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*Article 21*

**An Empirical Evaluation of a Collaborative  
Child and Family Violence Prevention and  
Intervention Program**

Paula T. McWhirter

**Introduction**

Over three million children are at risk of exposure to domestic violence each year (APA, 1996). In Arizona alone, Phoenix police respond to over 7000 domestic violence calls each year where at least one child is present. According to law enforcement data compiled by the Commission for Prevention of Family Violence (CPFV), every forty minutes, police respond to a domestic violence call involving child witnesses. The Department of Public Security reports that each year, roughly 4000 Arizona children flee with their mothers to domestic violence safe houses and shelters. Experts estimate that these numbers represent only 10% of the total number of exposed children whose parents have not sought police or shelter services (CPFV, 2002). Similar domestic turmoil exists in most states.

**Consequences to Child Witnesses**

The emotional and behavioral effects of witnessing violence in the home range from sleep disturbances, separation anxiety, hyper vigilance, physical complaints, irritability, uncontrollable overt

emotional upset, regression, withdrawal, blunted emotions, and distractibility. Changes in play include repeatedly acting out violent events, and less spontaneity and creativity of expression. The impact on children who witness violence in their home can be overwhelming. Common residual effects many children experience include: reliving the trauma; changes in normal behavior; increased state of arousal; feeling responsible for the abuse; delayed or impaired social, moral, psychological and intellectual development; increased risk for development of psychological disorders; and difficulties forming and maintaining relationships including decreased ability to trust, increased aggression, lack of empathy, and tendency toward social and psychological withdrawal. In addition, children exposed to spousal violence in the home are at higher risk for physical and emotional child abuse (Straus & Gelles, 1990; Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007).

Research finds that children who are not provided a therapeutic or psychological buffer, following the trauma of witnessing domestic violence, exhibit more intense and enduring negative consequences (Straus & Gelles, 1990; Graham-Bermann et al., 2007). These consequences have the added detrimental effect of inhibiting a child's trajectory of optimal growth through advancing developmental stages. Following exposure to violence, children deserve an opportunity to work through the trauma of their experience, gain a sense of understanding and perspective about the event, appraise the safety issues involved, identify and learn to approach the safe people in their life, and ultimately gain a sense mastery and confidence in themselves and their environment (Straus & Gelles; Graham-Bermann et al.)

## **Participants**

Women and their children (ages 6-12) were recruited to participate in this five-week community-based group intervention through flyers and advertisements at social and community service agencies and temporary family homeless shelters in four urban locations in a major southwestern metropolitan area. Data utilized in

the current study were derived as part of a larger study that examined the effectiveness of the women's only violence reduction programming, involving over 100 women, reported elsewhere (McWhirter, 2006, 2007). Of this larger data set, only women (n=46) with a reported history of spousal violence and with a child (n=46) were included in current analyses of this study.

### **Program Components**

Children ages 6-12 participated in a collection of age-appropriate healing and learning activities with the following structural goals: (a) provide safe and appropriate interactions that engender a sense of safety, honesty, trust and well-being, (b) provide an environment to increase child's sense of safety in exploration and increased expression of self, and (c) provide corrective and reparative experiences in a warm and caring atmosphere.

The group content unfolded through a wide variety of fun and therapeutic activities, including: painting, coloring, drawing, and cartooning; board games and action exercises drama and role-play and music and movement. The groups focused on improving family conflict, family cohesion, and healthy family management. Emphasis was placed on healthy beliefs and clear standards, bonding and skill building. Individual sessions focused on: (a) identification of upset feelings, concerns, worries and fears associated with family transitions, (b) understanding, expressing and integrating these feelings, (c) understanding behaviors of self and others as they relate to wants, needs and feelings, and (d) learning about abuse, recognizing verbal and physical forms of abuse, and exploring strategies for keeping safe in abusive situations. Overall, the goal was to empower children to cope with stressful life transitions, and strengthen their self expression and self concept. Groups were designed to address developmentally appropriate skill building, and included dealing with stress and strong emotions, communication skills, increasing responsible behavior, increasing self efficacy, identifying and making good friends, and handling interpersonal and familial conflict.

## **Measures**

The current study targeted women and children at-risk for exposure to intra-familial violence. Thus, all women and children were invited to participate irrespective of their abuse history. Women were asked to complete a demographic and abuse history questionnaire, designed for the purposes of this study, to ascertain the extent and type of lifetime and current violence experiences.

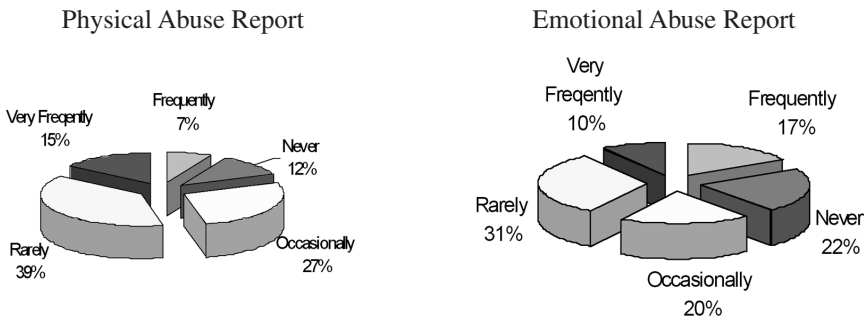
### *Demographics*

The child participants ranged in age from 6 to 12 years, with a mean age of eight years four months and a median of nine. Some of the children's mothers indicated completing "some high school" (23%), others had "completed high school" (26%) and still others had "completed some college" (32%). None reported having completed college, although a small number (9%) did not report their level of education. The children's mothers indicated ethnicity as Caucasian American (52%), Hispanic American (20%), African American (15%), Native American (11%), and Asian American (2%).

### *Abuse History Questionnaire*

The mothers indicated current or previous physical, financial or emotional abuse by an intimate partner or significant other, and thus, their children were included in the current study. In terms of lifetime experience of violence in the home, the children's mothers reported additional histories of intra-familial violence. The vast majority (90%) had experienced some form of physical or emotional abuse by a parent or older relative during their own childhood. The frequency of each was reported and presented below (see Table 1).

**Table 1: Intrafamilial Violence:  
Frequency of Reported Childhood Abuse Experience**



*Emotional Barometer*

Children’s general psychological well-being was assessed visuo-graphically using the emotional barometer comprised of a figure that resembles a standard barometer or thermometer. Both prior to the group experience, and then afterward, children were asked to place a line at any point on a barometer figure to indicate current feelings ranging from smile face, expressionless face, distressed face (located at the top, middle and bottom of the barometer figure, respectively). Scores were measured on a 7-point scale utilizing a rule to measure distance between points pre/post.

**Results**

Repeated measures Analysis of Variance was performed on the emotional barometer pre and post group participation to assess the overall effect of the children’s 5-week group intervention at pre/post intervals for measure of general psychological well-being. Results revealed an overall time effect on the general measure of well-being ( $F=18, p < .01$ ) suggesting a positive group effect. Further descriptive data generated from the brief group impact items revealed that the majority of children indicated: that participating in the group intervention helped them to “learn something new and important” (80%); they “would want to come back again” (100%); they wanted

the session to continue after the group therapy was completed (86%); they “liked the other kids in their group” (66%); and they “felt they talked about things important to them” (93%). Taken together, the results provide positive initial support of the use of the group intervention with children exposed to intra-familial violence.

## **Discussion**

The described intervention was developed to address the needs of children at high risk for exposure to domestic violence from an ecologically-based perspective. McWhirter (2008) provides a full description of the program components and children’s therapeutic activities. Evaluative data presented here revealed that children exposed to domestic violence have mothers likely to report a history of previous physical, verbal, or financial childhood abuse. Findings lend support for utilizing interventions that focus on combining therapeutic work involving survivors and their children jointly. Results highlight the potential impact of this therapeutic intervention for highly at-risk children, with an emphasis on the importance of requesting child participant feedback in all aspects of program development and implementation.

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