted by one of the facilitators:

“These parenting skills workshops gave them the opportunity to share their feelings and normally people don’t have this opportunity. Every one faces anger but never talks about it. It is a normal thing; it’s in our daily life. They faced situations in a practical way and looked for solution in a practical way”.(F#1)

b). The methodology of the workshop. The methodology of the workshop accepts that the existing beliefs or ideas of the mothers, as well as their afflictions and behaviour, are the result of their life experiences and their family, social and cultural background: nearly all of the women have suffered physical, psychological and sexual assault. To promote their awareness of this and to facilitate change, an analysis of the situations and difficulties in their everyday lives is carried out on an emotional level, whereby affection, respect and empathy are fundamental elements. It is not theoretical or psycho-educative program; it is related to their daily lives.

Most of the women participants found the methodology very interesting and challenging. They asked facilitators: *what we’ll do in the next session?* All the exercises were focused on their relationship with their children. They were very interested in that issue and because of that they were very engaged and motivated.

The workshop was an opportunity for the participants to contact with other mothers, and build up a network, and this was very important: now they are friends they can support one another. The key element that allows this understanding and legitimization of the mothers' situation is the group itself. In the group, the mothers feel free to describe emotionally their difficult experiences, which harm their children. When a woman reveals a situation when she has lost control, or the difficulty she has in relating to their children, another says that it has also happens to her and they are able to create a dynamic interaction, reducing the feeling loneliness and being able to see that what happens to them happens to others as well.

As the women feel the closeness and understanding of other members of the group with regard to what they have suffered, they become more conscious of the different types of violence that they still may be suffering in the family environment, community or within their society. This prepares them to avoid further violence.

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

Most of the women had bad experiences in the past. Now they realized that those experiences will not necessarily be repeated with their children, they can do it differently. Moreover, the workshop promoted reflection amongst the mothers about the relationship between their past experiences and the present. This is a very important skill to learn, how to analyze the past to understand the present.

c). The facilitators' skills and attitudes. The group facilitator is a key element in the workshop's success. This is basically due to the fact that this workshop is based on the promotion of empathy and solidarity amongst the participants so that through these experiences of solidarity and the recognition of the women's own resources, changes can take place in the mothering practices of women who have survived violence. The facilitators' empathy towards the mothers ensured that participants felt understood and they could express themselves without feeling judged. The abilities of the facilitators certainly play a role in promoting a trustful environment. In accordance with the participants' opinions, the capacity of the facilitator to speak clearly and encourage all people to speak, led them to feel more relaxed and able to work on the exercises.

In general, for the majority of the women, the workshop has helped them to relate in a non-violent way with their children. These changes have occurred in short period of time, so now we would like to know what would happen in two months more, for example. We therefore propose to meet the women in one or two months time and assess the situation.

The Impact on facilitators

Facilitating the women's group was a challenge. There was a natural process of the facilitators changing the perception of themselves in their facilitating role. At the beginning, the most common attitudes were "helpful and willing to help", expecting to learn the workshop methodology but at the same time with doubts about the effectiveness of the methodology and about their own abilities for managing such a challenging group of women.

After one year, the results show that after putting into practice the activities, the facilitators felt more self-confident, happy and proud of their own skills. All the

facilitators have internalized the idea that, to promote discussion and the process of self-reflection amongst the participants, they have to use awareness questions. All the facilitators identify the difference between giving information and accompanying the mother in her process of reflection. These aspects were essential elements that enabled the facilitators to internalize, understand and apply the workshop methodology.

Three of the five facilitators put into practice a more comprehensive process of accompanying, which include three main steps for promoting and supporting reflection: a) first offering a sympathetic and empathetic message to the mother; b) then including awareness questions, and c) assessing whether it is necessary to offer some information. However, it is recommended that two facilitators practice further this approach.

Three out of five facilitators identified the mothers' ability to handle anger in order to meet the demands of their children as a key element of the self-parenting skills. Two out of five highlighted understanding children's feelings as a key facilitator of parenting skills.

As expected, all the facilitators engaged in a process of self-reflection about their own practices as mothers, as a result of reflection, analysis and integration of new knowledge regarding parenting skills. During the first six months, the majority of facilitators experienced strong feelings of guilt; questioning whether they were good or bad mothers. At the end of the process, most facilitators identified "self-confidence" as the key emotion, which may show an underlying process of empowerment on their own resources as mothers.

At the end of the process, the facilitators were asked what message they would give to a new facilitator that wished to begin facilitating women's groups within the framework of this programme. The responses are a marvellous example of the attitudes and skills needed to accompany these women that were internalized by the facilitators.

F#1: "If you are going to start to meet people, first try to understand them."

F#2: "Try to establish networking, and a trust relationship with them. Try to make networking between new facilitator and old and then between them and the mothers."

F#3: "Make clear the objectives of the sessions and transmit this information clearly to the participants."

F#4: "First try to understand the women and try to pass the information very easily. It should be better if we could do this training to adolescent, the future mothers, because they could understand their problems, and their behavior before they become mothers."

VII. CONCLUSION AND RECOMMENDATIONS

Overall, the workshop has had a very positive impact on participants and facilitators. To understand the results of the workshop, it is necessary to firstly understand the context in which the mothers live. During the base-line study, it became apparent that this context did not allow spaces for reflection, in which the mothers could identify, analyze, understand how their experiences of violence and chronic stress affect their parenting abilities. Perhaps the fact that the workshops provided such a space explained why they caused a positive impact in the short-term. It however remains to be seen how the results can be maintained and reinforced over time.

The work that was conducted with the women was carried out mainly through an increase in the sensitivity and empathy towards their children. In other words, an increase in the mothers' capacity to consider their children as independent persons with their own feeling and attitudes, who suffer stressful situations in spite of being young.

The greater connection between mother and child has favoured an increase in the use of non-violent strategies for conflict management, and a reduction in use of physical aggression as a tool to maintain discipline at home.

As the facilitators suggest, this sensibility increased when the mothers were able to reflect on the experiences of violence that they suffered during their youth. At these times, the women have connected with their own suffering, analyzed their emotions and reactions to violence, and they have legitimized their own reactions. In this way, it has been easier for them to understand the experiences of their children and respond to their behaviours and their needs.

The mothers who, at the time of the workshop faced very stressful and violent situations were focused on surviving their day-to-day lives. They have less strength to participate in a workshop like this, which requires a process of reflection.

With regard to the impact on the facilitators, that has been a notable effect in terms of them gaining new knowledge and putting into practice new strategies of group management. One outstanding observation is the positive impact on the management of situations in which the facilitators felt frustrated when faced with complex situations, such as a mother's statement about the difficulties she has in controlling herself and how she come to hit her son. The positive impact is reflected in the capacity of facilitators to respond to the mother in an understanding and empathetic way and to offer her a space to reflect and supporting her to seek alternative

responses, instead of reacting sharply and highlighting the damage that the mother is causing with her behaviour. Also, it is necessary to reinforce some of the practical knowledge gained, which goes further than the habitual integration of questions of reflection, but rather to have a view of the range of strategies that facilitates the process of collective reflection and analysis instead of solely transmitting theoretical knowledge.

ANNEX

1. Table 1. Nepalese socio-demographic profile 2012
2. Table 2. Research protocol: “Promoting parenting skills and resilient resources of women survivors of violence”. Surkhet, Nepal 2011-2012.
3. Table 3. Evaluation Protocol. BICE-Aawaaj- Tribuvhan University-EXIL Project: “Promoting Parenting Skills and Resilient Resources of women survivors of violence” in Surkhet.
4. Table 5. Workshop Programme modules, sessions and objectives

Table 1. Nepalese socio-demographic profile 2012¹⁷

<p><i>Housing</i></p> <ul style="list-style-type: none"> ▪ 89% of household in Nepal have access to an improved source of drinking water and 76% of households have electricity. ▪ 37% of the Nepalese population is under the age of 15. ▪ Only one in two households in Nepal (49%) is food secure and has access to food year around. ▪ The hill districts of the Mid-Western Region (namely, Humla, Mugu, Kalikot, Rukum, Surkhet, and Jajarkot) are considered as severely food insecure areas¹⁸. Overall, two in three households in this region are food insecure at some level. 	
<p><i>Women's education</i></p> <ul style="list-style-type: none"> ▪ 67% of women in Nepal are literate, which represents an increase from the 2006 (55%) ▪ The level of literacy is much higher among women age 15-19 than among women in other age groups. ▪ Overall 44% of women in rural areas have no education compared to urban women (27%). ▪ nearly half the women in the Western Mountain most likely to have no education (55 %) comparing with women in Central hill and Eastern Terai regions (34%). 	<p><i>Employment</i></p> <ul style="list-style-type: none"> ▪ Rural women are more likely to be employed than urban women (63% versus 45%). ▪ The proportion of women currently employed decreases with level of education (65 % of women with no education versus 50 % of women with an SLC). ▪ 75% of women work in the agricultural sector and 61% of working women are not paid for their work in regular basis.
<p><i>Marriage and polygamy</i></p> <ul style="list-style-type: none"> ▪ 16% of women are married before age 15. ▪ 24% of women are married before the age of 18 ▪ 46 % of currently married women participate in decisions pertaining to their own health care, major household purchases, and visits to their family or relatives. ▪ 4% of currently married women are in a polygamous union. Polygamy is 	<p><i>Teenage pregnancy and motherhood</i></p> <ul style="list-style-type: none"> ▪ Childbearing begins early in Nepal. ▪ 23 % of Nepalese women have given birth before reaching age 18, and about half (48 %) have given birth by age 20. ▪ Fertility has decreased from 4.6 births per woman in 1996 to 2.6 births per woman in 2011. ▪ Rural women have about one child more than urban women.

¹⁷ Based on Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc. 2012. *Nepal Demographic and Health Survey 2011*. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and ICF International, Calverton, Maryland

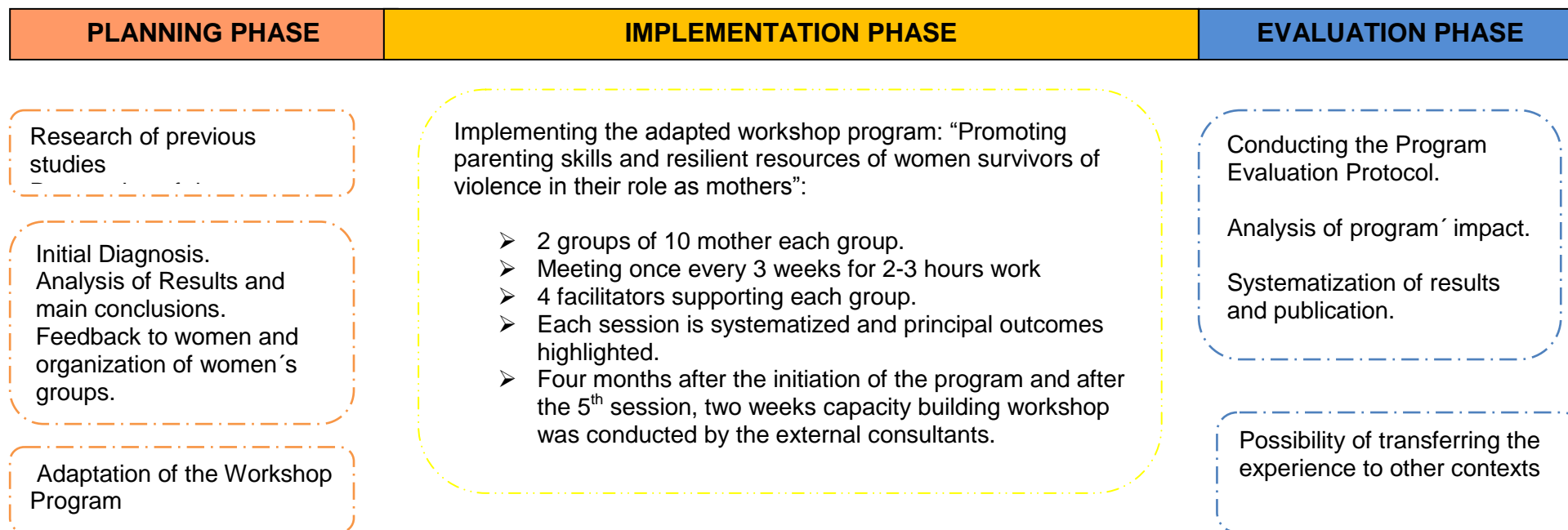
¹⁸ The Himalayan, 2010.

more practiced in the hill zone (5 % versus 2 %).

Infant and child mortality

- One in every 22 Nepalese children dies before reaching age 1, and one in every 19 does not survive to his/her fifth birthday.
 - Childhood mortality is higher in the mountain I zone than in the terai and hill zone and is highest in the Far-western region.
 - 44% of children aged 5-4 years are involved in child labor.
 - 51% of children less than 5 years are being left with inadequate care (left alone or in the care of another child younger than 10 years of age for more than 1 hour).
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Table 2. Research protocol: “Promoting parenting skills and resilient resources of women survivors of violence”. Surkhet, Nepal 2011-2012.



2011						2012											
JULY	AUG	SEPT	OCT	NOV	DECEMB	GENUARY	FEBR.	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPT	OCTOBR	NOV.	DECEM.

Table 1. Evaluation protocol for the workshop programme: “Promoting parenting skills and resilient resources among women who have survived violence”

Overall goal			
Strengthen competence as parents, and strengthen the resilient resources of women who have lived through violence, in order to encourage good interaction with their infants.			
Indicators regarding facilitators that lead the workshops			
Objectives	Expected Results	Indicators	Sources of Verification
Increase theoretical and practical knowledge	The facilitators gain great knowledge regarding how to support the parenting skills of the mother who have survived violence.	<ul style="list-style-type: none"> ▪ The number of facilitators that attend and complete the training and mentoring during the workshop programme. ▪ The number of facilitators that show great knowledge of the parenting skills of women who have survived violence. 	<ul style="list-style-type: none"> - Facilitators’ baseline questionnaire. - Facilitators’ evaluation questionnaire
To reinforce and increase group facilitation strategies	The facilitators gain new strategies for leading groups using an experiential and participative	<ul style="list-style-type: none"> ▪ The number of facilitators that gain strategies for group 	<ul style="list-style-type: none"> - Facilitators’ baseline Questionnaire.

	approach.	leadership based on a experiential and participatory approach.	- Facilitators' evaluation questionnaire
Mentoring about the personal impact of workshop facilitation	The facilitators will review their own parenting practices, identifying and reinforcing their own resources and reducing their vulnerability.	<ul style="list-style-type: none"> ▪ The number of facilitators that show a change in parenting perceptions and practices. 	Worksheet X at baseline and after the workshop programme.
Indicators regarding participants.			
Objectives	Expected Results	Indicators	Sources of Verification
Legitimization of participants' feelings. Create an affection and structured atmosphere that means the mothers are well treated	Expected Results 1. An environment of trust and respect is created for caregivers to share their experiences, worries and ideas about their parenting challenges.	<ul style="list-style-type: none"> ▪ The number of participants who attend the workshop. ▪ The number of participant that dropped-out from the programme. ▪ The number of participants who actively participate in the sessions and share their worries, problems and proposed solutions to others. ▪ The number of women who report satisfaction and feel respected during the workshop. 	<ul style="list-style-type: none"> - Individual evaluation questionnaire. - Session registration forms. - Facilitator evaluation questionnaire.

<p>Self-confidence</p> <p>Reflect on the perception that participants have of their children's behaviour and feelings, and the image they have of their own resources and vulnerabilities.</p>	<p>Expected result 2.</p> <p>Caregivers increase their capacity of identifying their own strength and vulnerabilities in rearing their children.</p>	<ul style="list-style-type: none"> ▪ The number of women who identify their personal resources and vulnerabilities in their parenting practices. 	<ul style="list-style-type: none"> ▪ Template Session 2- Mothers' emotions towards their children - Individual Evaluation questionnaire.
<p>Understanding the impact of violence</p> <p>Promote participants reaching a level of consciousness about how their different experiences of violence and stress, either previous or present, affect their interaction with their children</p>	<p>Expected result 3.</p> <p>Caregivers understand the impact of past violence on their current parenting abilities.</p>	<ul style="list-style-type: none"> ▪ The numbers of participants who associate their past experience of violence with their current explosions of rage towards their children. 	<ul style="list-style-type: none"> - Questionnaire - Perception of responsibility about children's suffering - Individual evaluation questionnaire. - Facilitators' evaluation questionnaire

<p>Understanding children's feelings</p> <p>Increase their capacity for self awareness and awareness of their emotions towards their children, specifically those moments where they lose control</p> <p>Enjoying their relationship with their children</p>	<p>Expected result 4. Caregivers increase their understanding and sensitiveness about their children's actions, communications, feelings, and needs. (understand the normative and adaptive nature of their children's behaviour in response to violence)</p>	<ul style="list-style-type: none"> ▪ The number of participants who report increased understanding of the intentions behind their children's actions. ▪ The number of participants who perceive their children as independent individuals with their own feelings, emotions and thoughts. ▪ The number of participants who spend more leisure time with their children 	<ul style="list-style-type: none"> - Session registration forms - Mother/children's questionnaire-perceptions of the mother-child relationship - Facilitators' evaluation questionnaire
<p>Increased self-control</p> <p>Increase their capacity for self awareness and awareness of their emotions towards their</p>	<p>Expected result 5. Caregivers increase their capacity for self awareness and awareness of their emotions towards their children, specifically those moments where they lose control</p>	<ul style="list-style-type: none"> ▪ The number of caregivers who can notice their own reactions across domains in distress situations with their children 	<ul style="list-style-type: none"> - Mother/Children's Questionnaire-Perception of mother-child relationship - Individual evaluation

<p>children, specifically those moments where they lose control</p> <p>Strengthen the development of strategies, based on positive interaction, for the resolution of conflict and management of situations of stress I</p>	<p>Expected result 6.</p> <p>Caregivers reinforce and increase the development of strategies, based on positive interaction, for the resolution of conflict and management of situations of stress</p>	<ul style="list-style-type: none"> ▪ The number of participants who report an increased use of constructive strategies to calm their children in moments of distress ▪ Facilitators identify that participants introduce new strategies to constructively respond to their children's needs. 	<p>questionnaire</p> <ul style="list-style-type: none"> - Facilitators' evaluation questionnaire
<p>Strengthening the supportive network</p>	<p>Expected Result 7.</p> <p>Caregivers identify and increase their own support system.</p>	<ul style="list-style-type: none"> ▪ The number of self-help group activities initiated and developed by participant women since the beginning of the workshop. ▪ The number of women who consider the range of potential resources and identify the specific situations in which they are able to utilize particular support. 	<ul style="list-style-type: none"> - Facilitators Evaluation Questionnaire - Individual Evaluation Questionnaire

Table 5. Program modules, sessions and objectives

PROGRAM MODULES	SESSION	OBJECTIVE
<p>Module 1</p> <ul style="list-style-type: none"> Welcome and reflection on the resources and present difficulties women have in their roles as mothers 	1. Welcome to workshop	Welcome the participants and establish the group rules
	1. Mother's resources and difficulties	Reflect on the perception mothers have of their children's behavior and feelings and at the same time, explore the vision they have of their own resources and difficulties as mothers.
	2. The impact of violence and stress	Support mothers to become aware of how different experiences of violence and stress they have gone through or are going through, affect the interaction with their children.
<p>Module 2</p> <ul style="list-style-type: none"> Experiences of violence experienced by mothers and the impact of these on the relationship with their children 	3. Emotional self-awareness	Increase the mothers' capacity for self-awareness of emotions towards their children and specifically when they lose control.
	4. Self-control	Link the impact of the experiences of violence mothers have lived with the present moments where they lash out towards their children.
	5. Mother's childhood background	Encourage the recognition and validation of the mothers' childhood experiences.
	6. Constructive strategies to manage stress	Reinforce the development of strategies based on good interaction to resolve conflicts, and stress management.
<p>Module 3</p> <ul style="list-style-type: none"> New practice used in the upbringing of children, constructive strategies and a forward-looking approach. 	7. Mother's resources and strategies	Identify people important in the mothers' life history and reinforce constructive strategies so they are able to enjoy their role as mother.
	8. The child's history and background	Reflect on the experiences of violence children have had so that mothers can respond to their children's requests, fulfilling their needs.
	9. Educational models and the forward-looking approach	Promote discussion around beliefs and educational models to strengthen a positive and realistic vision of the future.
	11. Closure of the workshop	Evaluate the steps achieved in the workshop by identifying learning's and challenges for the future.

Annex. Photos from the Project: "Promoting parenting skills and resilience among female survivors of violence". Surkhet, Nepal 2011-2012.





