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Article 4

**Therapeutic Interventions for Children
Who Have Witnessed Domestic Violence**

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Introduction

Over three million children are at risk of exposure to domestic violence each year (APA, 1996). 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, distractibility. Changes in play include repeatedly acting out violent events, and less spontaneity and creativity of expression. Research finds that children who are not provided a therapeutic catalyst, following the trauma of witnessing domestic violence, exhibit more intense and enduring negative consequences. 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, 1990; Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007).

The following is a compendium of therapeutic activities suggested for use with children at-risk for experiencing interpersonal violence. These activities are culled from an extensive review of the literature and have been modified for the purposes of the intervention. A description of these activities follow practical suggestions for an ecological context for community programming and intervention that includes: group therapy; working jointly with children and their parents; and practical transportation and child care considerations.

Program Description

Group Therapy

Use of a group format allows intervention at multiple levels: social, educational, and psychological. In addition to separate group opportunities, time working together helps sustain positive change in family interactions (Graham-Bermann et al., 2007).

Working Jointly: Children with Parents

Child intervention in tandem with parent intervention, however, provides the strongest long-term outcomes (Graham-Bermann et al., 2007). Many women who are reluctant to actively pursue care for themselves are drawn to this therapy curriculum for their children's sake. They are aware that their children might benefit from an after school program designed to help them adjust to transitions.

Community-Based

Location within the community decreases barriers of transportation. It increases confidence and trust through association with other trusted community services (housing, food, assisted daycare, etc.) that the families are already utilizing. Finally, the positive "word-of-mouth" promotion of among women living in proximity increases trust for more reluctant women to initiate participation.

Child Care

In order to remove a traditional barrier for victims seeking treatment for women and their older children, it is important to consider providing babysitting for children age 5 and younger during the two hour group sessions.

Group Characteristics

Research on the mothers' therapy group has been reported elsewhere (McWhirter, 2006). The children's therapeutic support group meets simultaneously and later both groups come together for a joint family experience. The joint family group continues the process of healing the effects of the trauma through strengthening the family. Children, ages 6 through 12, are provided:

Structure

- safe and appropriate interactions that engender a sense of safety, honesty, trust and well-being
- an environment to increase child's sense of safety in exploration and increased self expression
- reparative experiences in a warm and caring atmosphere

Content

The group content unfolds 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 focus on improving family conflict resolution, family cohesion, and healthy family management. Emphasis is placed on healthy beliefs, family bonding, emotional awareness and expression, and communication skill building.

Skill Building Components

Groups are designed to address skill building such as goal setting, dealing with stress and strong emotions, communication skills, increasing responsible behavior, increasing self efficacy,

improving skills to deal with peer pressure, identifying and making good friends, and handling interpersonal and familial conflict.

Therapeutic Activities for Children and Their Mothers

Sample Gathering Activity: A Feelings Cartoon

Materials. Writing Utensils, Xeroxed Cartoon

Description. Review your local newspaper for a visual of two characters interacting in any rather complex way. Xerox the cartoon, retaining the conversation bubbles, but removing the previous words. Have children fill-in the bubbles above each character, write a story about it, and color the picture.

Check-In and Sharing Activity

Share how you are feeling and why you might be feeling that way. Mark your name on the *Emotional Barometer* (Figure 1) to describe your feelings and explain. Children are asked to view the figure as a barometer (or thermometer) and are asked to place a line on the figure to represent their current emotional state. The gathering activity is then shared.

Sample Primary Activities

Action Emotions (Adapted from Jones, 1998)

Materials. Paper, Pens/Markers, Slips of paper with emotions and locations

Description. Break group into small family units (1-2 families per unit). Provide each team with a list of emotions (with at least enough for one per person) and a piece of paper with a location listed on it. Allow at least five minutes for each team to meet, look at their list, and create a skit. Each skit must contain all the emotions from the group's list, the emotions must be acted out, and the skit must take place at the given location. Also, each person must have a role in the skit that is created by his/her own group. At the end of the five minutes, gather groups back together and allow time for each group to

present their skit. At the end of each skit, those who were watching guess what emotions were being acted out.

Discussion. Is it easy for you to show emotions? Why/Why not? Does anyone wish that others around them would show emotions more or less? Why? Why is it important to let others know how you are feeling? Are there times when it is better for you to hide how you feel? Why? What can you do to let others know how you feel (if they can't tell by your body language)?

Goal. Non-intrusive and non-threatening activity to build cohesion and sense of commitment to group and therapeutic change. Provides opportunity for independent observers to appropriately note parental interaction.

Relaxation Exercise

Materials. Tape Player, Soft Music, Script

Description. Have children and mothers lie down, close their eyes if they feel comfortable to do so, and read a relaxation script. Children are apt to quickly learn and actually utilize simple relaxation techniques like this one. This only takes a few moments, so this can be done each week, with mothers taking turns reading the script. As a variation, the group can divide the script into parts, with the goal of embellishing the relaxation script. For example, the group assigned to relax the hands and arms can add lines to the traditional relaxation script that read, "Your arms feel heavy, like an elephant's" or "Now squeeze your hands really tight. Imagine you have an orange in each. You squeeze your hand so tight that all the juice pops out. Now relax your hand. Imagine you are floating your hand in a pool of clean, calm, perfectly warm water. The oranges and juice are all gone, but you can still smell citric orange in the air all around you." Another group is assigned the legs, feet, head, neck and back. Provide copies for the children and mothers to take home.

Discussion. Compare feelings before and after. Explain how the children (with their mother and alone) might use this technique to relax on their own and discuss. Talk about times they have felt most tense in the environment around them and times they might use

the technique at home. Encourage children and mothers to recognize when the actions of others increase tension in own bodies. Have them share examples. Empower them to recognize they are not responsible for the actions of others, but can instead respond to tense situations with awareness, self-care and safety.

Hopes and Dreams Bags

Materials. Small White Paper Bags (one per person), Pens/Markers, 1x3 Index Cards

Description. Each member creates and decorates a “Hope and Dreams Bag” where they will place all their hopes and dreams for themselves, their family, and their future. Once the bag is decorated, members are instructed to write one hope per each slip of paper, fold the paper in fourths and place it in the bag. When all are done, each will blow into the bag, filling it with air, and shake up their hopes and dreams. The group proceeds in a clockwise circle with each member, in turn, pulling out one hope from their own bag and sharing it with the group. The group can offer empathy and support and come to greater awareness about others.

Discussion. Discuss this as a method for opening communication within the home. Suggest the method be modified to fit needs at home, including making your own worry bags, happy bags (things that make you happy), sad bags, surprise bags, dreams bags, etc.

Goal. Demonstrate one effective tool for opening communication within family. Create greater cohesion and commitment to the group. Allow mothers greater awareness and recognition of their children’s concerns and fears. Allow children to learn new coping skills for a variety of types of worries and concerns they might share.

Wonderfully Stinky Shoes / Fabulously Funny Feet

Materials. Writing Utensils, Note Paper or Stationery

Description. Each group member is asked to write a short message to every other member. “Dear _____, You are special to me because.... From: _____” is offered as a suggested format for the

message. While writing messages, members are asked to remove one shoe which is placed in a circle on the floor. Afterwards, each is asked to deliver their messages to the appropriate shoe. After sharing, they are instructed to save their messages for a special, quiet time when they can reflect on them.

Discussion. The discussion can focus on three areas. 1. What we say to ourselves about ourselves affects us. As we are walking around (in our shoes) everyday, we should remember what others say to us and about us. We need to remember to carry the positive messages around with us daily. 2. Our feet help us all day long and we hardly take time to thank our feet or even look at our wonderful feet... unless they start stinking. Our family and friends sometimes smell our stinky feet before we do but the ones who love us also love and accept our wonderfully stinky feet. Our job is to love and accept our own and everyone else's wonderful feet. 3. Taking quite special time is very important. This activity will help you to start/continue doing that more each day because you can't read your messages until you have taken some time to yourself. Practice being good to yourself. Pretty soon, it will come naturally.

Discussion

Previously reported research describes program outcomes in more depth (McWhirter, 2006, 2007, 2008). For example, 59% liked the other children in the group and reported that the group helped them get along better with their peers and family. Seventy percent learned something new because of participating in the group and reported that the group helped them to feel better about themselves. Seventy-six percent wanted the sessions to continue after the group therapy was completed. Eighty-three percent believed that they had a chance to talk about things important to them during the group.

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Figure 1: Emotional Barometer

