

CLINICAL INTERVENTIONS
WITH
CHILDREN WHO WITNESSED VIOLENCE BETWEEN THEIR PARENTS

BY

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9

A Practicum Report
Submitted to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirements
for the Degree of

MASTER OF SOCIAL WORK

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**A Practicum submitted to the Faculty of Graduate Studies of the University of Manitoba
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ABSTRACT

Within this practicum a model was developed, which included working within family systems where violence had taken place between the parents. This involved working in a group format with the child who had witnessed the violence, and on an individual basis with the custodial parent. As well, research was completed on this subject, part of which led to the development of a feminist framework for this model.

There were seven families who took part in this practicum. The children in the group were between the ages of nine to twelve. The group ran for ten consecutive weeks. The focus in the group sessions was on self-esteem issues, and other subjects relating to the issue of violence in the family.

The clinical work completed with the custodial parents included education and support. It also entailed strengthening the parent-child relationship through family counselling.

This practicum intervention took place at Family Conciliation, which is a Branch within the Department of Family Services of the Province of Manitoba. This agency deals with families which are experiencing conflict over separation and/or divorce.

The conclusions of the practicum interventions showed that the children in the group felt that their issues had been heard and validated. From this, they were able to improve their peer and family relationships. The custodial parents felt they now understood the trauma that their children had witnessed, and were able to support and augment changes in their children.

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I would also like to take this opportunity to thank the staff at Family Conciliation for all their interest in my work, and being able to accommodate to my schedule. Specifically, I appreciate Sandra Dean's willingness to allow me to complete my practicum at this agency, and Lorraine Scollin's agreeing to co-facilitate the group with me.

CHAPTER I

PART I

INTRODUCTION

This practicum highlights the issues and interventions which address the subject of children who witness violence between their parents. These children and their needs often go unsupported and overlooked, because of lack of services and lack of monetary resources. Also, as children are often still seen as chattel of their parents, their rights and needs are seriously negated by the rest of society. Therefore, the negative impact of witnessing violence by these children either goes unnoticed and/or does not get the attention it deserves. However, if we are to look at making changes in how people in our society deal with anger and violence, we must understand how violence affects children and what can be done to mitigate these effects. For example, if parents demonstrate conflict resolution by resorting to various forms of violent behavior, i.e. verbal, physical or psychological, how do their children have a chance to learn other methods of resolving conflict? What role models do children follow if they see violence on television and in the home?

As a model of working with children who have witnessed violence, this practicum has incorporated working with both the children and the parents, each in a

different clinical capacity. The children were part of a group, whose focus was on dealing with issues arising out of witnessing violence between their parents. The custodial parent was given supportive, individual counselling, to help her/him understand their child's special needs because of the trauma of witnessing violence, and then, to help them in turn, to be supportive of their child. For example, the parent may need to help their child learn new coping strategies to deal with their feelings that came from witnessing violence. Part of this practicum has involved a literature review, which examines the societal issue of violence in the family. Chapter II includes the literature review on this subject with an attached bibliography. As this practicum was completed at an agency which deals with the issues of separation and divorce in families, the literature review also reflects issues pertaining to this subject.

PART II

THEORETICAL PERSPECTIVES

While numerous explanations and theoretical frameworks on the subject of children witnessing violence are considered in this literature review, the primary analytic perspective used in the clinical portion of this practicum evolves from a feminist framework. This particular perspective considers issues of power and control, and examines the institution of the family in maintaining patriarchy.

It is important to note that the feminist perspective contains an underlying idea of the existence of implicit power structures of many families, wherein males still tend to have more power than females. It further suggests that the institution of the family in our society still supports specific gender roles and with these roles, comes limits. As such, this institution can be responsible in part for women's feelings of powerlessness and helplessness which can in turn, relate to being abused within the spousal relationship. This also connects to a pattern of multigenerational transmission of violence. If other systems including the family give permission for parents to use whatever methods of communication and power they choose, violence can be the result. Also, enforcement of rules through violence may be learned and used as the role for the next generations. For example, abusive husbands are far more likely to have witnessed parental violence than their non-abusive counterparts (Roy, 1988).

Both systems theory and feminist theory emphasize the idea that in working with the individual, one must look at the broader context of the multigenerational family. However, feminist theory goes a step beyond this and looks at the societal systems as well (Lerner, 1988). This would include the social institution of the family.

Because of the larger framework of society, therapists are faced with the dilemma of how to operationalize gender sensitivity in the arena of a male dominated economic and psychological society (Carter, 1992).

Therefore, in this practicum, part of the challenge was to incorporate the idea of a system's perspective as well as demonstrate a sensitivity to gender issues when

considering working with family members who have either been abused or who have witnessed abuse. It was necessary that the writer be aware of her own values regarding gender roles and how these fit into a feminist framework. Otherwise, unconscious biases could occur when making assessments and plans for interventions while working with families. It was found that as the writer's own attitudes and assumptions about both genders have been altered over the years, different messages about gender inequality can and have been communicated in the therapeutic relationship. For example, it was made clear to the family members that were involved in the clinical component of this practicum, that the writer does not think violence should be tolerated in any relationship, and also, that relationships should not be based on dominance, whether physical, sexual, or psychological.

PART III

REFERRAL BASE & AGENCY INVOLVEMENT

After consulting with the appropriate agencies in Winnipeg and the surrounding areas, it appeared there were very few resources allocated to providing group counselling to children who have witnessed violence in their families. At the time this practicum was completed, no other agencies in Winnipeg were providing the service of group counselling to girls between the ages of 9 - 12, who had witnessed violence in their home. Therefore, the clinical work initiated by this practicum

provided a much needed resource in the community of Winnipeg and the surrounding areas.

This practicum was completed at Family Conciliation, which is a branch within the Department of Family Services, with the provincial government of Manitoba. This agency specializes in working with families dealing with the life transition of separation/divorce. Its functions include: conciliation counselling, mediation, court-ordered assessments, and children's groups. It is the social arm of the Unified Family Court, the Family Division of the Court of Queen's Bench. This agency is physically located on the 14th floor of 405 Broadway Avenue, Winnipeg, Manitoba. The Director of Family Conciliation, Ms. Sandra Dean, fully endorsed the completion of this practicum within Family Conciliation.

Before this practicum began, a meeting was held between the writer and the staff from this agency. The purpose of this meeting was to disseminate information about the writer's proposal, and to gain the support of the agency staff for the directions of the clinical interventions within this practicum.

Support for this practicum was provided by the agency in a number of different ways. The Director allowed for the staff time of one counsellor employed by this agency to co-facilitate the group work with the writer. The agency provided the meeting rooms for the group sessions and the individual and/or family interviews. Also, any needed supplies such as drawing materials or snacks for the children were provided through funds from the agency. The agency staff saw this practicum as

augmenting their work with families, and they provided referrals to the group from their caseloads, if these were appropriate.

Other referrals for the clinical component of this practicum were gained from Provincial Child and Family Service agencies, Evolve, and Women In Second Stage Housing. These later two agencies help families who have either been abused, or have witnessed violence. They also have programs for the perpetrators of violence. A lot of time was spent by the writer advertising and promoting the idea of this group to pertinent agencies who could act as a referral basis. For example, information was sent out to many agencies in the city of Winnipeg with specific explanations of how this group for children would benefit both the child and her family. Follow-up phone calls were made to specific agency workers and their supervisors. Also, the writer visited some agencies in-person, to allow the agency workers a better understanding of the clinical interventions of this practicum, in the hopes of helping agency workers go through their caseloads and put forward appropriate referrals. Although all the agencies contacted were in support of the clinical work with this population, it was difficult to obtain referrals for the population needed as a sample for this practicum. It is uncertain whether this was due to families' inabilities or unwillingness to access services, or the agencies not informing potential clients of the availability of this service.

PART IV

THE INTERVENTION PROCESS - A SUMMARY

The clinical work in this practicum was completed with seven families. The primary intervention revolved around conducting a group for the children in these families.

The group work consisted of involvement with the girls from seven families who were between the ages of nine to twelve. Criteria for group participation included the girls witnessing violence between their parents. Also the parents had to be either separated or divorced.

Toseland and Rivas (1984) define a group as treatment based if: the roles of the group members were developed through the group members interactions with each other, the communication patterns were open, and the composition of the group is based on common concerns (p.106). Within the group initiated in this practicum, the girls were encouraged to converse and listen to each other, building upon their relationships to help them deal with issues pertaining to the subject material. Also, the composition of the group was based on common concerns, i.e. having all witnessed violence in the home. Therefore, as defined by Toseland and Rivas (1984), the group designed for this practicum could be seen as a treatment group.

For this group, the overall treatment goals consisted of education and self-disclosure. This included the idea of self-esteem building and raising the child's self-concept. It also included the education of the custodial parents to encourage and

respond to the trauma which their children had experienced, because of the violence that they had witnessed.

The group consisted of ten sessions which ran for one and a half hours once a week, for ten consecutive weeks. The group sessions began in mid-October, 1994 and ended in mid-December, 1994.

The writer decided that co-facilitation of the group was necessary for a number of reasons. Co-facilitation provided the writer with a source of support and feedback. It also gave the writer an increased ability to understand the group process. Toseland & Rivas (1984) suggest that co-leadership provides a group with the benefit of having two experts who can help in problem-solving, two models of behavior for members to identify with, and help in role plays and other program activities engaged in by the group (p.108). It was important for these group members to watch adults modelling appropriate communication and resolution of disputes, behaviors which were made possible through co-leadership of this group.

The writer was responsible for the intake interviews, the clinical work with the custodial parent and family members, and the researching and structuring of the group sessions. The co-facilitator's responsibility was to provide co-leadership during the group sessions and provide constructive feedback about the group process. This proved to be a useful way of completing this practicum as it allowed for learning on the part of the writer and the co-leader. Also, as the co-leaders had worked together in a previous capacity, they were at ease with each other's leadership style and had compatible values and viewpoints.

Part of the learning piece in facilitating this group came from putting together appropriate material for the client group, which flowed from the treatment goals. From the literature, self-esteem issues appear to be the most severely affected for children witnessing violence. Low self-esteem and low self-respect can lead to the intergenerational transmission of violence, and the internalization of issues that are associated with witnessing violence. Therefore, raising self-concepts, self-esteem, and empowerment were some of the important issues that were focussed on during the group sessions. Not only did the group process itself help empower the participants, but the issues of responsibility for violence and discussion on protection planning, were examples of how to focus on these issues. It was the facilitator's role to show group members how to explore these issues. The challenge was to help group members move from internalizing negative behaviors, to verbalizing their feelings, and then to changing the way they viewed their world around them and their part in it.

Another part of the clinical work with these families was the assessment of the family situations. Also, inherent in this process, was the initial joining with the different parts of the family system. To accomplish this, intake meetings were scheduled with the custodial parent and the child before the group sessions commenced.

The intake interview with the child served to screen potential group members. During this interview the purpose of the group and group norms, i.e. confidentiality were discussed. As well, it also allowed the writer to make the first connections with

the group member, thus raising the comfort level of both member and leader during the first group session. Finally, this initial interview allowed the writer to see if the individual was willing to commit themselves to the group.

For the initial interview with the child, the 'Child Witness to Violence Interview' (Jaffe et al., 1990) was utilized. A copy of this interview can be found in Appendix I. Jaffe et al. (1988) stated that three areas were previously identified by research and clinical observations for children witnessing violence. These areas are: (a) attitudes and responses to anger (e.g., the extent to which children perceive violence as an appropriate means of resolving conflict); (b) safety skills (e.g., the extent to which children know how to keep themselves safe in an emergency situation such as those circumstances related to their father's violence); and (c) responsibility for violence (e.g., the extent to which the children feel they are to blame for the violence between their parents) (p.158). Jaffe et al. have incorporated these areas into their 'Child Witness to Violence Interview'. Therefore, this 'Interview' was used in this practicum to assess how the violence witnessed by the children affected them.

For the intake interview with the custodial parent, the questions were centered around family structure and history, if access was occurring between the child and the non-custodial parent, the history of the violence in the family, and the expectations of the parent in connection with this work. At that time, the parent filled out the 'Index of Parental Attitudes'. A copy of this measurement tool can be found in Appendix II. This measurement tool was used both as a pre- and post-measure. Also, this

interview allowed both the writer and the parent to decide if they could work together within the scope of this practicum.

One of the hypotheses of this intervention is to assume that the parent needs to support the child if positive change is to happen with the child, therefore, emphasis was also given to clinical interventions with the custodial parent. The work of Felson & Zielinski (1989) supports the idea of the importance of the parental contribution to the child's self-esteem. Also, as the writer was attempting to maintain a feminist approach within this range of therapeutic interventions, it was important to help the woman deal with the economic and social realities after a separation/divorce, while she was also trying to maintain and enhance relationships within her family. Therefore, at least one counselling session was held with the custodial parent during the time the children's group was in progress. The purpose of this session was to give the parent support and education. The educational piece focussed on how the parent could be supportive of the child in terms of what she had witnessed within the family, and how to help her resolve some of the issues arising from witnessing that violence. An example of this would be the child's 'acting-out' at school and/or displaying temper tantrums at home with the other children in the family. The parent needed to learn and to understand the origins of this behavior before she could attempt to understand how to constructively help her child change her behavior. Also, many of these custodial parents had just begun to see the impact of their own abuse by their partner. Therefore, many of them needed support to understand issues around their own trauma and how to resolve those issues. The writer was able

provide them with some of this support. However, if they needed longer-term individual counselling they were referred to other appropriate therapists/agencies.

After the group was completed, a "feedback" session was held individually with the parent and with the child. Then, the parent and the child were seen together with the writer. The goals for these sessions included discussion of how the child had responded to the group sessions and what might be the next clinical step for the child and/or family. The writer was also available as a support, should the child want to discuss issues not already explored in the group sessions.

Chapter III describes the results of the clinical work, i.e. group, individual, and family, completed with the seven families involved in this practicum. Descriptions of each family are given by presenting historical information on the nature of the violence within that family, and current information regarding the family structure. The emphasis in this chapter is on how the child responded to the group work and the issues that were resolved because of the clinical interventions, both within the group process and because of the support of their custodial parent.

Chapter IV gives explanations and findings of the evaluative component of this practicum. Included are the results from three different measures: a) Index of Self-Esteem, b) Index of Parental Attitudes, c) Child Witness to Violence Interview. Two measures, the Index of Self-Esteem and the Index of Parental Attitudes, were applied as a pre- and post-measure. The other measurement tool, the Child Witness of Violence Interview was put into place in order to complete the initial interview with

the child. This allowed for a more accurate clinical and diagnostic picture of the child's ability to attend the group.

Throughout this practicum, the anticipated learning of both clinical skills and gaining knowledge through the research on the subject of children witnessing violence was exciting and useful. Chapter IV details skill development for the writer. The clinical skills that the writer had hoped to improve were in group work, individual counselling with both children and adults, and to a lesser degree, family counselling. Because part of the treatment goals involved attempting to look at family dynamics issues from a feminist perspective, the goals of empowering the mother and child to look at the ways that this violence had affected them and how they could change their responses, became a part of the clinical task. It also meant educating the mothers and daughters about how social structures perpetuate violence both in the home and within society. Hopefully, this in turn, helped both of these family members to realize that they do not have to accept physical, sexual, or psychological abuse from any other partner in the future.

Chapter V offers the writer's conclusions and observations as a result of completing this practicum and, also, some recommendations for the future. These recommendations are based on the experiences of putting together this model for intervening with this population, and from the outcomes perceived. This Chapter will also summarize the treatment goals, involving a discussion on how these were met.

CHAPTER II

LITERATURE REVIEW

PART I

"IMPACT ON CHILDREN OF OBSERVING VIOLENCE"

According to Dr. Jaffe (1993), in Canada, in an average classroom, three out of five children have witnessed violence in their family. In the United States, it is estimated that over three million children witness parental violence annually (Silvern & Kaersvang, 1989). Also, conservative estimates indicate that one in ten women are physically abused by their partner. The extremes of this violence are demonstrated by the fact that women in North America are more likely to be killed by their partners than by anyone else (Jaffe, 1990). These statistics point to large numbers of family members needing support to deal with either being abused or witnessing abuse and also, alternatives to using violence as a method of conflict resolution in the home.

The children of battered women have been called the "forgotten victims" of domestic violence. Specific agencies and programs exist today for women who have been abused and recent legislation has been devised to support adult women with remedies within the legal system. Part of this recent response is due to publicity

given to the plight of battered women, which has brought this issue into public scrutiny. Also, services for men who batter have also emerged. However, little attention has been paid to the children who observe this violence in their homes on a regular basis. What little clinical work has been done with this population has seldom been published, as few accounts of clinicians work or research exist (Grusznski et al. 1988).

According to Jaffe (1990), witnessing violence in the family can refer to a number of different things. Children may observe the violence directly by seeing their father threaten to hit their mother. Or, they may overhear this happening from a different room in their house, for example, their bedroom. As well, the children may be exposed to the results of their parent being battered without seeing or hearing the commission of any aggressive act. For example, they may see bruises on their mother or see the emotional consequences of fear, hurt, and intimidation (p.16).

The literature on this subject often refers to the intergenerational transmission of violence. Scanlon (1985) notes the following from her research of parents who had either been perpetrators or victims of abuse in their relationships. Seventy-eight percent of all parents had either been abused or neglected children. Approximately sixty percent of all mothers had lived with at least one alcoholic parent as a child. Forty percent of all mothers had been sexually abused as children. Nearly sixty percent of the mothers, and over seventy percent of the fathers, had left abusive homes during their early or mid-teenage years. Thirty percent of the mothers were pregnant with their first child by the age of seventeen (p.49). Also, Alexander et al.

(1991) found that physical abuse by ones father was highly predictive of a mans extending and receiving both verbal and physical abuse in a dating relationship.

A study that was conducted by Jaffe et al. (1986) examines the impact of exposure to family violence on school-aged boys. Boys who had witnessed violence between their parents were compared to boys who had been abused by their parents.

The sample of children who were exposed to family violence was obtained from shelters for battered women. The second sample was comprised of male children from a provincial welfare agency who had been physically abused by their parents. The comparison was a community control group in which the children had neither witnessed violence nor been abused themselves. The findings of this study suggest that boys who are exposed to family violence have adjustment difficulties that resemble problems shown by children who were abused by their parents, and differ significantly from children of nonviolent homes (p. 145).

Much of the current research on children who witness violence has focussed on their symptoms. For example, Jaffe et al. (1990) give examples of how children at different ages act out the violence that they have seen in their homes. Younger children appear to experience somatic complaints and to regress to earlier stages of functioning. Older children and adolescents often deny that violence is happening and use aggression as a predominant form of problem-solving. They also may project blame onto others and exhibit a high degree of anxiety. By school age, gender-related differences in children's reactions begin to emerge. For example, females are reported to have an increasing assortment of somatic complaints and, are more likely

to display withdrawn, passive, clinging, and dependent symptoms. Jaffe et al. also discuss subtle symptoms. These are reflected in the children's responses and attitudes about conflict resolution and assigning responsibility for the violence.

Certainly there is a consensus that these children are at considerable psychological risk. However, it has only been recently that research has suggested that traumatization underlies the difficulties that these children experience (Pinterics, 1992, Silvern & Kaersvang, 1989).

Pinterics (1992) defines trauma as an "excessive amount of stimuli, too powerful to be managed, or understood". Child victims are found to be unable to calm themselves with respect to the experience of family violence. They cannot integrate the various aspects of the event, nor are they able to integrate an understanding of themselves or the world around them. The experience is dissociative and fragmented. Silvern & Kaersvang (1989) suggest that watching as one's mother is beaten by a father figure is similar to other events that have been documented as traumatizing to many adults and children. They compare the symptoms of fear, helplessness, and overstimulation, due to witnessing parental spousal abuse as "shock trauma". This trauma can be resolved if the victims come to understand the event and their personal reactions to it. However, if the event is repeated over a period of time, personal defenses may maintain the initial dissociation and the potential reminders may grow more symbolized and pervasive (p.423). Also, the child's experiences undermine their sense of self-esteem and the confidence that they have in the future.

Other authors suggest that various theories can be used to explain how the experience of children witnessing violence can have detrimental effects on their development. Davis (1988) reviews Piaget's theory of cognitive development to help explain some of the guilt young children may feel when their parents demonstrate violence towards one another. Children's egocentric thinking, combined with their ideas of absolute cause-effect relationships and the inability to incorporate more than one variable at a time into their thinking, makes it logical for them to believe they caused the violence and can control it. Elbow (1982) would go one step further and say that the children believe that they can stop the violence, which means protecting the victim from the attacker and the abuser from his/her own impulses and rage. In other words, the children may wish to protect their parents from themselves (p.467).

Social learning theory suggests that children learn through observation of behavior, observed and experienced consequences, and the modelling provided by significant others (Davis, 1988, Elbow, 1982). They do not have to be abused personally to learn the same patterns of behavior as abused children. The violent episode not only reinforces the notion that violence is a means of resolving differences, but children also experience anxiety about self-control issues while witnessing their parents' helplessness in the face of the uncontrolled impulses demonstrated by the perpetrator.

The social learning theory can also be used to explain that a history of abuse in one's family can be related to a later involvement in an abusive relationship for both males and females (Alexander et al., 1991). This would also suggest a pattern

of intergenerationally transmitted violence. Roy (1988) completed a study in which evidence was compiled that suggested that young boys and girls were becoming the next generation of wife-beaters and battered women. Eighty-three percent of the males who were dating revealed that they hit their girlfriend when they got angry with her. Fifty-two percent of the girls who had boyfriends said that they had arguments with them, and at times they push and shove each other, scream at their boyfriends, and use profanities (p.103). All of these teenagers had witnessed their mothers being abused by their fathers.

There does seem to be some discrepancy in the literature on whether witnessing abuse affects men more than women. However, all the research does point to the fact that most men and women in abusive relationships are either from families in which they have witnessed violence, or from families where they have been directly abused themselves.

Jaffe et al. (1990) explains the relationship between family violence and children's adjustment through three different models (p.58-67). They call their first model "the cycle of violence hypothesis". This model is derived partially from social learning theory, and also from the literature explaining the intergenerational transmission of violence. They see this model as explaining the way children can be influenced because of what they have seen and heard as they are growing up in a family. However, they acknowledge that this model does not account for the "hidden" influences on the child that come from outside the family.

The second hypothesis that Jaffe et al. (1990) suggest could be an explanation for the relationship between family violence and children's adjustment, is the influence of exposure to aggressive models. For example, some children will behave more aggressively when exposed to violent television on a long-term basis. This can also lead to emotional desensitization (p.57). Therefore, when children are exposed to aggressive models in society and have to witness violence in the home, this can lead to emotional and behaviour problems.

In their third hypothesis, the family disruption model, Jaffe et al. (1990), suggest that major events in the family serve to disrupt the child's normal routine, thus creating a need for the child to adapt quickly to new circumstances (p.61). This accounts for the adjustment problems of children of battered women because they are attempting to cope with extremely unpredictable and far-reaching changes in the family unit.

All of these theories lead to the same conclusion. Children who witness violence do experience severe symptoms. When combined with separation/divorce, the following issues can be common to each child's experience: psychological trauma, self-destructive coping mechanisms, assumption of parental or guardian roles, distrust of adults, unresolved conflicts and ambivalency about their parents, confused values, identification crises, sleep disturbances, traumatic nightmares, startle reactions, flashbacks, acting-out behaviour, suicidal ideation or attempted suicide, low self-esteem, feelings of guilt and cynicism about their own future (Elbow, 1982, Jaffe, 1990, Roy, 1988, Silvern & Kaersvang, 1989, & Sinclair, 1985). Also, the

witness/victim blames him or herself (Pinterics, 1992). As well, children often believe that they caused the perpetrator's behavior.

The above symptoms can be looked at as "defense dissociation" or "repetition of trauma" (Silvern & Kaersvang, 1989). In other words, the repetition of the traumatic event, i.e., watching the perpetrator abuse the other parent, comes out in symptoms for the child. Until the traumatic event is resolved by the child, he/she will continue to have some of the symptoms. For example, a child may have flashbacks or nightmares until they can remember the traumatic incident and integrate it into their understanding of the world around them. Defensive dissociation needs to be countered by giving the victims the opportunity to disclose explicitly the facts and personal reactions involved in the trauma to someone they trust. Silvern & Kaersvang (1989) would say that disclosure of the trauma is not enough. They feel that the victim must cognitively reorganize the information. This entails someone to help them interpret directly and explicitly the ways in which traumatic memories are symbolically reflected in current behavior and affect (p.427). Therefore, in order to reach a state of resolution, children require both safety and cognitive reorganization.

Jaffe et al. (1990) suggests that the following characteristics in the child or its surroundings, are necessary in order to mitigate traumatic events in the lives of the children. They are: (1) the dispositional attributes of the child; (2) their support system within the family system, i.e., the relationship between the child and the custodial parent; and (3) their support system outside the family.

Elbow (1982) puts the issue of violence in the home into a political context. She found in her review of the literature, that if violence takes place in a marriage, the relationship is characterized by rigid sex role expectations, the use of violence to control, poor communication patterns, isolation, and an inability to accept responsibility for one's own thoughts, feelings, and actions. Love means possession and authority and discipline, which is interpreted to mean the right to control by force, if necessary. Instead of modifying the expectations, the family in which violence occurs externalizes blame, projects feelings, and displaces rage.

The above information from Elbow (1982) essentially looks at the issue of family violence from a feminist perspective. Goldner (1989) would go further with this argument to say that every family is about politics and everything in the family is seen through the lens of the gender. Therefore, when discussing sex role expectations, Goldner would conclude that gender and the gendering of power are not only secondary mediating variables affecting family life, but they construct family life (p.56).

In Jaffe's (1990) historical perspective on children from violent homes, he concludes that there will never be an acceptable definition of abuse. It is not a scientific term. Rather, it is a political concept. He defines it as "any act that is considered deviant or harmful by a group large enough or with sufficient political power to enforce the definition" (p.15). In our society, children are not given political power and can not, therefore, enforce definitions of abuse. However, when

looking at the symptomology and trauma of children who have witnessed violence, it is difficult to say that they have not been abused.

Klonsinski (1993) helps us understand how children can be emotionally abused within the context of their parent's separation. He identifies the following situations as psychological maltreatment: 1) when chronic separation, anxiety and guilt-feelings are deliberately induced in a child in order to draw the child to one parent's side; 2) when a child is consciously or unconsciously used to fulfill a function serving one or the other parent's needs and purposes; 3) when a child is abducted or illegally retained by a parent; 4) when parents abuse each other physically in front of their children.

Tschann et al. (1990) suggest that emotional adjustment in children is predicted most strongly by post-separation family relationships, while behavior problems are strongly related to pre-separation factors. They suggest that interventions for children during the divorcing period should include helping the parents to avoid using their children in conflict with their ex-spouses, or for their own emotional support. Their research would reflect the need to work with the reconstituted family after the separation to ensure the emotional adjustment of all family members.

Studies by Jaffe et al. (1985) suggest that child behavior problems, after witnessing violence, are strongly associated with maternal adjustment and the amount of physical aggression in the home. This study also found that boys from violent homes were reported as displaying significantly more behavior problems than girls.

The authors compared behavior problems and social competence in 126 boys and girls (age 6-11) from homes where violence occurs and from homes where violence does not occur. As measurement tools they used the Achenback Child Behavior Checklist and the Conflict Tactics Scale (p.73).

In their study they measured the relationship between the degree of violence in the family and the children's overall adjustment. Their results showed that girls from violent families showed more internalized behavior problems and a lower level of social competence than their nonviolent comparison group. Examples of symptoms of internalized behavior problems are depression, eating disorders, or sleep disturbances/nightmares. Boys from violent families were reported as demonstrating both internalized and externalized problems, in addition to having a lower level of social competence (p.75). An example of an externalized problem is fighting with peers at school, which boys were seen to exhibit to a much larger degree than girls. However, this study did not find a way to look at the more subtle symptoms which may be present in girls, which could lead to a tendency to condone violence in their relationships, leaving them open for victimization at a later date. These studies did underscore the need for further examination of how both genders are able to cope with witnessing violence in their family, both on a short-term and long-term basis.

PART II

"CLINICAL INTERVENTIONS/MODELS FOR WORKING WITH FAMILIES"

Although there are many interventions that could be used with children who witness violence, the literature suggests that group work is an important one. For example, in her research, Hartman (1989) found that girls and women tend to make moral decisions and resolve conflict on the basis of relationship considerations rather than, as boys and men are likely to do, on the basis of abstract moral principles. This information is helpful when considering how to structure group work for the different genders. It also speaks to the helpfulness of the group process for both genders, even though males and females learn in different ways.

Both Jaffe et al. (1988) and Grusznski et al. (1988) also advocate for group treatment. Both clinicians have used group models with children who have witnessed violence, which consist of ten-week sessions. They use psychoeducational models. To them, this means using a combination of education and group discussion. They focus on the following topics and major themes: self-esteem, self-concept, issues of shame and isolation, protection planning, expression of feelings, conflict resolution, gender role issues, and establishing responsibility for the violence. Evaluation of these group work models have shown that the children have gained an understanding of the issues related to the violence and have increased their knowledge of safety skills. As

well, Jaffe et al. (1988) found that the children ended the group with more positive perceptions of each parent.

Judson (1977) did early work on the issue of how violence affected children. Her work entitled, "A Manual On Nonviolence And Children", gives information on how children and adults can establish an atmosphere in which they can resolve their problems and conflicts in a non-violent manner. Within this manual, she includes suggestions for group games that could teach the children about non-competitive ways of relating to each other.

Frey-Angel (1989) chose group work as her intervention with this population. She felt that this approach can change behavior and attitudes around anger and abuse. She feels that this clinical intervention can prevent the intergenerational transmission of violence. Her group model has siblings of all ages in it. She felt that this can be helpful with the issue of denial of the violence. One sibling may share that they saw violence in their family and then the other sibling will have to look more closely at their own experiences within that family.

Frey-Angel (1989) also suggests that often children who have witnessed violence between their parents cannot identify with their same-sex parent. To do so would mean that they would have to experience the pain that their parent feels when the abuse is happening. This means that they have not learned to feel empathy. Therefore, in sibling groups, it may be easier for the children to feel safe enough to change their patterns of behavior and begin to learn to express their feelings.

Sinclair (1985) recommends that group work be used for children who have witnessed violence for the following reasons, it lessens the isolation that the children feel, creates a safe place for them to talk about their experiences, the group leader's behavior provides a model of an alternative to the secrecy surrounding their home lives, and meeting other children in the same position lessens their feelings of guilt and self-blame (p. 4.16). The group also creates an opportunity to unlearn destructive myths and to find more effective problem-solving methods than the ones the children have seen in their family. She goes on to list issues that a group leader must be familiar with in order to run a group for children who have witnessed violence in their homes. Examples of these issues would be the effects of separation and divorce on children, and the impact of sex-role stereotyping on children. She says that from her experience, group counselling is associated with a decrease in the extent of violence that a child condones in his/her family.

Jaffe et al. (1986) discuss literature which suggests that children from divorced parents are seen at child behavior clinics for a wide range of emotional and behavioral problems. Furthermore, a meaningful finding from this literature suggests that the level of marital conflict and disharmony witnessed by the child is a critical factor in predicting the child's behavioral adjustment following parental separation. Also, their research discussed how maternal adjustment can be a mediating influence on the children's postseparation adjustment. These results are congruent with findings from divorce literature that indicate positive relationships with adults are important predictors of child adjustment (Emery, 1982). Mothers who reported fewer

symptoms and changes in their own functioning were more likely to report fewer child behavior problems. These authors suggest that interventive strategies with these children should focus on adaptive thinking processes, or interpersonal problem-solving, i.e, modelling, reinforcement, behaviour rehearsal. These strategies could be implemented within a group format.

Kline et al. (1991) also discuss the direct and indirect influences of marital conflict on the children after the separation. As a result of their studies, they noted that both marital conflict and postseparation conflict variables pertained largely to verbal and physical aggressions between partners. They also found that marital conflict was directly related to poorer child emotional adjustment. It is important to note that at the time of the separation, when parents' energies are exhausted by preoccupation with their own emotional responses and numerous social and environmental changes, the child can become either entangled in the separation issues between the parents, or left to take care of his/her own needs. This can further hinder a child's emotional development, especially if they are already dealing with the trauma of witnessing violence between their parents.

Issues of control after the separation, for both the parents and the children, continue to be related to the violence witnessed in the family. For example, while the parents are still together, the child may see that the adult/s can not control themselves and may wonder how the parent/s will be able to place limits on them, leaving them vulnerable to frightening internal impulses (Elbow, 1982). This can continue postseparation with the custodial parent having difficulty maintaining parental limits

and the child/ren being left to figure out their own limits. Therefore, it is important for the custodial parent to learn how to develop boundaries and limits within their family and their support network.

Haffey et al. (1992) remind us that it is important to look at the issues of separation and divorce from more than a systemic perspective. For example, if girls internalize the way their mothers cope with violence, they will also internalize how they cope with separation and divorce. It would, therefore, be imperative that as a role model to their daughters, separating women find coping mechanisms that are positive and life affirming. By confronting gender-based social messages that guide behavior, women can begin to broaden their range of expectations and responses. In turn, their children will be able to see a different role model of how at least one parent can change the way they cope with conflict and change. Alexander et al. (1991) found that it is not enough for girls to have a feminist/liberal attitude. As well, they also have to have enough self-esteem to disengage from a relationship once it becomes abusive.

Felson et al. (1989) report from their work that parental support as measured by children's reports, affects self-esteem. Their research also tells us that girls at ages 10-13 are more strongly affected by their parents than are boys. Parental support variables explain more than three times as much variance in change of self-esteem for girls than for boys (p.733). This data is consistent with evidence that females tend to be more family-oriented than males and more sensitive to others. The evidence also suggests that self-esteem affects parental support. Therefore, it is

consistent with the idea that socialization involves bidirectional influence between parents and children. This information suggests the importance of working with both the custodial parent and the child in order to enhance the bidirectional influence of the parent-child relationship.

Gilligan's research (1990) supports the idea of how much children are influenced by their mothers. She goes so far as to suggest that the attachment between mothers and daughters could be a problematic element in their relationship. The girls in her study reported that no other relationships compare to the primary attachment bond in strength or influence (p.141). This work defends the premise that girls will be strongly affected by seeing their mothers being abused and will repeat those patterns of either being a victim or being an abuser, unless steps are taken by both parties to change those roles. Broverman et al. (1972) found that by the time children reach adolescence, their sex-role stereotyping is firmly established. Therefore, it would be important to work with children before adolescence to help them look at other ways of viewing gender and personality strengths, especially if their role models to date had been to see men as dominant and abusive, and women in the role of victim.

The information contained in this literature review supports the basis for the practicum intervention, which is the need to do a range of clinical work with children who have witnessed violence between their parents. Jaffe (1986) would support this by proposing that children who receive educational and supportive assistance in adjusting to the aftermath of family violence, will show positive signs of emotional and behavioral adjustment over time.

This literature review also supports the premise that educational work needs to be initiated with the custodial parent, in order that this might help them in turn, be supportive of their child. If the child is going to have a chance of enhancing their coping skills and self-esteem, the custodial parent will have to be very supportive of their efforts and, at the same time, be learning new coping strategies of their own. Although this requires a commitment on the part of the parent to change communication patterns and coping skills, it can only enhance the future parent-child relationship.

CHAPTER III

PART I

INTRODUCTION

Seven families took part in this practicum. The model designed for this practicum included working in a clinical capacity in the form of group work with the girls. Also, clinical work on an individual basis with the custodial parent from these seven families was completed.

The group work with the children included designing ten group sessions for girls. The group sessions were preceded by an intake interview in which the 'Child Witness to Violence Interview' was administered to each child (See Appendix I), and some general questions were asked about their interest in being in the group. After the group sessions were completed, another interview was held with the child in which an evaluation form was completed by the child, and feedback was given by the child to the writer.

The attendance rate for the group sessions was approximately seventy-five percent. All the girls except one missed at least one session. However, there was never less than five girls at each session.

Individual work with the custodial parents included an initial intake interview with each parent, at least one individual session with them during the time their child was involved in the group, a feedback session with each individual after the group had ended, and ongoing contact either by phone or in person when the need arose while they or their child were involved in this practicum.

The clinical work with these parents involved a great deal of time and effort on the part of the writer. Many of them needed a lot of support and help to understand their child, and how they could help that child resolve their trauma around witnessing the violence.

In this sample, all the custodial parents were mothers. With the exception of one parent, they all displayed a lot of motivation in wanting to learn how to help their child deal with witnessing the violence between themselves and the child's father. This motivation was seen in the form of attendance at individual counselling sessions, bringing their children to the group sessions unless the child was ill, and taking advantage of ideas presented to them during the course of this practicum, which could help both their child and their relationship with their child in the future.

The following part of this chapter will give specific information on each family. It will focus on the family history, structure, and dynamics. It will also give the rationale as to why this particular family needed the resources provided through this practicum. Finally, it will give the clinical interventions provided to all the pertinent family members.

The later part of this chapter will discuss common themes found while working with the children in the group setting. The writer will also present how these issues were resolved in the group and by the individual group members.

PART II

CLIENT FAMILIES - HISTORIES, EVALUATIONS & INTERVENTIONS

FAMILY #1

This restructured family consisted of a custodial parent, the mother, and three children in the household, a twelve-year old girl, an eleven year old boy and a nine year old girl. The parents had married in 1981 and separated in 1991. Since that time, the mother and children had moved from northern Manitoba to Winnipeg. Their extended family lived in another province and this family did not have any type of support network established in their new neighbourhood. The mother had begun working full-time about two years ago in the social service field.

Currently, the two youngest children had just started to see their father again. The oldest child did not wish to see her father.

According to the mother, the father had been very controlling in his behavior from the beginning of their marital relationship. He physically assaulted her at the time of her second pregnancy. From that time forward, he would physically assault her every two to three months, usually in front of the children. He would throw her around the room, often smashing things that were in his way. She would sometimes

be grabbed, almost choked. He would at times, also be physically abusive to the children in much the same way as he was to her.

The father in this family had two assault charges brought against him by the mother. He was found guilty of assault by the Court and ordered to attend an anger management course. There was a Restraining Order put into place and an assessment ordered by the Court questioning the feasibility of access to the children. This assessment recommended that access be denied until the father had gone through some counselling and then only at the mother's discretion. The mother and children had previously received counselling in an agency where they took part in family counselling for several months, primarily with the oldest child and the mother. The mother had been part of group counselling at Evolve, an agency specializing in domestic violence, for two years. They had also received help by way of a family intervention worker who provided support in their home for a few hours every day over the past two years.

The oldest girl was referred for the group because the mother was having a hard time talking with her and dealing with her behavior in the family. This girl had exhibited suicidal behavior over the past six years. Although the mother had sought help from a number of counselling agencies to help her daughter deal with her feelings of despair and anger, this child was still unable to talk about her feelings and acted out her anger by exhibiting controlling behavior towards other family members.

From the initial interview with the 12 year-old child who would be attending the Group, it was apparent that she was having a lot of difficulty talking about

anything that would mean she would have to deal with her feelings. For example, when completing the 'Child Witness to Violence Interview', she could not say what types of things made her angry or if she did get angry, when it had happened, and what she did about it. She agreed to be part of the Group, but could not say what she wanted or needed from it.

Three individual sessions were held with the custodial parent over the duration of the work with this family.

The first meeting consisted of obtaining specific intake information on the family situation and what this parent felt could be accomplished both for herself and her family by being part of this clinical intervention. She had tried numerous ways of attempting to relate to her twelve-year old child and could not break through the wall of anger. She no longer knew how to cope with the silence and disapproval that her child showed her. She wanted to be able to talk to her child about what was bothering her and/or how to help her. Therefore, she had felt that a group process might be beneficial to this child as it would allow her to hear other children's experiences and perhaps give her some insight into how she might be feeling.

The second session was held with this parent when the Group sessions were at their mid-way point. One of the most prevalent issues that came out for her was the lack of a supportive network both for herself and her family, especially now that the family intervention worker was no longer coming to their home to help her. She had expended much of her effort and energy since the separation obtaining employment, moving to a different location, and going through the legal channels necessary to

obtain a separation and Court Order around custody and access. She also had full responsibility for the children's physical needs and emotional wellbeing, i.e., all the duties of a single parent. Through discussion, we arrived at possible connections that she could continue to make in the community that she could incorporate into her support network. She began to realize how much energy the past few years had taken from her, and possible ways to receive support for the ongoing work of providing for her family.

The last session was spent looking at ways that the group member and this parent could receive ongoing support. Ideas for this were ongoing group work and some more clinical work between both the custodial parent and child and the non-custodial parent and child.

This custodial parent needed a lot of support and, therefore, besides the individual sessions, at least three phone contacts, each an hour long, were held with her over the course of work with this family. At one point, she had to take her eldest child, the group member, into emergency care as the child was suggesting that she felt that there was no reason for her to go on living any longer, i.e., suicidal tendencies. This issue was addressed within the Group, at least peripherally, as one of our subjects of discussion was how children reacted to crises and how suicidal behavior can be thought of as one of the options.

For the first four group sessions this group member was almost totally non-verbal and would sit off to one side of the room drawing. However, by mid-way through the group sessions, she slowly began to get involved in some of the group

activities. The first was that of a role play depicting angry parents. She did this well and with a lot of thought.

This group member began to make friends with one other girl in the group. This was a big step for her as she currently had no friends at school or any other peers that she spent time with either at home or in the school. By the end of the group sessions she was able to at least minimally participate in the group discussions and make suggestions as to how other group members might handle situations in their families. Although it was still difficult for her to talk about her own feelings and issues, she was actively listening to the group members discuss how they felt and what they might do with their feelings.

FAMILY #2

In this family the custodial parent and the only child, eleven years of age, lived together. The parents had lived together in a common law relationship at various times from 1983 to 1991. The longest that they had lived together was for a period of two years when their child was six years old. Since the final separation in 1991, access had occurred sporadically between the father and child. The child currently sees her father once a month, and usually only after she calls him to arrange visitation.

The mother alleged that the father was psychologically abusive towards her. To her this meant that he was extremely controlling and dominated their relationship. He would have "affairs" and then accuse her of being involved with other men. She

felt that he isolated her from her social network and wanted all of her attention. By the end of her relationship, she felt she had lost most of her self-esteem and a lot of her self-respect. At the time she separated, she took a six-month stress leave from her place of employment.

This child would hear her parents argue and would often come into the room when they were arguing and try and "stick up" for her mother. She now misses her father a great deal, but enjoys her mother's company. The mother and child have a very close relationship. The writer observed that this parent and child sometimes rely too much on each other to meet their emotional needs.

The mother had attended counselling at Evolve, an agency that specializes in domestic abuse counselling since the separation. She found this extremely helpful as it allowed her to put some of the issues she had to deal with, because of her relationship, into perspective. She also found that she needed to widen her social support network for her sake, as well as for the sake of her child.

The father has never attended any type of counselling, as he felt that everything that had gone wrong in the relationship had been the mother's fault. The child had thus far also not attended any type of counselling before taking part in the group work offered in this practicum. In the initial intake interview, the mother spoke of her concerns about some of her daughter's behavior. Not only were they her observations, but other close friends and her daughter's teacher had made the same comments. Apparently, her daughter was "quick to anger", spoke up for herself inappropriately, and often felt quite insecure. A lot of her time was spent being

angry as she would get upset easily and then verbalize her anger at her peers and at her mother. She also had few friends at school as her classmates were mostly males, therefore leaving her with no close friends to turn to for support.

When the writer initially met this group member, she completed the 'Child Witness to Violence Interview'. From this measure, it was clear that she dealt with many things in her life by getting angry. For example, when asked, "If someone your own age teases you, what do you usually do?" The child answered by saying that she would "get angry". Another questions was: "If your mom or dad does something that you don't like, what do you do?" Her answer was: "Yell at them". She also recalled hearing and watching her parents yell at each other a lot during their relationship.

This child very much wanted to be part of this group. She felt that she would like to meet other girls her age and would also like to talk about things that had changed in her life since her parents were no longer living together.

An individual session was held with the mother at the mid-point in the group sessions. The mother reported that she saw a lot of improvement in her daughter's disposition, which she directly attributed to the group process. She said that her child was learning different skills in terms of how to deal with problematic situations with friends and at home and was practising them. Her child's teacher had told her that school was going better for her daughter and in all, felt that she was coping better on a daily basis. Her daughter was beginning to talk with her about some of the fighting she had seen in her parents' relationship and the fact that she was feeling safer

because her parents were no longer together.

Through discussion between the mother and the writer during an individual session, the mother was able to think of ways that she could provide support to her daughter, without being the only one in her support network. For example, she enrolled her daughter in a pottery class, which became something that her daughter liked and in which she was able to direct her artistic talents.

While involved in the group process, this girl became a positive role model for the rest of the group members. For example, she talked about issues that concerned herself and her family in a concrete and non-assertive way that the other group members could understand and use to help themselves. By the later group sessions, she had become an anchor for many of the other girls, someone whom they respected and who made them feel good about themselves. She also interacted with others and made friends within the Group.

She quickly came to love coming to the Group and did not miss one of the ten group sessions. On the evening of the last session, she brought a gift for everyone in the Group, including the group leaders.

During the last session with the custodial parent, issues around family transitions were discussed. She had become involved with another man and was thinking of remarriage. She was very concerned that her daughter not feel left out, and that she did not see this man as someone who was trying to replace her father. Discussion revolved around how this could happen in the best way possible for her daughter, and for herself. An ongoing issue for this custodial parent and her daughter

was how to widen their social support network. They did not have much family in this province, lived in an apartment block where it was difficult to meet people, and this girl only had two other females in her class at school. However, as this girl was beginning Junior High School next fall, she would have the opportunity to meet more girls and make friends with them. The writer also spent time with the child on an individual basis and within the group, as part of the group's program, talking about how to gain support through the outside community. For example, one Group Session was devoted to talking about ecomaps and support systems.

Therefore, in the "feedback session" with the mother, time was also spent discussing how she could help her daughter find ongoing support and positive interaction in her community. Her mother was able to realize how important this was for her child's ongoing development, self-esteem, and ability to continue to learn to express her feelings in an appropriate manner.

FAMILY #3

This restructured family consisted of a custodial parent, a common-law husband, and three children. The eldest child, who became the group member was 12 years old and the siblings were a ten year old boy and an eleven year old girl.

The parents married in 1983, separated in 1992, and divorced in 1994. The mother retained sole custody of the children.

There is currently no access between the children and their father. Apparently, they saw him a few times after the separation, but have not seen him for

a year and a half. The mother still feels that the father is a threat to her physical safety and to that of her children. She feels that he may abduct the children and take them out of the city. Therefore, she has disallowed access, which has been sanctioned through a Court Order. The mother, her common-law husband, and the children received family counselling about a year ago. The child that became part of this Group had previously been involved in some group work for children whose parents had separated/divorced. She is also currently seeing her school psychologist on a semi-regular basis.

According to the mother, the father abuses alcohol. He has never had any counselling for this issue, nor does he acknowledge that he has this problem. He also does not acknowledge that he was violent towards her.

During the initial interview with the mother, she was obviously still in a lot of pain over the abuse that happened in the relationship with her ex-husband. She was presently involved in group counselling for women who had been in abusive relationships. Although she was finding this group helpful, she was also beginning to realize the impact of the violence on her children. For example, when her husband would begin to hit her or become verbally abusive, she remembers asking her eldest daughter to take the other two children in the basement and keep them safe. She now realizes the position of responsibility that she was placing on her child by asking this of her. She was also seeing how this child was forced to assume the role of caretaker, both of the other children and of herself. She hoped that by being part of this Group, this child could begin to see that she is not responsible for anyone else's

pain and could address some of her own feelings about what she saw between her parents.

During the initial intake interview with the Group participant from this family, the writer administered the 'Child Witness to Violence Interview'. From this, the child was able to talk about what made her angry, i.e., when people judge her and say things about her that are not true. She also spoke about how angry she was with her father for what he had done to her mother. This was combined with fear towards him and not being able to control situations in the past between her parents.

This child wanted to be part of the Group because she felt that she needed other kids to hear about what had happened to her. She also wanted to ask them questions about how they felt about their fathers.

This child appeared to be quite sad, as if the "weight of the world" was on her when she first began in the Group. Although she was talkative, she did not appear to have much hope in being able to change certain situations in her life. For example, if she talked about fighting with a girlfriend at school, she would be unable to accept that it could be resolved and that it was not a catastrophe. However, as the Group sessions continued, she was able to listen to the group discussion and hear ideas about how others solved problems and resolved family issues. She was also able to feel the other girls hope and positive feelings for the future. Her mother acknowledged some of these changes by saying that she had stopped making up stories about violence and that she played more easily at home with her siblings.

Some of the clinical work with the custodial parent consisted of helping her to

begin to make the connections between her family of origin issues and the abuse that she suffered from her ex-husband. Although the clinical interventions in this practicum limited the writer from doing long-term work in this area, through a few sessions with the custodial parent, issues were identified in this area that she wanted to continue to resolve in longer term therapy. Names of specialists in family of origin work were given to the mother in order for her to follow through with initial work completed within the individual sessions. She appeared quite committed to continuing individual therapy.

Other work with this family consisted of the writer meeting together with the common-law husband and the mother. They were having a hard time managing the anger that erupted from the child who was part of our Group. Discussion with them centered around some behavior modification techniques for dealing with her anger in conjunction with acknowledging the origins of that anger and discussion of how it affected all the family members.

In this family, the mother still carried with her a lot of fear of the father that was also connected to her family of origin issues. This child had taken on some of the mother's fear and also had some of her own fear, anger, and sadness. The difficult part was helping the child to sift through her feelings and then helping her to decipher and own her feelings as opposed to those of her mother. Then, she had to learn how to deal with them. The group process helped her do this, and it was evident by mid-way through the Group, that she was beginning to learn about some tools that enabled her to do this for herself.

At the end of the writer's work with this family, some gains had been made. First, the child was beginning to understand some of her feelings and that she had responsibilities and people to turn to when she lost control of her anger or fear. Also, the custodial parent was willing to look at improving her own self-confidence and resolve issues that were impacting on her relationship with other family members.

FAMILY #4

This family consisted of the custodial parent, the mother, and three children. The children were 15 years old, 12 years old, and 4 years old. The twelve-year old became the Group participant.

This family was referred to the writer through Child and Family Services of Winnipeg. The entire family was in a lot of pain and they were all showing it in different ways.

The parents had separated two years ago, with the mother taking the children with her, because she was fearful for their lives. The mother had relocated and no one in the family had any contact with the father since that time. The mother had obtained a Restraining Order from the Court against the father, but had been unable to locate him to serve it.

The mother reported that the father had been either controlling or physically abusive since the beginning of the relationship. They had lived in a common-law relationship for eleven years. She also reported that although he had a substance abuse problem with both alcohol and drugs, he would be violent towards her when he

was both drunk and/or sober. She said that the children saw a lot of the violence that was directed at her. Since the separation, she had gained about one hundred pounds and very rarely left her apartment. The middle child, the Group participant, did all the grocery shopping, housekeeping, and most of the caretaking of her four-year old sibling.

This family had a support worker from Child and Family Services that was involved with them. This person provided some of the basic care for this family as well as attempted to motivate the mother to help herself. Other than that, these family members have not received any counselling for the abuse that they witnessed or of which they were victims. The eldest child, who is 15 years, is on probation for stealing and using drugs. She constantly argues with her mother and then stays away from the home for many days without telling her family where she is or has been for that period of time.

All the sessions with the mother were held at her home, as she is too self-conscious to go out of her apartment. From the first session, it was obvious that she was feeling very overwhelmed, both in her parental role and coping with issues from her past relationship with the children's father. She had resorted to eating and sleeping as a way of coping with most things in her life. She had abdicated her role as a parent and that role had fallen on her twelve-year old child. In essence, she was feeling quite helpless to change her situation. However, she did want her daughter to attend the Group, as she knew that it could help her. She saw her daughter as entering adolescence and did not want her to end up like her sister. She also saw

how frightened her twelve-year old still was even though they had not lived with her father for two years. Often, this child would not be able to sleep alone at night and would end up moving to the living-room, where she would turn on the television for company or go to sleep with her mother.

During the initial meeting with the twelve-year old, she seemed quite pleased to become a Group member. She wanted the opportunity to meet with other girls and talk about what had happened between her parents. She had never talked with anyone about it up to this point. In the 'Child Witness to Violence Interview', she revealed that she had been angry at her parents all her life and cried alot because of it. However, she had a problem deciding what things would make her angry. She was also able to talk about the violence that had happened between her parents and said that her father was more violent when he had been drinking. He would hurt her mother, but not any of the children. If she asked her father to stop hurting her mother, he would just push her out of the way and continue to hurt her mother.

The clinical work with this family was completed in conjunction with the support worker that was working with this family. The writer and the support worker would have weekly phone calls to discuss the progress of different family members and to brainstorm how to help them. Also, the writer met with the custodial parent, and spoke to her on the telephone to help her understand how important it was for her to ensure that her daughter came to the Group on a regular basis. Both mother and daughter needed alot of encouragment for them to keep attending both the Group and individual counselling. By the time the Group was drawing to a close, the mother

had begun to attend individual counselling with a psychologist, which she was finding helpful for herself. The child that had been part of the Group said that she liked the group process, as talking about the violence between her parents "put it out of her mind". She also liked it because she had found a place in which others had been through the same things as she had and they offered her support that she did not get anywhere else in her life.

FAMILY #5

This restructured family consisted of the custodial parent, the mother, and three children. The ages of the children were eleven years, seven years and six years old. The eleven-year old became the Group participant. The mother has a boyfriend, who was not currently living with them.

The parents were married in June of 1983, and they separated in May of 1994, only four months before this family became part of the practicum. It became obvious that these family members were still suffering from the initial shock of the separation. For example, the mother said that she and the children were forced to leave the marital home, because the father would not leave it when she had asked him to do so. They had to take refuge in a shelter for battered women and children and were now in second stage housing. Because of this, the children had had to change schools.

According to the mother, she had not been physically abused until near the end of the marriage. He would throw things and push her around, which got worse in the end. As far as she knew, he had never physically abused the children. However, the

oldest child would often get in the middle of their arguments and try to stop them.

According to the mother, the father had never received counselling for any of his abusive behavior. He had also often exhibited suicidal behavior, sometimes threatening to take too many pills. The mother had received crisis counselling through the shelter for battered women and children and through the second stage housing.

The children currently have regular access to their father. He sees them every second weekend. They also see him on holidays for several days at a time. The mother claims that when the children get back from seeing him, they do not listen to her at all and it takes a long time before she feels their respect for her again.

In the initial interview with the mother, she appeared quite overwhelmed. She had brought all her children with her, and seemed to have no control over their behavior. She had just been told that her husband was going to have to declare bankruptcy. This would mean that they would have to lose their car.

The mother felt that her eleven-year old daughter was quite aggressive both towards her and to other children. She wanted her to receive help through this Group as a way of helping her deal with her feelings from the separation.

In the initial intake interview with the Group participant, the 'Child Witness to Violence Interview was administered'. It became clear that she was quite angry with her mother and easily got mad at others. She was angry at her mother for leaving her father as she felt that he had never done anything wrong. Her triggers were "being treated like a child" and "being teased". She did not remember her father ever hitting

her mother (even though her mother had said that the children witnessed the physical abuse).

This child wanted to be part of the Group because she wanted to talk about being in a stepfamily, and about other things that were going on in her life. It was clear that she needed a place to talk that was outside of her family environment.

Almost from the beginning of the Group sessions, this child became the "leader". She would always have some answer/s to questions posed through discussion, or at least want to be heard by telling a story of what had happened to her. At times, it was difficult for the co-facilitators to ensure that she did not dominate the group discussions. However, this child was extremely bright and had a lot of cognitive ability that she could use to brainstorm ideas on issues that were raised in the Group.

Although she talked a lot about her family separating, she was unable to let go of any of her anger towards her mother. Also, she worked hard at not allowing any thoughts to disturb the fantasies she had about her father. She could not see him as having any responsibility for her current family situation. She would talk about her father "relying on her, and needing her". It appeared that he was putting her "in the middle", because he would constantly ask her about her mother and cry when he told her how much he wanted them all to be a family again.

One of the ways that the co-facilitators worked with this child was by trying to get her to talk about herself in the first person, thereby attempting to have her reach for her own feelings and emotions. It had become clear after the first few Group

sessions that she intellectualized issues as a way of not dealing with her feelings.

It was difficult for the mother to commit herself to working with the writer. She felt too overwhelmed and at times too depressed, to be able to cope with fitting anything else into her life. Therefore, the writer was unable to do much more than talk with her occasionally over the phone. She cancelled any appointments that were set up for her. The writer felt that this was indicative of the state of emotional upheaval that this family was in because the separation had just taken place several months earlier. This also suggests that this mother was not yet ready to deal with either her daughter's trauma because of the family violence, or her own issues.

In the final sessions with the child and the mother, the writer attempted to help both of them to find a way to communicate their needs to each other. It was decided that they would continue with this process with a private counsellor in the near future, as they both realized the need for more work on their relationship.

FAMILY #6

In this family, the oldest child had just started to live with her mother one month prior to their involvement with this project. The children had been in care of Child & Family Services up until that time. She and her two siblings, twin boys, who were five years old, had lived in foster care for the past two years. The twin boys were still in foster care, but were seeing their mother and sister every weekend for one day. The plan was that they too would come and live with their mother on a permanent basis once they re-established their relationship with their mother. The

eldest child was nine and a half years old at the time she became involved in the Group.

Two years ago the parents had voluntarily given up custody of the children. They could not care for the children because of their drug and alcohol addictions. Since that time the father had not seen any of the children. The mother had come close to dying of jaundice, and that had made her realize that she needed to deal with her substance abuse problems. Therefore, she had spent time in re-habilitation for that issue and had also worked hard towards re-establishing her relationships with her children since that time.

In the initial interview with the girl, she appeared very shy and was unable to give many answers to the 'Child Witness to Violence Interview'. All she was able to talk about was what her brothers did to irritate her in the section on "attitudes and responses to anger". She denied ever seeing or hearing her parents fight. However, she did say that her father hit her mother when he was drunk.

At the end of the initial interview, she was able to say that she would like to come to the Group. She wanted to talk about the changes that had happened in her family over the past several years.

At the first meeting with the mother, she was open to talking about the problems that had taken place in her family and what she had gone through to attempt to change them.

The parents had started living common law in 1981. They lived together, with some separations, up until 1992. They finally separated when he went into a rage and

broke most of their furniture. He was stoned and drunk at the time. All the children were in the apartment when this happened. The daughter was also present some of the times when he would hit her mother and/or throw things at her. Both parents argued a lot of the time with each other, and would often neglect the children when they were drinking.

The mother wanted her child to become part of this Group because she knew that she had witnessed some of the violence in their home. She also knew that this girl had to talk about some of her feelings about the violence, and about her having to live in foster care. For example, she referred to her daughter's nightmares and nervous habits as possible symptoms of what had happened in their family over the past several years. She felt that this Group could provide the appropriate environment in which she could do some of this sorting out of her feelings.

The mother was still involved with Alcoholics Anonymous, a support group in her church, and in group counselling for women who had been abused, when she first became involved with this project. She was also keen on doing some work with the writer which would help her to deal with her daughter's trauma, due to the violence in the family.

The writer met with her on three occasions over the duration of this project. Over that time, she became more self-confident of her parenting skills both with her daughter and her twin boys. She worked hard at sorting out her own issues both within her support groups and with the writer. She wanted to ensure that nothing got in the way of a better relationship between herself and her daughter. The writer

worked with her on different ways of communicating with her daughter that would allow her child to be more open about what she had seen between her parents. By the end of the Group sessions, the child was beginning to come to her with comments about how she had seen them fighting and how scary that was for her. The mother also reported that her daughter was doing extremely well in school and appeared more self-confident.

This child was very quiet at the the beginning of the Group sessions. She was obviously listening to everything that was being said, but felt quite shy when asked for comments or feedback. However, when the Group members began to do crafts or drawing, she was able to participate fully and give interesting insights into what her drawing meant both to her and towards the group discussion. She also presented as non-threatening to the other Group participants. This allowed the others to be open to talking with her on an individual basis during breaks in the sessions. She was a calming influence on the Group process for most of the sessions, which was helpful to the process as other Group members could be volatile at times.

When meeting her in the 'feedback session', she said that she had enjoyed the Group because she had met other girls who had witnessed what she had seen between her parents. She was now more involved with school activities than she had been previously, and appeared to be much more self-confident than she had when the writer first met with her. She was also excited about her brothers coming to live with her and her mother on a permanent basis. She did not appear to need any further clinical interventions at this time.

FAMILY #7

This family was already involved with Family Conciliation when they came to the attention of the writer. At that time, a Court Ordered Assessment was being completed for them by a counsellor with Family Conciliation on the issue of access for the non-custodial parent, the father. That counsellor thought that the youngest child, a ten-year old girl, would benefit from participating in this Group.

The other members in this family consisted of the custodial parent, the mother, a thirteen-year old boy, a sixteen-year old boy, and a twenty-one year old girl who had just married one month previous to this family being involved with this practicum. The father lived on his own and had suffered from an aneurism in 1991. In 1992, the parents separated, after being married for seventeen years.

According to the mother, she had been physically abused by her husband from early on in their marriage. She also claimed that he hit the two boys on a regular basis. As far as she knows, he never hit the girls. She did not think that her youngest child, the Group participant, saw any of the fighting or abuse that happened between her and her husband. No one in the family ever went to the hospital after being physically abused by the father.

There is currently no access between the children and their father. The younger children have seen him three times since the separation, but have no desire to see him at this time.

No one in this family had received any type of counselling before they became involved in this project. The mother feared that the younger boy was suicidal and

wanted to get him some help. The older boy was involved with drugs, and had already had to attend Youth Court for substance abuse related incidents.

In the initial meeting with the girl, the 'Child Witness to Violence Interview' was administered. In the 'Attitudes and Responses to Anger' section, she would not admit to being angry at anyone in her family. If something were to happen to her, she would tell her mother. She did not know if her parents every fought, but if she heard her parents arguing, she would switch on the television and ignore it. She knew when her father was going to hit her mother, because "his face took on a certain look". She had never talked about this to anyone before coming to see the writer.

The clinical work with the mother revolved around supporting her as she was trying to support her family, both financially and emotionally. She was on social assistance and was also attempting to deal with the legal issues of the divorce. This was difficult for her and she needed help with this part of the divorce. The writer also attempted to provide an educative role in terms of helping her to understand her children's needs, because of what they had witnessed between their parents and because of the separation process. She was still in a lot of denial in terms of the enormity of the violence that she had suffered because of her husband's abusive behavior. Part of this denial was revealed as she talked about how leaving her husband was enough, and that she did not have to receive counselling, or resolve the trauma of her abuse in any other way. Therefore, some of the individual clinical work with this mother revolved around helping her to face some of the damage to her

self-esteem and self-concept, because of the abuse perpetrated by her husband to her.

In the final session with the mother, she appeared to be much more at ease with herself and her goals. Her divorce was becoming final within a short while and she was going to be able to sell her house and be more financially stable because of it. She had also decided to move closer to her family (in another part of the city). As her family was a large part of her support network, this would be very helpful to her. When asked if she felt that her daughter had changed as a result of being part of the Group, she became quite animated. She said that after about the third Group session, her daughter had become much more honest about her feelings and began to join in school activities. She was less reliant on her mother for day-to-day support. The girl was also able to talk with her about some of the fights she had seen between her parents and ask questions of how she could cope with this information. She fought less with her siblings and overall seemed to be a happier person.

This Group participant was a good influence on the Group process. After the first few sessions, she appeared to be able to talk about her feelings and be a part of the group discussion. She contributed through her artwork and her openness. She seemed to enjoy attending the Group. She talked a lot about how much safer and more comfortable she felt since her father was no longer living with her family.

In her 'feedback session', she talked about how she had learned that other children had problems in their families and that this had helped her a great deal. She no longer felt "weird". She liked hearing from the other kids in the Group and enjoyed being part of it. Because of the work that she had done in the Group, and

the way things were going for her at that point, she did not feel that she needed any other form of counselling. The writer agreed with her on this point.

PART III

GROUP SESSIONS/GROUP INTERVENTIONS/GROUP PROCESS

Within the group process, it was understood by the co-facilitators that self-determination was an implicit value. For example, although one of the purposes of this Group was an educative component, the group members determined how they would use the different themes presented in the group sessions. They were presented with the week's topic, for example, anger, and discussion would follow within the Group as to how they wanted to focus on this subject.

The following information contains an overview of the topics of the ten group sessions and how these topics were discussed. It will also give a detailed account of how the children responded to the group sessions, including common themes and issues that became apparent for these girls.

In Session One, the objectives were for the children to begin to feel comfortable in the group setting. Group rules were established which included putting into place ideas of how the children could feel safe. Definitions of family violence were given.

As this was the first time that all the children were together, the purpose of

attending the Group was introduced by the co-facilitators. Individual Group members were encouraged to talk about their socioemotional needs and from that, what they wanted to see happen within the Group. Discussion centered around how these sessions could become a safe environment for the children, in order for them to talk without being judged, and for them to begin to resolve their feelings about the trauma of witnessing violence. This process followed from Sinclair's work (1985). She suggests that when working with children's groups where the common element is witnessing violence there needs to be a great deal of emphasis put on creating a safe place for discussion of these issues.

As early as this first session, some of the children started sharing their experiences of witnessing violence between their parents. They voiced concerns that they had never had a place to do this before, and that their friends might think that there was something wrong with them if they spoke about this at school. All this had made them feel that they had done something wrong. For example, one girl talked about her father hitting her mother in front of them on a regular basis. She said that she had never told anyone this before, because she did not want to get her family into trouble. This made her feel very helpless. A few of the other girls were able to respond to her by stating that they too had seen violence in their family, and were quite frightened by it. In other words, the other group members were able to validate her experience, which was a first step in the members of the Group developing some common bonds. Pinterics (1992) maintains that unless the child is able to feel that her experiences are validated, she will be unable to resolve her trauma of witnessing

violence between her parents.

Session Two focussed on labelling feelings. The objectives of this session were to give the children tools that they could use in order to begin to express themselves. Jaffe et al. (1988) also used this topic in their groupwork as a way of helping the children begin to verbalize their experiences. They found that this eventually allowed the children to talk about the violence that they had witnessed, thereby helping them to put it behind them.

To help them visualize and understand feelings, the children were asked to make collages. They did this by cutting pictures out of magazines in which they thought that a feeling was being shown, for example, a picture of dogs lying in the sunlight showed a feeling of being content. They all liked this activity. Through it, they were able to think about what made them feel good both in the present and in the future. They were also able to share their ideas quite openly with each other, both while completing their collages and once they were finished.

The group members being able to join with each other was helped through an exercise of having the children get together in pairs to discuss feelings on certain subjects. This gave them the chance to begin to know each other as individuals, and they obviously felt more comfortable when they came back to the Group to report on their individual discussions.

In Session Three the discussion focussed on how anger is expressed both by adults and children. Examples of unhealthy and healthy ways of showing anger were given by group members. Jaffe et al. (1990) maintain that children who do not

express their anger due to witnessing violence will develop behavior adjustment problems. For example, females are reported to have an increasing assortment of somatic complaints and are more likely to display withdrawn, passive, clinging, and dependent behavior.

One of the ways that was used to help the children understand the feeling of anger and its ramifications was through roleplaying. The co-facilitators acted as teachers as they assisted the children in practising new behaviors and roles. The role playing also allowed the children that were more reticent a forum to display their feelings and/or actions. In fact, one of the girls who had not shared anything since the beginning of the Group was able to use the role playing of an angry scene between her parents, as a way of beginning to ventilate her feelings about this subject.

By this Session, the children had begun to bond quite well. This was made evident when the role plays were being rehearsed, and then enacted for the larger Group. The girls were supportive of each other and helped each other in this process.

One of the issues that kept coming up for these girls when they would check-in with the Group at the beginning of the Sessions, was the fights they would get into at school on a regular basis. Therefore, when discussing the topic of 'Anger', the co-facilitators attempted to have the girls look at their 'triggers', both for their own anger and what put them back into the feeling of being traumatized. Pinterics (1992) suggests that a child can re-experience a trauma due to exposure to a symbolic scenario, for example, a child who is playing a game with someone who keeps

changing the rules of the game may feel that this is familiar, like the behavior of an adult in another time or place. In turn, this behavior could trigger the recall of the perpetrator changing house rules which led to the mother's abuse. Or in a schoolyard when the rules of a game are being changed, the child could experience traumatic symptoms and have feelings of fear and anger triggered. Thus, in the Group, we attempted to help the children link some of their present triggers to scenes that they had witnessed between their parents thereby hoping for some cognitive reconstruction of events, and the first step towards healing.

The objectives of Session Four were to help the children learn more about the abuse that they saw in their families, and ways to understand how and why it happened. Kashani et al. (1992) suggests that children who have witnessed the violent behavior of their father towards their mother may hold themselves responsible for the violence and their mother's safety. Roy (1988) not only also maintains that a child who witnesses violence might become abusive her/himself, but that helping a child to understand the abuse in their families may help them from recreating it in their future relationships.

Part of Session Four was spent with the children watching "The Crown Prince", a National Filmboard Video, that shows how two children cope with watching and hearing their mother being abused by their father. It was obvious through the children's reactions that watching this film brought back some painful memories. For example, one girl put her head on the table and closed her eyes, one girl cried, and a few others became quite agitated. Although the Group had a chance

to talk about the film afterwards, they were unable to discuss their feelings about it at any great length, other than to express feelings of sadness about what the children in the film had seen. In retrospect, the writer is unsure whether she would show this film again due to the trauma it put these children through by having to watch the re-creation of their past homelives.

Session Five helped the girls connect to their social support systems. They were able to do this through the help of eco-maps and then share them with the other Group members. Most of the girls enjoyed talking about their support networks, but few had a large or dense one. This was due, in part, to their mothers having moved in the past few years because of the separation. In turn, many of the girls had to change schools and part with some of their friends. Through group discussion and sharing of information, the girls were able to see both how to enlarge and to make the most out of their social networks.

As Gilligan (1990) discusses in her research, girls are generally concerned with the establishment and maintenance of relationships. This was evident from working with this group of girls. All except one girl was very concerned about either making friends at school, or maintaining relationships that had already been established. As well, Gilligan (1990) found that the attachment between mothers and daughters was the primary one in their lives. In this Group, five out of the seven girls felt that they received most of their support and influence from their mothers. The other two spent a lot of their emotional energy being angry with their mothers, but were still cared for and nurtured by their mothers. Often as the custodial parent

is the one that is "safe", this parent receives both the negative and positive emotional discharges from the child.

During Session Six issues of self-concept and social competence were raised within the Group. The facilitators attempted to help the children understand what makes them feel good and bad about themselves, and how to cope with those feelings.

Wilson et al. (1986) put a lot of emphasis on raising self-concepts in their groupwork with children who had witnessed violence. They felt it was important to have the children relate their self-perceptions directly to their experiences with their parents. In their work, the children were encouraged to identify both positive and negative feelings about themselves and the situation that surrounds each of their self-perceptions.

In order to work on self-esteem issues the girls in the group talked to each other about what they saw in the other person, and the positive aspects of these attributes. Through this exercise, the girls began to get the sense that they were normal, average, girls who looked and felt like other girls their age. In other words, they felt more "normal" and like they "fit in". This was extremely important as all of them had felt bad, ugly, or in some way unlike their peers, because of what had happened in their families in the past.

As well, during this session the facilitators opened up discussion around the differences in how society views the genders. For example, boys are valued for different things than girls. We talked about how the girls deal with this both at school and at home. Some of the girls felt that it was important to show strength

through dominance (like their fathers). Others felt it was important to have good relationships with friends and family, which gave them feelings of security and being loved.

Goldner (1988) would suggest that it is important to discuss the issue of gender as it frames how we think and act in our families. She would see it as extremely important to bring this topic to the forefront with these girls, especially because of witnessing their father abuse their mother. This would only magnify the power dynamics within the family.

In Session Seven, an attempt was made to help the children begin to understand who was responsible for the violence that they had seen in their home. This brought into the picture ideas of their own behavior and how they are responsible for their own actions.

Work that was completed by the Family Violence Prevention Project (1991) underscores how children begin to internalize that they are the cause of their parents behavior. Their sense of inadequacy grows for not having prevented the battle. They experience a sense of failure and helplessness. It follows that the children begin ignoring their own needs in a feeble attempt at maintaining the tenuous "peace" within the family. Therefore, it was important in this session for the children to begin to understand that they were not responsible for the violence in their home and that no matter what they did, they could not stop it from happening.

As an exercise for this Session, the children were asked to write a letter to the parent that they felt was responsible for the violence in their family. They asked if

they could write this letter to the person to whom they felt the most anger.

This exercise proved to be extremely beneficial to the children on an individual basis, and as a group. All except one of the girls wrote a letter to their father.

From a clinical aspect the outcome of the letter-writing was exciting. All of the girls were able to write about the ambivalent feelings they had towards this parent. For example, they could say that they were extremely angry and somewhat afraid, but that they still loved and missed that parent. In other words, they hated what this person had done, but still had some positive feelings towards that parent. For these girls, these ambivalent feelings were a step to resolving their anger and pain about this issue. As well, the girls were able to share the contents of their letters with each other. Through this sharing, they felt that their own feelings were validated and normalized.

Session Eight was spent looking at the myths of family violence and then at the intergenerational transmission of violence.

Roy (1988) suggests that there is a strong probability of generationally transmitted abuse with early exposure to violence. From her research, she found that when there is a high level of violence in the home, chances are four out of five that at least one sibling will tend to become an abusive, marital partner and parent. Therefore, the writer felt it was extremely important to find a way of having the group members discuss how violence can be a learned way of coping with problems. As a way of doing this, the facilitators led a discussion on how both the children and

their parents deal with their anger. The children were asked to brainstorm ways that they felt their parents showed their anger, and then look at ways that they showed their anger. As a Group, we then compared them. This exercise proved fruitful, as the girls could see some patterns, both good and bad, as to how each parent compared with themselves when expressing feelings.

During Session Nine, discussion centered around the changes in the childrens' families since their parents had separated, and how the children had coped with those changes. For example, if one of the children was not seeing their non-custodial parent, how could they cope with the loss of access to that parent? Family pictures were drawn by the children of what their families looked and felt like in the past, the present, and how they would like to see them in the future.

The girls were quite pleased to be given the opportunity to talk about their families, especially around the issue of their parents' separation. Once again, they needed to feel validated for their feelings of loss of the nuclear family, even though their mother had been abused within that family structure. Some of the girls liked their present family structure much better, as they felt safer and more comfortable. A few of the girls still longed for their old family structure, even though they acknowledged that it was not a safe place for their mothers.

The last session was spent in a party-like atmosphere. Pizza was eaten; names and phone numbers were exchanged. As well, the debriefing and evaluation of group content and process was completed both individually by the group members, and as a whole. More information on this evaluation will be given in Chapter IV.

Wilson et al. (1986) found it important in their groupwork with this population to encourage the group members to focus on the positive aspects of their experiences and relationships, which helps terminate the group on a positive note. In this final group session the co-facilitators attempted to follow this suggestion. It appeared that by having the group members discuss what had been the most helpful to them and how they could apply this to their family life, they remembered positive aspects of familial relationships, and were also willing to try new coping strategies.

Appendix IV contains the specific format and information covered in the ten group sessions.

CHAPTER IV

PART I

WRITER'S EVALUATION

As a way for the writer to be evaluated, her advisor and committee members supervised the clinical work within this practicum in a number of ways. The advisor and one committee member observed various group sessions through the one-way mirror, that was part of the set-up where the group meetings were held. They then provided observations and feedback after the group sessions. Also, there was a meeting held between the writer and committee members half-way through the clinical interventions. This meeting was used as a way to discuss issues arising from the group meetings, as well as the individual sessions with the parents. As well, ongoing support was given by the advisor and committee members in terms of case consultation by phone and in person, whenever the need arose.

The writer felt that her group work skills improved as a result of completing the Group work in this practicum. It was exciting to help the member to member link in the group and to facilitate the group process. It was particularly helpful having the co-facilitator to help process each group session, as this allowed for a more thorough understanding of the group dynamics and the writer's role in the whole process. Also, feedback from the advisor and committee member that observed the Group

sessions, helped to steer the writer's handling of the Group issues in a more succinct way. For example, one comment led the co-facilitators to discuss issues in a less "intellectual" manner, and instead, to provide more subject related activities, as a way for the Group members to understand the issues.

The individual clinical work in this model was completed mainly with the custodial parent. As will be seen through their evaluative measure (Index of Parental Attitudes), they felt that the work that was completed with their child, and support given to them, was a helpful part of this process. For example, one mother was able to use the support provided to her by the writer to help her understand the way her child was thinking about the violence she had witnessed, and how she was acting because of it. This further allowed her to challenge her daughter in their own relationship, and talk about things that had been kept "secret" in the past.

A minimal amount of family counselling was completed with these families. If it did happen, it was done in conjunction with the final interviews. The family counselling was initiated as a way of consolidating the work already completed on the Group and individual levels, and as a way of looking forward into the future for ways that the family could help themselves, and find alternative methods of support. The writer found this piece of work particularly satisfying, as it brought together the custodial parent and the child, after a lot of work had been completed by both of them. It showed the positive results of that work, and allowed the individual family members a place to comment on particular issues that they had not discussed together before. It also allowed the girls the opportunity to tell their mothers how they had

felt when their mother had not done something that they felt she should have done for them. For example, one girl was able to tell her mother that she often felt too scared to go to sleep by herself at night, which was why she had trouble staying awake in class at school the next day. From there, they were able to brainstorm ways that the mother could help the daughter be less afraid at bedtime. Another girl was able to tell her mother that she did not like her mother's current boyfriend, and that she should still be with her father. This led to a lot of discussion on what happens when parents separate and how children fantasize about their parents' reconciliation.

For this family therapy, the writer was supervised by her advisor. As a way of completing this work, the writer would discuss the individual family, and recommendations for that family, with her advisor. These strategies would then be implemented at the final family meeting.

PART II

CLIENT EVALUATION

As a way of evaluating the client's perceptions of this model of intervention, a number of measures were utilized.

Two of the measures used in the evaluative part of this practicum are from from Dr. Walter Hudson's research (1982). One is the 'Index of Parental Attitudes'(IPA). It was administered at the intake meeting with the custodial parent, and again at the final session with the custodial parent. The other scale used as a pre-

and post-measure was the 'Index of Self-Esteem'. This was administered at the intake meeting with the child and at the final Group session. A copy of both of these scales can be found in Appendix II and Appendix III.

According to Bloom and Fischer (1982), Dr. Hudson has granted permission to use these scales. He stipulates that the following three conditions are met: the format and wording of the scales must not be altered, the copyright notation at the bottom of the scales must be retained, and the scales may not be reproduced for commercial purposes (p.162).

The 'Index of Parental Attitudes' is designed to measure the degree or magnitude of a relationship problem that a parent has with a child. This scale fits easily into the single system design of this practicum. It is reported to have internal consistency reliabilities and test-retest reliabilities (Bloom and Fischer, 1982). From this measure, the writer hoped to gain an understanding of how the parent felt towards the child and, if the parent felt that there had been any changes in the child, after both the individual and group work had been completed within the practicum.

As two of the major issues brought forward in this practicum were self-esteem and empowerment, it was thought necessary to use a self-esteem evaluative tool. However, as self-esteem is a quality that is hard to measure, it is unclear whether this measure would provide any real understanding of whether or not the treatment goals were met within this practicum. For example, the positive effects of the group process may only be seen in the future actions of the children, i.e., she may feel strong enough to put herself at less risk to be violated in a future relationship.

However, to try and capture any changes in self-esteem within the timeframe of the practicum, the 'Index of Self-Esteem' was used. This scale measures the degree or magnitude of a problem a person has with his/her self-esteem. It was designed specifically for single system research to monitor and evaluate the magnitude (extent, degree, intensity) of the client's problem through the administration of the same instrument to the client (Bloom & Fischer, 1982, p. 148).

Both of these above measures designed by Walter Hudson are reported to have a reliability of at least .90 and they appear to have good content, discriminant, factorial, and construct validity (Hudson, 1982). He also notes that research findings suggest that the scales have sufficient reliability and validity to justify their use in clinical practice, research, and in programs of training, and consultation (p.232).

Each of these scales has 25 items, with both positively and negatively worded items to help control for the effect of response-set bias. When scoring these scales, the positively worded items are reverse-scored. After all the positively worded items have been reverse-scored, all 25 item responses are summed. The final step consists of subtracting a constant of 25 (Hudson, 1982).

To interpret the above scales, it is important to note that they both have the same clinical cutting scores. For example, people who are found to obtain a score above 30 do have a clinically significant problem in the area that is being measured, while those who score below 30 are usually found to be free of such problems (Hudson, 1982).

Hudson (1982) points out that it is important not to use these scales as a way

of finding the origins or sources of the client's problems. Therefore, to ensure that these scales were augmented, the writer used another measurement, 'The Child Witness to Violence Interview' as her diagnostic measurement.

Six out of the seven families who received service within this practicum completed the above pre- and post-measures. They were completed with the writer being present. She helped the children if they had specific questions about the meaning of certain scale items. The seventh family did not fill in their post-measures, even after several requests to do so. Therefore, their scores were not recorded. The following information summarizes the scores of each of the six families that completed the evaluations, and discusses the scores.

The results of the 'Index of Self-Esteem' are presented below. The Family Numbers pertain to the same families that are presented in Chapter III. Pre-and Post-scores will be given. As mentioned earlier, the scores are out of 100, with anything over 30 being a cause for concern. According to Hudson (1982), this would mean that people who have a score above 30 do have a clinically significant problem in the area that is being measured, and the scale provides both a diagnostic benchmark and a criterion against which to judge the effectiveness of treatment (p.234).

INDEX OF SELF-ESTEEM

	PRE-SCORES	POST-SCORES	CHANGE
FAMILY #1	They did not complete this measurement tool.		
FAMILY #2	40	38	2
FAMILY #3	56	50	6
FAMILY #4	49	43	6
FAMILY #5	46	47	-1
FAMILY #6	44	41	3
FAMILY #7	60	42	18

AVERAGE CHANGE 5.6

It is obvious by the above scores that all of the girls scored above 30 out of 100 in both their pre- and post-test scores. This would mean that they all had definite problems with this issue, in terms of its severity, magnitude, and intensity.

As a way of explaining the pre-scores, it is important to consider the issues that these girls have in their lives. According to all the literature, self-esteem is one of the biggest issues that is affected for children who witness violence. Therefore, it would be normal for the girls to have the above scores on this measure. It would also be one of the rationales used to run the Group in this practicum. For example, because self-esteem is such a key issue, it is important to have a clinical vehicle to address this issue with this population.

The post-scores reflect some positive change in self-esteem. The child in Family #5 had a one point negative change. This child was in a family where there

were many changes taking place due to immediate post-separation issues, and this could account for this child's score.

In Families 2, 3, 4, and 6, there was a small positive change in the pre- and post-test scores. This would back up the writer's hypothesis that a small amount of positive change might be able to be measured because of the Group process. However, the real changes will probably come at a later point in the children's lives in terms of attitudes and feeling validated for their experiences. Hudson (1982) would say that the degree of measurement error is generally about plus or minus five points in either direction. Thus, a change of five points or less in either direction over repeated administrations can generally be regarded as "noise" or measurement error that is inherent in each of the scales (p.234).

The child in Family #7 exhibited a large positive change in her scores. Her custodial parent gave the writer information that from the time the group began and up until its end, this child's outlook and interchange with her peers had grown substantially. Therefore, this score would accurately reflect the way this child had used the Group to help herself in her day-to-day life.

Another way of interpreting the above scores would be to assume that the group activities with the girls did not focus enough on self-esteem or strength building exercises, thereby affecting the limited change in the five children. Therefore, in future groups, the issue of self-esteem, with appropriate discussions and activities, may need to evolve further.

Because the post-test scores are still all over 30, it would be fair to say that all

of these girls still have ongoing issues with self-esteem. This would indeed make a great deal of sense. They have all witnessed violence between their parents and some of them are still living in dysfunctional families. Therefore, they will all need a lot of support in the future to ensure that the damage that has been done, and the scars that they have are given attention.

The following represents the pre- and post-test scores given by the custodial parent on the 'Index of Parental Attitudes'. This measure shows how the parent feels towards her child on a number of different issues. An example of a parental attitude on this measure would be for the parent to determine how the child can cope with limits and discipline. Again, scores of over 30 represent a problem in the area being measured, and a score of under 30 implies that there is not cause for concern in this area.

INDEX OF PARENTAL ATTITUDES

	PRE-SCORES	POST-SCORES	CHANGE
FAMILY #1	They did not complete this measurement tool.		
FAMILY #2	17	16	1
FAMILY #3	9	3	6
FAMILY #4	12	18	-6
FAMILY #5	19	20	-1
FAMILY #6	8	2	6
FAMILY #7	12	10	2
	AVERAGE CHANGE		1.3

In all of these families, there would appear to be no cause for concern in this area as measured by both the pre- and post-scores, as all of the scores are substantially under 30. This would mean that the parent gets along well with her child and the child does not present an unmanageable behavior problem within the home.

One area that needs to be addressed when looking at these results is the issue of 'social desirability'. Perhaps these custodial parents are either, unconsciously or consciously, giving better test scores in their efforts to maintain the presentation of a good relationship between themselves and their child. Or, this may be the actual way that the child presents, and the parent cannot see the child's emotional struggles in various areas.

The post-test changes do not indicate a large change. However, all the pre- and post-test scores were positive. Again, the small changes can be due to the margin for error inherent within the scale itself.

The way these above measures were used within this practicum has limits. For example, follow-up interviews at three, six, or nine months or even later were not completed. If they had been part of this practicum, perhaps different results would have been recorded. Also with these measures, control groups could have been utilized. However, this practicum did not call for that way of manipulating the variables.

Another measure that was used, and already discussed at some length, was 'The Children Witness to Violence Interview'. This was used at the intake meeting

with the child who was part of the group. It was administered as an interview. Dr. Jaffe et al. (1990) designed this instrument because they found that other instruments did not measure the subtleties of reflecting the complex reality of what behaviors these children had been exposed to during many years. They also felt, as did the writer, that the first interview needs to be well structured.

This structured interview proved helpful as it gave the writer pertinent questions to ask of the child at the intake interview. It also allowed for a better understanding of how far the child had gone to try and either deny the issues of violence within their family or resolve them.

In assessing the validity of the 'Child Witness to Violence Interview', Dr Jaffe et al. (1990) compared 28 children in shelters with a matched group of 28 children who were similar in age, sex distribution, number of siblings, and family income. Children who witnessed violence in their families had significantly more inappropriate responses to attitudes about anger and less knowledge about basic safety skills (p.79).

The writer contacted Dr. Jaffe, who works at the London Family Court Clinic, in London, Ontario, for permission to use the above measure in this practicum. His permission is documented in Appendix V.

The information gained from using this measurement tool was helpful mainly for the clinical diagnostic piece of the practicum. It was extremely useful as a tool to assess the child's level of anger/rage, safety skills, and other issues related to the violence between their parents. It also allowed for a place to begin to discuss these issues with the child, or, conversely, if these issues could even be a topic of

discussion. As well, it was a positive way of introducing the subject of the practicum to the children during the intake interview, and providing the writer with a direction and immediate clinical feedback.

Specific feedback from this scale is given in the discussion of each child and their Intake Interview in Chapter III. However, of particular note, is the way this scale can assess the level of responsibility that a child has towards the violence witnessed in these families. For example, one group member talked about how she would come in between her parents when they would start to fight, and later feel guilty because she thought that action had led her father to hit her mother. This comment allowed the writer to assess that this girl needed reassurance from her mother that she did not cause her father's behaviour, and that the Group needed to discuss the issue of "responsibility for violence" at great length.

This measure could have given more research-based information if it also had post-test capabilities. It could then tell the writer if the level of rage of the child had decreased and/or the level of feelings of safety had increased.

One of the limits to this practicum is that the model of running the group, in conjunction with working with the custodial parent was only used once. If it could have been run again with another client population group, clearer research results could be given. Another limit of this intervention was that the group was run with membership of girls only. If it was completed with boys as well, different results may have been seen in the pre- and post- tests, and different conclusions drawn. However, it may also have had different goals and needed to be more structured.

CHAPTER V

CONCLUSIONS

Thinking back to the hypotheses put forward within this practicum, many strategies were raised as ways to deal with the issue of treating children who had witnessed violence between their parents. The treatment goals initiated in this practicum were explicit in that they addressed the educational and clinical needs of two parts of the family system, one female child and the custodial parent.

Some of the treatment goals that were outlined in the the previous chapters consisted of attempting to enhance the self-esteem and self-concept of the girls who were involved in the Group. Also, an important goal was to construct this Group as a way to provide an educative function for the Group members.

From the discussion in Chapter IV on the scored results of the Index of Self-Esteem Scale, it would seem that the treatment goal of enhancing self-esteem was met only with one child. However, if we are to look at the larger picture, the outlook may be different. For example, the self-reports of both the custodial parents and the girls reflect their positive feelings about the future. They also say that some of their academic issues and peer relations have improved, as well as the children being on their way to making positive changes in how they handle the feelings that come up for

them. For example, at the beginning of the Group, the girls reported feeling "not normal" and "ugly", because of the things that had happened in their families. By the end of the Group, they were beginning to feel more "normal", and that they had good qualities. All of these things bode well for enhancing self-esteem and self-concept in the future for these Group members.

If the practicum had been implemented over a longer period of time, it may have been helpful to administer another self-esteem measure in three to six months after the Group had ended. This may have enabled the writer to see if more gains in self-esteem and/or peer relations had been made by the Group members.

From all accounts it would seem that the treatment goal of providing education to this client population was met. This would encompass both the Group members and the custodial parents. They were all given information on the effects of witnessing violence within the family unit, and how to deal with this trauma. This was completed within the Group format to the children, and in individual sessions with the custodial parents.

The results of providing the educative component to the Group members are delineated in Chapter III. Also, as suggested by Toseland and Rivas (1984), treatment goals are met within a treatment Group if the roles of group members are developed through the group member's interactions with each other. It would appear from the Group discussion that the girls learned a great deal about the subject matter from each other, and took with them new ways of coping with their feelings from these discussions.

As gender was an issue that was considered when putting together the group's composition, it was necessary to look at the results of the group based on the gender, i.e. females. This group became cohesive very quickly. For example, the group members were able to begin to meet each other's needs of support and validation by Session Two. They also made friends within the group, and did not put each other down or become abusive in any other way. In other words, they used their socialized training of verbalizing their thoughts and feelings to their benefit in this group process. This group could have also worked well because of the age and stage of development of these girls, or that they felt validated by the group process.

The results of meeting with the custodial parent and giving them support and education are evident by how their relationship with their child grew and flourished. Except for one family (Family #5), all of the parent-child relationships improved. The parents would explain this by saying that they had found different ways to deal with their child's behaviour, because of their understanding of what lay behind it, i.e., the trauma of witnessing the violence.

The amount of individual clinical work completed by the writer with the custodial parents was much more than had been originally anticipated. With some of these parents, many hours of time were spent either in individual sessions or through telephone consultations. However, if this clinical work had not been completed, it is difficult to speculate on whether the children would have ultimately received the support from their parent that was evident in the final family sessions between the child and custodial parent.

When compiling the model for the practicum interventions and considering the amount of violence that happens in the home, the writer had thought that there should be a great number of children who had witnessed violence and would therefore need clinical interventions. However, when approaching various agencies in the city of Winnipeg for referrals of children in the appropriate age range, it was difficult to gather enough referrals to form a group. This was quite puzzling to the writer as she knew from her literature review that this problem exists and these children need help to resolve the trauma of witnessing violence in the home. Therefore, concerted efforts were made in the form of letter writing, telephone requests and in-person meetings to gather appropriate referrals. Finally, after many weeks of ongoing recruiting, enough referrals were gathered to enable the writer to complete the groupwork intervention within this practicum.

The above noted problems in gaining referrals leaves a number of questions for the writer to ponder. Do agency workers not realize the enormity of the trauma for the child who has witnessed violence and therefore not think that they are in need of interventions? Is there more education needed for agency staff and agency supervisors about the utility of resolving these issues for children and if so, how would that happen? Do families, especially custodial parents need more help to utilize existing services? Was this model of working with families seen as "preventative" and therefore not taken as seriously as the day-to-day crises within workers' caseloads? Perhaps all of these questions could be answered through further investigation and discussion with different agencies in the city of Winnipeg and the

surrounding areas.

Another challenge for the writer had been to incorporate a feminist framework into this practicum. This was accomplished in a number of ways. For example, much of the information given within the educative component, both to the Group members and the custodial parents, was put forward within this framework. Also, the client population, whether during Group or individual sessions, were encouraged to process issues at their own pace, and within the contexts of gender and power issues.

The writer met a number of her learning goals. She was able to set up and co-facilitate a Group for girls, who had witnessed violence between their parents. She was also able to complete individual and family counselling with these families. As well, she was able to structure the model for this practicum to be held at an agency which practiced working with families in a progressive manner. Through all of this work, both clinical and research-based, the writer learned a great deal about this subject and sharpened her clinical skills.

For example, working with these girls in the group format showed her how the group process can be used to provide a support system for these girls, and how they can then use this support as a springboard to becoming stronger within their own support system.

The writer would recommend that co-facilitation be used if this Group were to be replicated in the future. It worked well, as it provided the girls with role models, and gave the facilitators an immediate way of debriefing after each session. As working in the field of violence often triggers issues for the clinician, it is important

to monitor one's own emotions closely. A co-facilitator can provide that opportunity as they are easily accessible and can suggest possible issues arising from the Group session that may have been triggers. Obviously, a great degree of trust has to exist between the two facilitators. This is why it is helpful either to have already worked together, or to come together with much the same working philosophies.

If this intervention model was to be presented again as an option to families, more work with other family members might be included. For example, the siblings of the group members could be seen by the facilitators. It could then be determined if they could be included in the family counselling, or if their needs were being met within the family unit, and/or if they needed outside support.

Another way of providing education to the parents about the trauma their children had witnessed would be within a group format. This could be used as a support for the parents in a different way from individual therapy. It could then also become an ongoing support system in the custodial parent's social network. One of the gaps in the social service field appears to be support systems for single parents who have children that need help in various areas, for example, ongoing behavioral and emotional problems of the children. However, a support group might fill the gap for these custodial parents if it could provide an educative component as well as a supportive function.

Another way to enhance this intervention model would be to provide follow-up services to either the group member and/or the custodial parent. As these girls go through different developmental stages, they will need to address other issues that are

unresolved because of the trauma of witnessing violence. If there were follow-up clinical services provided at a year, two years and even further following the group, it would most likely benefit these girls. These girls could also benefit from ongoing support, especially in a group setting. It became obvious through the group work completed within this practicum how much all the girls welcomed and needed this type of a clinical intervention. However, there are not any groups that are currently being offered within the City of Winnipeg for this population that are ongoing, and supportive in their nature for girls of this age. This is yet another gap in the social services network in the city of Winnipeg and the surrounding areas.

In conclusion, the model designed in this practicum for working with families where violence has occurred between the parents, has definite merits and could be used in the future. The group work in this model is attractive because the group process itself provides support for validation, normalization, mutual aid and healing to take place. The model could be adapted to other settings i.e., other agencies, which deal with violence within the family unit. For example, Evolve or a community resource clinic could use this model as an intervention with a part of their client population.

The work completed with the custodial parent, within this model, provides the restructured family with a way to begin to deal with the trauma of the violence within the family. Without education and support for these parents, it is unclear whether the work done by the children could be augmented or validated by the rest of the family members. Therefore, it would be strongly encouraged that groupwork for this population, should be done in conjunction with either individual or groupwork for

their custodial parents.

Both the research and the clinical work completed within this practicum proved to be enormously satisfying to the writer. It helped her to understand this issue on an intellectual and emotional level. Hopefully, it will stand her in good stead for her future endeavours in this field.

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APPENDIX I

THE CHILDREN WITNESS TO VIOLENCE INTERVIEW

A. ATTITUDES & RESPONSES TO ANGER

What kinds of things make you really mad?

Have you ever felt really mad at someone in your family? When? What did you do?

When you're really mad at something or someone, do you ever:
(0 = Never; 1 = Sometimes; 2 = Often)

- a) Yell, Scream, Swear
- b) Fight, Hit, Punch
- c) Talk to someone
- d) Walk away
- e) Go to room
- f) Other

If someone your own age teases you, what do you usually do?

Do you also?

- a) ignore them _____
- b) ask them to stop _____
- c) tell someone _____
- d) threaten them _____
- e) hit them _____
- f) other _____

If someone your own age takes something without asking, what do you usually do?

Do you also:

- a) ignore them _____
- b) ask them to stop _____
- c) tell someone _____
- d) threaten them _____
- e) hit them _____
- f) other _____

If someone your own age hits you, what do you usually do?

Do you also:

- a) ignore them _____
- b) ask them to stop _____
- c) tell someone _____
- d) threaten them _____
- e) hit them _____
- f) other _____

If your mom or dad does something that you don't like, what do you do?

If an adult other than your parent does something that you don't like, what do you do?

What do you think is the best way to deal with something when you're really mad?

What are your three favourite TV shows?

Of all the characters you have seen on TV, in movies, sports, or music, who would you most like to be? Why?

B. RESPONSIBILITY FOR VIOLENCE

What do you think mom and dad fight about?

Do they also fight about the following things?
(How often? 0 = Never; 1 = Sometimes; 2 = Often)

- | | | | |
|-----------------------------------|---|---|---|
| a) Money | 0 | 1 | 2 |
| b) Job | 0 | 1 | 2 |
| c) Drinking - Mom/Dad | 0 | 1 | 2 |
| d) Mom or Dad seeing someone else | 0 | 1 | 2 |
| e) Your brothers or sisters | 0 | 1 | 2 |
| f) Untidy house | 0 | 1 | 2 |
| g) Other (Specify) | 0 | 1 | 2 |
| h) You | 0 | 1 | 2 |

How does it make you feel to hear them fight about you?

- a) scared
- b) sad
- c) mad
- d) confused
- e) other

C. SAFETY SKILLS

What do you do if mom and dad are arguing?

Do you ever:

- a) stay in the same room
- b) leave/hide
- c) phone someone
- d) run out/get someone
- e) go to older sibling
- f) ask parents to stop
- g) act out
- h) other

Can you tell when arguing will lead to dad hitting mom? How?

Can you tell when arguing will lead to mom hitting dad? How?

What do you do if dad is hitting mom when you are in the same room?

Do you ever:

- a) stay in the same room
- b) leave/hide
- c) phone someone
- d) run out/get someone
- e) go to older sibling
- f) ask parents to help
- g) act out
- h) other

What do you do if dad is hitting mom when you are in a different room?

Do you think it's alright for a man to hit a woman? (Why/Why not)

(Elicit from child any conditions in which hitting is acceptable)

- a) stays out late
- b) house is messy
- c) doesn't do as told
- d) drinking
- e) self-defense
- f) other

Do you think it's alright for a woman to hit a man? (Why/Why not)

(Elicit from child any conditions in which hitting is acceptable)

- a) stays out late
- b) house is messy
- c) doesn't do as told
- d) drinking
- e) self-defense
- f) other

Do you think it's alright for a parent to hit a child? (Why/Why not?)

(Elicit from child any conditions in which hitting is approved)

- a) stays out late
- b) house is messy
- c) doesn't do as told
- d) drinking
- e) self-defense
- f) other

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APPENDIX II- Index of Parental Attitudes (IPA)

APPENDIX III- Index of Self-Esteem (ISE)

APPENDIX IV

SESSION ONE

The OBJECTIVES of this session are for the children to begin to feel comfortable in this group setting. The Group discussion will focus on how each child can feel safe within this room, and what they need from the other Group members. There will also be discussion on what abuse and violence means to them, and how it can and does affect all of us in our lives. This will be done by talking about the continuum of abuse.

1. INTRODUCTIONS: Facilitators introduce themselves. Make general comment about the reason for having this group and that everyone here comes from a family where their parents are separated/divorced and they have seen their parents in a lot of conflict.

GROUP INTRODUCTIONS: Have the group members get together in pairs and each child interviews her partner. They would then come back into the group and introduce their partner to the group. Some questions that they would ask each other might be: Name, Grade, School, Favourite Colour, Favourite Movie, Any brothers or sisters.

As a way of becoming more familiar with each other, group members could use a nerf ball and pass it to one another at the same time as saying the person's name and something that they learned about them.

2. MEASUREMENT TOOLS

Have group members fill-in self-esteem questionnaires (pre-measures).

3. CONTRACTING

Establish group rules and consequences for not adhering to the rules.

Brainstorm with the group (using flipchart) to think about some rules/guidelines that should govern the group process. Examples might be:

- 1) No physical abuse, i.e. hitting;
- 2) No verbal abuse, i.e. put-downs, name-calling;
- 3) Try and be creative, let your imagination work for you;
- 4) Take turns talking;
- 5) Make this a safe place for everyone to be;
- 6) Confidentiality issues.

Consequences for not following these guidelines would be to use the group to discuss why certain members could/would not follow contract. Or if a group member became physically or verbally abusive and could not control their own behavior, a facilitator would go out of the room with them, and be with them until they felt they could again be a part of the group process.

4. SNACK

2.

5. DEFINING FAMILY VIOLENCE/CONTINUUM OF ABUSE

Sometimes parents separate because the arguing and fighting gets so bad that they can not live in the same house. If it is very bad, the Judge in Court may have said that the children should not see their father, because it is not safe at this time for them to do so. Has that happened to anyone here?

Tonite, we want to talk about what we will call the "continuum of abuse". (Use of flip chart). We don't want to scare anyone by talking about this subject. It is an exercise that will help all of you to understand what abuse means and hopefully to help you understand that these actions are not something that you have to allow to happen to yourself. If it does happen in the future, perhaps you could talk to someone about it, get some help, or leave the situation at the earliest possible moment.

Abuse can be divided up into different categories, with each category having many parts to it. For example, if we were to start with verbal/psychological abuse, what do you think we would be talking about? Would it mean put-downs by your friends at school, name-calling by your brothers, sisters, parents? It could be that someone you know would want to control what is happening in your life all the time, i.e. best friend not wanting you to have anything to do with anyone else and keeping you all to herself. Or it could mean that someone did something bad to your pet to make you feel scared of them, or locking you out of the house in the middle of winter when it was really cold outside. Where could this happen? What would you do or have you done when it happened to you? How have you felt when this has happened?

Next is the category of physical abuse. This type of abuse means that you were hurt physically. For example it could be that you were slapped, hit, punched or thrown across the room. This is very serious and if that were to happen to you, what could you do?

The next category would be sexual abuse. Examples of this would be that someone would make remarks about your body that were not appropriate, touched your private parts or forced you to touch adult body parts that you knew did not feel was appropriate. It gives you that bad feeling in your stomach when you know something is going on that shouldn't be happening. Often, if we listen to that little voice inside of us that tells us when we feel uncomfortable, then we know when something wrong is happening. That does not mean that it is our fault, it just means that we should talk to someone about it, and get another person's opinion about it.

7. Check-outs - discuss what this means, i.e. doing check-ins and check-outs at beginning and end of group in order to get an idea of how individual group members are feeling.

SESSION TWO

TOPIC: LABELLING FEELINGS

The OBJECTIVES of this session are to give the children tools that they can use to help express themselves. It will help them become more comfortable with the group process, especially with expressing their feelings/opinions in the group.

1. CHECK-INS. Ask individuals how their week has gone and whether they have any questions or comments about last weeks session, i.e. comments about the homework from the last session.
 2. Discuss topic for this week - Brainstorm on the different types of feelings that one can have, and definition for "feelings".
 3. Discuss/make a list of different times when you feel happy/sad/mad/afraid, etc.
 4. Make a collage on feelings where the children cut pictures out of magazines and put them into different feeling areas.
 5. SNACK
 6. Have the children break into pairs, ask their partners the following questions:
 - "What animal are you most like?"
 - "What animal is your mom most like?"
 - "What animal is your dad most like?"- children report answers back to the group.
 8. CHECK-OUTS: Each group member says how they are feeling. As well as giving the child the chance to talk about the session it gives the facilitators the opportunity to see if the child is okay to leave the session.
 9. HOMEWORK
- Have the children record their observation of a "conflict" that they have seen on T.V. or in real life. Get the children to (a) describe the events leading to the conflict; (b) the type of conflict, i.e. verbal, physical; (c) how the conflict was resolved; (d) how the child would have resolved the conflict.

SESSION THREE

TOPIC: DEALING WITH ANGER

OBJECTIVES:

To help the children understand healthy/unhealthy ways of dealing with anger;
To give the children some ideas of how they can cope more effectively with anger.

1. CHECK-INS - Also, ask if anyone wants to talk about the homework they were given last week.

2. Have the children think about events/people that have made them angry and brainstorm about HEALTHY and UNHEALTHY ways to deal with anger (Use flipchart). Examples:

for Unhealthy: yelling, screaming, hitting, sarcastic, throwing things.

for Healthy: talking about it, go for a walk, writing about it.

Also talk about signs/triggers that the children might see in themselves or in other people that lead them to think about either themselves or the other person losing control.

ROLE PLAYING. Give the children attached scenerios. These situations can be used as an opportunity for the children to express their feelings about being involved in similar situations, to get the children to "problem-solve" solutions and give them an opportunity to role-play alternative methods of handling conflict.

6. CHECK-OUTS

2..... SESSION THREE

ROLE PLAYING

CASE SCENARIOS

1. Your mothers new boyfriend has moved into your house with you and your family. You do not like some of the things he is telling you to do. For example, he comes to your room and asks you to clean it up just before you are going out to a birthday party of a friend at school. He says that you can not go until you have cleaned up your room. If you don't leave right away, you will be late.

How do you handle this situation?

2. Mary has just come in from her swimming lessons. Her parents are arguing in the kitchen. Her father wants to know how come supper is not yet ready. Mom says that she is not a servant and that Dad could be helping. Dad picks up some food and starts eating. Mom says he could wait so that they can eat together as a family. Dad gets really angry and throws food against the wall. Mom starts yelling at Dad. He tells her to shut up. Mary wants them to stop fighting.

What should Mary do?

3. It's Wednesday evening. Chris has had a rough day at school - she did badly on a test and forgot to do her homework. Chris wants to forget about school and watch her favourite show on television. Mom walks into the room and asks about the test. Chris does not want to talk to her about anything. Mom goes to shut the television off. Chris starts yelling at her to turn it back on.

What should happen next?

SESSION FOUR

TOPIC : Safety Skills/Child Abuse

OBJECTIVES: To help the children learn more about child abuse and ways to protect themselves.

1. CHECK-INS.

2. FILM - "The Crown Prince" - National Film Board.

3. Debrief from Film - discuss in terms of signs/triggers - to carry on with last week's discussion.

4. SNACK

5. SITUATIONS. Give the following situations to the group and have them give ideas of what to do with these possibilities. These scenarios can be discussed in small groups and then brought back to the group. This should help to promote group discussion.

a) You are at a shopping mall with your family. You have to go to the bathroom. Should you go alone?

b) You are walking in the park. You pass a man leaning against a tree. As you walk by, you notice that the man is exposing himself. What would you do?

c) You are walking home from school in a blizzard. You have forgotten your mittens and your hands feel frozen. A father of one of your friends offers you a ride home. What would you do?

d) A family member who is very close to you has been touching you in a way that you feel is not right. You are confused about this. You love this person very much and do not want to do anything to hurt this person. You have been warned not to tell anyone about this "secret". Should you tell someone? Who should you tell?

6. Draw what you think a person would look like that you might trust.

7. CHECK-OUTS.

SESSION FIVE

TOPIC: SOCIAL SUPPORT

OBJECTIVES:

- Focus on the children's support systems.
- Provide information on community resources.

1. CHECK-INS.

2. Discuss the supports that the children used at the time of the separation. This can be done by asking about the children's experiences at the time of the separation, i.e. did they move, did they have to go to another school, did they have to make new friends. When any of these changes happened, how did they cope with them? Who did they turn to for help/support? Who was the most helpful and why? Do they ever hesitate to talk to someone about their problems/changes that are happening to them? What would be some of their fears in doing so?

3. Draw a picture of themselves/their family and who else is in their support network.

4. Talk about some community supports that they could integrate into their network. For example, Big Sisters, sports, clubs, community organizations, family members.

5. SNACK.

6. Have the children describe a support system which can be used for suicidal feelings. To do this, talk about how we can at times of crisis feel either extremely sad, angry or out of control. At these times, we sometimes wonder how we can go on living with all these feelings inside of us. We need help to sort out these feelings and to do this we need other people to listen to us. Who could we use to help us at these times?

7. CHECK-OUTS.

SESSION SIX

TOPIC: SOCIAL COMPETENCE AND SELF-CONCEPT

The OBJECTIVES of this session would be:

- 1) Emphasize positive aspects of self.
 - 2) Help the children to explore how other people see them and how they see themselves, especially with respect to their mothers and fathers.
-
1. CHECK-INS. Ask each child to talk about their previous week, i.e. events or feelings.
 2. Discuss when the children feel good/bad about themselves, and what has happened then.
 3. Working in pairs, have one child tell the second child "What I like about you is.....". When the group gets back together, each child tells the group what their partner liked about them.
 4. Ask the children to describe one or two qualities that their parents would say they would have.
 5. Discuss with the children the extent to which they are the same and different from their parents.
 7. CHECK-OUTS.

SESSION SEVEN

TOPIC: RESPONSIBILITY FOR VIOLENCE

OBJECTIVES: - Help the children understand who is responsible for the violence in the family and for their parents behavior.

1. CHECK-INS.

2. Looking back to the last week on the Session on self-esteem, ask the children if their parents had to describe one or two qualities that they possessed, what would they be? Also, discuss the extent to which the children are the same or different from their parents.

3. Discussion on responsibility for behavior: Who is responsible for the violence in the family, their parents behavior, their parents use of alcohol? Does the use of alcohol serve as an excuse for the abuse of one parent to the other? Is it an example of how people behave to cope with stress?

4. SNACK.

5. Have each child write letter to the parent who was responsible for the violence in their family. Ask them to express some feelings about what they felt at the time the violence was happening, and how they feel now that the violence is no longer happening in their home. This can give the child an example of how to start a journal of their feelings about the violence that took place in their home. Before this happens, give an example of what they might say in this letter.

6. CHECK-OUTS.

SESSION EIGHT

TOPIC: INTERGENERATIONAL TRANSMISSION OF VIOLENCE

OBJECTIVES:

- Explore the myths about wife abuse;
- Help the children understand the cycle of violence, including the intergenerational transmission of violence.

1. CHECK-INS.
2. Discuss issues about family violence- myths and questions.
3. Have the children identify how their mothers and fathers handle their anger, and then how they handle their own anger. Discuss this in relation to the intergenerational transmission of violence.
4. Do COLLAGE on Anger.
5. SNACK.
6. Discuss the "Cycle of Violence".
7. CHECK-OUTS.

SESSION NINE

TOPIC: WISHES ABOUT THE FAMILY

OBJECTIVES:

- Discuss issues relating to family dynamics;
- Help children cope with the separation of their parents and where applicable, no access to their father.

1. CHECK-INS.

2. Discuss what the children have liked to do with their mothers/fathers, and if they can do more of it in the future.

3. Have the children draw a picture of what their family looked like in the past, what it looks like now, and what they would like it to look like in the future.

4. SNACK.

5. Discuss issues relating to separation/divorce including:

- access issues - how the children are coping with not having one parent in their life?
- step-parents/new boyfriends/girlfriends of one parent;
- loyalty conflicts;
- being used as a messenger between two parents;
- reconciliation fantasies;
- advantages/disadvantages of living with separated parents.

6. CHECK-OUTS.

SESSION TEN

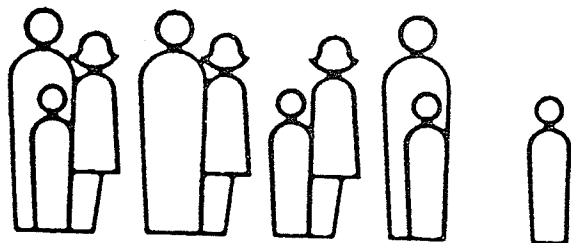
TOPIC: GOOD-BYES/EVALUATIONS

1. CHECK-INS.

2. PIZZA. Pizza was ordered. Everyone ate, and talked about what they liked, and did not like about being in this group. Phone numbers were exchanged, and discussions of how they might still see one another ensued.

3. GROUP EVALUATION: The group was asked what they felt they had learned from being in this group, and how they would use this in their lives in the future. They were also asked how other girls might like things to be changed, if this group was to be held again.

4. FINAL GOODBYES.



LONDON FAMILY COURT CLINIC

A Children's Mental Health Centre serving the special needs
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Child Witness Project
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Professional Development Workshops
Public Speaking Presentations
Publications

Peter G. Jaffe, Ph.D.
Executive Director

1994 December 6

Ms. Marlene Pomremke

Winnipeg, MN

Dear Ms. Pomremke:

I am writing to confirm The London Family Court Clinic's permission for you to utilize the Children Witness to Violence Interview instrument in your studies towards your Masters degree in Social Work. Best wishes in your practicum!

Sincerely,

Peter G. Jaffe, Ph.D., C. Psych.
Executive Director