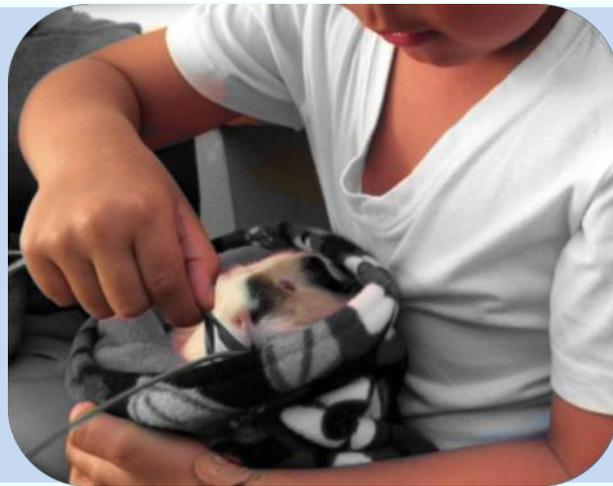
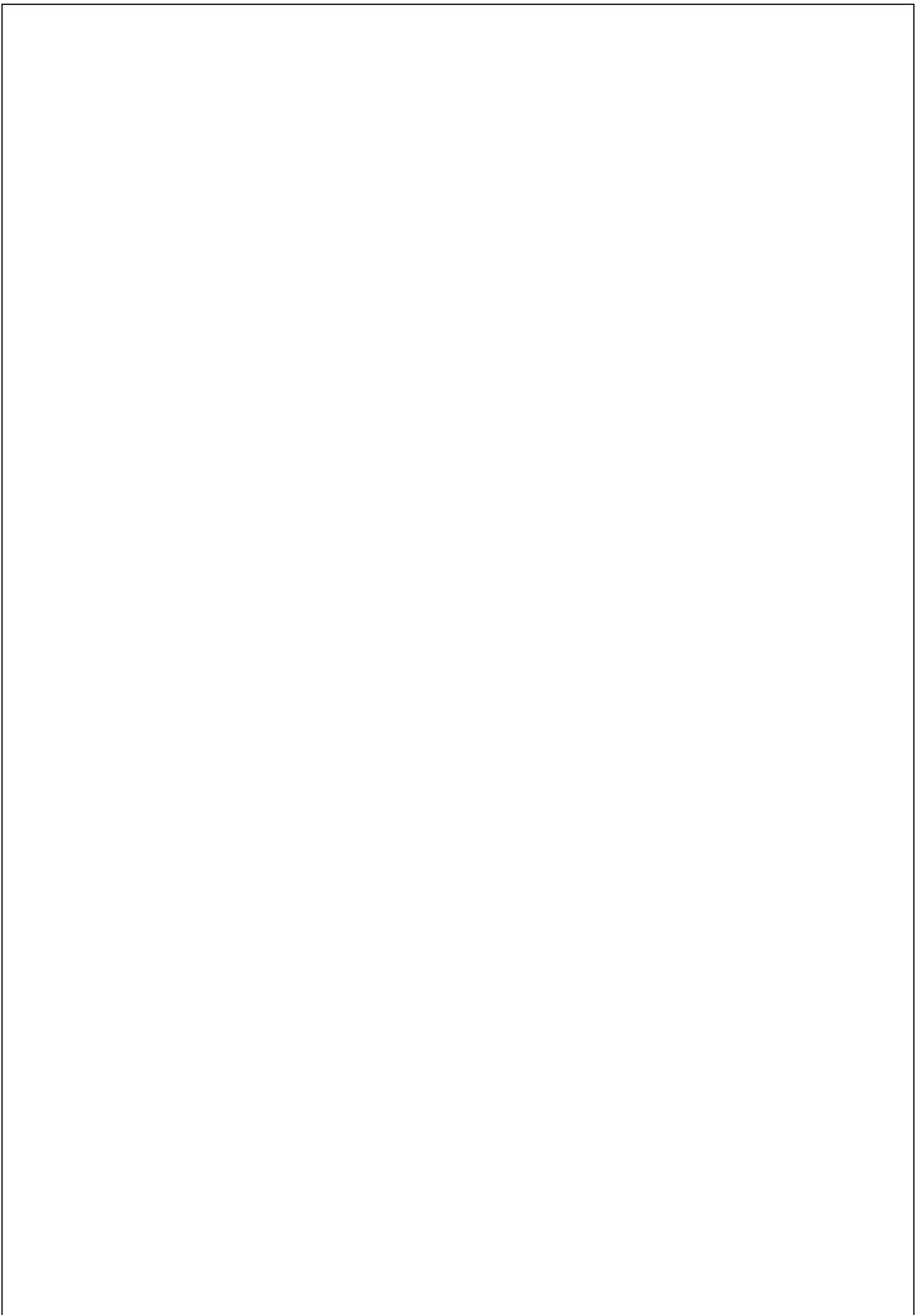


THE B.A.R.K EVALUATION

BUILDING ANIMAL RELATIONSHIPS WITH KIDS





This report is derived from a thesis presented for the degree of Bachelor of
Health Science (Honours)

School of Population Health
Faculty of Medicine, Dentistry and Health Sciences
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GLOSSARY OF TERMS

A.

Animal

Throughout this report 'animal' refers to non-human animals only, unless otherwise stated

Animal Abuse

is broadly applied here as "the infliction of unnecessary and socially unacceptable harm"¹

Animal Assisted Activity

An intervention in which animals are used, but which does not require specific treatment goals, detailed note taking; or structured content. These interventions are characteristically run by volunteers and in a spontaneous manner^{2, p.34}

Animal Assisted Intervention

An umbrella term encompassing both animal assisted therapy and animal assisted activity²

Animal Assisted Therapy

"A goal directed intervention in which an animal that meets specific criteria is an integral part of the treatment process...delivered by a health/ human service professional"^{2, p34}

B.

C.

Clients

Refers to children enrolled at BARK and/or their parent/guardians

Complex Trauma

Refers to "the dual problem of children's exposure to traumatic events and the impact of this exposure on immediate and long-term outcomes...Typically, complex trauma exposure refers to the simultaneous or sequential occurrences of child maltreatment—including emotional abuse and neglect, sexual abuse, physical abuse, and witnessing

domestic violence—that are chronic and begin in early childhood"^{3, p.5}

D.

Developmental Trauma

Domestic/ Family Violence

is broadly defined here as behaviour which "results in physical, sexual and/or psychological damage, forced social isolation, economic deprivation, or behaviour which causes the victim to live in fear"^{4, p.6} and perpetrated within "intimate partner relationships including same sex relationships, between siblings, from adolescents to parents or from family carers to a relative or a relative with a disability"^{4, p.6}

E.

F.

Facilitator

Refers to counsellors and animal handlers employed by Patricia Giles Centre to deliver the BARK program

G.

H.

High Needs

A high needs child is understood as "a child or young person who:

- exhibits challenging and/or risk-taking behaviours of such intensity, frequency, and duration that they place themselves or others at serious risk of harm, and/or
- has mental health presentations which impair their ability to participate in an ordinary life and which reduce access to services, activities and experiences, and/or
- has a disability with high level challenging behaviours or complex health issues which are life threatening or require continuous monitoring and intervention"^{5 p.2}

I.

J.

K.

L.

M.

N.

O.

P.

Participant

Refers to all individuals who consented to participate in the BARK evaluation, including children enrolled at BARK, their parent/ guardians, and facilitators

Patricia Giles Centre (PGC)

An Australian not for profit, incorporated, community organization established in 1989. It provides services for women and children exposed to DFV, including crisis accommodation, counselling and support groups.

V.

W.

X.

Y.

Z.

INTRODUCTION



Childhood exposure to domestic or family violence (D/FV) presents a significant and unaddressed burden to Australian and international communities. Children exposed to D/FV are particularly at-risk of long-term, adverse health outcomes, due to their developmental vulnerability and the numerous facets of disadvantage which typically coincide with this violence. The interconnections between animals and D/FV, are increasingly recognised within this 'cycle of violence' through:

1. animal abuse as a warning or risk factor for D/FV,
2. animal abuse as an outcome of a child's exposure to D/FV,
3. animals' therapeutic potential for children exposed to D/FV.

This report details an evaluation of the Building Animal Relationships with Kids

(BARK) program: a Western Australian, therapeutic intervention developed in recognition of the links between D/FV and animals. It encompasses an exploration and conceptualisation of the program's contexts, processes, and outcomes generated throughout evaluation, and an orientation of these insights within the broader literature surrounding D/FV and animals.

BACKGROUND



WHAT IS BARK?

BARK is a free, therapeutic, group program established by counsellors at Patricia Giles Centre (PGC) in 2006. The program was developed in response to increasing reference to animals during children's counselling services for D/FV, and integrates AAI with aspects of humane education, group therapy and play therapy. Its overarching aims are to mitigate adverse outcomes associated with exposure to D/FV (eg. animal abuse, poor social skills), and promote healing and wellbeing in children. Thus, improving human-animal knowledge and relationships are direct aims of the program, but also act as conduits to broader aims, relating to human-human relationships and self-awareness.

BARK generally (but not exclusively) targets children who:

- a. Have been exposed to D/FV, and
- b. Have witnessed abuse of, or lost a pet through D/FV, or started harming animals.

These clients are recruited through PGC services, as well as other women's refuges (16 in metropolitan Perth), medical centres, schools and the Department of Child Protection and Family Support (DCPFS).

At the time of data collection (February-July 2014), BARK was held at RSPCA facilities in a suburb of Perth, Western Australia, through a memorandum of understanding established in 2009. The program consisted of six, weekly sessions and was run by two, qualified PGC counsellors, with assistance from a qualified RSPCA animal handler. Each 1.5 hour session related to a theme, and incorporated a sign in, afternoon tea, chat, discussion of the day's theme, contact with animals, and sign out. The program themes were: 1. Introduction, 2. Body Language, 3. Respect, 4. Responsibility, 5. Safety, 6. Conclusion/ Party. The RSPCA provided access to an array of animals, some of which were therapy or education animals (eg. rabbits, guineapigs and dogs) and could be patted or held. Others were rescue cases, in the process of being rehabilitated and rehomed. All animal care and access was directed by the RSPCA and its animal handler.

By the close of data collection, a total of thirteen, biannual cycles of BARK had been completed. Like many social services programs, BARK is run within tight budgetary and time constraints. It had limited documentation and no formalised objectives, theory, or strategies at the time of evaluation, nor had it been evaluated prior to this study. The program's content and structure were developed, and applied, based on the expertise and experience of the PGC counsellors, which predominantly corresponds with Cognitive Behavioural Therapy⁶, Play Therapy⁷ and Carl Rogers' humanistic approach⁸. However, with increasing calls for demonstrated effectiveness and accountability in all sectors^{9, 10}, and as part of organisation-wide reorientation, PGC identified a need for external evaluation.

RATIONALE FOR THE EVALUATION OF BARK

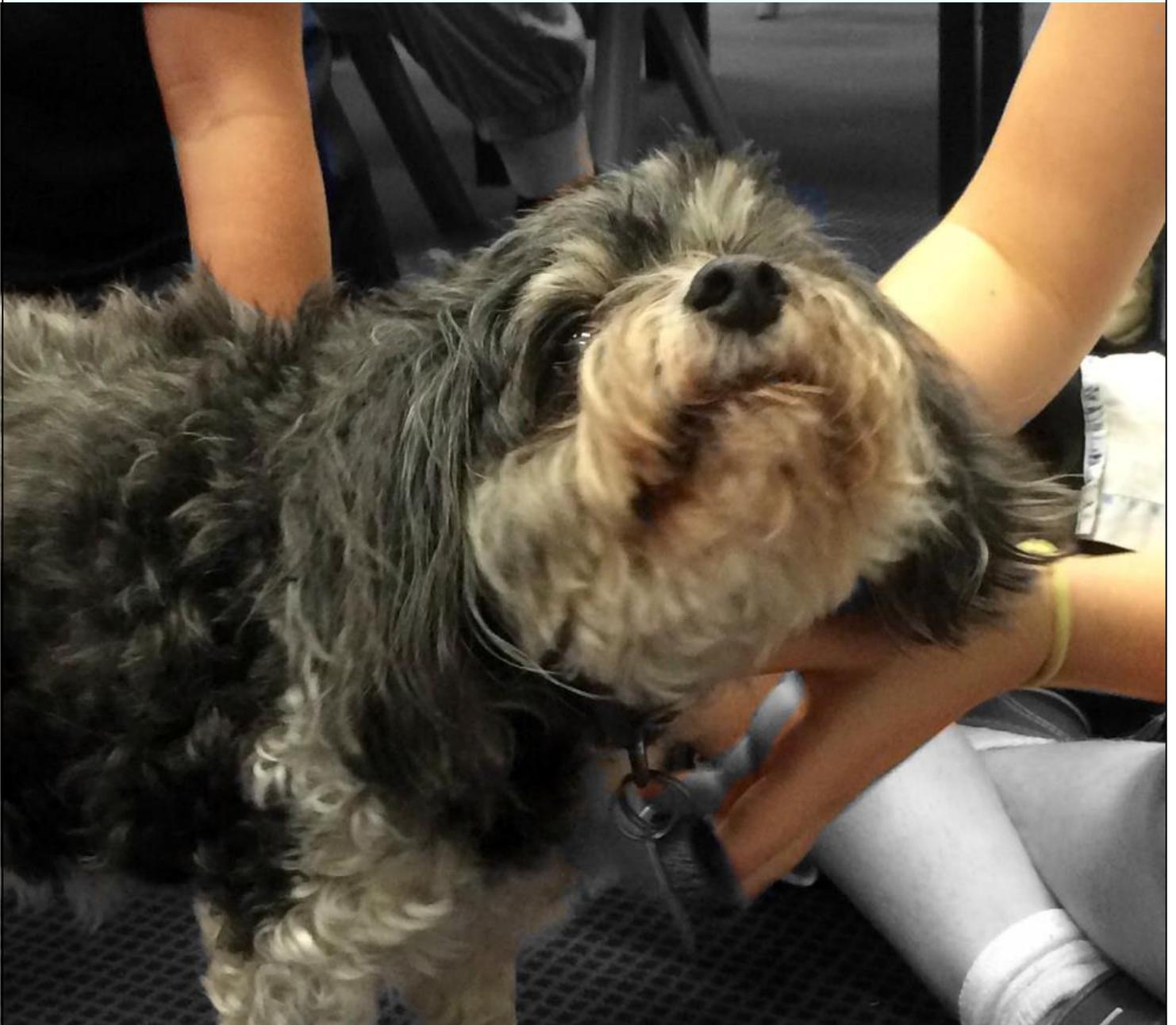
The rationale behind this evaluation centred on its potential to benefit BARK's clients and stakeholders (current and future), particularly in directing and enhancing program efficacy, sustainability, efficiency, and/or reach. Rigorous evaluation of community-based programs such as BARK is rare¹¹, but perpetually called upon to fill gaps in the literature and practice surrounding D/FV and AAI with children^{9, 12-14}. Notably, evaluation is consistent with best practice models for Western Australian D/FV service provision¹⁵, the state's broader D/FV Prevention Strategy¹⁶, and with answering "high priority questions" to "bridge the data gaps for family, domestic and sexual violence" in Australia^{9, 10}.

Throughout its seven years prior to evaluation, BARK accrued considerable anecdotal evidence. This attested to its value in promoting knowledge of, and positive behaviours with animals, and broader wellbeing in children exposed to D/FV. Whilst anecdotal evidence cannot evince efficacy, it indicated that BARK may address an otherwise unmet area of need. This was supported by the lack of other services addressing the nexus between animal abuse and D/FV with children in Western Australia¹⁷. Such programs were also sparse at a national or international level: programs tended to provide humane education about animals¹⁸⁻²¹, or incorporate animals into therapy with vulnerable children²²⁻²⁵, without integrating the two²⁶. This was in spite of increasing calls to acknowledge the 'link'¹¹ between D/FV and animals across numerous fields^{14, 27-29}.

Further, even broader therapeutic options for children exposed to D/FV were limited in Australia, and often inaccessible, inappropriate or lacking integration^{30, 31}. This corroborated reports that many children experiencing trauma or mental health problems did not access any treatment, whether Evidence-Based Practice (EBP) or not^{11, 32, 33}. Current, free or low fee services for children exposed to D/FV in Western Australia included crisis services, counselling, legal services, and help lines^{34, 35}. However, service gaps such as "narrow service specifications"^{31p.26} and inadequate reach, rendered it challenging for vulnerable children to access timely, appropriate help^{30, 31}.

Given the prevalence of D/FV³⁶, and its links to animal cruelty³⁷ and long term adversity³⁸⁻⁴¹, it was clear that BARK targeted a significant, under addressed issue and population. Thus, evaluation was considered highly pertinent at the local level, to the individual children, parent/ guardians, and organisations it engaged with, but also to broader communities. Evaluation was also considered pertinent, in its potential to contribute to broader shifts in culture and skills, such as those called upon to translate EBP into community and social service programs, whilst consolidating practice-based evidence¹⁰.

LITERATURE REVIEW



CHILDHOOD EXPOSURE TO DOMESTIC/FAMILY VIOLENCE IN AUSTRALIA

D/FV poses a significant burden to its survivors and the broader community, encompassing an estimated cost of over \$13 billion per annum to the Australian economy⁴³. Between 1/5 to 1/3 of Australian women have experienced violence by a current or former partner³⁶ and many of these cases involve children (directly or indirectly). Rates of D/FV are consistently higher in households encompassing children^{36, 44} with approximately 23% of young Australians having witnessed an episode of domestic violence⁴⁵. Moreover, exposure to D/FV is considered underreported, particularly in children⁴⁶.

This violence rarely occurs in isolation and most cases arise within a web of broader disadvantage or exclusion^{39, 44}. Certain groups are particularly vulnerable (eg. Indigenous, young and/or pregnant women)⁴⁷, and families in which D/FV occur often display underlying dysfunction (eg. low levels of cohesion, high degrees of control)⁴⁸. Thus, children exposed to D/FV are often situated in families grappling with an “adversity package”: poverty, housing instability, low levels of education, social isolation, alcohol/ drug abuse, neighbourhood disadvantage, and/or intergenerational experiences of trauma^{39, 44, 47, 49}. In turn, exposure to D/FV is also associated with numerous other types of abuse and trauma, and children exposed to D/FV often present to services with a challenging array of adverse experiences and needs⁴⁴.

ADDRESSING THE IMPACTS OF CHILDREN’S EXPOSURE TO DOMESTIC/FAMILY VIOLENCE

Exposure to D/FV can have serious immediate and long-term impacts on a child’s health and wellbeing⁴⁹⁻⁵¹, although these can be difficult to disentangle from the impacts of associated adversity^{52, 53}. This violence constitutes trauma as defined by the DSM-5⁵⁴, and more generally as “an overwhelming event resulting in helplessness, in the face of intolerable danger, anxiety, and instinctual arousal”^{55, p.38}. The intentional, repetitive and interpersonal nature of D/FV renders children particularly at risk of complex and/or cumulative harm⁵², and children display both immediate and/or delayed reactions to D/FV^{39, 56, 57}. These reactions and outcomes can perpetuate into enduring and debilitating difficulties in health and daily functioning, during later childhood, adolescence, and adulthood^{53, 58, 59}. Such outcomes are reflected in seminal studies such the Adverse Childhood Experiences Study (ACES), which attest to the association between childhood exposure to D/FV and further trauma^{39, 60}, and poorer health related quality of life⁶¹ or health outcomes in adulthood⁶²⁻⁶⁵.

Several pathways have been implicated in this process including interruptions to neurodevelopment⁵¹, attachment⁵³, psychological development⁵¹, and social information processing patterns and social learning^{53,66}. Such is the potential severity of D/FV's effects that some researchers and advocates have called for its classification as a form of child abuse in itself^{67, 68}. Others advocate for its recognition within newly proposed trauma disorders, such as complex trauma^{3, 11} and developmental trauma^{52, 69}.

Nonetheless, children exposed to D/FV are not "doomed"^{70p.91} and will not necessarily experience poorer outcomes than non-exposed children^{39, 71}. Many successfully engage and/or develop resilience^{67, 72, 73}: "successful adaptation in the face of adversity"^{74,p.13}. A gamut of risk and protective, and moderating and mediating factors, have been identified for both exposure to D/FV^{53, 75, 76} and adverse outcomes following exposure to D/FV^{56, 71}. These span personal traits, social ties, environmental factors, and the nature of exposure^{53,56, 71, 75, 76}. The practical utility of these factors is often obscured within research by competing terminologies/conceptualisations of the same phenomena, and different levels of contextual sensitivity, sampling, design, analysis and measurement methods⁷³. Nonetheless, substantial research attests to the significance of early intervention in ameliorating the outcomes of exposed children^{77,78}.

WHERE DO ANIMALS FIT INTO DOMESTIC/FAMILY VIOLENCE?

Within the web of factors associated with D/FV, growing evidence evinces the significance of animals in survivors', and survivors' children's experiences. As aforementioned, there are three main links between these elements¹⁴, which are outlined in the following subsections.

THE CO-OCCURRENCE OF DOMESTIC/FAMILY VIOLENCE AND ANIMAL ABUSE

Acts and threatened acts of animal abuse have been identified as significant risk factors for, and indicators of, D/FV³⁷. This fits with the broader adversity and dysfunction associated with D/FV⁷⁸, as incidents of animal abuse are also associated with incidents of child abuse, independent to, and in conjunction with D/FV⁷⁹⁻⁸¹. Within D/FV, animal abuse is generally used in order to coerce, control, and intimidate partners or children, to remain in or be silent about abusive situations⁸². Evidence suggests animal abuse is associated with particularly high risk, severe D/FV³⁷, and concern for pets has been repeatedly reported as a barrier for women escaping D/FV²¹. Thus, co-occurrence of animal abuse and D/FV is enshrined in law in Australia⁸³ and internationally³⁷, and growing emphasis is being placed on holistic, intersectoral approaches, addressing the nexus between adverse childhood events and animal abuse^{37, 44, 84-88}. For example, communication between veterinarians, and justice, health and social service professionals is increasingly endorsed in screening for D/FV, child abuse and animal abuse^{88, 89}.

CHILDREN'S ANIMAL ABUSE AS AN OUTCOME OF DOMESTIC/FAMILY VIOLENCE

There is a well-established association between a child's exposure to D/FV and increased risk of perpetrating animal abuse^{37, 81, 85, 90, 91}. Proposed mechanisms behind this link include desensitisation to violence; modelling adult behaviour; need for control; and failure to develop empathy^{79, 82}. Whilst contested, it is suggested that animal abuse can act as a 'dress rehearsal' for progression into human-directed violence^{82, 92-95}, and animal abuse is a well-established indicator of future psychopathology⁸²: it is a diagnostic criterion for conduct disorder and antisocial personality disorder^{54, 96}.

Not all instances of childhood animal abuse progress to future violence or psychopathology⁸². Assessment of the dimensions of a child's acts of animal cruelty⁹⁷ and their nature⁷⁹ can assist in determining risk of future violent or anti-social acts. Nonetheless, as it is often the earliest symptom of psychopathology or behavioural disorders, animal abuse plays an important role in early intervention⁹⁸. Thus, identifying and addressing animal abuse holds potential for a threefold impact in:

1. preventing or mitigating adverse health outcomes in a child exposed to trauma
2. preventing future animal abuse
3. preventing future violence or antisocial behaviour towards other humans⁸².

ANIMALS' THERAPEUTIC POTENTIAL FOR CHILDREN EXPOSED TO DOMESTIC/FAMILY VIOLENCE

Given the numerous physiological and psychological benefits associated with human-animal interaction⁹⁹⁻¹⁰¹, it is unsurprising that exposure to animals is increasingly formalised and applied through AAls. This is a burgeoning field¹⁴, and a recent systematic review indicates AAls' significant efficacy with a range of populations, particularly children¹⁰². Incipient research suggests positive outcomes of AAls with children and youth exposed to D/FV¹⁰² or experiencing trauma or mental illness¹⁰²⁻¹⁰⁸. These span cognitive, psychological, emotional, social, behavioural, and physical outcomes^{14, 105, 109}. There is also growing support and advocacy for the incorporation of animals in the related field of humane education: education which traditionally focusses on animal welfare and care, but may also incorporate environmental, consumer and human rights issues^{26, 111}. These curricula generally promote knowledge of animals, prosocial behaviours, empathy, sympathy, and sense of responsibility⁹⁷.

Despite poor understanding of the role of specific styles or elements of AAls, animals' key characteristics (summarised in Figure 1 and comprehensively discussed by Fine¹⁴) are suggested to be particularly suited to children experiencing trauma, or non-responsive to conventional interventions^{105, 111}.

TABLE 1: ANIMALS' KEY CHARACTERISTICS AS APPLICABLE TO CHILDREN EXPOSED TO DOMESTIC/ FAMILY VIOLENCE*

Characteristic	Benefits
<ul style="list-style-type: none"> ▪ Live, sentient and reactive 	<ul style="list-style-type: none"> ▪ contribute to environmental richness and challenge ▪ provide 'living, interactive tools' for cognitive behavioural change ▪ provide 'reality' at a safe psychological distance
<ul style="list-style-type: none"> ▪ Similar to, but often less threatening than, humans 	<ul style="list-style-type: none"> ▪ 'dress rehearsal' for social interactions ▪ can be used as analogies (eg. for family dynamics, life events) ▪ act as a 'social lubricant' or 'enabling connection' ▪ contribute to a sense of normalcy, safety, and friendliness in therapy settings ▪ do not require highly developed language or symbolisation skills for communication ▪ can promote touch in cases where trauma renders physical intimacy difficult with people ▪ can be humorous
<ul style="list-style-type: none"> ▪ Share commonalities with children 	<ul style="list-style-type: none"> ▪ often depend on, and are less powerful than, adult human beings ▪ exist in the present moment and give honest feedback (not duplicitous) ▪ primarily communicate non-verbally and concretely ▪ playful
<ul style="list-style-type: none"> ▪ Challenging 	<ul style="list-style-type: none"> ▪ can be used to promote sense of mastery, self-efficacy (eg. learning to ride a horse) ▪ can provoke reassessment of self-beliefs and existential understandings (eg. the use of predator/prey or large/ small animals can challenge children's understandings of their own power, vulnerability, control)
<ul style="list-style-type: none"> ▪ Simultaneously 'empathetic' and 'unconditionally loving' 	<ul style="list-style-type: none"> ▪ can promote feelings of acceptance, openness and safety ▪ can promote child's self-esteem ▪ can be simultaneously calming and engaging
<ul style="list-style-type: none"> ▪ Readily incorporated into existing therapies 	<ul style="list-style-type: none"> ▪ AAI can incorporate or be used in conjunction with play therapy, group therapy, cognitive behavioural therapy

*Developed from: Smith-Osborne Selby 2010, Yorke J. The significance of human-animal relationships as modulators of trauma effects in children: a developmental neurobiological perspective. *Early Child Development and Care*. 2010;180(5):559-570.; Kruger KA, Serpell JA. Animal-assisted interventions in mental health: definitions and theoretical foundations. In: Fine A, editor. *Handbook on Animal-Assisted Therapy: Theoretical foundations and guidelines for practice*. second ed. New York: Academic Press; 2006.; Dietz TJ, Davis D, Pennings J. Evaluating Animal-assisted therapy in group treatment for child sexual abuse. *Journal of Child Sexual Abuse*. 2012;21(6):665-683.; Parish-Plass N. Animal-assisted therapy with children suffering from insecure attachment due to abuse and neglect: a method to lower the risk of intergenerational transmission of abuse? *Clinical Child Psychology and Psychiatry*. 2008;13(1):7-30.; Indermaur D. *Young Australians and Domestic Violence*. Canberra Australian Institute of Criminology

Given the breadth of needs of children exposed to D/FV, it is promising that AAI's have been adopted across an assortment of disciplines, encompassing social work, veterinary medicine, paediatrics, psychology, nursing, occupational therapy, education, gerontology, rehabilitation^{14, 111}. Thus, the prevalence of animal abuse in these children's lives^{37 79}, significance of early intervention^{77, 78} and promising potential of AAIs with this population, provides strong impetus to address animals within the paucity of research and consensus surrounding interventions for children exposed to D/FV¹¹².

METHODS



AIMS AND OBJECTIVES

The aim of this evaluation was to explore the context, processes and outcomes of the BARK program and appraise these where possible. In so doing, I broadly sought to assist and encourage ongoing evaluation, to enhance and monitor BARK's efficacy in promoting positive outcomes for children exposed to adverse events.

The key objectives of the evaluation were:

- To explore the BARK program's stakeholders and context.
- To explore outcomes for participating children, during and after participation.
- To investigate the processes through which BARK promotes positive, and mitigates negative outcomes for enrolled children.

POPULATION AND RECRUITMENT

The BARK program, in its entirety, was the central focus of this evaluation. Thus, study participants comprised consenting children enrolled at BARK; their parent/ guardians; and program facilitators. Three rounds of the program were projected for inclusion (approximately 15-30 children). However, only two rounds could be evaluated: unforeseen circumstances forced the BARK program to relocate during this evaluation.

All participants were identified a priori by PGC staff, and recruited through PGC facilitators at the BARK program. Participation was voluntary and it was stressed that participants would not face any repercussions should they choose not to partake. PGC facilitators were invited to participate in the evaluation prior to program commencement, and were each provided with a participant information form and consent form (refer to Appendix A). A preliminary research protocol was discussed with PGC facilitators and staff, and this was used to negotiate a final study design.

Children participating in BARK and their parent/guardians were recruited at the second session of each round of BARK. Sessions were dynamic and required slight adaptations each time (see Appendix B for an outline of the 'typical' recruitment process)(see Appendices C and D for child and parent/ guardian information and consent forms respectively). A total of 8 children participated in this evaluation, of a potential 14 enrolled in BARK during data collection. Children ranged from 6-15 years of age (median: 9 years; mean: 10 years). Most children were unknown to each other, but 50% had a sibling enrolled with them, and two pairs encountered each other outside of BARK, before or during the program. Of the 14 children enrolled in BARK 10 completed the program, and 4 of these 10 missed sessions (between 1 and 3). All but 1 of the children who completed BARK participated in the evaluation, and 1 child participated twice, both in the program and the evaluation. This level of attendance was fairly typical of BARK, as numerous external factors can impinge upon

children's participation. However, facilitators noted that these groups presented unusually numerous 'high needs' cases, and the inclusion of a teenager was exceptional.

Five parent/ guardians participated in this evaluation, of a potential 10 who had children enrolled. Parent/ guardians ranged in the number of their children attending BARK (from 1 to 3), and in the number of children in their care. In all but one case it was a female parent/ guardian that attended. Sixty percent of parent/ guardians participating in the evaluation were biological parents, whilst the remainder were foster. However, when considering the entire group, biological parents made up 50% of parent/guardians, whilst foster parents and group home carers made up 40% and 10% respectively. Facilitators indicated this was a more typical array of family structures. All facilitators involved in BARK during data collection participated in this evaluation: two are employed by PGC and one was employed by the RSPCA.

STUDY DESIGN

This program evaluation adopted an applied ethnographic research design¹¹³, supplemented with collaborative inquiry¹¹⁵. Ethnographic approaches are increasingly recognised within health research, and have been successfully utilised with an array of populations, including children and vulnerable populations⁹³⁻⁹⁸. Whilst, the term 'ethnography' can be ambiguous¹¹³, it is adopted here as a methodology, comprising key elements of ethnographic study: basis in the natural setting; intimate, prolonged interaction with participants; accurate reflection of participant perspectives and behaviours; adoption of inductive, interactive, and recursive data collection and analytic strategies; use of multiple data sources (both quantitative and qualitative); framing of human behaviour and belief within a socio-political and historical context; and the use of 'culture' as a lens through which to interpret results¹¹⁵.

PHILOSOPHICAL FRAMEWORK

The frameworks and approaches described herein, although integral to the choice of an ethnographic study design, were primarily considered and applied in order increase transparency and reflexivity, rather than to be strictly adhered to. This is consistent with ethnographic approaches¹¹³. This flexible application was a conscious decision, given the vulnerability of participating children and parent/guardians, and that "approaches that value research efficiencies over research relationships may do so at the expense of children's care and protection"^{114p.127}.

The program evaluation has been informed by the interactionist paradigm, both at ontological and epistemological levels. Interactionism paints reality as a social construction, in which "what people know and believe to be true about the world is *constructed or created and reinforced and supported* as people interact with one another over time in specific social settings"^{113p.67}. It is an approach that assumes there are no stable, pre-existing

phenomena, but rather that phenomena are created through social processes¹¹⁶. Whilst this diverges considerably from 'traditional' health research approaches, its value to the health and social services fields is increasingly acknowledged¹¹⁶⁻¹¹⁹.

Throughout this study, health is understood through the social-ecological model, which holds that "individuals are located in social, institutional, and physical environments, and that interaction between the individual and forces in their environments influences health and wellbeing"^{120p.218}. Children are conceptualised as social actors in their own right, who can, and should, be empowered to express their own experiences and views, whilst still allowing for their rights to adult care and responsibility³⁵. This is an understanding borne out of the United Nations 1989 Convention on the Rights of the Child, and 'the sociology of childhood'¹¹⁴.

Further, all participants are considered self-determining: thus, "authors of their own actions – to some degree actually, and to a greater degree potentially"^{121p.458}. This understanding has directly informed the adoption of cooperative inquiry techniques, in a conscious effort to prioritise the needs and rights of the various stakeholders involved. Thus, all actors in the evaluation, including myself, were considered both researcher and subject, and cooperation was woven into the study design to evoke reflexive data, both on BARK and the process of evaluation¹¹⁵.

ETHICAL CONSIDERATIONS

Ethics approval was obtained from the Human Research Ethics Committee and an exemption granted by the Animal Ethics Committee, at the University of Western Australia. Numerous ethical issues were considered in designing this program evaluation, and safeguards against these were built into the study design (refer to Appendix E). This was developed in line with the NHMRC ethical framework¹²². No instances of complaints or withdrawn consent arose.

RIGOUR

Numerous schemas have been developed to evaluate rigour in qualitative research and ethnography. An adaptation of some such schemas was used to inform this study (refer to Appendix F). For example, techniques such as participatory methods and reflexive journals and memos were applied, which are common qualitative approaches to maintaining rigour¹¹⁵.

LIMITATIONS

The design of this evaluation does present some limitations. The small sample size and qualitative design precludes generalisation of findings to other programs. Whilst shorter ethnographic studies are increasingly common, with the emergence of focussed and applied ethnographies¹²³, this evaluation would have benefited from the inclusion of further rounds

of data collection, particularly following BARK's relocation. Loss to follow up was another limitation and a key area for future exploration: children whose parent/ guardian was less invested in, or capable of attending sessions, appeared less likely to participate in or complete the evaluation. Whilst efforts were made to follow up these participants through the program facilitators, ethical considerations precluded further efforts. Finally, objective measures of demographics and outcomes would have strengthened this evaluation.

DATA COLLECTION

Data collection was undertaken through participant observation, interviews, preliminary surveys, and collection of BARK program documentation. All data were de-identified, stored in a locked filing cabinet at School of Population Health and will be retained as per UWA policy¹²⁴. Each method of data collection is outlined as follows:

PARTICIPANT OBSERVATION

- Used during each BARK session.
- For detailed description of participant observation methods refer to O'Reilly¹²⁵.
- Involved full involvement in the group, and conscious effort to minimise discomfort /disruption to participants and to build rapport and trust.
- Involved transparency in my role as a researcher but also participant.
- Generally entailed participation in group activities, chatting with the participants in a natural way, and adapting to events as they unfolded.
- All field notes and journal entries were written up immediately following each program session.
- Journal entries were simultaneously written up to facilitate reflexivity and question observations and potential biases.

INTERVIEWS

- Audio-recorded and semi-structured
- Conducted with all participants.
- Took place after completion of BARK at participants' earliest convenience (1-3 weeks after the last session) and at their location of choice.
- Lasted 5-20 minutes for children, 15-30 minutes for parent/ guardians, and 50-70 minutes for facilitators (refer to Appendices G-I for interview schedules).
- Most took place in participants' homes; however, some facilitator interviews occurred at a place of work or a café.
- No participant declined to be audio-recorded, one participant declined to be interviewed

SURVEYS

- Parent/ guardian pre- and post- survey was developed throughout the study
- Involved contributions and feedback from the participating parent/ guardians and facilitators.
- Not primarily envisaged as a method of data collection, but rather as a method of building rapport with participants
- Also considered as an outcome, to support program sustainability and continued evaluation.
- Initially development in Round 1, the first iteration of the survey was administered to parent/ guardians upon their arrival at the second and sixth sessions of Round 2 (see Appendices J and K for pre- and post- surveys respectively).

BARK DOCUMENTATION

- Used to provide some context for the participant observation, interviews, surveys
- Other materials were sought from the facilitators relating to the process through which BARK was developed and established (eg. workbooks, DVD).

DATA ANALYSIS

Thematic data analysis was undertaken in this evaluation¹²⁵. As is typical of ethnographic research, this was recursive and included:

1. Analysis undertaken *in the field* during the data collection process
2. Analysis away from the field *soon after data collection* was complete
3. Analysis *at further distance or period of time from data collection* after work in the field was complete¹⁵

This process is simultaneously iterative and inductive. Thus, it is not circular, but can rather “the phases of writing down [data collection], analysis and writing up are distinct phases of the research process that are inextricably interlinked”^{125p177}.

NVivo software¹²⁶ was used to facilitate coding, which was undertaken using techniques inspired by the grounded theory approach in order to provide guidance and facilitate transparency and validity^{125, p.201}. This approach is commonly recognised by, and applicable within, the ethnographic field^{125, pp.201-2} and involves three stages: open coding; axial coding; theoretical coding (understood in this context as the ‘analytic story’^{125, p.202}).

Participants were consulted throughout data collection and analysis to ensure their perceptions and understandings were being accurately represented. Constant comparison was applied to all sources of data (qualitative/quantitative), interpretations (‘the analytic story’), the literature, and reflexive journals, to better scrutinise the data analysis process.

RESULTS + DISCUSSION



SITUATING BARK: “WHAT WE WORK WITH”

CHILDREN’S CONTEXTS: “WHAT THEIR STORY IS”

Children’s contexts contributed substantially to their experiences of BARK, and featured as an important factor within the program’s practice. These contexts presented both as spaces of adversity, but also of positivity and hope.

“A TOUGH GIG”

All children attending BARK had been exposed to adverse experiences or trauma, and presented with a range of symptoms, diagnoses, and challenges. These contexts typically featured exposure to D/FV, but also tended to involve exposure to other adversity, such as animal abuse or unstable living arrangements. This corresponds with aforementioned literature, attesting to complexity and heterogeneity of cases of D/FV, and the prevalence of underlying dysfunction in families exposed to D/FV³⁹.

As was expected, D/FV was a leading issue amongst BARK’s clients. However, it was clearly an uncomfortable topic for participants, and no BARK client broached it directly during interviews or program sessions. Other issues such as living arrangement were more readily discussed, and clearly had substantial impact on the children’s lives: 78% of children were living in foster homes, group homes, or D/FV refuges, and shared custody was an ongoing issue for the 3 children living at a biological parent’s home. The impacts of upheaval and instability were apparent throughout the program, and largely linked into exposure to D/FV.

"RIGHT IN THE BEGINNING, WHENEVER HER SIBLINGS MENTIONED THAT THEY WERE AT A REFUGE, STEPH WOULD STEP ON THEIR FOOT TO STOP THEM SPEAKING"

(Facilitator: Taylor)

“I HAD SOOOO MANY BEST FRIENDS! BUT WE WERE LIVING AT MY GRANDPA’S AND WE HAD TO LEAVE BECAUSE OUR DAD CAME TO SCHOOL... SO, ON THAT SATURDAY I DIDN’T GET TO GO TO MY FRIEND ANNA’S HOUSE. MUM IS GOING TO TRY AND LOOK IN THE PHONEBOOK AND CALL HER”

(Child: Tim)

“OVER THE LAST FEW YEARS SHE’S HAD FOSTER PLACEMENT BREAKDOWNS, AND BEEN WITH CARERS THAT HAVE THEIR OWN CHILDREN BUMPING HER DOWN THE HIERARCHY”

(Parent/Guardian: David)

Exposure to animal abuse, and loss of/or separation from pets, also featured heavily in children's experiences. These again linked into D/FV, and also involved exposure through broader family networks. Children appeared to not only describe these experiences throughout the program but also to start questioning them. These anecdotes were the most readily shared by children and parent/ guardians, which supports assertions that animals can act as conduits in building rapport and discussing of sensitive topics³⁹:

"I STILL MISS TIGGER AND I WANT HIM TO COME TO THE REFUGE, BUT THE RULES ... I DON'T LIKE IT! BECAUSE I NEVER GET TO SEE HIM!"

(Child: Amy)

"WHEN I WAS LIVING WITH HIM, I KNOW THAT CHRIS' FATHER DID THINGS TO THE DOG IN FRONT OF CHRIS WHEN I WAS OUT THE ROOM. I DON'T KNOW WHAT, HE QUICKLY JUST STOPPED WHEN I'D WALK IN, AND WOULD TELL CHRIS TO BE QUIET OR GIVE HIM THIS LOOK. AND THEN ONE DAY HE COMPLETELY BROKE OUR PUPPY'S LEG. THE VET SAID IT LOOKED LIKE IT HAD BEEN HIT BY A CAR."

(Parent/Guardian: Helen)

"HER [BIOLOGICAL] FAMILY HAVE ANIMALS, AND SHE'S SORT OF HAVING TO DEAL WITH THE FACT THAT PERHAPS THEY HAVEN'T TREATED THEIR ANIMALS TOO NICELY"

(Parent/Guardian: David)

"MY GRANDPA, HE HAD TOO MAY RABBITS SO HE HAD TO KILL THEM. I DON'T THINK I COULD DO THAT ... THEY'RE TOO CUTE. BUT ... FOR ONE I WAS HAPPY, BUT I WAS ALSO SAD ... BECAUSE THAT'S KILLING ANIMALS BUT I WOULDN'T WANT GRANDPA TO GET IN TROUBLE COZ YOU'RE NOT ALLOWED TOO MANY RABBITS"

(Child: Tim)

In addition to their adverse experiences (and likely related as risk factors^{72, 127} or outcomes⁴¹), children displayed a gamut of diagnoses, and developmental, cognitive and psycho-emotional, and behavioural/social symptoms (see Figure 1).

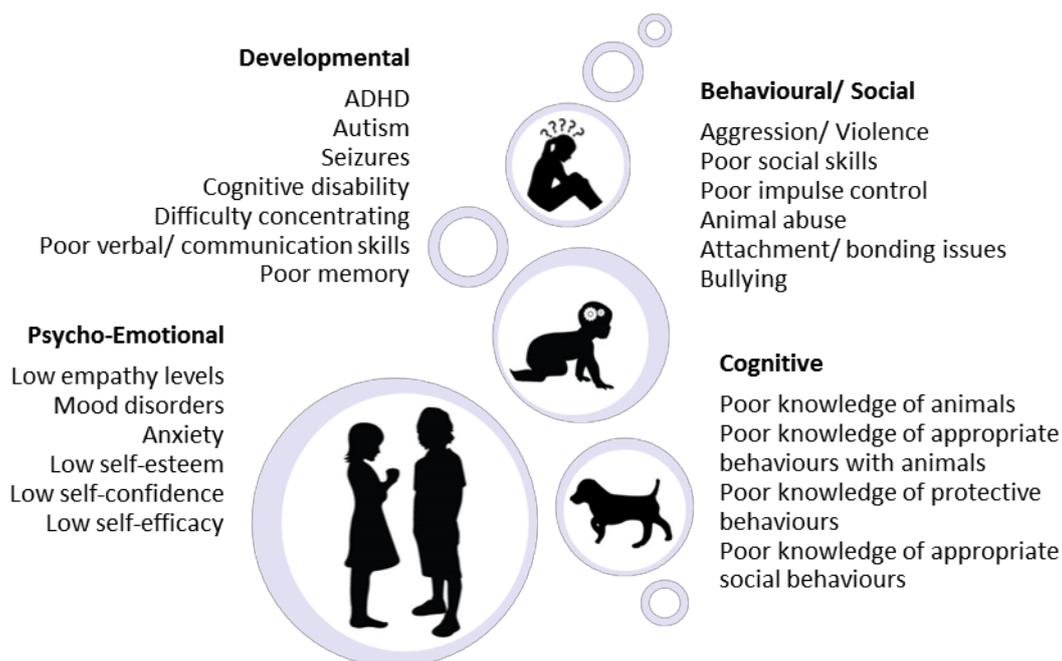


Figure 1: Symptoms and challenges presented by children at BARK

The sheer breadth of these symptoms was difficult to capture, both in evaluation and for facilitators, and new issues commonly manifested as children attended sessions and parent/guardians engaged with facilitators. Animals featured most consistently in children's symptoms: 75% had harmed an animal (parent/guardian and/or self-report). Whilst animal abuse was the primary area of concern for some clients, for others it was secondary to other challenges (eg. social anxiety, mood disorders). This likely reflects the variation amongst the children's symptoms and abuse of animals. This ranged in severity, recency, number of incidents, and types of species involved, from relatively low-grade cruelty to repeated, grave violence against animals.

"I NOTICED THAT IT CAME OUT MORE AND MORE IN PIPPA'S -WHO WAS THE OLDER ONE'S- STORIES, THAT HER BROTHER JAKE HAD QUITE A GOOD STREAK OF BEING CRUEL"

(Facilitator: Jane)

"JAKE, HE'S PRETTY ROUGH WITH THE DOGS. HE YELLS AT THEM AND HURTS THEM BY PRESSING DOWN ON THEIR BACKS"

(Parent/ Guardian: Linda)

"WHEN LILLY STABBED THE RABBIT WE TALKED ABOUT IT WITH DIFFERENT PSYCHS. SHE STABBED IT OVER AND OVER WITH A SHARP STICK. AND SHE HAD BEEN KICKING THE CHICKENS AT RESPITE CARE"

(Parent/ Guardian: Carol)

Another critical aspect of children's contexts was their parent/ guardian, many of whom were confronting their own challenges. These included health issues, limited social support, unstable living arrangements, custody cases, and/or coping with and managing their child's needs.

"SHE'S JUST GOING THROUGH A LOT OF HER OWN STUFF AND SHE'S QUITE DEPENDENT ON HER CHILD'S LOVE. I KNOW THERE'S A SHARED CUSTODY THING GOING ON SO I THINK SHE JUST NEEDS THAT CLOSENESS TO THEM"

(Facilitator: Olivia)

"I'VE GOT MY OWN MENTAL HEALTH ISSUES AND WHEN MY SON KILLED THE PETS I GOT SEVERELY DEPRESSED. AND THAT DIDN'T DO HIM ANY GOOD EITHER"

(Parent/ Guardian: Linda)

"THE PARENTS ARE WHERE YOU GET THOSE LITTLE TITBITS OF INFORMATION, TO GET A BIT OF AN 'AH OK. OK, THAT MAKES MORE SENSE IN THE CONTEXT OF EVERYTHING ELSE THAT'S GOING ON'. IT GIVES YOU A BIT OF A FEEL FOR WHAT'S GOING ON FOR THE CHILD"

(Facilitator: Olivia)

"LIKE I SAID, IT'S VERY HARD... WHEN LILLY TALKS ABOUT SOMETHING YOU DON'T KNOW IF IT WAS LAST WEEK OR LAST YEAR"

(Parent/ Guardian: Andrew)

Children's animal abuse emerged as particularly challenging and confronting for the parent/ guardians encountering it.

"I JUST FELT SICK AND I WAS JUST SO DISTURBED, AND I THOUGHT 'OH MY GOD. MY CHILD IS EXACTLY LIKE HIS FATHER'. I DIDN'T KNOW WHAT TO DO"

(Parent/ Guardian: Helen)

The array of challenges and symptoms varied considerably among enrolled children, from very "high needs" to "higher functioning" cases. However, every child's case bore multiple domains of adverse experience and symptomology.

“WHAT THEY PERSONALLY BRING”

In spite of exposure to trauma and various diagnoses or challenges, all children were observed to have positive traits, skills, and protective factors on which they could draw (see Figure 2). Animals were particularly prominent and valued by children, and parent/guardians featured as important attachment figures for most children. Protective factors were scarcely recognised or mentioned upon a child’s arrival at BARK (eg. in case summaries) but became apparent throughout the program and evaluation.

"WHAT WE HAVE ON THAT PIECE OF PAPER IS WHAT WE KNOW ABOUT THE KIDS.
BUT THE KIDS ARE MORE THAN THEIR POTENTIAL LOOKS ON PAPER"

(Facilitator: Olivia)

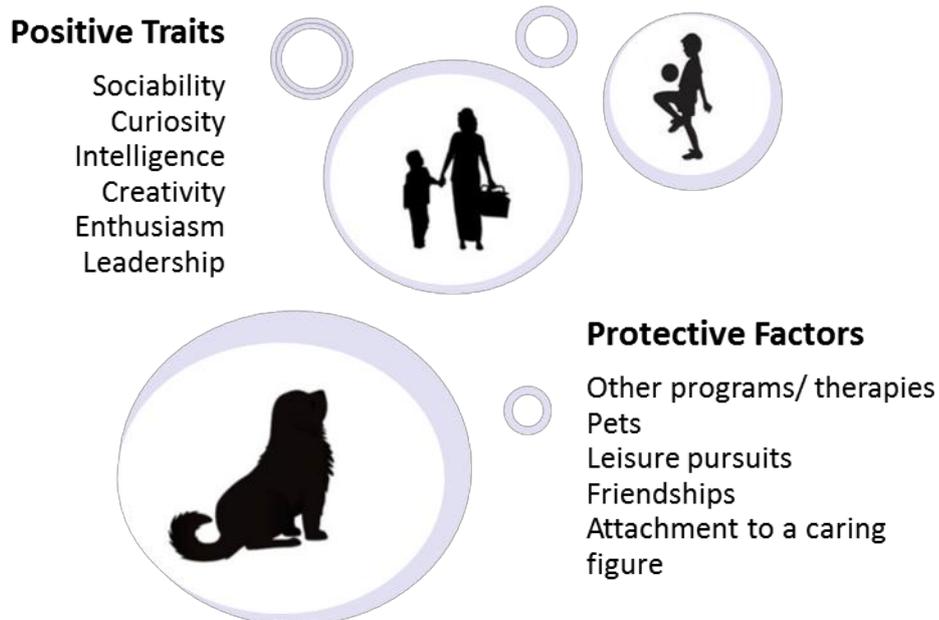


Figure 2: Positive traits and protective factors presented by children at BARK

Animals were pivotal to children’s conversations, and instantaneously emerged as a key area of interest and positivity in the groups. For children with pets (72%), these animals featured prominently in their stories and discussions. However, curiosity and desire for interaction with animals varied. From children for whom pets and animals were key resources of support and positive experience, to children for whom animals were not a

primary interest, or who found certain species (eg. birds, rabbits) challenging. Nonetheless, all children demonstrated a general curiosity about, and desire for, interaction with animals.

“MY DOG TIGGER IS MY BEST MATE. HE’S MY BEST FRIEND IN THE WHOLE WORLD! WHEN I GOT HIM I WAS SUPER, SUPER HAPPY. LIKE, 30 OUT OF 10 HAPPY!”

(Child: Amy)

“TIM WASN'T A FAN OF THE BIRDS”

(Parent/ Guardian: David)

“EMILY DOES INDIVIDUAL THERAPY AS WELL, AND THE HORSE-RIDING PROGRAMS THAT SHE LOVES!”

(Parent/ Guardian: David)

“CAN YOU DRAW A KITTEN? A BIG KITTEN! JUST LIKE RADISH [PET CAT]! DO YOU WANT TO HOLD RADISH?”

(Child: Chris)

Parent/ guardians (biological or foster) also featured as prominent, positive factors in most of the children’s lives. All parent/ guardians had experience and understanding of violence and trauma, with some qualified in social service fields (eg. social work, youth work) and others survivors of abuse or violence themselves.

“I WAS A SOCIAL WORKER AND USED TO RUN PROGRAMS. LIKE ART THERAPY PROGRAMS WITH KIDS AND SEXUAL HEALTH PROGRAMS”

(Parent/ Guardian: David)

Parent/ guardians’ own positive traits and protective factors (eg. personality traits, protective attitudes, resilience, education, employment, and social support) assisted with connection to, and reinforcement of the program’s practice. Connections ranged from completing the sign in/ sign out sheet and chatting briefly with the facilitators, to proactively integrating BARK into children’s broader care plans, and bringing snacks or family pets to share with the group. Overall, it was evident that parent/guardian’s own traits, behaviours and circumstances were an important factor in their child’s connection with BARK, and more general experiences of positivity and protection.

BUYSNESS: "A LOT GOING ON"

The interplay between positivity and adverse experiences and challenges, was often conceptualised as "*busyness*" by participants. This emerged as a recurrent theme and barrier in experiences of BARK.

"WE COULDN'T REALLY NOTICE OUTCOMES, BUT THAT'S BECAUSE THERE'S
TOO MUCH GOING ON IN HER LIFE... SCHOOL AND CAMP AND SIBLING
RIVALRY"

(Parent/ Guardian: Andrew)

These contextual findings (integrated in Figure 3) support established literature on the heterogeneity of experiences of D/FV⁷², and the breadth of adversity within which it presents⁷⁸. As Murray et al.⁹ emphasise, the clinical challenges presented by D/FV relate to its prevalence within clients' histories, but also the complex circumstances and multiple service needs with which it is associated. Given that parent/ guardians and animals were principal elements in experiences of adversity and/or positivity for enrolled children, it is interesting to note their corresponding prominence in the literature regarding D/FV. The presence of an available, caring attachment figure is consistently significant to children's outcomes following numerous types of adversity, including D/FV³⁹. Conversely, the absence of such a figure is also highly predictive of poor outcomes^{39, 128}. This centrality of attachment figures to child development can be understood from numerous perspectives, most notably Bowlby's theory of attachment¹⁰⁶. Interestingly, research relating to animals tends to focus on the higher rates of perpetration of animal abuse in children exposed to D/FV^{14, 29, 79, 129}. Whilst, current findings from BARK support this phenomenon, they also indicate that animals may play a protective role for children. This fits with literature on the broad health benefits of human-animal interaction^{109, 130, 131}, and studies suggesting animals may act as conduits of protective factors¹³². However, scarce research explores this potential outside of therapeutic settings in children exposed to adverse interpersonal events^{14, 133} and the relationship is likely to be multifaceted: "it is not the mere presence of animals in a family, but rather the degree of the bond or attachment to those animals that may encourage a child's positive development"^{26p.463}. Nonetheless, it is quite possible that animals may act as more accessible, trustworthy attachment figures, in the lives of children exposed to violence or abuse¹⁰⁵.

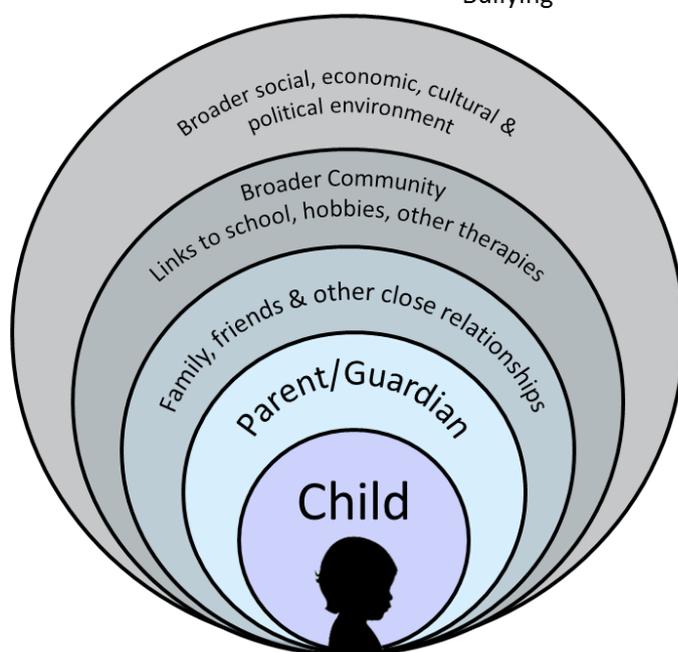
POSITIVITY & HOPE | **ADVERSITY & CHALLENGES**

PROTECTIVE FACTORS

- Other programs and therapies
- Leisure pursuits
- Pets
- Friendships
- Caring attachment figure

POSITIVE TRAITS/SKILLS

- Sociability
- Curiosity
- Intelligence
- Creativity
- Enthusiasm
- Leadership



ADVERSE EXPERIENCES/ RISK FACTORS

- Housing instability
- Exposure to D/FV
- Exposure to animal abuse
- Bullying

BEHAVIOURAL/ SOCIAL SYMPTOMS

- Aggression/ Violence
- Poor social skills
- Poor impulse control
- Animal abuse
- Attachment/ bonding issues
- Bullying behaviours

PSYCHO-EMOTIONAL SYMPTOMS/ DIAGNOSES

- Low empathy levels
- Mood disorders
- Anxiety
- Low self-esteem
- Low self-confidence
- Low self-efficacy

COGNITIVE SYMPTOMS

- Poor knowledge of animals
- Poor knowledge of appropriate behaviours with animals
- Poor knowledge of protective behaviours
- Poor knowledge of appropriate social behaviours

DEVELOPMENTAL SYMPTOMS/ DIAGNOSES

- ADHD
- Autism
- Seizures
- Cognitive disability
- Difficulty concentrating
- Poor verbal/ communication skills
- Poor memory

Figure 3: A summary of the contexts of children attending BARK

BARK AND ITS FACILITATORS: “YOU HAVE TO HAVE THAT INSTINCT”

As mentioned earlier, development of the BARK program evolved ‘organically’, through PGC counsellors’ identification of a need to address the role of animals in their clients’ experiences of D/FV. In examining the data generated throughout this evaluation, PGC facilitators emerged as the primary, central facets of the program: structure, content and sustainability pivoted upon their involvement. This arrangement appears closely linked to BARK’s own context (summarised in Figure 4) and the challenges and concessions this presented.

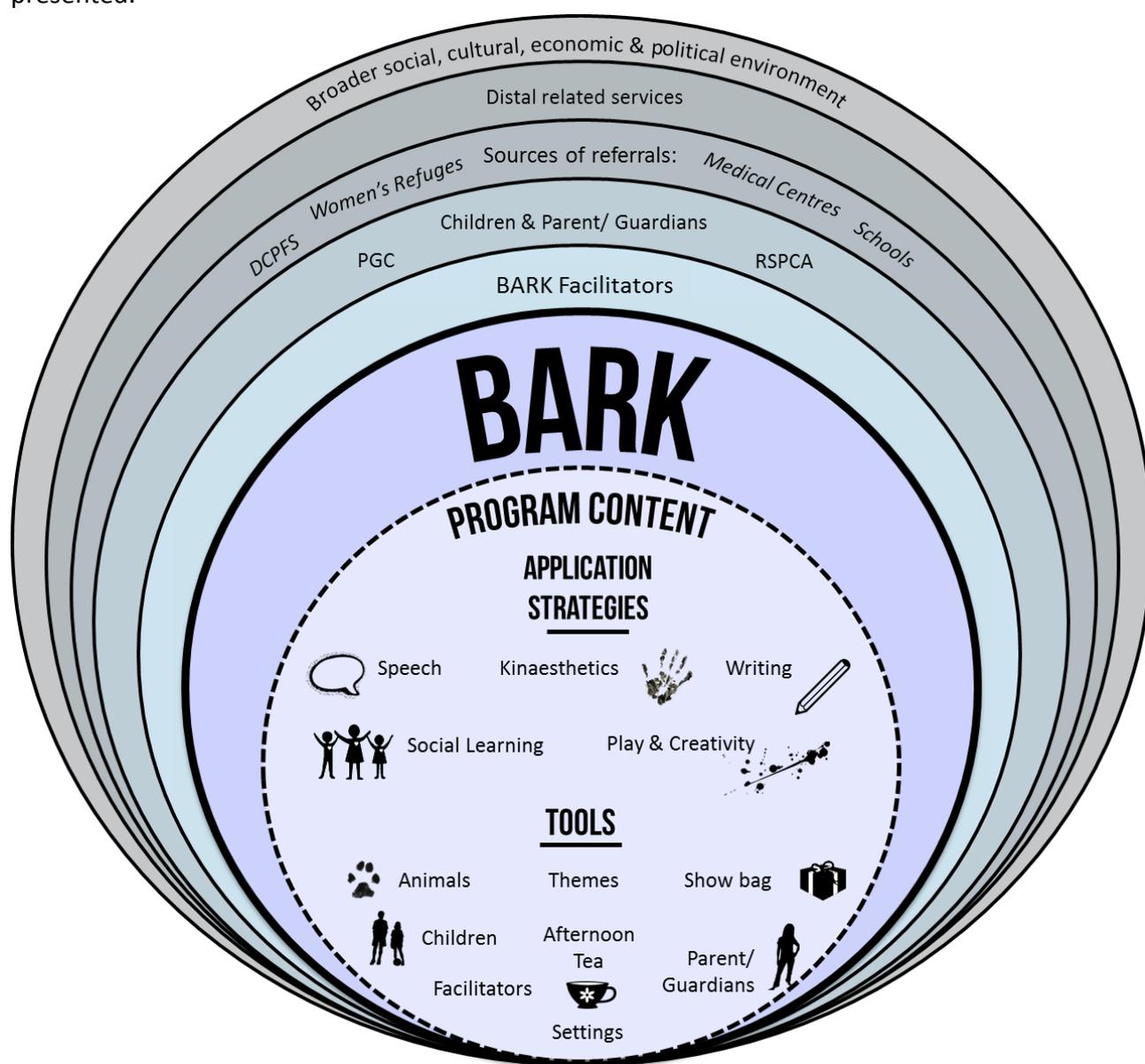


Figure 4: A representation of BARK’s content and ecological context

BARK's context was characterised by both its own resource and time scarcity, but also the indirect effects of the overburdened agencies with which it engaged, and the "busyness" of its clients. These dynamics presented numerous challenges particularly to planning and structuring BARK sessions.

"WE ONLY GOT PAPER WORK FROM THE DCP LEVEL MUCH LATER ON. SO IT WAS ONLY THEN THAT WE WENT 'OK KEEP THIS IN MIND AROUND THE ANIMALS', EVEN THOUGH IT WAS KIND OF PROBABLY TOO LATE. AND EVEN THEN IT WASN'T A WHOLE LOT OF INFORMATION"

(Facilitator: Jane)

"HER CARER ARRIVED LATE AND THAT MADE CLAIRE LATE FOR HER MEDICATION AND SHE JUST DIDN'T DO WELL. SHE STARTED TO UNWIND ALMOST IMMEDIATELY AND SHE COMPLETELY FLIPPED!"

(Facilitator: Olivia)

"IF DCP DOES WANT A CHILD TO ATTEND THEY'LL KIND OF FILL IN THE FORM ACCORDINGLY, BECAUSE THERE ARE LIMITED FREE SERVICES OUT THERE. SO, SOMETIMES THE KIDS HAVE GOT A WHOLE RANGE OF ISSUES BUT THEY WILL FILL OUT THE BARK FORM WITH JUST THE ISSUES THAT WILL GET THEM INTO BARK"

(Facilitator: Taylor)

Given BARK's memorandum of understanding with the RSPCA, this organisation played a substantial role in the program's work. However, this was a challenging relationship, with RSPCA's function and delivery of resources (eg. staff, animals) varying substantially with its own internal dynamics. This came to the fore when the RSPCA disbanded its education department (July 2014), requiring BARK to relocate at short notice.

"THERE WAS A WHOLE LOT OF STUFF WITH THE QUARANTINE AND THE ANIMALS THAT AFFECTED OUR PROGRAM. AND NO ONE WAS EVER UP FRONT OR TOLD US WHAT WAS GOING ON"

(Facilitator: Jane)

"AT FIRST I WAS LIKE 'I DON'T UNDERSTAND. WE'VE GOT FUNDING' BUT THEY TOLD ME 'I KNOW YOU'VE GOT FUNDING BUT RSPCA DOESN'T'. I SPOKE TO THEM AGAIN ON MONDAY AND THEY SAID 'WELL PRETTY MUCH, YOU'RE GOING TO HAVE TO FIND SOMEWHERE ELSE BECAUSE THE PET BARN ANIMALS AREN'T GOING TO BE THERE MUCH LONGER"

(Facilitator: Olivia)

These external factors often rendered sessions unpredictable in, for example, what other organisations would provide, which children would attend, and what issues children would present with. In order to cope with, and assimilate into this often chaotic context, it emerged that substantial emphasis was placed on facilitators' traits and capacities. Adaptability, problem solving, a sense of humour, and the ability to communicate effectively were repeatedly mentioned.

"...SOMEONE WHO'S SHARP, BECAUSE IT LOOKS SO SMOOTH, BUT OUR BRAINS ARE CHURNING EVERY SINGLE SECOND TO MAINTAIN THAT REALLY CALM DYNAMIC. YOU HAVE TO BE ABLE TO RUN AND BE APPROPRIATE AND STAY ON THEME... JUST GETTING YOUR MESSAGE ACROSS IN SO MANY DIFFERENT WAYS. SO SOMEONE WHO'S MUCH MORE FLEXIBLE."

(Facilitator: Jane)

"I NEED SOMEONE I CAN DO THAT WITH. HAVE A BIT OF HUMOUR ABOVE THE HEADS OF THE KIDS"

(Facilitator: Olivia)

"WE CAN PICK EACH OTHER'S SIGN LANGUAGE... WE DON'T ACTUALLY HAVE TO COMMUNICATE THAT MUCH. SO NO MATTER WHAT WAS HAPPENING IN THE GROUP... WE EYEBALL EACH OTHER AND KNOW WHAT WE NEED TO DO NEXT. AND JUST BECAUSE THIS IS WHAT IT SAID ON THE PAPER, THAT'S NOT NECESSARILY WHAT WE WERE GOING TO DO."

(Facilitator: Taylor)

As PGC facilitators noted, their relationship was critical to the program, in their ability to work adaptively together and reflect on, and negotiate their roles and perspectives. PGC facilitators were visibly committed to, and passionate about BARK, as was evident during sessions, and in their actions sustaining and advocating for the program. This adaptive approach, despite numerous strengths, at times lacked the formalised, documented structure to facilitate its practice. For example, neither PGC nor RSPCA facilitators received structured orientation or training for BARK. Whilst PGC facilitators and some RSPCA facilitators were readily able to cope and adapt, this was not always the case.

"THERE'VE BEEN A COUPLE OF REALLY GOOD ONES THAT HAVE LEFT. THEY'RE AROUND FOR A PROGRAM OR TWO AND THEN THEY'RE GONE. AND THAT'S BEEN ONE OF THE BIGGEST CHALLENGES. SO WE'VE JUST, WE HAVEN'T COUNTED ON IT"

(Facilitator: Jane)

"THERE WAS NO ONE ELSE THERE TO DO IT. SO IT WAS LIKE HERE'S THIS PROGRAM...AND I WAS JUST LIKE "OK" AND JUST YEAH ROLLED WITH IT"

(Facilitator: Taylor)

When considering this context, it is evident that BARK was built upon, and relied on, PGC facilitators' abilities to discern their clients' needs and adapt according to the group dynamics. At any given session throughout BARK, facilitators were required to identify relevant and available tools (eg. animals, themes, settings) and application strategies (eg. speech, kinaesthetic interaction, play) for participating children (summarised within Figure 4). In considering the literature on D/FV and broader social service provision, BARK's organisational context and the challenges this involved are not unusual. Ad hoc, undocumented and unevaluated approaches are consistent with many other community-based interventions⁷⁷, despite increasing efforts to instigate base practice in evidence based interventions¹⁵.

Whilst BARK's lack of specific, formalised aims and outcomes presented a definite challenge to evaluation, it corresponds with critiques of the often inaccessible, impenetrable, and at times contradictory literature surrounding D/FV practice^{9, 70, 134}. AAls too are also only recently becoming more cohesive, with structured terminology and guidelines^{14, 135, 136}. BARK's innovative collaboration with the RSPCA encouragingly reflected aforementioned appeals for intersectoral collaborations in interventions for children exposed to D/FV^{37, 44, 78, 84-88}. The challenges and barriers this arrangement presented are also representative of warnings and recommendations within the literature: "animal welfare organizations that should consider the educational imperative to be mission-critical often fail to support it with adequate financial and human resources"^{26, p.465}. The breath of the program's flexible tools and application strategies corresponds with components of EBIs and promising interventions in D/FV and trauma fields, as well as with the literature pertaining to AAls. For example, Trauma Focussed CBT¹³⁷ and Play Therapy¹³⁸. Thus, it appears that much of BARK's practice was pragmatically shaped by the dynamic pressures and concessions of its context and clients. However, whilst this resonates with insights from burgeoning literature addressing challenges to applying EBP within community settings¹³⁹, it also has considerable implications for program consistency and sustainability, should these facilitators be unavailable.

OUTCOMES: “THE PENNY DROPPED”

Given the contexts of BARK and the enrolled children, it is unsurprising that a range of cognitive, psycho-emotional and behavioural/social outcomes emerged among these clients. However, variation was noted not only in outcomes among children, but also in expectations of the program, and in the unanticipated outcomes among parent/ guardians. These are detailed as follows:

AIMS AND EXPECTATIONS OF BARK

Most children and parent/ guardians had a limited understanding of BARK’s purpose and practice when first arriving at BARK, and tended to vary in their expectations of the program.

“I ONLY FOUND OUT WE WERE GOING THE DAY BEFORE, SO I DIDN'T HAVE TIME TO THINK ABOUT IT. BUT ... I JUST HAD AN OPEN MIND I THINK”

(Parent/ Guardian: Carol)

“SO WHY DO YOU THINK YOU WENT TO BARK?” “BECAUSE WE, PROBABLY BECAUSE WE’RE AT THE REFUGE. AND WE HAD OLIVIA FOR.... WE WENT WITH OLIVIA IN THE PLAYROOM. AND BECAUSE OUR GRANDPA USED TO HAVE A DOG. AND OUR GRANDPA HAS BUDGIES AND OUR DOG USED TO EAT THE BUDGIES”

(Child: Tim)

“WHY DO YOU RECKON YOU WERE ENROLLED IN BARK?” “BECAUSE I DON’T GET TO SEE MY DOG”

(Child: Amy)

The most common expectations of BARK were contact with animals, fun, improved empathy, improved social skills and improved behaviours with animals. Child and parent/ guardian expectations were generally more protracted than facilitators’, as reflected in Table 2. Facilitators tended to aim for broader outcomes. These encompassed mitigating negative impacts of children’s exposure to D/FV and building protective behaviours and resilience, whilst simultaneously improving knowledge and positive behaviours with animals.

TABLE 2: EXPECTATIONS AND AIMS OF BARK BY PARTICIPANT TYPE			
	Children	Parent/ Guardians	Facilitators
Fun	x	x	x
Contact with animals	x	x	x
Learning about animals	x	x	x
Improved behaviour with animals	-	x	x
Improved social skills	-	x	x
Improved empathy	-	x	x
Enhancement and generalisation of social skills	-	x	x
Improved mood	-	x	x
Reduction in shame	-	-	x
Improved ability to discuss trauma and D/FV	-	-	x
Improved knowledge of protective behaviours	-	-	x
Improved life skills	-	-	x

POSITIVITY & HOPE | **ADVERSITY & CHALLENGES**

ADVERSE EXPERIENCES/ RISK FACTORS

- Housing instability
- Exposure to D/FV
- Exposure to animal abuse
- Bullying

BEHAVIOURAL/ SOCIAL SYMPTOMS

- Aggression/ Violence
- Poor social skills
- Poor impulse control
- Animal abuse
- Attachment/ bonding issues
- Bullying behaviours

BEHAVIOURAL/ SOCIAL OUTCOMES

- Reduced Aggression/ Violence
- Improved social skills
- Improved impulse control
- Reduced animal abuse
- Improved attachment/ bonding
- Reduced bullying behaviours

PSYCHO-EMOTIONAL SYMPTOMS/ DIAGNOSES

- Low empathy levels
- Mood disorders
- Anxiety
- Low self-esteem
- Low self-confidence
- Low self-efficacy

PSYCHO-EMOTIONAL OUTCOMES

- Improved empathy levels
- Reduced Mood disorder symptoms
- Improved self-esteem
- Improved self-confidence
- Improved Self-efficacy

COGNITIVE SYMPTOMS

- Poor knowledge of animals
- Poor knowledge of appropriate behaviours with animals
- Poor knowledge of protective behaviours
- Poor knowledge of appropriate social behaviours

COGNITIVE OUTCOMES

- Increased knowledge of animals
- Increased knowledge of appropriate behaviours with animals
- Increased knowledge of protective behaviours
- Increased knowledge of appropriate social behaviours

DEVELOPMENTAL SYMPTOMS/ DIAGNOSES

- ADHD
- Autism
- Seizures
- Cognitive disability
- Difficulty concentrating
- Poor verbal/ communication skills
- Poor memory

PROTECTIVE FACTOR OUTCOMES

Enhancement or reinforcement of protective factors

PROTECTIVE FACTORS

- Other programs and therapies
- Leisure pursuits
- Pets
- Friendships
- Caring attachment figure

POSITIVE TRAITS/SKILLS OUTCOMES

Practice with and enhancement of positive traits/skills

POSITIVE TRAITS/SKILLS

- Sociability
- Curiosity
- Intelligence
- Creativity
- Enthusiasm
- Leadership

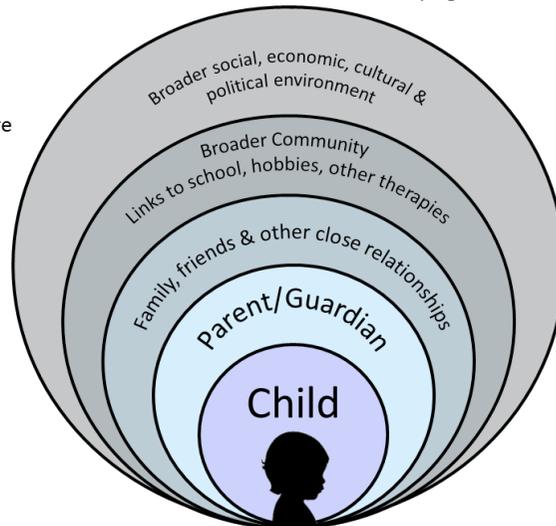


Figure 5: Children's outcomes within their ecological context

CHILDREN'S OUTCOMES

Children's numerous cognitive, psycho-emotional or behavioural/ social outcomes, generally matched or exceeded their own, and/or their parent/guardians' expectations. However, these varied considerably in number, type, the time point at which these emerged, and in the extent of development during or after the program. Outcomes appeared to be closely linked to the unique array of factors and needs characterising each child and their context (see Figure 5), and appeared to be progressive: the achievement of one outcome could facilitate development of another (eg. empathy progressing to improved behaviours with animals). These various types of outcomes are detailed in the following subsections.

COGNITIVE OUTCOMES

Cognitive outcomes showed a high degree of variation and depended considerably on a child's developmental stage, level of disability, and capacity to grasp and translate knowledge within 6 weeks. Numerous children demonstrated increased knowledge of animals and their needs; improved empathy; increased understanding of appropriate behaviours with animals; and increased understanding of appropriate behaviours with people.

“DID YOU LEARN ANYTHING ABOUT ANIMALS THAT YOU DIDN'T KNOW BEFORE?” “UM, THAT, YOU SHOULDN'T COVER GUINEA PIGS' AND RABBITS' EARS. BECAUSE IF YOU PUT YOUR HAND ACROSS THEIR EAR AND TALK LOUD, IT'S LIKE HEARING LIKE A WAVE. LIKE IF YOU PUT YOUR HAND OVER THEIR EARS IT'S LIKE HEARING WAVES”

(Child: Amy)

“SHE'S TALKED ABOUT THE THINGS THAT HAPPENED AT BARK, AND BEEN ABLE TO RELATE THEM TO CERTAIN THINGS. LIKE SAYING 'REMEMBER WHEN THIS HAPPENED IN THIS FILM AND THAT ANIMAL WAS REALLY SAD. THEY SHOULD HAVE THOUGHT ABOUT THIS' AND THAT'S SOMETHING SHE'S NEVER DONE BEFORE.”

(Parent/ Guardian: David)

Even younger and higher needs children could demonstrate cognitive outcomes.

THE CHILDREN ARE TOLD THAT THERE IS A CAT THAT HAS JUST BEEN RELOCATED, AND THAT WE HAVE TO BE QUIET BECAUSE IT IS PROBABLY NERVOUS AND SCARED. CHRIS ASKS WHETHER IT IS SCARED SEVERAL TIMES AND IS TOLD 'YES'. HE THINKS ABOUT THIS AND RESPONDS “DOES IT GOT BUTTERFLIES IN ITS TUMMY?”

(Participant observation notes)

PSYCHO-EMOTIONAL OUTCOMES

Psycho-emotional outcomes were particularly common amongst the children, all of whom demonstrated improvement in at least one facet of this category. Examples of these outcomes are as summarised as follows:

IMPROVED MOOD: "FUN" AND "JOY"

All children described BARK as fun or enjoyable, and increases in positive mood were evident in their bearing throughout sessions, and as the program progressed. This was the outcome that children and parent/guardians recognised and mentioned most.

"THEY ENJOYED GOING. AND THEY WOULD LOOK FORWARD TO GOING EACH TIME. I THINK IF ANYTHING ELSE CAME UP LIKE BARK, THEY'D BE PUTTING THEIR HANDS UP AGAIN TO DO IT, BECAUSE THAT'S HOW MUCH THEY REALLY, REALLY ENJOYED IT."

(Parent/ Guardian: Mandy)

"I LIKED IT BECAUSE IT WAS FUN! LIKE WHEN THE BIRD WAS FLYING AND IT SAT ON MY HEAD. THAT WAS SO FUNNY! IT WAS AWESOME! AND SEE I LIKED SEEING ALL THE ANIMALS"

(Child: Amy)

However, the import of positive mood differed between children, from those who were generally happy, to children whose joy at BARK was unusual, and an important step in their treatment.

"ACTUALLY HE JUST LOOKED HAPPY EVERY WEEK WHEN HE LEFT WITH A SMILE ON HIS FACE. AND HE'S DEFINITELY HAD MOOD PROBLEMS AND SOCIAL ISSUES AND SCHOOL DIFFICULTIES. SO YEAH, I JUST, HE WAS SMILING FOR MOST OF THE TIME AND I WAS LIKE "WOW!"

(Facilitator: Jane)

ESCAPE AND RELAXATION: "ME-TIME"

Given the busyness of the children's lives and the myriad of issues many were exposed to, the opportunity to relax and escape was also an important outcome. This emerged frequently in participant observation notes and interviews.

"THEY WERE THINKING ABOUT OTHER THINGS. THEY DIDN'T HAVE TO THINK ABOUT THEIR MISERABLE LIFE AT THE MOMENT. DO YOU KNOW WHAT I MEAN? ANY OF THAT IS HELPFUL"

(Parent/ Guardian: Lisa)

This escape appeared to further facilitate experimentation with new behaviours and learning.

SELF-ESTEEM, SELF-CONFIDENCE AND SELF-EFFICACY

Improvements in self-esteem, self-confidence and self-efficacy were readily apparent in many of the children, and this also tended to feed into other outcomes.

"IT WAS GOOD FOR HER SELF-ESTEEM AND CONFIDENCE. WHEN SHE CAME AWAY SHE WAS A LOT MORE CONFIDENT IN HERSELF. SHE WAS REALLY HAPPY ABOUT WHAT SHE'D BEEN UP TO, BECAME MORE CONFIDENT ABOUT ANIMALS AND AROUND PEOPLE"

(Parent/ Guardian: Mandy)

"EMILY IS SCARED WHEN THE GALAHS ARE RELEASED- PUTTING THINGS OVER HER HEAD SO THEY CAN'T GET ON HER. SHE SEEMS NERVOUS THROUGHOUT MOST OF THE SESSION BUT ALSO SEEMS TO WANT TO HAVE FUN LIKE OTHER KIDS. TAYLOR EXPLAINS THAT THE BIRDS HAVE THEIR OWN PERSONALITIES EG. POLLY IS NOT AS AFFECTIONATE. THEN SAYS GOING TO PUT BIRDS AWAY AND EMILY DECIDES SHE DOES WANT TO HOLD ONE. SHE'S STILL REALLY NERVOUS BUT TAYLOR TALKS HER THROUGH IT- AT FIRST SHE HOLDS POLLY ON HER ARM – THEN SAYS WANTS HER PUT ON HER HEAD. SHE HOLDS POLLY THERE WHILE OLIVIA TAKES PICTURES. THROUGHOUT SHE GETS LOTS OF POSITIVE FEEDBACK. SHE STILL HAS A BIT OF A NERVOUS LOOK BUT THEN THERE'S A BIG SMILE ON HER FACE WHEN THE BIRDS ARE PUT AWAY"

(Participant observation notes)

Critically, many of the children were willing and even eager to share and talk about their experiences at BARK with family, friends or at school. It appeared that the animal component diminished the shame that might otherwise be attached to a D/FV intervention.

"THE DAY AFTER BARK FINISHED LILLY HAD NEWS AT SCHOOL. SO SHE TOOK HER SHOW BAG AND ALL HER STUFF AND TALKED A BIT ABOUT IT THAT. AND OBVIOUSLY SHE HAD THE PICTURES AND DIFFERENT THINGS. SHE SHOWED EVERYONE HER CERTIFICATE"

(Parent/ Guardian: Carol)

"MUM SAID OH WE'RE GOING TO BARK AND THEN MY FRIEND SAID 'HEY WHAT'S THAT?' AND THEN I SAID 'IT'S THIS REALLY FUN THING WHERE YOU GET TO SEE ANIMALS AND STUFF AT RSPCA'"

(Child: Pippa)

BEHAVIOURAL/ SOCIAL OUTCOMES

Behavioural/ social outcomes were also frequent throughout BARK relating to both humans and animals.

IMPROVED SOCIAL SKILLS

Improved social skills were a key focus in many of the children's cases, particularly for parent/ guardians. Related outcomes spanned interactions with other children and the facilitators, and showed considerable diversity, from improved capacity in sharing, shyness, impulse control, respect of others' needs and desires, to role modelling.

"THE WEEK BEFORE WAS JUST A DISASTER BECAUSE HE WAS JUST FIGHTING WITH TIM AND BEING REALLY HORRIBLE TO HIM. AND THEN THAT ALL CHANGED, AND THAT WEEK HE STARTED TO BE NICE TO TIM AND BY THE LAST SESSION HE WAS HOLDING HIS HAND AND GAVE HIM A MASSIVE HUG. SO CHRIS REALLY LEARNED ABOUT BEING GENTLE"

(Parent/ Guardian: Helen)

"I THINK IN THAT GROUP HE REALLY STEPPED UP AND WAS A PRETTY GOOD ROLE MODEL FOR THE OTHER KIDS"

(Facilitator: Taylor)

BEHAVIOURS WITH ANIMALS

Behaviours with animals was another readily visible outcome that improved week to week throughout BARK. This was one of the areas in which children noted each other's improvements too.

"SHE'S JUST GOT A BETTER ATTITUDE, SHE'S MUCH MORE GENTLE WITH THE PETS"

(Parent/ Guardian: Helen)

"CHRIS KIND OF DID ANNOY ME WITH HIS SOOKING AT THE BEGINNING. BUT HE GOT REALLY BETTER. NOW HE'S NICER TO TIM AND BETTER WITH THE ANIMALS. AND HE SHARES MORE. NOT LIKE, SUCH SOOKYING SO MUCH [GIGGLES]. HE'S NOT SO MEAN NOW"

(Child: Amy)

ATTACHMENT AND BONDING

Whilst needs in this area differed widely, the children discernibly developed bonds amongst each other, and with the animals and facilitators. This was particularly important for children who struggled with trust and attachment, and in some cases translated into their home life too.

"YEAH SHE WAS HAPPY TO TALK ABOUT IT, SHE WAS EXCITED TO TALK ABOUT IT, AND SHE'D TALK FOR THE HALF AN HOUR JOURNEY HOME. SO IT HELPED US BOND MORE AND NOW SHE'S MORE AFFECTIONATE IN THE HOME"

(Parent/ Guardian: David)

"IT WAS GOOD FOR JAKE AND PIPPA, BECAUSE THEY'RE BOTH GOING THROUGH SOMETHING, AS SIBLINGS, TO HEAR THE SAME STORY AT THE SAME TIME...IT WAS GOOD FOR THEM IN THEIR RELATIONSHIP THAT THEY DIDN'T HAVE TO HAVE SHAME AROUND THE DOMESTIC VIOLENCE AND BEING IN A REFUGE... I SAID 'THIS IS THE SPACE TO TALK ABOUT THAT' AND THEY RELAXED AND WE CHATTED ABOUT IT AND THEY KIND OF SPOKE ABOUT IT IN FRONT OF EACH OTHER AND TOLD A COUPLE OF STORIES"

(Facilitator: Olivia)

Further, it appeared that some outcomes could facilitate progress in other areas. For example, the escape and relaxation and improved social behaviours seemed to assist children to experiment with new behaviours and question conceptualisations of their role and patterns of behaviour.

"SHE HAS MASSIVE ISSUES SOCIALLY AND SOME DIFFICULTIES AT SCHOOL, BUT I DEFINITELY SAW PERSONAL GROWTH WITH HER - HUGELY! - THROUGHOUT BARK. I THINK MORE THAN THE INDIVIDUAL COUNSELLING DID FOR HER. THE GROUP STUFF REALLY WAS A BENEFIT, AND TO BE THE TOP OF THE CIRCLE AND STEP UP AND BE A GOOD ROLE MODEL WAS A REALLY POSITIVE THING FOR HER TO BE ABLE TO DO"

(Facilitator: Taylor)

PARENT/GUARDIANS' OUTCOMES

Outcomes for parent/ guardians were an unanticipated but important result of children's engagement with BARK. These did not feature in the explicit aims or expectations of any participants, but related to: mood; knowledge and trust of their child; and resources and self-efficacy in parenting.

"I'M MUCH MORE RELAXED AND CALMER. I CAN TALK CALMLY WITH HER AND WITH THE ANIMAL. AND I'M NOT SO [RAISES VOICE] 'DON'T DO THAT AND OH MY GOD! DON'T DO THIS!' BECAUSE THAT'S HOW IT WAS AND THEN SHE WOULD GET FRUSTRATED WITH ME. NOW I CAN WALK AWAY AND NOT HAVE THE WORRY AND THE ANXIETY AND THE STRESS. I CAN WALK AWAY AND I CAN HANG OUT THE WASHING KNOWING WHEN I COME BACK, THERE'S TWO GUINEA PIGS THAT ARE STILL ALIVE. BEFORE, FORGET IT! "

(Parent/ Guardian: Helen)

"IT WAS GOOD FOR ME BECAUSE I GOT TO SAY 'DADDY YELLS AND GETS GRUMPY' AND I WOULD REFER THAT BACK TO ANIMALS. AND IF YOU YELL AT AN ANIMAL, THEY GET FRIGHTENED...IT'S JUST LIKE HUMANS AND IF, IF YOU YELL AT A HUMAN THEY'RE GOING TO FEEL LIKE THAT TOO AND THAT'S HOW ANIMALS FEEL'. AND SO WE TALKED ABOUT THAT."

(Parent/ Guardian: Linda)

These outcomes presented throughout the program and appeared to link into, and reinforce children's outcomes, for example in bonding and attachment and generalising children's learning to other settings (eg. the home, school).

SITUATING THE OUTCOMES ASSOCIATED WITH BARK

Promisingly, both the aims and outcomes of the BARK program overlap considerably with those of programs in related areas, but also seem to bridge the divide between D/FV centred and animal abuse centred therapies. BARK's aims are consistent with those identified by Rizo et al.^{112, p.163} in their review of child inclusive interventions for intimate partner violence (IPV).

They also correspond with the aims of AAls such as animal assisted play therapy^{140, p.207; 141, p.10}, and with humane education. Critically, in the case of humane education, BARK aims not only corresponds with interpersonal but also with interspecies related goals¹⁴²: "1) assist children in developing compassion, a sense of justice, and a respect for all living creatures; (2) provide the knowledge and understanding necessary for children to behave according to these principles; and (3) foster a sense of responsibility on the part of children to affirm and act upon their personal beliefs"^{143, p.iii}.

Outcomes identified in children attending BARK are also congruent with those of other evaluated interventions for children exposed to D/FV, which are diverse and multifaceted^{39, 71, 112}. These outcomes include improvements related to PTSD/ trauma symptoms, behavioural problems, internalising symptoms, externalising symptoms, general psychological problems, anxiety, depression, emotional difficulties, feelings of self-competence, self-esteem/ self-concept, attitudes and knowledge related to anger/ violence, knowledge of resources and safety, overall psychological wellbeing, and means of dealing with conflict^{77, 112, 144-148}. Outcomes identified in the parent/ guardians of the enrolled children also correspond with improvements to maternal symptoms, identified in evaluation of other D/FV interventions incorporating children^{77, 147, 148}. When comparing BARK's

¹ "(a) learning about and dealing with IPV; (b) developing and enhancing coping skills; (c) developing and enhancing communication skills; (d) developing and enhancing conflict resolution and problem-solving skills; (e) exploring attitudes and beliefs about family violence; (f) increasing personal safety; (g) improving trauma symptoms and overall psychological well-being; (h) increasing self-esteem and self-efficacy; (i) increasing social skills and social support; (j) decreasing self-blame; (k) understanding and expressing feelings; (l) improving emotion-regulation; and (m) changing maladaptive behaviors"

outcomes against the stronger evidence base for broader trauma in childhood (including D/FV), this too largely parallels current findings. For example, in outcome areas associated with CBT^{52, 149} and Trauma Focussed CBT¹⁵⁰: parenting skills; psychoeducation; relaxation skills; affective modulation skills; cognitive processing; trauma narration; in vivo desensitisation; conjoint-child-parent sessions; enhancing safety; and future development. Further, BARK's outcomes are also consistent with therapies with less conclusive evidence-bases for children exposed to trauma or adverse experiences (eg. play therapy, psychodynamic therapy)^{52, 149, 150}.

In considering therapies involving animal interaction, the emerging area of Animal Assisted Play Therapy bears particular resemblance to BARK, and is associated with improved: self-efficacy, attachment/relationship, empathy, self-regulation and problem resolution¹⁴¹. Other AAIs with children exposed to violence or adversity have also produced similar outcomes, related to: socialisation/ social skills, attachment/companionship, self-esteem/self-confidence, self-efficacy sense of mastery, empathy, personal space/boundary issues, attachment-related problems, emotional blunting and incongruence, self-concept, meta-cognition, reflectivity, adaptive and maladaptive behaviours, emotional stability, trauma symptoms, anxiety, depression, anger, posttraumatic stress disorder diagnosis, dissociation^{14, 22, 23, 25, 82, 109, 111}. Literature on humane education incorporating animals also outlines some similar outcome areas in mastery, empathy, future orientation¹⁵¹.

Broader outcomes have also been associated with such interventions (eg. improved school functioning, literacy, knowledge of restorative justice); whilst BARK's broad focus does not preclude such outcomes, these are peripheral to the program's key aims and were beyond the scope of this study. It should also be noted that, whilst not all children responded equally to BARK or successfully achieved or maintained outcomes; this is not unusual in similar programs. In one of the few reviews of effective and rigorously evaluated interventions for children exposed to D/FV, Graham-Bermann and Hughes⁷⁷ found that in all three "model interventions" certain children could not be successfully treated. The heterogeneity of children exposed to D/FV likely remains a critical areas for investigation in this field: numerous entreaties have been made for further investigation of key factors in children's amenability and response to different D/FV or trauma interventions (and/or their components)^{39, 112}. Insights into these factors are also called for in AAIs are humane education^{14, 151}.

MECHANISMS: "HOW BARK WORKS"

UNDERPINNING CONCEPTS

In response to the complex cases and contexts with which it was presented, BARK employed a correspondingly intricate and adaptable array of tools and application strategies, as outlined previously. Whilst these 'hands-on' tools and strategies were readily visible and

explicitly mentioned by participants, four 'underlying concepts' were identified as more abstract, but key, unifying themes in BARK's work:

- Acceptance and respect: "A nice, safe atmosphere"
- Hope and potential: "It doesn't have to be..."
- Adaptability and creativity: "Rolling with it"
- Commitment and reinforcement: "Plant a little seed"

These encompassed and elucidated the program's numerous, seemingly ad hoc practices.

ACCEPTANCE AND RESPECT: "A NICE, SAFE ATMOSPHERE"

This concept reflects that all practices centred on generating a psychologically, emotionally and physically safe space. Facilitators continually asserted the importance of "warmth" and "respect" in engaging and teaching the children.

"WE WERE ABLE TO EXPLAIN TO TIM THAT THERE WAS SOMETHING ELSE GOING ON FOR CHRIS AND IT HAD NOTHING TO DO WITH HIM. AND HOLD THAT WHOLE LINE OF BEING RESPECTFUL AND HOLD THE SPACE, TO MAKE SURE THAT THEY WERE BOTH COMPLETELY SAFE AND CALM. AND HE WAS JUST THIS AMAZING LITTLE SEVEN YEAR OLD WHO WAS COMPLETELY ABLE TO DO THAT"

(Facilitator: Olivia)

"A LOT OF HOW THIS GROUP RAN WAS ON US MODELLING APPROPRIATE BEHAVIOURS AND MAINTAINING THE KIDS' FEELING A SENSE OF RESPECT AND TAKING RESPONSIBILITY FOR THEIR BEHAVIOURS. I THINK WE ALL BECAME ATTACHED TO THE KIDS AND THEIR DIFFERENT PERSONALITIES, AND JUST ACCEPTED THAT'S WHO THEY ARE. BECAUSE WE GO IN WITH THAT ATTITUDE OF, IT DOESN'T MATTER WHERE YOU'RE FROM, WHAT YOUR HISTORY IS, OR WHERE YOU'RE AT NOW, YOU'RE A PART OF THIS GROUP. AND WE KIND OF JUST LOVE YOU ANYWAY. SO I REALLY THINK THEY ALL CAME TO FEEL PRETTY SAFE AND SECURE AND, IT'S ONLY WHEN KIDS FEEL SAFE, THAT THEY CAN REALLY LET THAT GUARD DOWN AND BUILD EMPATHY AND BUILD RELATIONSHIPS"

(Facilitator: Jane)

Parent guardians appeared to note, appreciate, and encourage this.

"EVERYBODY WAS DIFFERENT, AND PIPPA KNEW THAT SOME OF THE OTHER KIDS HAD DIFFERENT PROBLEMS. BUT SHE HAD TO RESPECT THAT, AND EVERYONE WAS EQUAL, WHICH WAS GOOD. WHEREAS AT SCHOOL THERE'S A BIT MORE OF, LIKE IF REBECCA AND PIPPA WERE AT SCHOOL TOGETHER, REBECCA WOULD PROBABLY BE IGNORED OR BULLIED. BUT IT WAS A SMALL GROUP AND VERY FRIENDLY, SO IT WAS USEFUL FOR PIPPA TO LEARN NOT TO BULLY"

(Parent/Guardian: Linda)

Acceptance and respect involved maintaining a child-centred focus and balanced group dynamic, imbued with respectful boundaries and positivity. Facilitators stressed that BARK was not a disciplinary space - “not school”, but rather a setting where children could “be themselves” and learn, play and have fun. Tools and application strategies were aligned to children’s needs and desires as much as possible. Nonetheless, given the variety of needs and difficulties children presented, facilitators had to vigilantly balance between imposing fair, predictable boundaries, and allowing children scope for creativity and fun.

HOPE AND POTENTIAL: IT DOESN’T HAVE TO BE...”

This concept captures the recognition of children’s capacity for positive development, which underpinned facilitators’ practice and permeated the program. Children were accepted “where they’re at”, and from there, supported to develop their own “potential” and build positive knowledge, skills and behaviours.

"IF YOU REMEMBER JAKE, THAT FIRST WEEK OR TWO, HOW HE JUST SAT IN THAT TENT AND JUST REALLY DIDN'T ENGAGE AND SEEMED A BIT WEIRD. BUT BY THE END WE COULDN'T SHUT HIM UP, HE WAS THE CHATTIEST KID AND WAS REALLY ONTO IT. AND THAT'S WHAT I'M SAYING, THE KIDS ARE MORE THAN THEIR POTENTIAL LOOKS ON PAPER. JAKE WAS GETTING IT, HE WAS ANSWERING, THINKING... EVEN THOUGH HE'S GOT AUTISM AND ADHD AND ALL OF THAT GOING ON FOR HIM."

(Facilitator: Olivia)

These concepts fostered recognition within each child of their own intrinsic worth. This coincided with broader acceptance and respect amongst the children and parent/guardians, providing support and impetus for children to explore and develop their identity, and ability to “make better choices”. This assisted in building a foundation to which children and their parent/ guardian could turn if facing future adversity.

"BY THE END WE COULD TAKE AWAY THE SHAME, AND SHOW THAT IS WASN'T HER RESPONSIBILITY OR HER FAULT... AND YOU KNOW, THAT SHE GETS TO MAKE HER OWN CHOICES AS SHE GETS OLDER AND GIVE THAT FUTURE HOPE. AND I SAW HER REALLY BUBBLING AND STARTING TO BE MUCH MORE ENGAGED IN GENERAL. AND I REALLY ENJOYED SEEING THAT"

(Facilitator: Taylor)

Hope and potential were also a strong motivating factor in facilitators' substantial personal dedication to the program, which fed into commitment and reinforcement.

ADAPTABILITY AND CREATIVITY: "ROLLING WITH IT"

This concept informed facilitators' practice in maintaining hope and potential, and acceptance and respect throughout the program, to meet children's dynamic needs. This required adaptive and creative application of numerous tools and strategies, to accommodate each client's busy context, whilst dealing with BARK's own broader context.

"BARK IS VERY EASY GOING, 'THE KIDS AREN'T REALLY INTO THIS TODAY, SO LET'S DO THIS INSTEAD'. TOTALLY FREE FLOWING, RELAXED, CHILLED OUT. IT'S WHAT THE KIDS NEED"

(Facilitator: Olivia)

"IT'S A MULTILAYERED JUGGLING ACT, BECAUSE IT'S A THERAPEUTIC SPACE AND IT'S ABOUT LIFE SKILLS IN A WAY, AND A PROTECTIVE BEHAVIOURS PROGRAM, AND IT'S MANY OTHER THINGS AS WELL. SO BETWEEN THE INTERACTION BETWEEN THE ANIMALS AND THE CHILDREN, AND THE CHILDREN'S DYNAMIC WITHIN THE GROUP ITSELF, IT'S SO VARIABLE. SO IT'S NOT JUST THE ANIMAL THERAPY. WE GO WITH THE FLOW OF EACH GROUP I GUESS."

(Facilitator: Taylor)

Facilitators maintained that no matter the child (eg. age, developmental level, symptoms) presenting at the program, they should be able to accommodate them and provide a relevant therapeutic experience.

"A KID CAN COME WITH WHATEVER DIAGNOSIS, ALL SORTS OF STUFF, AUTISM, SEIZURES, ADHD, ALCOHOL SYNDROME, DRUG STUFF, DOMESTIC VIOLENCE, WHATEVER. THAT IS WHAT IT IS AND I DON'T CARE WHAT YOU LABEL IT. THEY'RE NOT COOKIE CUTTER KIDS. BUT THEY COME AND THEY'RE PARTICIPATING AND THEY'RE TAKING PART AND THEY'RE GETTING IT, AT WHATEVER LEVEL THAT THEY'RE ABLE TO TAKE PART IN. WE'RE ABLE TO MOVE IT AND TAILOR IT TO BE ABLE TO DO THAT AND I LOVE THAT."

(Facilitator: Olivia)

COMMITMENT AND REINFORCEMENT: "PLANT A LITTLE SEED"

This concept ensured that even if lapses occurred either in the program delivery or in children's outcomes, these were acknowledged, learned from, and built upon. It fed into acceptance and respect and hope and potential, in that no child was "abandoned".

Facilitators would persevere to allow a child to repeat BARK, or find them an alternative program if BARK wasn't viable or effective for them.

"FOR HANNAH, I MAILED THEM SOMETHING. BARK WAS STILL ON BUT THEY HADN'T TURNED UP AGAIN THAT WEEK. SO I MAILED THEM SOME INFO ON A STUDY WITH A GROUP PROGRAM FOR KIDS SPECIFICALLY OF HER AGE ABOUT SELF-ESTEEM AND CONFIDENCE. I THOUGHT IT WOULD BE BRILLIANT FOR HER BECAUSE I DIDN'T HAVE ANY SPOTS AT THAT TIME FOR INDIVIDUAL COUNSELLING"

(Facilitator: Jane)

"WE'RE NOT SO NAIVE TO THINK THAT, A CHILD THAT'S GOT SO MANY INTENSE NEEDS HAS LEARNED EVERYTHING THERE IS TO LEARN IN ONE ROUND. IT WAS HARD THAT SHE DIDN'T COME FOR THE LAST WEEK, BUT THAT'S ALSO OK. I THINK IF WE'D GONE 'RIGHT. YOU DON'T GO TO THE PARTY SUCKED IN! YOU MISBEHAVED. OFF YOU GO. CATCH YOU IN YOUR NEXT LIFE' THAT'S A DIFFERENT SCENARIO. INSTEAD WE'VE GONE 'OK' AND ACKNOWLEDGED THAT THERE'S STILL A LOT OF LEARNING FOR HER TO DO, AND THIS WAS JUST ONE STEP. SO WHEN SHE GETS TO COME BACK SHE NEEDS TO MONITOR HERSELF REALLY WELL, AND WE'LL GUIDE HER IN THAT. SHE STILL NEEDS TO TAKE RESPONSIBILITY HERSELF, BUT ALSO KNOW THAT IF SHE DOESN'T QUITE GET IT THE FIRST TIME, IT'S OK"

(Facilitator: Taylor)

These underlying concepts are represented within BARK's broader context in Figure 6, whilst Figure 7 denotes how these concepts manifested in practice through Pippa's experience.

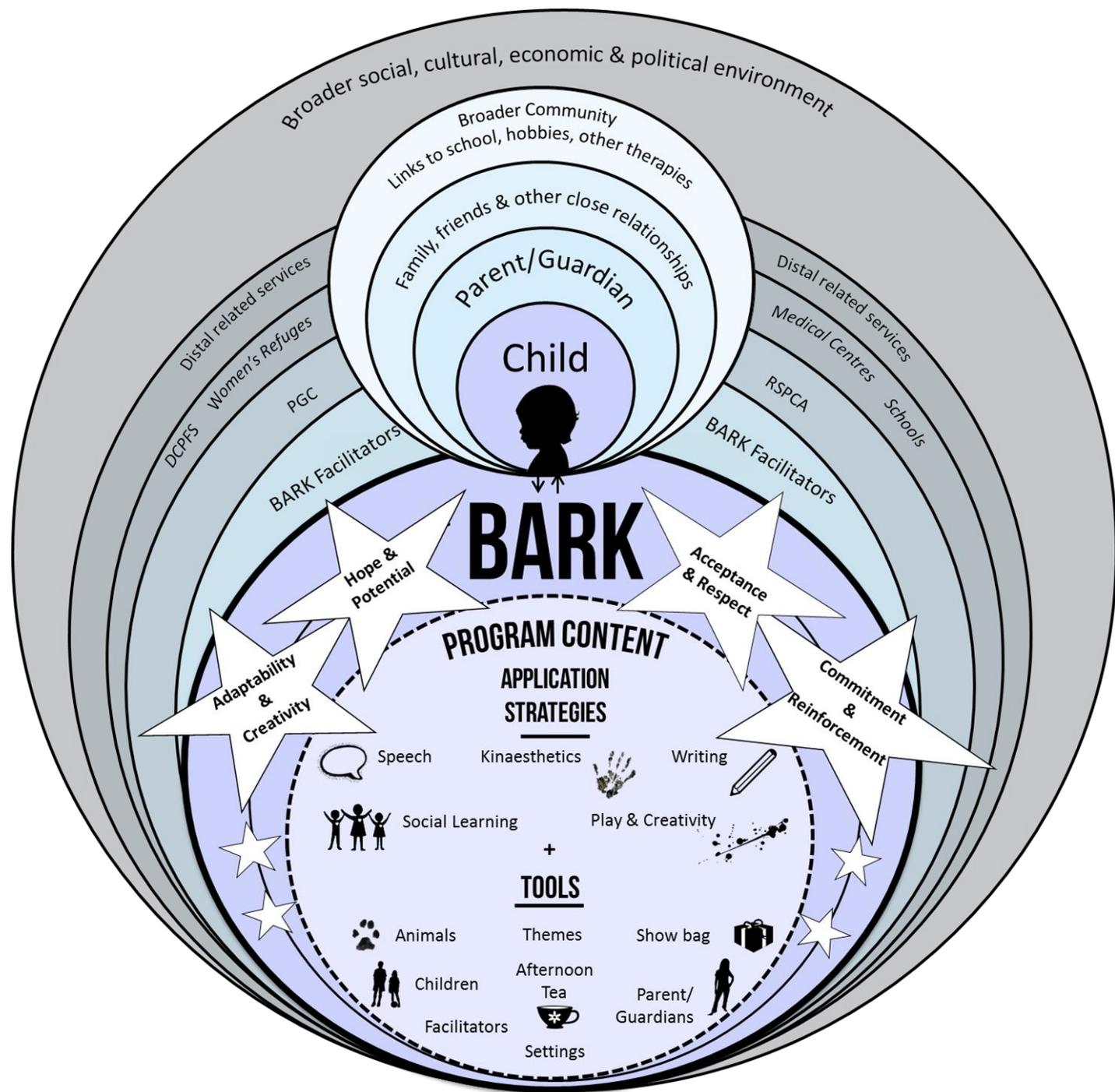


Figure 6: A model of BARK's practice



PIPPA ARRIVES AT HER FIRST BARK SESSION WITH HER MUM, AND YOUNGER SIBLINGS. SHE IS 12, AND DESPITE ATTENDING COUNSELLING AT PGC, HAS ONGOING ISSUES WITH A MOOD DISORDER, BULLYING, EMPATHY, AND SCHOOL PERFORMANCE. SHE'S RELUCTANT TO ATTEND. AS SHE SHUFFLES INTO THE ROOM SHE CURLS WAILY BACK INTO HER 'HOODIE'. YET WHEN OLIVIA APPROACHES SHE SITS DOWN AND ACCEPTS THE SLICED APPLE THAT'S PROFFERED. AS THE PARENTS DISPERSE AND DISCUSSION OF THE SESSION'S THEME COMMENCES, SHE SLOWLY STARTS TO SURFACE FROM HER JUMPER. SHE GRADUALLY ENGAGES, AND REVEALS SHE'S ALREADY FAMILIAR WITH MUCH OF THE CONTENT ON RESPONSIBILITY. SHE EVENTUALLY RAISES HER HAND TO COMPREHENSIVELY LIST PETS' NEEDS, EVEN AS THE YOUNGER CHILDREN STRUGGLE AND LOSE CONCENTRATION. SHE IS PRAISED AND ENCOURAGED BY THE FACILITATORS AND VISIBLY STARTS TO RELAX. AS THE SESSION CONTINUES SHE LAUGHS WITH THE OTHER KIDS AS THE RABBITS BOUND AROUND SNIFFING AT HER LEGS, AND PEEKING OVER AND AROUND EACH OTHER. SHE SHOWS PARTICULAR INTEREST IN A SHY RESCUE DOG "BUDDY" AND TAYLOR ENCOURAGES HER AS SHE GENTLY COAXES IT OVER FOR A PAT THROUGH THE FENCE. HER LITTLE SISTER AND ANOTHER 8 YEAR OLD QUICKLY MIMIC HER TONES, AND SHE HELPS THEM CALL "BUDDY" BACK OVER. WHEN HER MUM RETURNS, SHE IS SMILING AND CHATTING WITH OLIVIA, AND BURSTS IN WITH HER EAGER SIBLINGS TO EXPLAIN THE ENCOUNTERS THEY'VE HAD.

IN SUBSEQUENT SESSIONS PIPPA BECOMES INCREASINGLY CONFIDENT AND NATURALLY FALLS IN AS A ROLE MODEL FOR THE GROUP. SHE IS PATIENT AND GENTLE WITH THE ANIMALS, AND IS THE FIRST TO ANSWER IN ANY DISCUSSION OF BARK'S THEMES. THE FACILITATORS FOSTER AND ENCOURAGE THESE EFFORTS, REINFORCING THE PROGRAM'S THEMES AND ALLOWING HER TO DEMONSTRATE HER KNOWLEDGE. THIS WORKS PARTICULARLY WELL, AS MOST OF THE GROUP ARE YOUNGER WITH DISTINCT DEVELOPMENTAL NEEDS. HOWEVER, PIPPA STRUGGLES WHEN HER SIBLINGS BROACH DISCUSSIONS OF HER DAD, VISIBLY DARKENING AND RECOILING INTO HER CLOTHING. SHE EVENTUALLY DESCRIBES HER STRONG BOND WITH HIM, THE FUN THEY HAVE, AND MISSING HIM, BUT HER ANECDOTES ARE CLOUDED BY CONFUSING ISSUES OF SAFETY AND RESPECT. OLIVIA QUESTIONS PIPPA ABOUT THESE STORIES, ENCOURAGING HER TO CONSIDER THE PROGRAM THEMES: "DO YOU THINK THAT WAS RESPECTFUL BEHAVIOUR?" DESPITE STRUGGLING WITH THESE CONVERSATIONS PIPPA SLOWLY PERKS UP EACH TIME, AS THE GROUP MOVES FROM THE EDUCATION ROOM TO INTERACT WITH THE ANIMALS. AT ONE SESSION, A KITTEN SWATTING AT HER SISTER'S PONYTAIL PROVES AN IRRESISTIBLY HUMOROUS DISTRACTION, WHILST AT THE NEXT, EXCITEMENT AT HOLDING "OZZIE" THE COCKATOO ALSO PROVES CONTAGIOUS.

PIPPA'S MUM IS A POSITIVE FIGURE THROUGHOUT HER ATTENDANCE AND IS VERY ENGAGED, BRINGING IN HOMEMADE SNACKS AND ALWAYS STAYING TO CHAT. SHE LATER DESCRIBES HOW THE PROGRAM HAS ASSISTED HER, AND HOW SHE NOW USES ANIMALS AS ANALOGIES TO DISCUSS FAMILY ISSUES. SHE NOTES THAT BARK HAS PROVIDED A VALUABLE AID DURING THE WAIT FOR MORE INDIVIDUAL COUNSELLING. UPON ITS COMPLETION PIPPA HAS DEMONSTRATED NUMEROUS OUTCOMES INCLUDING LEADERSHIP, IMPROVED MOOD, IMPROVED SELF-CONFIDENCE AND IT APPEARS THAT THESE MAY HAVE LONGER TERM IMPACT: SHE DESCRIBES THE MONTAGE SHE'S MADE ON HER BEDROOM WALL USING HER BARK PHOTOS.

Acceptance & Respect

- OF PIPPA'S SYMPTOMS EG. LETTING HER CURL INTO HER JUMPER WHEN UNCOMFORTABLE
- OF PIPPA'S LOVE FOR, AND CONFUSION ABOUT HER DAD

Hope & Potential

- ACKNOWLEDGING / ENCOURAGING PRIOR KNOWLEDGE OF ANIMALS & LOVE OF/ SKILLS WITH ANIMALS
- REINFORCING CAPACITY TO BE A POSITIVE ROLE MODEL & BE DIFFERENT TO THE 'UNDER PERFORMER' ROLE USUALLY ASSUMED AT SCHOOL

KEY TOOLS FOR PIPPA

Social Learning
Speech
Kinaesthetics



KEY STRATEGIES FOR PIPPA

Animals
Show bag
Parent/ Guardian



Adaptability & Creativity

- TO PIPPA'S AGE GAP & MORE ADVANCED SKILLS
- TO LEADERSHIP & ROLE MODELLING SHE BEGINS DEMONSTRATING
- TO STORIES THAT EMERGE FROM PIPPA AND HER SIBLINGS ABOUT HER DAD

Commitment & Reinforcement

- THROUGH PIPPA'S MUM
- THROUGH SHOW BAG AND PHOTOS

Figure 7: A worked example of the BARK Model: Pippa

SITUATING BARK'S UNDERPINNING CONCEPTS

Critically, these underlying concepts, in conjunction with BARK's tools and application strategies, form a practice model which is coherent with numerous prominent models, frameworks and paradigms applied to D/FV and childhood trauma. BARK's model resonates with broad recommendations for children exposed to D/FV: "any intervention strategy needs to be individualistically responsive to the child's familial context, focused on stabilizing the home environment and minimizing disruption, and one which recognizes and enhances informal support"^{39, p.807}. The program is also compatible with central elements proposed for Trauma Informed Care^{152, 153}. One such conceptualisation outlines three pillars of Trauma Informed Care: safety, connections, and managing emotions¹⁵⁴. Another posits eight core elements¹⁵² which correspond with BARK's own underlying concepts, as represented in Figure 8. BARK's approach also broadly corresponds to other approaches deemed best-practice with children exposed to D/FV or trauma, such as child-centred practice, developmental and ecological systems approaches and risk and resilience frameworks^{39, 72, 127, 154-156}. BARK further parallels practices developed for the emergent complex trauma disorder^{3, 138}, and developmental trauma disorder⁶⁹ paradigms, which aim to address trauma such as D/FV. The interplay of its underlying concepts allows BARK to accommodate a child with very "high needs" and limited development as well as "high functioning" children, which fits with complex trauma's contextual cornerstone that "appreciable progress in addressing developmental and life skills deficits must occur before direct processing of traumatic material can be productively undertaken"^{48p.281}.



Figure 8: The convergence of the BARK's model with Trauma Informed Care

BARK's practice model is also coherent with AAI's underlying approaches¹⁴. The Handbook on Animal-Assisted Therapy notes that "one should not look at AAT in isolation, but rather how the animals support and augment the clinician's ability to work within his/ her theoretical orientation"^{157, p.171}. Thus, the underlying concepts within BARK and their envelopment of its detailed practices allows the program to broach numerous and overlapping needs, corresponding with numerous eminent psychological theories, such as Maslow's Hierarchy of needs¹⁵⁸, attachment theory¹⁵⁹, social learning theory¹⁶⁰, role theory¹⁶¹. These theories underpin and likely link many interventions for children exposed to D/FV^{4, 52} and much of AAI practice^{105, 162-164}. Thorough exploration of this area is beyond the scope of this thesis: it should be noted that generating a theoretical understanding and frameworks for childhood exposure to D/FV has been highlighted as a key area for future research¹²⁷.

Finally, as noted earlier, there were moments in which BARK's underlying concepts faltered and could not address both the group's and each individual child's needs, in a given situation. This generally related to the complexity within the groups of children, and the need to balance needs and desires with contextual influences (eg. parent/ guardian needs and desires, resource availability). These lapses are not detailed here, as they were thoroughly noted by participants and are evident in the following section (*The BARK Model*). However, it is pertinent to note that BARK's practice model, in incorporating both adaptability and creativity, and commitment and reinforcement, had an inbuilt mechanism to address these challenges.

THE BARK MODEL: WHAT WORKS AND WHAT NEEDS IMPROVEMENT?

Within this section I outline participants' views on what did, and did work not within the program, and link this to the broader proposed BARK model. As many of these views relate to the program in a now defunct format, I also briefly comment on their within implications of BARK's new setting.

PARTICIPANTS' VIEWS

All participants rated BARK positively and noted that they would recommend it for other children.

"I THINK IT'S JUST FANTASTIC. I'M VERY HAPPY, IT'S WONDERFUL. IT WAS SUCH A POSITIVE EXPERIENCE FOR HIM TO BE ABLE TO BE SOMEWHERE WHERE ANIMALS WERE INVOLVED"

(Parent/ Guardian: Mandy)

"IT MADE ME HAPPY...MY FAVOURITE WAS WHEN WE GOT TO GO AND PLAY WITH THE KITTENS. AND ALSO...WELL I LIKED EVERYTHING! SO I'D TELL MY FRIENDS TO DO BARK BECAUSE IT IS LIKE, REALLY FUN"

(Child: Tim)

Favourite and most appreciated program components largely overlapped between children, parent/guardians and facilitators. Animals and the kinaesthetic opportunities of the program (eg: cuddling animals, patting animals) were overwhelmingly valued and appreciated. Other positively appraised components included the group format and other children, the show bag, facilitators, and connection to RSPCA. A summary and examples of these positive components is available in Table 3.

TABLE 3: A SUMMARY OF POSITIVE PARTICIPANT FEEDBACK ON BARK CONTENT

Tool	Reasons given by participants	Examples
Animals	<ul style="list-style-type: none"> ▪ Kinaesthetics (eg. Fluffiness, cuddles) ▪ Fun/ Enjoyment ▪ Liking animals ▪ Variety ▪ Learning ▪ Help with missing their pets ▪ Distraction 	<ul style="list-style-type: none"> ▪ “The birds were cool, like, they weren’t all boring and stuff. They flew around and I got to hold them and stuff” (child: Pippa) ▪ “I really liked patting the guinea pigs and the cats. They’re fluffy! Oh and seeing the dogs!” (child: Amy) ▪ “Because as much as you can stand there you’re not always going to be in the playground and you can’t always say to little Joe blogs don’t become that boy. But if there’s an animal in front of them and they get to understand it, and get to actually bond with it as well it really helps” (parent/ guardian: David)
Other children/ group format	<ul style="list-style-type: none"> ▪ Increasing children’s feelings of comfort and safety ▪ Reducing feelings of taboo, shame ▪ Possibility for of positive behaviours ▪ Possibility of spontaneous play ▪ Opportunity to learn from others’ behaviours/ attitudes ▪ Increasing children’s feelings of respect, self-confidence 	<ul style="list-style-type: none"> ▪ “Yeah it the group takes the pressure off the kids. They, they’re not the sole focus of everything that’s happening” (facilitator: Jane) ▪ “There were that one time where Steph brung the ribbon and she went like that [mimes dangling and twirling] with the kitten and it was really funny!” (child: Tim) ▪ “I liked the social side of things. She a really social child. And it was nice for her to go and meet other kids that that weren’t from school” (parent/ guardian: Helen) ▪ “I liked the kids coz they’re nice and they’re friends... because then it was quite fun because you’re not really alone...and I get to know people. It wouldn’t have been as good without other kids, like more boring” (child: Emily)
Facilitators	<ul style="list-style-type: none"> ▪ Bonding and attachment with children ▪ Attitudes 	<ul style="list-style-type: none"> ▪ “He was happy to walk into the room, and bonded really well with the workers, which was really nice to hear. He doesn’t always do that. And he spoke praise about them. And they was always helpful and willing to talk so I like that about the program” (parent/ guardian: Andrew)
Parent/ guardians	<ul style="list-style-type: none"> ▪ Promoting respect ▪ Reducing isolation 	<ul style="list-style-type: none"> ▪ “I think the parents see that all of the kids in the group do have those different backgrounds, have gone through hardship, you know. They all seemed quite, caring,

		respectful to the other kids and to each other you (facilitator: Olivia)
Themes	<ul style="list-style-type: none"> ▪ Learning about animals 	<ul style="list-style-type: none"> ▪ “I liked the talking because I liked learning things about the animals” (child: Emily)
Games	<ul style="list-style-type: none"> ▪ Fun/ Enjoyment ▪ Possibility of translation of skills 	<ul style="list-style-type: none"> ▪ “Jake loved the game with that fake poo and picking it up in a bag. And he was going to test the theory at home although that never happened [laughs]” (parent/ guardian: Linda)
Afternoon tea	<ul style="list-style-type: none"> ▪ Enjoying the food ▪ Possibility to chat, share, practice pro-social behaviours ▪ Easy way for parents to connect with program/ facilitators ▪ Opportunity to practice observe and practice pro-social behaviours an life skills 	<ul style="list-style-type: none"> ▪ “I like the food!” (child: Pippa) ▪ “Even though Jake was showing aggression towards Steph, about three sessions in Steph’s mum made those chocolate crackles and that just stole his heart! That was the key. And after that he was just really was happy to connect and they were fine” (facilitator: Taylor) ▪ “The afternoon tea was really good! That was a really good ice breaker. I think the kids got to sit around and meet each other. Rather than be stuck in a room with all the kids like “mmm” [mimes moping] you know?” (parent/ guardian: David)
Follow up resources	<ul style="list-style-type: none"> ▪ Fun/ Enjoyment ▪ Possibility of enhancing program impact and longer term outcomes ▪ Ameliorating the end of the program 	<ul style="list-style-type: none"> ▪ “I really liked the show bag. It was really fun and I still have it and I play like, with the toys in it. And I read the book, like ‘home run’. And it’s really fun the book and stuff” (child: Amy) ▪ “I really like that they get the show bag. It’s kind of the freebies from RSPCA but also the bark little photo album that we’ve done for them to reflect on, and remember. Yeah, remember their friends, remember their favourite animals, and remember the messages, so in terms of longevity I kind of hope it’s something that can help. Having something physical to remember it by.” (facilitator: Jane) ▪ “The colouring in sheets and little goodies was really exciting for them too, to have at the end, and to actually keep. It kind of captured those memories of the course itself in their little photo albums. And they’ve added extra photos that they had separate” (parent/ guardian: Mandy) ▪ “When she was leaving, she was like; oh I’m really sad that it’s ended, but look at this! And she read through the literature which is something she probably wouldn’t have done before, because you get this packs and just kind of throw them out. But she read it. And in her photo pack there’s like a little oath about animals and that you should treat them in a certain way, and she always goes back to it.” (parent/ guardian: Linda)
<u>Application strategies</u>	Reasons given by participants	Examples

Touch/ kinaesthetics	<ul style="list-style-type: none"> Positive learning tool 	<ul style="list-style-type: none"> “I really liked the hands on approach with the animals. That’s huge. I think that’s really good that, like, kids get taught things on power point, electronics, and that’s the way the world goes. But these kids got hands on and I really like that learning because it’s responsive learning” (parent/ guardian: David)
Other		
Connection to RSPCA	<ul style="list-style-type: none"> Positive connotations and recognition among friends Reduced shame of participating in a D/FV program Provided an avenue for future contact with animals (eg. Holiday programs, volunteering) 	<ul style="list-style-type: none"> “I think that having it at the RSPCA also gives the children that interest of other things going on at the RSPCA. Which leads to interest in volunteering, which I think shows an aspect of their wanting to help out, and to share” (parent/ guardian: Helen) “Yeah, at the RSPCA, that’s the only way, to, to really do it, at the RSPCA. A lot of my friends, you know, follow the RSPCA and they, they respect the RSPCA and what they do” (parent/ guardian: Mandy)
Complementing other programs/ therapies	<ul style="list-style-type: none"> Promoting continuity in healing/ treatment/ learning 	<ul style="list-style-type: none"> Bark did fit in quite well; I mean I spoke to the school, because he keeps talking about seeing the animals. So he talked at school and they gave us feedback, so that worked well” (parent/ guardian: carol) “it was good because it was a follow on from his individual counselling that he did here at the refuge” (parent/ guardian: Mandy) “Jake was doing this program alongside his therapy as well. So I think it really linked very well. So we went to therapy in the morning and to bark in the afternoon, and that meant he had to spend time with me throughout and we got that chance to chat” (parent/ guardian: Linda)
Cost	<ul style="list-style-type: none"> Very accessible compare to other services 	<ul style="list-style-type: none"> “My dad said ‘have you got to pay any money?’ I said ‘no’. And he went ‘wow! That’s unreal’. And I said ‘I know!’ because otherwise I’d have to be paying for psychologists or psychiatrists” (parent/ guardian: Helen)

TABLE 4: A SUMMARY OF NEGATIVE PARTICIPANT FEEDBACK/ SUGGESTIONS FOR CHANGE ON BARK

Element	Reasons given by participants	Examples
Animals	<p>More animals</p> <p>Quantity</p> <p>Types</p>	<p>“I reckon more animals would be good like rabbits and guinea pigs. And horses” (child: Emily)</p> <p>“maybe they should let us see more animals, like birds” (child: Amy)</p>
Other children/ group format	<p>Difficulties for children with ‘history together’</p> <p>Children could adversely impact or constrain each other’s experience of bark</p>	<p>“Like I said, it was a shame when they said he couldn’t go until next year, because of the other girl that’s there. Because I was looking forward to doing it, you know, the quicker it comes up the more he can reinforce it” (parent/ guardian: Andrew)</p> <p>“I don’t like playing with Lilly, the other little Lilly” (child: Jake)</p>
More tailored activity	<p>Older children found it less stimulating</p> <p>More strategies tailored to older children</p>	<p>“I think the older kids could be more the, the ones that pass the, I don’t know if this is how they did it, pass the little animal to other kids like in a circle” (parent/ guardian: Mandy)</p> <p>“I don’t know if I’d tell my friends to do it. Because most of the learning stuff I’d already done, like picking up dog poo and stuff like that. So it was probably helpful to Jake and that. I more just liked the animals and the food” (child: Pippa)</p>
Connection with parents	<p>More clarity on program structure</p> <p>More clarity on program mechanisms</p> <p>More consultation on goals, strategies etc.</p> <p>More consultation on reinforcement</p> <p>Suggestion for complimentary parent activities</p>	<p>“I think sitting around in the waiting room for two hours, we could have done a whole lot more. Maybe do a parent side of it as well? Because we’ve got to do the after care. So we need to understand what we could do to help that, or understand it.” (parent/ guardian: David)</p> <p>“maybe the first half hour just running a little what we do, and then I can have some idea of this is how you do it. Or a sheet or...or this is how we encourage... like I said, just so I can be consistent in my approach” (parent/ guardian: Helen)</p> <p>“I don’t know sort of, are there some sort of approaches that you use? Are there some sort of techniques that you use? Because all I know is that she went into the room and you guys talked and what not. And then you go out to the animals, that’s all I know. So it might be nice to have some kind of introduction you know?” (parent/ guardian: Linda)</p>

Afternoon tea	<p>More consideration of food's interaction with diagnoses/ medications/ effects on behaviour</p> <p>More control of what/ how much children eat</p>	<p>“Basically when she comes home she's not really settled. She wants to play, she likes to play and show off to her little brother. It's quite a high time isn't it. Because he's having all these sugary things at the afternoon tea. She's very good at taking control because you'll see she'll just sit there and take sandwiches, tucking into everything” (parent/ guardian: Andrew)</p> <p>“Well after school his meds are all wearing off. And he's having all these sugary things. So he really needs to be pulled into line” (parent/ guardian: Linda)</p>
Setting / logistics	<p>Traffic</p> <p>Difficulty getting there after school</p> <p>Uncertainty about length of the program</p> <p>Difficult location</p>	<p>“It was just sort of difficult getting back in time for, I think Tim had footy club, but nah that was fine. But six weeks was enough. They have to go straight from school and by the time they get home it's dinner time. So because we're so busy and our life's all over the place, if you do anything for too long it's sort of, they don't feel like they've got down time” (parent/ guardian: Andrew)</p> <p>“It's in a strange area so not many of us could travel home to get back, in the hour and a half - two hours. So maybe it might be worth investigating parent activities” (parent/guardian: carol)</p> <p>“I think it went quite fast too. Yeah I think it was really quite quick. So maybe it could be a bit longer” (parent/ guardian: Linda)</p>
Connection to RSPCA	<p>Challenges to PGC facilitators</p> <p>Inconsistency</p> <p>Distinct visions for the program</p>	<p>“I guess the biggest challenges have been the RSPCA because, because we're at their whim of whoever's still working there, not working there. Whoever they place in our program with us.” (facilitator: Jane)</p> <p>“For what we do, we can never be as big as what they want. Because we're not a commercial enterprise. And there's not hundreds of people out there.” (facilitator: Taylor)</p>

There was a considerable amount of variation between participants' views on the presence and extent of ineffective elements, and numerous participants and children struggled to identify components that they explicitly disliked.

“IT'S JUST ALL GOOD. THERE'S NOTHING BAD. HONESTLY, ALL GOOD, ALL GOOD. NO BAD”

(Parent/ Guardian: Helen)

"I DON'T THINK THAT THERE WAS ANYTHING I DIDN'T LIKE"

(Parent/Guardian: Linda)

However, many identified areas they thought could be improved. For parent/ guardians these included orientation to the program, transparency and involvement of parent/ guardians, and support for reinforcing or generalising learning. They often recounted that they were given little insight into the program's workings or how to reinforce and support their child's learning.

"WHEN WE GOT THERE OLIVIA SAID "NO YOU HAVE TO WAIT OUTSIDE" SO I WAS LIKE "OH OK. THAT'S COOL" BUT IT WAS A LITTLE BIT HARD BECAUSE I THOUGHT I WAS GOING TO DO IT WITH JAKE. SO I DIDN'T HAVE A CLUE WHAT TO EXPECT AND DIDN'T GET TO REALLY SEE WHAT WENT ON"

(Parent/ Guardian: Linda)

"I WAS BROUGHT IN AT THE LAST STAGE BY HER CASE WORKER. SO I WAS OUT IN THE DARK REALLY AND REALLY DIDN'T UNDERSTAND WHAT THE PROGRAM WAS GOING TO DO, AND HOW IT WAS GOING TO IMPACT THINGS"

(Parent/ Guardian: David)

Thus, all parent/ guardians suggested the provision of orientation or information at the first session, and most requested further support and opportunity to engage with the program.

"I WOULD HAVE LIKED TO HAVE HAD PARENT INFORMATION SESSION. A BIT OF A 'LOOK, THIS IS HOW WE'RE GOING TO RUN IT. THIS IS WHAT WE'RE EXPECTING. YOU KNOW, YOU MIGHT EXPECT THIS AT HOME'. THAT MIGHT HAVE BEEN A GOOD OPPORTUNITY TO BRING US PARENTS TOGETHER TOO, BECAUSE I JUST FOUND IT WAS A BIT ISOLATED."

(Parent/ Guardian: David)

"I'D LIKE TO SEE HOW SHE WAS WITH THE ANIMALS, TO GET A DIFFERENT PERSPECTIVE. SO THAT WE CAN MAYBE REINFORCE THE SAME WORDS AND HAVE SOME IDEA OF THIS IS HOW WE DO IT. JUST SO WE CAN BE CONSISTENT IN OUR APPROACH, AND THAT WAY SHE CAN INTERNALISE IT"

(Parent/ Guardian: Andrew)

In some cases, parent/ guardians and facilitators divulged that a generally beneficial component had proven ineffective for a particular case or situation. This was also recognised by facilitators. For example, the group format and presence of other children

was widely praised, but in some cases impinged upon a child's engagement and progress within the program.

"AMY HAD LIKE THAT PERSONAL THING OUTSIDE OF THE GROUP WITH LILLY, AND I FOUND THAT DID THROW THEM BOTH OFF QUITE A LOT IF THEY HAD THAT LITTLE BUTTING HEADS IN THE AFTERNOON TEA BIT... SO TAYLOR INVITED BOTH OF THEM BACK BUT NOT AT THE SAME TIME, NOT THE SAME TERM"

(Facilitator: Olivia)

Parent/guardians also commented on the logistical aspects of the program (eg. location and time), but all of them considered this relatively minor and difficult for the program to perfect for each and every client.

"THE ONLY THING I CAN THINK OF IS TIMING. BUT YOU CAN LEAVE IT THAT WAY. I DON'T MIND DEALING WITH TRAFFIC AND WHATEVER"

(Parent/ Guardian: Helen)

"IT WAS UNFORTUNATE THAT THE OTHER GIRL LILLY WAS THERE, BUT YOU DON'T KNOW WHAT THE MIX OF PEOPLE IS GOING TO BE. SO YOU CAN'T REALLY CHANGE THAT, UNLESS YOU'RE SCREENING OR WHATEVER"

(Parent/ Guardian: Carol)

Finally, children's criticisms or suggestions for improvement were highly variable but generally involved the group format (particularly age groups or siblings) or animals.

"IT WASN'T SO FUN WITH MY BROTHER BECAUSE SOMETIMES I JUST DON'T LIKE BEING AROUND HIM A LOT WHEN I'M WITH OTHER PEOPLE, LIKE WITH FRIENDS. BECAUSE I HAVE TO DO EVERYTHING WITH HIM! "

(Child: Pippa)

"THE YOUNGER KIDS COULD GET REALLY ANNOYING. LIKE THEY WOULD COME UP AND DO ANNOYING THINGS, LIKE KICK YOU AND STUFF. BUT THAT WAS MAINLY MY BROTHER OBVIOUSLY"

(Child: Steph)

"I WANTED TO SEE DIFFERENT ANIMALS, DIFFERENT TYPES OF ANIMALS. LIKE MORE BIRDS, MAYBE, IF THEY HAD DUCKS? AND MORE HORSES"

(Child: Jake)

These observations closely reflect insights from the literature described throughout this work, for example attesting to children's affinity with animals¹⁰⁴ and complexities with D/FV exposed children³⁹. Participants' identification of a need for enhanced follow-up and greater parent/ guardian involvement is particularly pertinent with emergent issues within the literature and resonates with new formats of care such as wrap around models and integrated systems¹⁶⁵.

BARK'S NEW FORMAT

It was beyond the scope of this study to investigate detailed implications of BARK's unexpected shift to a new setting, and its structure without RSPCA's collaboration. However, it is important to note this change. Previously BARK could be considered a 'diamond shaped model' of AAI¹⁶⁶: a format in which the health professional works in partnership with the animal handler. Thus, all animal care and welfare issues were assumed by the RSPCA who are professionally specialised in this area. Given that RSPCA no longer has capacity to provide or accommodate education programs BARK may have to work as a 'triangle shaped model'¹⁶⁶, in which handlers assume a dual role of both the therapist and animal handler. This is a formidable challenge given PGC facilitators' lack of training and resources in this area and should be investigated.

RECOMMENDATIONS + CONCLUSION



Evaluation of BARK has highlighted numerous positive and promising elements of this program, in mitigating the negative impacts of D/FV and promoting healing in children exposed to this violence and/or other adversity. In addressing both non-human and human fields of learning and skill, and being founded in values and culture rather than specific tools or strategies, the program allows for the gamut of developmental stages, symptoms, diagnoses, strengths, and interests that children exposed to D/FV can present with. BARK pragmatically addresses the much lamented difficulty of accounting for, and working with, the heterogeneity in D/FV¹⁶⁵, in such a way that promotes an array of contextually relevant outcomes and benefits to clients. The overwhelmingly positive response of the children and parent/ guardians it engages with attests to its value. Nonetheless, particular areas such as engagement with parent/ guardians, follow up and reinforcement, and cohesion in needs or developmental levels within groups were highlighted for improvement. Such key areas of recommendation are outlined in Table 5.

TABLE 5: KEY RECOMMENDATIONS FOR DEVELOPMENT OF THE BARK PROGRAM

BARK Structure	Formulate a clear outline of BARK's aims and scope
	Formulate overarching guidelines to assist in training new staff and in guiding/ refining decision making processes
	Introduce systematic recording of demographics/ details of children attending BARK
	Introduce routine pre-, post- measures or interviews of children and/ or parent / guardians
Children	Formally assess children's needs before arrival at BARK and throughout the program
	Introduce streaming of developmental/symptoms based groups, or clarify roles of children with different developmental/ symptoms
	Provide means for continued contact with BARK (eg. website, newsletter)
	Tier BARK within broader available services (for children)
Parent/ Guardians	Provide a program orientation to parent/ guardians
	Reinforce and extend rapport with parent/ guardians
	Tier BARK within broader available services (for parent/guardians)
	Provide post-program options for parent/ guardians
	Facilitate interaction between parent/ guardians
Animals	a. Develop or adopt guidelines for animal care (eg. Pet Partners') and/or
	b. Collaborate with other organisations (particularly animal-centred eg. Australian Veterinary Association)

The innovativeness of BARK's practice is no small feat, and has relevance to other programs in D/FV and surrounding fields. The program provides a worked example of an attempt at

intersectoral collaboration, an approach perpetually endorsed and encouraged in recent research¹⁶⁷. The results of this evaluation highlight BARK's potential not only to contribute to the lives of its clients, but also to inform the literature and inspire similar interventions. BARK distinguishes itself from many other programs in that its 'core components' are formed not of tools or application strategies, as is the case in the majority of D/FV or child trauma interventions, but rather values and organisational culture. Thus, whilst BARK, like many other AAls, is likely to form but "one piece of the treatment plan"^{141, p.10}, its approach renders it distinct in that it is an inherently flexible treatment component, privileging the child's needs whatever they may be. With the underrepresentation of community-based interventions in the literature⁸³ and increasing evidence attesting to the need to acknowledge and address children's complexity BARK's promising, adaptable and values-founded model merits further development and research.

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The BARK Program Evaluation

Facilitator
Information Sheet
PLEASE KEEP THIS PAGE

Dear _____,

Please read this information sheet, which explains the BARK program evaluation study, and how and why you have been invited to participate.

WHAT IS THE BARK PROGRAM EVALUATION?

The BARK program evaluation is a supervised honours project being undertaken at the University of Western Australia. It aims to investigate children's experiences of the BARK program, and its impact on them. It will investigate how you, and enrolled children and their parent/ guardians feel about the BARK program and its effects, and explore outcomes relating to the children's attitudes/behaviours and social skills.

WHAT IS THE PURPOSE OF THE STUDY?

The information gathered in this study will help us establish how effective the BARK program is, and to identify its positive aspects, and areas that could be improved. This will assist in planning and running future programs, to ensure the best possible outcomes for enrolled children. It is expected that this will also assist in demonstrating the potential of the BARK program to stakeholders and the broader community, and facilitate funding applications.

WHAT IS INVOLVED?

If you choose to participate, you will be asked to complete an interview following each round of the program that will be included (three in total). Each interview will take approximately 30-45 minutes. Observational data will be collected at all sessions for each round of the program, and you will also be invited to provide input into the evaluation itself through 'participatory research methods'. These methods aim to give you an opportunity to get what you want out of the research, and might include suggesting changes to the evaluation; verifying that your interview has been correctly transcribed; commenting on data analysis and themes that emerge; or requesting or providing feedback on the measures used in the survey.

WHAT ABOUT CONFIDENTIALITY?

Interviews will be audio recorded to help us review and analyse what is said. All information which identifies you will be removed from the data. We will ensure that the audiotapes are stored in a locked office cupboard at the School of Population Health and only accessed by the Study Investigators. All responses will be strictly confidential. In exceptional circumstances we may be legally obliged to disclose information to other parties, if there is a risk to you or other people. No names will appear on any typed discussions or reports. Only combined data will be used to describe research findings.

VOLUNTARY PARTICIPATION

Your participation will help the success of the study. However, participation is entirely voluntary and you may withdraw from the study at any time, without providing a reason.

DO YOU REQUIRE FURTHER INFORMATION?

If you have any questions about this study, please contact Estée-Mathilde Lambin on 64881315, email: estee-mathilde.lambin@uwa.edu.au, or Dr Karen Martin on 64881267, email: Karen.Martin@uwa.edu.au

The Human Research Ethics Committee at the University of Western Australia requires that all participants are informed that, if they have any complaint regarding the manner in which a research project is conducted, it may be given to the lead researcher (in this case Lisa Wood on 6488 7809) or, alternatively, to the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 35 Stirling Highway, Crawley, WA 6009 (telephone number 6488 3703).

Appendix A. Facilitator information sheet and consent form



Facilitator
Consent Form
YOUR COPY: PLEASE KEEP THIS PAGE

I, _____ (print name),

have read the study information sheet provided, and any questions I have asked have been answered to my satisfaction. I agree to participate in the BARK program evaluation (a supervised honours project), realising that I may withdraw at any time without reason and without prejudice.

I understand that all information that I provide will be treated as strictly confidential. I also realise that in exceptional circumstances the researcher may be legally obliged to disclose information to other parties, if there is a risk to myself or others. I have been told what data is being collected, what the purpose is, and what will be done with the data once the discussion groups and research are completed.

I agree that research data gathered for this study may be published provided that my name or other identifying information is not used. I have been provided with a copy of the Information Sheet and Consent Form for my personal records.

Facilitator signature:

Date:

The Human Research Ethics Committee at the University of Western Australia requires that all participants are informed that, if they have any complaint regarding the manner in which a research project is conducted, it may be given to the lead researcher (in this case Lisa Wood on 6488 7609) or, alternatively, to the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 35 Stirling Highway, Crawley, WA 6009 (telephone number 6488 3703).

Appendix A. Facilitator information sheet and consent form



Facilitator
Consent Form
STUDY COPY: PLEASE RETURN TO THE PATRICIA GILES CENTRE

I, _____ (print name),

have read the study information sheet provided, and any questions I have asked have been answered to my satisfaction. I agree to participate in the BARK program evaluation (a supervised honours project), realising that I may withdraw at any time without reason and without prejudice.

I understand that all information that I provide will be treated as strictly confidential. I also realise that in exceptional circumstances the researcher may be legally obliged to disclose information to other parties, if there is a risk to myself or others. I have been told what data is being collected, what the purpose is, and what will be done with the data once the discussion groups and research are completed.

I agree that research data gathered for this study may be published provided that my name or other identifying information is not used. I have been provided with a copy of the Information Sheet and Consent Form for my personal records.

Facilitator signature:

Date:

The Human Research Ethics Committee at the University of Western Australia requires that all participants are informed that, if they have any complaint regarding the manner in which a research project is conducted, it may be given to the lead researcher (in this case Lisa Wood on 6488 7809) or, alternatively, to the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 35 Stirling Highway, Crawley, WA 6009 (telephone number 6488 3703).

Appendix B. The 'typical' recruitment process for BARK evaluation participants

THE 'TYPICAL' RECRUITMENT PROCESS FOR BARK EVALUATION PARTICIPANTS

- As a child and their parent/ guardian arrived they were introduced to me by the PGC facilitators, who briefly explained my role and what the evaluation process would entail.
- Once the child was settled and occupied, I approached the parent/guardian and provided them with information sheets and consent forms, for themselves and their child/ children
- I provided further explanation of the evaluation and suggested they look over the documents while waiting for their child. I stressed that this was not obligatory and involved no repercussions if they chose not to partake
- Upon the parent/ guardian's return at the end of the session, I approached them, addressed any queries they might have, reiterated that data would remain anonymous, and explained/invited them to engage with the participatory nature of the research.
- If they assented, their child was approached and the research process explained to them too. Both child and parent/ guardian were invited to ask any questions and referred to my phone number should they think of any at a later point
- If the child assented, both parent/ guardian and child could either choose to sign and hand in the consent forms at that point, or provide them the following week
- I emphasised to both parent/guardians and children that refusing participation would incur no repercussions, and that the child would simply be excluded from participant observation data.



The BARK Program Evaluation

Child Information Sheet PLEASE KEEP THIS PAGE

Dear _____,

Please read this information sheet, which explains the BARK program evaluation study, and how and why you have been invited to do it. If you have trouble reading or understanding this, please get someone you trust to read and explain it to you.

WHAT IS THE BARK PROGRAM EVALUATION?

The BARK program evaluation is a supervised honours project from the University of Western Australia. We're trying to find out about your experience of the BARK program, and its effect on you. For example, we will look at how you feel about the BARK program, and what effects it might have had on how you think about, or act around animals and people.

WHAT IS THE PURPOSE OF THE STUDY?

The information we get during this study will help us find out how helpful the BARK program is, and to work out what is good about it, and what isn't so good. This will help plan and run future programs, so that other children enjoy and benefit from it as much as possible.

WHAT IS INVOLVED?

You have been invited to be in this study through the Patricia Giles Centre. If you choose to be in the study we will get you to do an interview, and take some observations (notes) on your program sessions. We will also ask your parent/ guardian to do a survey and an interview too. Interviews will be shortly after the last session and yours will take approximately 15 minutes. We will also ask for your opinion on the study, and check whether what we write about what you did and felt during and after the program seems correct to you.

WILL ANYONE KNOW WHAT I SAY?

The interview will be audio recorded to help us study what everyone has said. All information which shows who you are will be taken out of the data (recordings or notes). We will make sure that all recordings or notes are stored in a locked office cupboard at the School of Population Health, and only accessed by the Study Investigators. Everything you say will be strictly private. The only exception is we are legally obliged to tell other responsible people because something you've said shows that you, or other people are at risk. Your name will not appear on any discussions or reports. Only combined data will be used to describe research findings- this means we will mix what you have said with comments from other children, to make sure you can't be identified.

VOLUNTARY PARTICIPATION

If you're in the study you will help its success, but it is entirely voluntary and you can stop any part of the study at any time, without giving a reason.

DO YOU WANT MORE INFORMATION?

If you have any questions about this study, please contact Tilly (Estée-Mathilde Lambin) on 64888178, email: estee-mathilde.lambin@uwa.edu.au , or Dr Karen Martin on 64881267, email: Karen.Martin@uwa.edu.au

The Human Research Ethics Committee at the University of Western Australia requires that all participants are informed that, if they have any complaint regarding the manner in which a research project is conducted, it may be given to the lead researcher (in this case Lisa Wood on 6488 7809) or, alternatively, to the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 35 Stirling Highway, Crawley, WA 6009 (telephone number 6488 3703).

Appendix C. Child information sheet and consent form



Child
Consent Form
YOUR COPY: PLEASE KEEP THIS PAGE

I, _____ (*print name*), the parent/guardian of

_____ (*print child's name*),

have read the study information sheet with my child, and we have discussed it together. Any questions my child or I have asked have been answered to our satisfaction. We agree to participate in the BARK program evaluation (a supervised honours project), realising that we may withdraw (stop) at any time, without reason and without judgement.

We understand that all information we provide will be treated as strictly confidential. I understand that all information that I provide will be treated as strictly confidential. We realise that in exceptional circumstances the researcher may be legally obliged to disclose information to other parties, if there is a risk to us or others. We have been told what data is being collected, what the purpose is, and what will be done with the data once the discussion groups and research are completed.

We agree that research data gathered for this study may be published, as long as our names or other identifying information are not used. We have been provided with a copy of the Information Sheet and Consent Form for our personal records.

Parent / Guardian signature:

Child's signature :

Child's age

Date:

The Human Research Ethics Committee at the University of Western Australia requires that all participants are informed that, if they have any complaint regarding the manner in which a research project is conducted, it may be given to the lead researcher (in this case Lisa Wood on 6488 7809) or, alternatively, to the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 35 Stirling Highway, Crawley, WA 6009 (telephone number 6488 3703).

Appendix C. Child information sheet and consent form



child
Consent Form
YOUR COPY: PLEASE KEEP THIS PAGE

I, _____ (print name), the parent/guardian of

_____ (print child's name),

have read the study information sheet with my child, and we have discussed it together. Any questions my child or I have asked have been answered to our satisfaction. We agree to participate in the BARK program evaluation (a supervised honours project), realising that we may withdraw (stop) at any time, without reason and without judgement.

We understand that all information we provide will be treated as strictly confidential. I understand that all information that I provide will be treated as strictly confidential. We realise that in exceptional circumstances the researcher may be legally obliged to disclose information to other parties, if there is a risk to us or others. We have been told what data is being collected, what the purpose is, and what will be done with the data once the discussion groups and research are completed.

We agree that research data gathered for this study may be published, as long as our names or other identifying information are not used. We have been provided with a copy of the Information Sheet and Consent Form for our personal records.

Parent / Guardian signature:

Child's signature :

Child's age

Date:

The Human Research Ethics Committee at the University of Western Australia requires that all participants are informed that, if they have any complaint regarding the manner in which a research project is conducted, it may be given to the lead researcher (in this case Lisa Wood on 6488 7809) or, alternatively, to the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 35 Stirling Highway, Crawley, WA 6009 (telephone number 6488 3703).



The BARK Program Evaluation

Parent/Guardian
Information Sheet
PLEASE KEEP THIS PAGE

Dear _____,

Please read this information sheet, which explains the BARK program evaluation study, and how and why you have been invited to participate.

WHAT IS THE BARK PROGRAM EVALUATION?

The **BARK program evaluation** is a supervised honours project being undertaken at the University of Western Australia. It aims to investigate your child's experience of the BARK program, and its impact on them. For example, it will look at how both you and your child feel about the BARK program, and what effects it might have had on your child's attitudes/behaviours and social skills.

WHAT IS THE PURPOSE OF THE STUDY?

The information gathered in this study will help us find out how effective the BARK program is, and to identify positive aspects, and areas that could be improved. This will help plan and run future programs, so that they deliver the best possible outcomes for the children who participate.

WHAT IS INVOLVED?

You and your child have been invited to participate in this study through the Patricia Giles Centre. If you and your child choose to participate, your child will be asked to complete an interview, and some observational data (eg. notes) will be collected at the program sessions. We will also ask you to complete 2x 20 minute surveys- one before the first session and another directly after the last session. We will also ask to interview you for approximately 30 minutes, shortly after the last session. We will also ask for your opinion and input into the study, for example whether what we write is representative of the experiences of you and your child, and whether you would like us to look specifically at particular aspects of the program.

WHAT ABOUT CONFIDENTIALITY?

Interviews will be audio recorded to help us review and analyse what is said. All information which identifies you or your child will be removed from the data. We will ensure that the audiotapes are stored in a locked office cupboard at the School of Population Health and only accessed by the Study Investigators. All responses will be strictly confidential. In exceptional circumstances we may be legally obliged to disclose information to other parties, if there is a risk to you or other people. No names will appear on any typed discussions or reports. Only combined data will be used to describe research findings- this means we will combine similar comments from different participants, to ensure no one can be identified.

VOLUNTARY PARTICIPATION

Both the participation of you and your child will help the success of the study. However, participation is entirely voluntary and you or your child may withdraw from the study at any time, without providing a reason.

DO YOU REQUIRE FURTHER INFORMATION?

If you have any questions about this study, please contact Tilly (Estée-Mathilde Lambin) on 64888178, email: estee-mathilde.lambin@uwa.edu.au, or Dr Karen Martin on 64881267, email: Karen.Martin@uwa.edu.au

The Human Research Ethics Committee at the University of Western Australia requires that all participants are informed that, if they have any complaint regarding the manner in which a research project is conducted, it may be given to the lead researcher (in this case Lisa Wood on 6488 7609) or, alternatively, to the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 36 Stirling Highway, Crawley, WA 6009 (telephone number 6488 3703).

Appendix D. Parent/ guardian information sheet and consent form



Parent/Guardian
Consent Form
YOUR COPY: PLEASE KEEP THIS PAGE

I, _____ (print name),

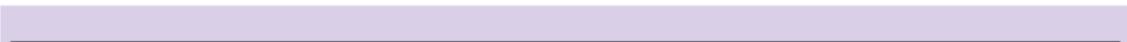
have read the study information sheet provided, and any questions I have asked have been answered to my satisfaction. I have talked with my child about taking part in the study. I agree to participate in the BARK program evaluation (a supervised honours project), and know that I may withdraw (stop) at any time, without reason and without judgement.

I understand that all information that I provide will be treated as strictly confidential. I also realise that in exceptional circumstances the researcher may be legally obliged to disclose information to other parties, if there is a risk to myself or others. I have been told what data is being collected, what the purpose is, and what will be done with the data once the discussion groups and research are completed.

I agree that research data gathered for this study may be published, as long as my name or other identifying information is not used. I have been provided with a copy of the Information Sheet and Consent Form for my personal records.

Parent / Guardian signature: _____

Date: _____



The Human Research Ethics Committee at the University of Western Australia requires that all participants are informed that, if they have any complaint regarding the manner in which a research project is conducted, it may be given to the lead researcher (in this case Lisa Wood on 6488 7809) or, alternatively, to the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 36 Stirling Highway, Crawley, WA 6009 (telephone number 6488 3703).



Appendix D. Parent/ guardian information sheet and consent form



Parent/Guardian
Consent Form
YOUR COPY: PLEASE KEEP THIS PAGE

I, _____ (print name),

have read the study information sheet provided, and any questions I have asked have been answered to my satisfaction. I have talked with my child about taking part in the study. I agree to participate in the BARK program evaluation (a supervised honours project), and know that I may withdraw (stop) at any time, without reason and without judgement.

I understand that all information that I provide will be treated as strictly confidential. I also realise that in exceptional circumstances the researcher may be legally obliged to disclose information to other parties, if there is a risk to myself or others. I have been told what data is being collected, what the purpose is, and what will be done with the data once the discussion groups and research are completed.

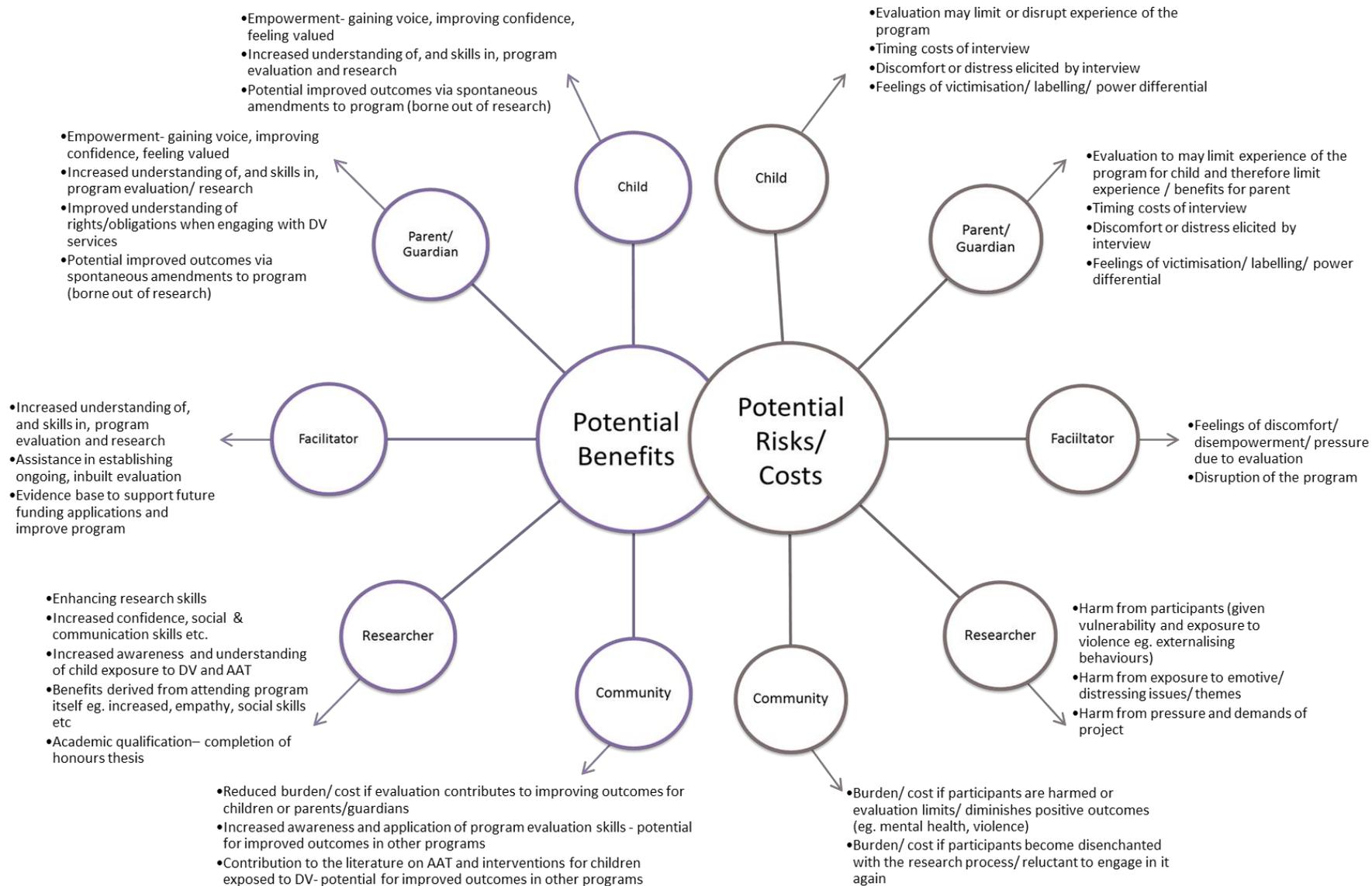
I agree that research data gathered for this study may be published, as long as my name or other identifying information is not used. I have been provided with a copy of the Information Sheet and Consent Form for my personal records.

Parent / Guardian signature:

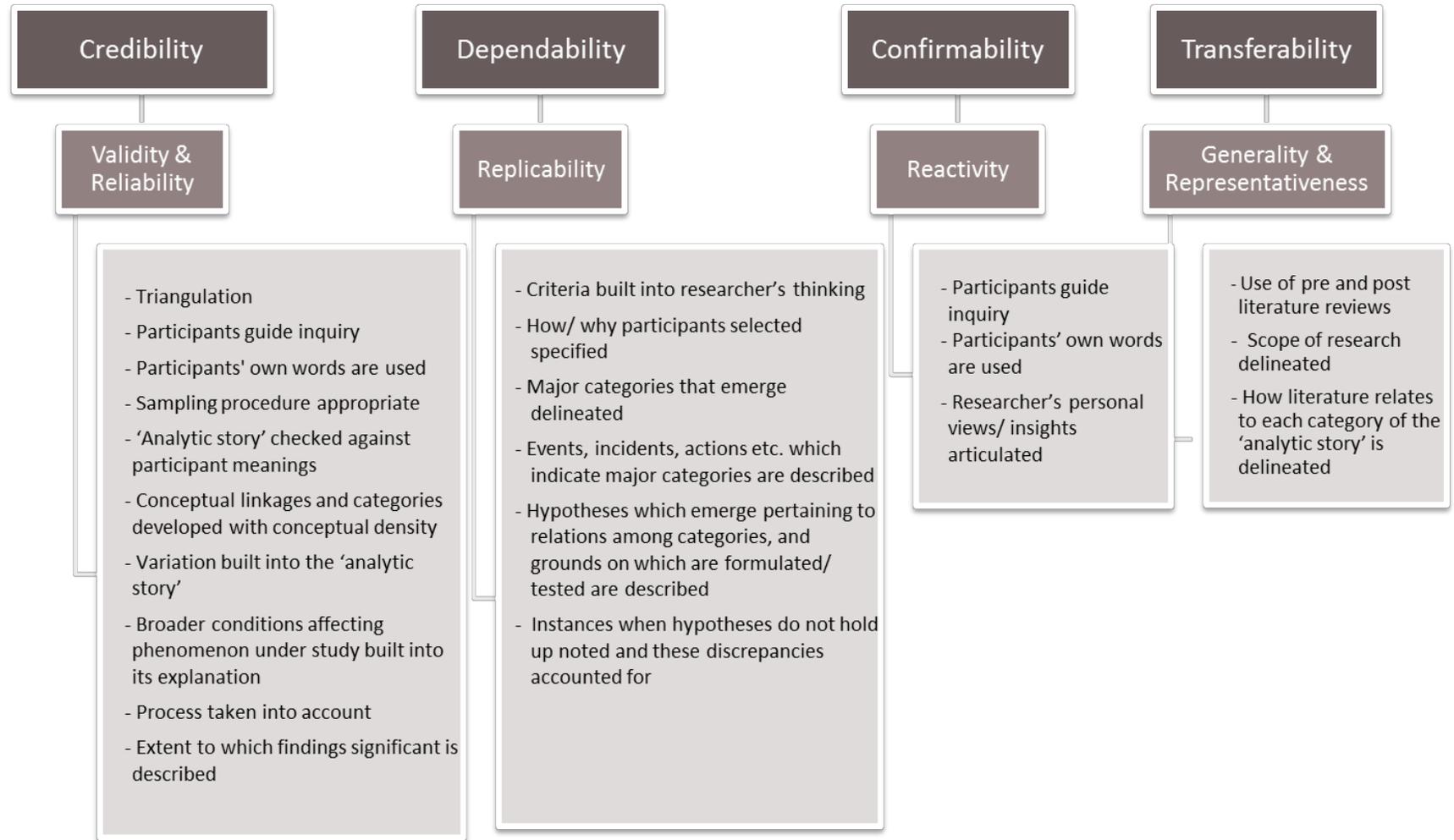
Date:

The Human Research Ethics Committee at the University of Western Australia requires that all participants are informed that, if they have any complaint regarding the manner in which a research project is conducted, it may be given to the lead researcher (in this case Lisa Wood on 6488 7809) or, alternatively, to the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 35 Stirling Highway, Crawley, WA 6009 (telephone number 6488 3703).

Appendix E. Ethical considerations for the BARK evaluation



Appendix F. Evaluative criteria applied throughout the BARK evaluation



*Adapted from: Ulin PR, Robinson ET, Tolley EE, editors. Qualitative Methods in Public Health: A field guide for applied research San-Francisco, CA, USA: Jossey-Bass; 2005.; Corbin JM, Strauss A. Grounded theory research: procedures, canons, and evaluative criteria. Qualitative Sociology. 1990;13(1):3-21.; Yoddumnern-Attig B, Attig G, Boonchalaksi W, Soonthornhadada A, editors. Qualitative Methods for Population and Health Research. Nakhon Pathom, Thailand Institute for Population and Social Research, Mahidol University 1993.; Chiovitti RF, Piran N. Rigour and grounded theory research. Journal of Advanced Nursing. 2003;44(4):427-435.



BARK EVALUATION

FACILITATOR INTERVIEW SCHEDULE

Participant Code: _____ Interviewer Initials: _____ Date: _____

Thank you for agreeing to be part of this study, the information you provide is important for us to review the BARK program. With this information we will be able to understand if the program is working well, and make any changes needed to improve the program. We would like to work out if the BARK program has had an impact on how your child feels and acts. For this project we are asking people what they think of the BARK program and how they may have changed since completing it. Being part of the project involves minimal risk and it is unlikely that answering the questions will be uncomfortable for you.

You do not have to speak to me if you don't want to. This is completely your choice. You can stop talking to me at any time by telling me you want to stop. Speaking to me will make no difference to the way you are treated. When you answer my questions I will not write down your name and what you tell me will not have your name attached to it. When we write about it, it will be added to what other people have told me. All the information we get will be put together as a written report and will be printed, but your name will not be on any of the printed reports or anywhere else.

1. In your own words, could you describe your experience of facilitating BARK sessions?
 - 1.1 How did your experience compare to what you expected?
 - 1.2 Were there any moments/ events that stood out for you? Could you describe them?
2. I'd now like to focus on the children's attitudes and behaviours during the program? Could you describe to me what occurred throughout BARK?

Prompts:

 - 2.1 Towards animals? other people?
 - 2.2 Changed/ unchanged?
 - 2.3 Surprising/ unsurprising?
 - 2.4 Can you give me some examples?
 - 2.5 Do you have any ideas on why and how these changes took place/ didn't take place?
 - 2.6 What do you think the experience will mean for these kids in the longer term?
 - 2.7 Describe any lasting effects? How they come about?
3. Could you describe how you think parents/guardians responded to BARK and what its impact might have been on them?
 - 3.1 How do you think these responses came about?
 - 3.2 Implication for children? Health?
4. Could you describe the best aspects of BARK?
5. What do you think could be improved in BARK? Is there anything you might do differently next time or that you would like to see changed?
6. Any other comments you have about the program itself?
7. Could you describe your thoughts on this evaluation?
 - 7.1. Expectations?
 - 7.2. Current methods?
 - 7.3. Strengths/ Areas for improvement?



BARK EVALUATION

CHILD INTERVIEW SCHEDULE

Participant Code: _____ Interviewer Initials: _____ Date: _____

Thank you for agreeing to be part of this study, the information you provide is important for us to review the BARK program. With this information we will be able to understand if the program is working well, and make any changes needed to improve the program. We would like to work out if the BARK program has had an impact on how your child feels and acts. For this project we are asking people what they think of the BARK program and how they may have changed since completing it. Being part of the project involves minimal risk and it is unlikely that answering the questions will be uncomfortable for you.

You do not have to speak to me if you don't want to. This is completely your choice. You can stop talking to me at any time by telling me you want to stop. Speaking to me will make no difference to the way you are treated. When you answer my questions I will not write down your name and what you tell me will not have your name attached to it. When we write about it, it will be added to what other people have told me. All the information we get will be put together as a written report and will be printed, but your name will not be on any of the printed reports or anywhere else.

1. In your own words, could you describe your experience of doing BARK?
2. Is there anything different about how you feel since doing BARK?
Prompts; towards animals? Other people? Safety? Respect? Wellbeing?
3. Has anything changed in your relationships since doing DRUMBEAT?
Prompts; with other people, animals?
4. Has your behaviour changed in any way since doing BARK?
5. Could you describe what you felt from being around animals during BARK sessions?
6. Could you describe if you learned or felt anything from talking during BARK sessions?
7. What kind of effects do think BARK has had on you? How long do you think they might last? Why?
8. Any suggestions to improve BARK or other comments you have about the program?



BARK EVALUATION

PARENT/GUARDIAN INTERVIEW SCHEDULE

Participant Code: _____ Interviewer Initials: _____ Date: _____

Thank you for agreeing to be part of this study, the information you provide is important for us to review the BARK program. With this information we will be able to understand if the program is working well, and make any changes needed to improve the program. We would like to work out if the BARK program has had an impact on how your child feels and acts. For this project we are asking people what they think of the BARK program and how they may have changed since completing it. Being part of the project involves minimal risk and it is unlikely that answering the questions will be uncomfortable for you.

You do not have to speak to me if you don't want to. This is completely your choice. You can stop talking to me at any time by telling me you want to stop. Speaking to me will make no difference to the way you are treated. When you answer my questions I will not write down your name and what you tell me will not have your name attached to it. When we write about it, it will be added to what other people have told me. All the information we get will be put together as a written report and will be printed, but your name will not be on any of the printed reports or anywhere else.

1. In your own words, could you describe what BARK was like for you and your child?
2. Is there anything different about how they seem to feel/act since doing BARK?
Prompts; towards animals? Other people?
3. Is there anything different about how you feel/ act since they completed BARK?
4. Has anything changed in their relationships since doing BARK?
Prompts; with other people, animals?
5. Has their behaviour changed in any other way since doing BARK?
6. Will BARK have any lasting effects for them? What? How?
7. Any suggestions to improve BARK or other comments you have about the program?

BARK PROGRAM EVALUATION: PRE-SURVEY

SECTION A: DEMOGRAPHICS

PLEASE FILL IN YOUR DETAILS (PLEASE REMEMBER TO WRITE CLEARLY)		
		Code#: _____
1. What is your gender?	Male <input type="checkbox"/>	Female <input type="checkbox"/> Other <input type="checkbox"/>
2. What is your date of birth?	_ / _ / _ _	
3. What is your child's age?	_____	
4. Are you of Aboriginal or Torres Strait Islander descent?	No <input type="checkbox"/>	Yes <input type="checkbox"/> Unsure <input type="checkbox"/>
5. Which country were you born in?	_____	
6. If you weren't born in Australia, how long have you been in Australia?	_____ years _____ months	
7. What is your relationship with your child?	Parent <input type="checkbox"/>	<input type="checkbox"/>
	Guardian <input type="checkbox"/>	<input type="checkbox"/>
	Other <input type="checkbox"/>	<input type="checkbox"/>
8. Where is your child currently living?	A women's refuge <input type="checkbox"/>	<input type="checkbox"/>
	Your family home <input type="checkbox"/>	<input type="checkbox"/>
	A foster home/ group home <input type="checkbox"/>	<input type="checkbox"/>
9. Has your child ever owned or lived with a pet?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
10. Is your child currently living with a pet?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
11. Has your child ever hurt an animal on purpose?	No <input type="checkbox"/> please skip to section B	<input type="checkbox"/> please proceed to question 12
	Yes <input type="checkbox"/> please proceed to question 12	<input type="checkbox"/> please skip to section B
12. If you answered yes to question 11 please select:	a. How many times they've purposely hurt an animal/s: Once or twice <input type="checkbox"/> Three to six times <input type="checkbox"/> More than six times <input type="checkbox"/>	b. What types of animal/s were affected: Worms or insects (eg. beetle, snail) <input type="checkbox"/> Fish, reptiles, frogs <input type="checkbox"/> Birds or mammals (eg. cat or dog) <input type="checkbox"/>

SECTION B: STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

**FOR EACH ITEM, PLEASE MARK THE BOX FOR NOT TRUE, SOMEWHAT TRUE OR CERTAINLY TRUE. IT WOULD HELP US IF YOU ANSWERED ALL ITEMS AS BEST YOU CAN EVEN IF YOU ARE NOT ABSOLUTELY CERTAIN.
PLEASE GIVE YOUR ANSWERS ON THE BASIS OF YOUR CHILD'S BEHAVIOUR OVER THE
LAST 6 MONTHS**

Mark only ONE box for each statement	Not true	Somewhat true	Certainly true
1. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Adapted from) Matson, J. L., Neal, D., Fodstad, J. C., Hess, J. A., Mahan, S., & Rivet, T. T. (2010). Reliability and validity of the Matson Evaluation of Social Skills with Youngsters. *Behavior Modification*, 34(6), 539-558.

Appendix J. BARK parent/ guardian pre-survey

19. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Good attention span, sees chores or homework through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?			
	No	Yes - minor difficulties	Yes - definite difficulties
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you have answered "No" to Q.26 please skip to section C.</p> <p>If you answered "Yes" to Q.26, please answer the following questions about these difficulties:</p>			
27. How long have these difficulties been present?	Less than a month	1-5 months	6-12 months
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Do the difficulties upset or distress your child?	Not at all	Only a little	Quite a lot
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Do the difficulties interfere with your child's everyday life in the following areas?	Not at all	Only a little	Quite a lot
a. home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. classroom learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Do the difficulties put a burden on you or the family as a whole?	Not at all	Only a little	Quite a lot
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Adapted from) Matson, J. L., Neal, D., Fodstad, J. C., Hess, J. A., Mahan, S., & Rivet, T. T. (2010). Reliability and validity of the Matson Evaluation of Social Skills with Youngsters. *Behavior Modification, 34*(6), 539-558.

SECTION C: EMPATHY

PLEASE <u>CIRCLE</u> THE NUMBER ON THE SCALE THAT APPROPRIATELY MATCHES HOW YOU FEEL ABOUT THE STATEMENT.									
	Strongly disagree ←————→ Strongly agree								
1. My child becomes sad when other children are sad	-4	-3	-2	-1	0	+1	+2	+3	+4
2. My child gets upset seeing another child being punished for being naughty.	-4	-3	-2	-1	0	+1	+2	+3	+4
3. My child seems to react to the moods of people around them	-4	-3	-2	-1	0	+1	+2	+3	+4
4. My child gets upset when another person is acting upset.	-4	-3	-2	-1	0	+1	+2	+3	+4
5. My child cries or gets upset when seeing another child cry.	-4	-3	-2	-1	0	+1	+2	+3	+4
6. My child gets sad when watching sad movies or tv	-4	-3	-2	-1	0	+1	+2	+3	+4
7. My child becomes nervous when other children around them are nervous	-4	-3	-2	-1	0	+1	+2	+3	+4
8. My child Acts happy when another person is acting happy.	-4	-3	-2	-1	0	+1	+2	+3	+4
9. My child can continue to feel okay even if people around are upset.	-4	-3	-2	-1	0	+1	+2	+3	+4
10. My child can't understand why other people get upset.	-4	-3	-2	-1	0	+1	+2	+3	+4
11. My child rarely understands why other people cry.	-4	-3	-2	-1	0	+1	+2	+3	+4
12. My child would eat the last cookie, even when they know someone else wants it.	-4	-3	-2	-1	0	+1	+2	+3	+4
13. My child reacts badly when they see people kiss and hug in public.	-4	-3	-2	-1	0	+1	+2	+3	+4
14. My child doesn't understand why other people cry out of happiness.	-4	-3	-2	-1	0	+1	+2	+3	+4
15. My child doesn't seem to notice when i get sad.	-4	-3	-2	-1	0	+1	+2	+3	+4
16. My child gets sad to see a child with no one to play with.	-4	-3	-2	-1	0	+1	+2	+3	+4

Appendix J. BARK parent/ guardian pre-survey

17. My child treats cats and dogs like they have feelings.	-4	-3	-2	-1	0	+1	+2	+3	+4
18. My child feels sorry for another child who is upset.	-4	-3	-2	-1	0	+1	+2	+3	+4
19. My child likes to watch people open presents, even if not one for him/her.	-4	-3	-2	-1	0	+1	+2	+3	+4
20. My child gets upset when seeing another child being hurt.	-4	-3	-2	-1	0	+1	+2	+3	+4
21. My child laughs when seeing another child laugh.	-4	-3	-2	-1	0	+1	+2	+3	+4
22. My child gets upset when seeing an animal being hurt.	-4	-3	-2	-1	0	+1	+2	+3	+4
23. My child feels sad for people who are physically disabled.	-4	-3	-2	-1	0	+1	+2	+3	+4

SECTION D: COMMENTS

If you have any questions or comments please write them here:

Thank you very much for completing this survey ☺

BARK EVALUATION PARENT/ GUARDIAN SURVEY- POST

Code# _____

For Child Code# _____

SECTION A: STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

FOR EACH ITEM, PLEASE MARK THE BOX FOR NOT TRUE, SOMEWHAT TRUE OR CERTAINLY TRUE. IT WOULD HELP US IF YOU ANSWERED ALL ITEMS AS BEST YOU CAN EVEN IF YOU ARE NOT ABSOLUTELY CERTAIN.

PLEASE GIVE YOUR ANSWERS ON THE BASIS OF YOUR CHILD'S BEHAVIOUR OVER THE LAST 2 WEEKS

Mark only ONE box for each statement	Not true	Somewhat true	Certainly true
1. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix J. BARK parent/ guardian pre-survey

Mark only ONE box for each statement	Not true	Somewhat true	Certainly true	
17. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Good attention span, sees chores or homework through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?	No <input type="checkbox"/>	Yes - minor difficulties <input type="checkbox"/>	Yes - definite difficulties <input type="checkbox"/>	Yes - severe difficulties <input type="checkbox"/>
If you have answered "No" to Q.26 please skip to section C. If you answered "Yes" to Q.26, please answer the following questions about these difficulties:				
27. How long have these difficulties been present?	Less than a month <input type="checkbox"/>	1-5 months <input type="checkbox"/>	6-12 months <input type="checkbox"/>	Over a year <input type="checkbox"/>
28. Do the difficulties upset or distress your child?	Not at all <input type="checkbox"/>	Only a little <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	A great deal <input type="checkbox"/>
29. Do the difficulties interfere with your child's everyday life in the following areas?	Not at all	Only a little	Quite a lot	A great deal
a. home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. classroom learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Do the difficulties put a burden on you or the family as a whole?	Not at all <input type="checkbox"/>	Only a little <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	A great deal <input type="checkbox"/>

(Adapted from) Matson, J. L., Neal, D., Fodstad, J. C., Hess, J. A., Mahan, S., & Rivet, T. T. (2010). Reliability and validity of the Matson Evaluation of Social Skills with Youngsters. *Behavior Modification*, 34(6), 539-558.

SECTION B: EMPATHY

PLEASE <u>CIRCLE</u> THE NUMBER ON THE SCALE THAT APPROPRIATELY MATCHES HOW YOU FEEL ABOUT THE STATEMENT.									
	Strongly disagree ←—————→ Strongly agree								
1. My child becomes sad when other children are sad	-4	-3	-2	-1	0	+1	+2	+3	+4
2. My child gets upset seeing another child being punished for being naughty.	-4	-3	-2	-1	0	+1	+2	+3	+4
3. My child Seems to react to the moods of people around them	-4	-3	-2	-1	0	+1	+2	+3	+4
4. My child gets upset when another person is acting upset.	-4	-3	-2	-1	0	+1	+2	+3	+4
5. My child cries or gets upset when seeing another child cry.	-4	-3	-2	-1	0	+1	+2	+3	+4
6. My child gets sad when watching sad movies or TV	-4	-3	-2	-1	0	+1	+2	+3	+4
7. My child becomes nervous when other children around them are nervous	-4	-3	-2	-1	0	+1	+2	+3	+4
8. My child Acts happy when another person is acting happy.	-4	-3	-2	-1	0	+1	+2	+3	+4
9. My child can continue to feel okay even if people around are upset.	-4	-3	-2	-1	0	+1	+2	+3	+4
10. My child can't understand why other people get upset.	-4	-3	-2	-1	0	+1	+2	+3	+4
11. My child rarely understands why other people cry.	-4	-3	-2	-1	0	+1	+2	+3	+4
12. My child would eat the last cookie, even when they know someone else wants it.	-4	-3	-2	-1	0	+1	+2	+3	+4
13. My child reacts badly when they see people kiss and hug in public.	-4	-3	-2	-1	0	+1	+2	+3	+4
14. My child doesn't understand why other people cry out of happiness.	-4	-3	-2	-1	0	+1	+2	+3	+4
15. My child doesn't seem to notice when I get sad.	-4	-3	-2	-1	0	+1	+2	+3	+4
16. My child gets sad to see a child with no one to play with.	-4	-3	-2	-1	0	+1	+2	+3	+4

Appendix J. BARK parent/ guardian pre-survey

	Strongly disagree ←————→ Strongly agree								
17. My child treats cats and dogs like they have feelings.	-4	-3	-2	-1	0	+1	+2	+3	+4
18. My child feels sorry for another child who is upset.	-4	-3	-2	-1	0	+1	+2	+3	+4
19. My child likes to watch people open presents, even if not one for him/her.	-4	-3	-2	-1	0	+1	+2	+3	+4
20. My child gets upset when seeing another child being hurt.	-4	-3	-2	-1	0	+1	+2	+3	+4
21. My child laughs when seeing another child laugh.	-4	-3	-2	-1	0	+1	+2	+3	+4
22. My child gets upset when seeing an animal being hurt.	-4	-3	-2	-1	0	+1	+2	+3	+4
23. My child feels sad for people who are physically disabled.	-4	-3	-2	-1	0	+1	+2	+3	+4

**SECTION C:
SECTION C: PROGRAM FEEDBACK (POST ONLY)**

BELOW ARE SOME STATEMENTS ABOUT THE BARK PROGRAM.					
PLEASE CIRCLE THE NUMBER WHICH BEST INDICATES YOUR FEELINGS ABOUT EACH STATEMENT.					
Circle only ONE number for each statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I think my child enjoyed the BARK sessions	1	2	3	4	5
2. I think my child learned new skills in BARK sessions	1	2	3	4	5
3. My child's participation in BARK made me feel supported	1	2	3	4	5
4. BARK has made my child more feel more comfortable around animals	1	2	3	4	5

Appendix J. BARK parent/ guardian pre-survey

Circle only ONE number for each statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
5. BARK has helped my child understand animals' feelings better	1	2	3	4	5
6. Since completing BARK my child treats animals more kindly	1	2	3	4	5
7. I think BARK has helped my child learn about themself	1	2	3	4	5
8. BARK has helped my child understand people's feelings better	1	2	3	4	5
9. Since completing BARK my child is more respectful of other people	1	2	3	4	5
10. My child has shared what they have learned through BARK to friends or family	1	2	3	4	5
11. I would recommend the program for other children/teenagers	1	2	3	4	5
12. The 3 main things BARK has helped my child with are:	<hr/> <hr/> <hr/> <hr/>				
13. The 3 main things BARK could improve on are:	<hr/> <hr/> <hr/> <hr/>				

