

**A GROUP FOR BOYS WHO WITNESSED VIOLENCE IN THE HOME**

**BY**

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**A GROUP FOR BOYS WHO WITNESSED VIOLENCE IN THE HOME**

**BY**

**JOLANDA SWANINK**

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University**

**of Manitoba in partial fulfillment of the requirements of the degree**

**of**

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## **ABSTRACT**

The literature on children who witness violence in the home indicated that they may have social, emotional, and behavioural problems, and may even be abused themselves.

A group for children of abused mothers was created to address the issues of violence in the home. A working relationship with the parents to support them in coping with their children's behaviour and any reactions they may have to the group was also established.

The group ran for 10-weeks for 1 1/2 hours. It occurred at The Family Centre of Winnipeg. Four boys, ages nine to eleven years, participated in the group. Two parent information evenings were designed for the mothers. All four boys and their mothers participated in a post group interview. To evaluate the practicum, the boys' completed the Piers-Harris Self-Concept Scale and The Children Witness Violence Interview. Each participant completed a feedback questionnaire. The group was co-facilitated by a male practitioner.

The conclusions of the practicum supported the literature that children who witness violence are a heterogeneous population and that children with mild to moderate behaviour problems are suitable for a time-limited closed group. However, a longer term group was recommended by the workers and children to deal with issues of nonviolent conflict resolution and anger. All the mothers' noted some changes in their sons' behaviour. The experience confirmed that children need support in breaking the silence and to have their feelings validated.

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## **CHAPTER ONE**

### **INTRODUCTION**

**Why run a group for children who have witnessed their mothers being abused by their partners? While I was working for a children's mental health centre in Ontario, I met a number of mothers who had been abused. Some of the mothers had obtained counselling for their victimization; however, their children had not received any assistance in discussing their experiences and feelings. Many of the children were experiencing some social, emotional and behavioral problems. I did not feel knowledgeable or fully prepared to address the issues of violence with the children. Furthermore, in the region where I worked, there were no ongoing groups that focused on this topic. This practicum arose out of my desire to increase my knowledge about abuse of women and the impact such abuse has upon family members, specifically children, and also to develop my skills in working with children. I want to be more cognizant of the issues that are faced by this population.**

**To address my above-mentioned learning and professional development goals, a group for school age boys who witnessed violence in the home was developed as the focus of the practicum. Part of the intervention included working with the parent(s). The group took place at The Family Centre of Winnipeg.**

**This chapter will present statistics on the number of women who are**

battered and the number of children who are witnesses. The goals of the practicum, the theoretical perspective of the practicum, and finally how the report is organized will also be outlined.

### **Definitions**

In order to facilitate understanding, specific definitions of relevant concepts are presented prior to proceeding with the rest of the report. The literature on women abuse often refers to a couple as husband and wife, which generally includes those living common-law or the previously married. For this report, the term "husband" and "wife" will be used interchangeably with "partner". "Partner" can also indicate a boyfriend. The "abusive partner" will always refer to the male gender unless specified otherwise.

In this practicum report, violence against women and children or battered women/partner will be used instead of the term family violence, since 95% of the incidents involve women as victims of violent acts (Jaffe, Hurly, Wolfe, 1990 p.466). Abuse also needs to be defined. The following definition of abuse is taken from Linda MacLead's book Battered but not beaten... Preventing wife battering in Canada (1987):

wife battering is the loss of dignity, control and safety as well as the feeling of powerlessness and entrapment experienced by women who are the direct victims of ongoing or repeated physical, psychological, economic, sexual and/or verbal violence or who are

subjected to persistent threats or the witnessing of such violence against their children, other relatives, friends, pets and/or cherished possessions, by their boyfriends, husbands, live-in lovers, ex-husbands, or ex-lovers, whether male or female" (p.16).

Typical scenarios of children witnessing violence include boys and girls who view it directly, or overhear the violent behaviour from another part of the house, or see the physical or emotional aftermath of abuse, such as their mother's injuries or their mother's sadness or agitation (Jaffe, Wolfe & Wilson, 1990). According to Jaffe, Wolfe and Wilson, children who witness violence generally refers to "children who have repeatedly witnessed severe acts of emotional and physical abuse directed at their mother by her intimate partner" (p.16). For this practicum group, no distinction was made between the severity of the violence directed at the mothers in order to establish the children as witnesses to violence. The criteria for group members was simply that these boys and girls live in homes in which their mothers were abused, and that the children themselves experienced stress and distress as a result.

### **Statistics**

The effects of abuse on women are well documented, and shelters and treatment programs have been developed to meet their needs (Hoffman, Sinclair, Currie & Jaffe, 1990; Jaffe, Wolfe, & Wilson, 1990; Jaffe, Wolfe, Wilson & Zak, 1986a; Walker, 1979). Until recently, children of battered women were

not considered victims of violence and had not received assistance to cope with witnessing abuse of their mothers. These children have been the "forgotten" or "unintended victims" as services have been directed to abused women and abused children (Elbow, 1982; Rosenbaum & O'Leary, 1981).

Since the late 1970's, an increasing number of researchers and clinicians have studied the impact of witnessing wife abuse on children (Peled, Jaffe & Edleson, 1995). It is difficult to calculate the number of children exposed to violence against women, though a number of investigations provide a gauge for measurement, including Linda MacLead's book Battered but not beaten... Preventing wife battering in Canada (1987). Her research revealed that 70% of battered women who came to shelters arrived with children. Of these women, 26% had 1 child, 27% came with 2 children, and 17% had 3 or more children (p.32).

Statistics Canada (Rogers, 1994) conducted a national survey on violence against women, in which a total of 12,300 women were interviewed. This survey estimated that 3 in 10 Canadian women over the age of 18 who are presently or previously married, or who have lived common-law, have been assaulted by a marital partner (p. 1). The survey's definition of assault and sexual assault was restricted to Criminal Code definitions. The survey uncovered that children witness violence against their mothers in almost 40% of the marriages with violence (p.1).

In another study, Leighten (1989), quoted in Jaffe, Wolfe and Wilson

(1990), reported that in a Toronto research project reviewing 2,910 wife assault cases, children were present in 68% of the situations (p.20). These studies illustrate that a large percentage of children witness their mothers being battered and are at risk for developing emotional, social and physical problems (Jaffe, Wolfe & Wilson, 1990). Neither Leighton's study nor Statistics Canada include demographics of the survey participants.

Conducting a literature review on children who witness violence in the home revealed little research on children and families from diverse ethnic and cultural backgrounds. One of the members in the practicum group is Aboriginal. Although no specific studies regarding Native children who witness violence were located, several small surveys have been conducted in the various Aboriginal communities to estimate the rates of violence in families and identify contributing variables. The studies on violence in Aboriginal families reveal high rates of woman battering and child abuse (From The Final Report of The Canadian Panel on Violence Against Women, 1993; Ontario Native Women's Association, 1989).

The Ontario Native Women's Association (1989) evaluation of the level of violence in Aboriginal families reported that the amount of violence in Native families is higher than non-Native families. The report stated that out of 104 respondents, the incidence of Aboriginal women being abused was 8 out of 10 (p.19). The Indian and Inuit Nurses of Canada study in the Canadian Panel on Violence Against Women report(1993) estimated that "between 75% and 90% of

the Native women in some northern communities are battered" (p. 134). Finally, a Report by the British Columbia Task Force on Family Violence (1992) quotes a study from the Helping Spirit Lodge that estimated 86% of the people in Aboriginal communities have experienced or witnessed violence (p. 189). The above-mentioned surveys of Native communities have a small number of respondents focusing on specific geographical areas, thus making it difficult to generalize about the entire diverse First Nations population.

A 1991 study by the Indian and Inuit Nurses (from the Final Report of The Canadian Panel on Violence Against Women, 1993) stated that the three leading contributing factors to family violence in Aboriginal families are, "alcohol and substance abuse, economic problems and second or third generation abusers" (p.134). In The Ontario Native Women's Association (1989) survey, forty-four percent of the respondents stated that alcohol is involved in violence in the home, and 37% more said it is usually involved (p. 19). Although these studies do not give statistics on the number of children who witness violence, if we extrapolate from the research of Leighton (1989) and the Statistics Canada survey (Rogers, 1994) on the number of children who witness, plus the Native community and their rates of violence, it would seem probable that there are many Aboriginal children who witness violence.

### **Goals for Running a Group for 10-12 Year Old Boys**

One of the goals of the group was to break the code of silence and decrease children's isolation, as well as to give the message that boys and girls are not responsible for the actions of their parents. Both mothers and children experience a sense of secrecy in homes where there is violence in the family (Pressman, 1989). No discussion of the violence occurs in the home because battered women and their children often feel ashamed and feel responsible for the abusers' violent actions (Jaffe, Wolfe & Wilson, 1990; Pinterics, 1993; Pressman). Involvement in a group for children who witness violence in the home could provide children with the opportunity to meet and talk with others from similar family situations.

Enhancing the children's self-esteem was another goal. Often boys and girls who witness woman abuse have a low self-esteem (Jaffe, Wolfe & Wilson, 1990; Peled & Davis, 1995). Participating in a group could reinforce the children's strengths and increase their self-esteem. Acknowledging the positive qualities and skills of the children provides them with an alternative adult viewpoint, and can encourage the children to think differently about themselves, as well as lead to a change in their behaviour.

A third goal was to facilitate the identification and expression of feelings regarding the abuse they have witnessed. Children often learn to deny and not verbalize feelings, if feelings are not verbally expressed in the home (Pinterics, 1993).

A final goal for the group was to provide the children with alternative non-violent ways to respond and cope with conflict. According to Jaffe, Wolfe and Wilson (1990), children in abusive homes are exposed to aggressive actions as approaches to resolving differences. Hence, boys and girls need assistance to access other strategies in their interpersonal relationships. Group members can assist and support each other through describing and demonstrating the approaches which they have used. Through this process, not only are the group participants accepting help, but they are also acting in a helping role.

I have some professional development goals for choosing group work with children who witness violence. As stated in the beginning, I want to become more cognizant of the issues of these children and to facilitate the expression of these issues.

Another of my professional development goals was to develop my knowledge and assessment skills in the pre-group planning phase and in the intake stage. This involves recruiting clients, and preparing both intake procedure and intake forms to screen and assess the readiness of potential members.

An additional goal was to establish an alliance with the parents or guardians of the children (Malekoff, 1991). To have the trust of the children is vital, but to have a working relationship with their parents is also important. Forming an alliance with parents assists them in understanding the stages of group development (Malekoff, 1991). Often parents are unsure as to what takes

place in group meetings, especially if they hear lots of laughter, screams, and other noise. By having contact with parents, the group worker can reassure parents that "what is happening is normal and expectable" (Malekoff, p. 80). As well, a relationship with the parents offers them support in coping with their children's behaviour and reactions to participating in the group (Jaffe, Wolfe & Wilson, 1990; Peled & Davis, 1995). This practicum's approach of working both with children and parents will be explained further in Chapter Four.

An additional learning experience unfolded as the practicum developed: selecting and working with a co-practitioner in the group.

### **Theoretical Perspective**

The theoretical perspective that aided in organizing and implementing this practicum is based on ecological theory and the literature review of children who witness violence. Chapter Two contains the literature review. The ecological perspective will be briefly outlined below.

#### **Ecological Model**

The ecological model looks at the relationship between people and the environment, and how they act and influence the other. People's needs and problems arise out of stressful person-environment relationships (Germain & Gitterman, 1986)

One of the central concepts of the ecological perspective is that human

beings experience stress if there is not a good fit between themselves and their environment (Germain & Gitterman, 1986). Germain and Gitterman (1980) articulate the lack of "goodness-of-fit" and the resulting potential problems for people when "... human beings do not secure the appropriate nutriment (input, stimuli, information, energy, resources) from the environment at the appropriate time, their biological, cognitive, emotional, and social development may be retarded and their functioning impaired" (p.6).

A second concept is that people need to be in relation with others to be human (Germain & Gitterman, 1986). Identity and self-esteem come from relationships with others. For example, if a young child is deprived of consistent caregiving, s/he may not trust others or her/himself and have trouble relating to family and peers.

A social worker needs to be aware of both the external and internal stress and resources of the person, and the relationship between the person and the environment (Germain & Gitterman, 1986). The intervention is directed towards changing the relationships so a person can cope more effectively, so that environments may be more responsive to that person's needs (Germain & Gitterman).

### **How The Theoretical Perspective Organized The Practicum**

In order to understand the social, behavioral, emotional and psychological problems children of battered women may have, they need to be viewed not in

isolation but rather within their context. Understanding the effects of living in an abusive environment on children involves being familiar with the dynamics of homes with violence, and the characteristics of abusers and battered women. This will be outlined in Chapter Two. Using ecological theory, children living in an abusive environment do not receive the proper nutrients from the home, hence they experience stress, impairment of functioning, and need to find ways to cope. The problems are manifested in their behaviour and emotional functioning.

By understanding the environment in which children who witness violence live, intervention can also be directed towards making the home environment more responsive to boys' and girls' needs. Thus, it is important to connect and establish an alliance with the children's parents. The literature on group work with children of abused women discusses working with parents (Peled & Davis, 1995; Tutty & Wagar, 1994). Chapter Three provides a literature review on group work with these children and working with the parents. Parent-child meetings and parent information sessions were designed to establish a relationship with the parents. This will be detailed in Chapter Five.

The "goodness-of-fit" between self and environment is poor for children who live in a home with a mother who is being abused. It is poor because the physical, emotional, and psychological needs of children are often overlooked, or are not consistently met in homes with violence (Elbow, 1982; Jaffe, Hurley & Wolfe, 1990; Pressman, 1989). This may result in children developing social and

emotional problems. Parents are often not aware of age-stage development, the needs of children and healthy parenting strategies. Meeting with parents provides the opportunity to educate them about the impact of violence on their children. Furthermore, these meetings support their parenting abilities so that the home environment can be more conducive to promoting healthy functioning of their sons and daughters.

Literature identifies group work as one approach to working with children of abused women (Peled & Davis, 1995; Tutty & Wager, 1994; Wilson, Cameron, Jaffe & Wolfe, 1989). The main type of group work models identified are the mainstream, remedial and reciprocal models (Papell & Rothman, 1980; Papell & Rothman, 1966). The structured group work approach, which is akin to the remedial model, comes from the literature on group work with children. The reciprocal model of group work emphasizes creating support among the members. The remedial model views group work as a way to help people with impairments in functioning to cope in healthier ways. Both the remedial and reciprocal paradigms of group work fit with the ecological perspective which looks at the interactions between people and their environment. All the group work models identified here will be elaborated further in Chapter Three.

Methods of evaluating the effectiveness of the practicum program on the participants comes from Peled and Davis (1995) and Jaffe, Wolfe and Wilson, (1990). Peled and Davis used qualitative methods to evaluate their group program. The evaluation should include both the parents' and the children's

experience of participation. In addition, certain targeted areas need to be measured more objectively to see if the program accomplished its purpose.

Jaffe, Wolfe and Wilson developed The Children Witness to Violence Interview that target specific areas related to violence. The evaluation tools chosen for this practicum are outlined in Chapter Four.

Latency age boys, between the ages of 8-12, were targeted as the population for the practicum. According to the literature, many abusive men witnessed their mothers being battered, and may have been abused themselves (Rosenbaum & O'Leary, 1990). The study by Straus et al. (taken from Jaffe, Wolfe & Wilson, 1990) found that the rate of wife beating is higher for sons of battered women compared with sons of nonviolent fathers (p.17). It seems crucial to intervene early in boys' lives to reduce the chance of intergenerational transmission of violence. The intergenerational transmission of violence can be addressed by providing information on alternatives to using violence when expressing anger and resolving conflicts in intimate relationships. It is also important to challenge the stereotypical views of male and female which are predominant in homes where men batter their female partners (Elbow, 1982).

Primarily, research and data regarding children who witness violence is specific to single parent mother-led families. Originally, participants for this practicum were intended to be the children of couples who had decided to stay together and were involved in The Family Centre of Winnipeg's Learning to Live without Violence Program. As it turned out, the age range of the children of the

couples in the program was very wide, resulting in a lack of latency age children to compose a group. For the practicum, all the boys came from single parent mother-led families that had not participated in the Learning to Live Without Violence Program. Chapter Four will outline details on recruiting clients and Chapter Five will provide a description of the client group.

Another way the client group in the practicum differed from the original plan is that one participant came from a home where the mother was physically violent. The physical abuse occurred in conjunction with other abusive behaviours by the father, and also included substance abuse by both parents. The mother's physical aggression toward the father seems to have made an impact on this boy, since he asked why there were no shelters for men who were abused. Accordingly, some research in the area of "domestically violent women" is included (Hamberger & Potente, 1994).

The purpose of including some research on women who are violent towards their partners is not to diminish the severity or extent of battering of women, but to show that women are also violent in their own homes. There is little research on women who are violent, as the rate of women who batter their male partners compared to men who batter their female partners is 5% versus 95% respectively (Pagelow, taken from Hamberger & Potente, 1994, p.125). Often it is for different reasons that women are physically violent to their partners, such as for self-defence, as revealed by the Saunders study (1986). Chapter Two will provide a literature review on this aspect of violence in the

home.

### **Organization of the Practicum Report**

Chapter Two is a literature review on children who witness violence in the home. In order to understand why and how violence in the home may affect children's adjustment, some common characteristics of abusers, battered mothers and patterns of family interaction in wife abusing homes will be briefly outlined. The effects on children of living in a home where there is violence are detailed, followed by research studies on the social and emotional adjustment of children. Although the focus is on men who abuse women, a concise overview of some of the literature on domestically violent women is incorporated. Finally, the chapter ends with two theories on how violence affects children's adjustment.

Chapter Three is a scholarly review on group work. It includes a literature review on group work with children of battered women and the benefits of group work for them. Since the use of games and activities is an integral part of working with children in groups, a section on the importance of this type of play will be included. The chapter concludes with the paradigm utilized for this practicum and the four models of group work which comprise the paradigm.

Chapter Four discusses the practicum setting and procedures. The agency setting is described followed by the procedures to obtain referrals and assess the children and parents. Two evaluation tools, The Children Witness to Violence Interview (CWVI) and the Piers-Harris Children's Self Concept Scale,

were used as pre- and post-measures. Additionally, an evaluation questionnaire to obtain feedback about the effectiveness of the group was given to each child and to each parent upon completion of the group. Descriptions of the evaluation tools are outlined. A discussion about co-leadership and the procedures to select a co-practitioner will also be delineated. The chapter ends with a summary about the supervision for the practicum.

Chapter Five details the practicum process including description of the client group. A table outlining each session with the pertinent themes and content is presented. A commentary on the group follows the table. Finally, the agenda of the parent information sessions and a description of the meetings will be outlined.

Evaluation of the practicum will be presented in Chapter Six. The results of the Piers-Harris Children's Self Concept Scale is presented plus highlights of the Children Witness To Violence Interview. A peer nomination chart is presented that gives a picture of the different roles members assumed in the group. An overall summary of each boy will be reported including feedback from the mothers and their sons in the parent-child interviews, and any work done with the family. Finally, the goals for the group as outlined in Chapter One are re-examined.

The final chapter, Conclusion, Learning Experiences and Recommendations presents final thoughts about the practicum, changes to the practicum group model, and the personal learning experiences in establishing

and managing this practicum. Recommendations for other people who are considering a group for children who witness violence are presented.

## **CHAPTER TWO**

### **LITERATURE REVIEW ON CHILDREN OF ABUSED WOMEN**

#### **Introduction**

The difficulties of children of battered women first gained attention from child care workers, social workers, and advocates who worked in the shelters for abused women and observed the children's behaviours (Peled et al. 1995, p.5). These early observations of the behaviours exhibited by children at shelters included hostility, aggression, eagerness to please adults, secrecy about their family, high anxiety, and somatic behaviours such as headaches and stomachaches (Jaffe, Wolfe & Wilson, 1990). It also appeared that the children were confused and vacillated in their feelings for their father, alternating between love and hate (Alessi & Hearn, 1984). These initial reports from the late 1970's have been the impetus and basis for the research on the effects of witnessing violence on children and understanding their needs.

Research on the effects of children witnessing violence in the home demonstrated that children are at risk, both in the short term and in the long term, for developing social, emotional and behavioral problems (Hurley & Jaffe, 1990). Not all children respond and react the same way. Children who witness in the home are not a homogeneous group. Researchers have learned that children's adjustment and mental health appears to depend on their age, sex,

age-stage of development, and the severity of violent episodes (Hughes, 1988; Hughes, Parkinson, Vargo, 1989; Jaffe, Wolfe & Wilson, 1990). Furthermore, witnessing violence is not an isolated factor as it is often associated with other variables that may impact upon the child, such as the marital relationship between the parents (Hershorn & Rosenbaum, 1985), family stress, (O'Keefe, 1994b), the mothers' physical and emotional health (Jaffe, Wolfe, Wilson & Zak, 1985; Wolfe, Jaffe, Wilson, & Zak, 1985) and the mother-child relationship (O'Keefe, 1994b).

Children who witness violence are vulnerable as there is also the risk that they may be abused themselves by either parent. In 1 out of 3 families where the mother is assaulted, children are also abused (National Clearinghouse on Family Violence, 1991, p.1). Researchers and clinicians have become increasingly aware of the connection between wife abuse and child abuse. The Rosenbaum and O'Leary (1981) study confirmed that a strong relationship exists between spouse abuse and child abuse, citing "eighty two percent of husbands who witnessed parental spouse abuse, also were victims of child abuse" by both or either parent (p. 698). When Jouriles, Barling and O'Leary (1987) looked at children's behaviour problems in marital violent families, one of their findings revealed a high association between spousal aggression and parental aggression directed toward the children.

Aboriginal children are also at a high risk of being abused. The Ontario Native Women's Association (ONWA) (1989) study revealed that in family

violence, children are abused 51% of the time(p.19). ONWA suggested that Native children are being abused at a higher rate than non-Aboriginal children.

This chapter will continue with a section on the impact of witnessing violence on children which includes the characteristics and dynamics of homes with wife abuse and followed by the research on childrens adjustment. As well, a small section on domestically violent women will be included. The chapter closes with two theories, proposed by Jaffe, Wolfe and Wilson (1990), that explain the relationship between children's adjustment and family violence.

### **Impact of Witnessing Violence on Children**

Children who witness wife abuse react and cope in many different ways (Jaffe, Wolfe & Wilson, 1990). There may be immediate effects, or the impact may not be evident until the child is a teenager or an adult in an intimate relationship. Some children appear to be asymptomatic. Through their research, Jaffe, Wolfe & Wilson (1990) noted that children who witness their mothers being abused share similar adjustment problems as children who have encountered other traumas such as physical and sexual abuse, war, and alcoholic parents. For the purpose of this practicum, only research on the adjustment of children who witness violence will be examined. Furthermore, the impact of wife battering on children will focus on the latency age or school age group, since this is the target population for the practicum.

Children's emotional and developmental needs are often not met in homes where the mother is abused by her partner. The patterns in the parents' dysfunctional relationship impair their ability to meet the children's needs (Elbow, 1982). To understand why and how children who witness violence are at risk socially, emotionally, and physically, some of the general characteristics of the structure of the home and of the abusive male and the battered woman, as well as the some of the relationship patterns should be considered.

In Lenore Walker's book, Battered Women (1979), she described some common characteristics of batterers from the women she interviewed. Abusive men have "a low self-esteem, blame others for [their] actions, are pathologically jealous and do not believe [their] violent behaviour should have negative consequences" (p.36). The abusive male also tends to hold traditional views of men and women. This entails a view of the male as the sole breadwinner, disciplinarian, and decision maker (Pressman, 1989).

Adherence to rigid sex role expectations is a common attribute in homes with violence (Elbow, 1982; Walker, 1979). As the man in the home, the male considers himself in a position of authority and assumes a right to control even by physical force if necessary. Elbow indicates that family members conform to role expectations, instead of modifying the expectations and roles to meet individual personalities and needs. Family members develop patterns of behaviour and communication to cope with the failure to live up to the

expectations. Some of these patterns are blaming others and projecting feelings onto other family members (Elbow).

In homes where the mother is abused, there is often a code of silence (Pressman, 1989). When abusive incidents occur, it is neither discussed nor acknowledged by the family members. A battered woman and her children who witness may have feelings of embarrassment or shame, or they may fear the abuser, and so they often believe they cannot talk about the abuse (Pinterics, 1993). This leaves the children and their mother feeling isolated.

Such isolation is reinforced by the abusive partner, who frequently segregates his family from other family and friends (Pressman, 1989). Boys and girls are hesitant to bring friends home as they do not know what will happen at home. Children may question, "Is Dad in a calm or an angry mood, will Mom and Dad have a fight?" Being isolated, a battered woman lacks support and feedback about her situation, and is unaware of her options for herself and her children (Pressman). If a woman has contact with friends or family, she often may not talk about the abuse as she feels both ashamed and responsible for the abuse.

One reason a woman feels responsible for the abuse is often because she conforms to a traditional female role (Walker, 1979). One of the traditional female expectations is the assumption of complete responsibility for the well-being of her family (Pressman, 1989). If family members are not happy, mother is to blame and believes she needs to change her actions. A battered woman often feels that she needs to be a better partner so that her husband will not be

abusive (Elbow, 1982; Pressman; Walker). A battered woman may also be under the impression that she is the only one that can solve her predicament (Elbow, Walker).

Due to the high stress levels that an abused woman endures, she can be depressed and have a low self-esteem (Walker, 1979). Psychophysiological complaints such as fatigue, backaches, insomnia, and anxiety are also typical features of a battered woman (Jaffe, Wolfe, Wilson & Zak, 1986a; Walker).

The battered woman may experience high stress particularly after being victimized. She may be emotionally numb (Pressman, 1989). As the children's principal caregiver she may be unable to be emotionally or physically present to meet their needs (Jaffe, Hurley & Wolfe, 1990; Pressman). Instead, an abused mother may turn to her children for emotional support and comfort, and so place her children in adult roles prematurely. In the role of caregiver, loaded with the responsibility of making their parents feel better and sometimes including taking care of siblings, children face high age-inappropriate expectations (Elbow, 1982). The role reversal places a large responsibility on children with which they often are unable to cope, and so feel inadequate and guilty (Pinterics, 1993). This role reversal experienced by boys and girls results in their developmental, emotional and psychological needs being overlooked, denied or dismissed (Elbow).

Another high expectation for children is the belief that they may feel a sense of responsibility for the behaviour of their parents, particularly if the

arguments or violence between parents centres on the children's needs or failure to meet their parents' expectations (Elbow, 1982). Children believe they can control their parents' actions by altering their behaviour, but in reality the children have no control. Often children may become manipulative in order to reduce tension in the home (Sinclair, 1985). They may avoid going to school or hang around the house. Boys and girls may believe that their presence may serve to protect their mothers. Sometimes, children may avoid being at home as a way to reduce fights (Sinclair, 1985). The sense of responsibility for the abuse, and the inability to control their parents' actions, leaves boys and girls feeling like failures and feeling powerless (Pinterics, 1993). The children's perception that their actions are useless may also lead to feeling ineffective in their relationships with powerful children.

When the home atmosphere is filled with tension, fights, inconsistent parenting, and unpredictable parental separations, children feel insecure and distrustful of their environment and of their parents' ability to care for and protect them (Sinclair, 1985). Boys and girls who view their parents as not being able to control their own impulses question how the parent will control and protect them. In response, boys and girls may either test the limits by being defiant of their parents' expectations so their parents will control them or the children themselves develop rigid self-control (Pinterics, 1993).

Elbow (1982) also indicated that in homes where women are abused, the expression of feelings, needs and wants are not permitted by any family

member. Expressing feelings is equated with weakness or loss of control. Thus, children learn to deny that they have feelings and learn not talk about them (Pinterics, 1993). Instead of verbally expressing their feelings, boys and girls may act them out. Emotionally, children often have a range of unexpressed feelings including unworthiness, fear, anger, guilt, shame, sadness, isolation and even depression, which they need help in learning to express (Pinterics).

Socially, children may exhibit a range of behaviours from being passive and inhibited, to being aggressive and impulsive (Hurley & Jaffe, 1990). Children may present the extremes of these behaviours or they may fluctuate in their behaviour. They may bully or intimidate their peers. The boys and girls may exhibit poor problem-solving skills and use aggressive actions instead of talking to resolve conflict. In a study by Jaffe, Wolfe, Wilson and Zak (1985), profiles of boys taken from the Achenbach Child Behaviour Checklist showed that they had deficits in social skills and thus "significantly more difficulties in social competence ... and present[ed] more behaviour problems" as compared to boys from nonviolent homes (p. 16). The boys from violent homes displayed higher levels of aggressive behaviour than the control group. Difficulties in appropriate interactions and attention-seeking behaviours may isolate boys and girls from their peers (Hurley & Jaffe).

Some children are passive in their interactions with peers as they lack assertiveness in social situations (Hurley & Jaffe, 1990). As such, they may be isolated from their peers because they are not confident with their social

abilities. Passiveness may be present in their school work and can appear as underachievement (Hurley & Jaffe). Children who witness violence can be very anxious. This is attributed to inconsistent parenting and not knowing when the next violent episode will occur (Jaffe, Wolfe & Wilson, 1990).

Boys and girls may also have a divided sense of loyalty regarding each parent. Children may have feelings of both love and hate for their mothers and her abusive partner (Jaffe, Wolfe & Wilson, 1990). Mother may be both loved and hated because she has not stopped the violence, or because she stayed in the marriage, or because she left the marriage and broke up the family. The male is loved when he is calm, but hated when he is abusive (Pinterics, 1993).

Other behaviours that may be exhibited by children who witness violence include excessive opposition, hyperactivity, attention-seeking behaviours, and somatic responses such as nightmares, and phobias (Pinterics, 1993; Sinclair, 1985).

The impact of witnessing violence is documented by numerous studies, but there are mixed results on the gender differences in behavioral problems. Boys tend to externalize their behaviours by displaying aggression, defiance, (Jaffe, Wolf, & Wilson, 1990), attention-seeking behaviours, and a high activity level (Jouriles, Barling & O'Leary, 1987). Internalizing behaviours such as being withdrawn, clingy and dependent, and approval-seeking behaviours are more characteristic of girls (Jaffe, Wolfe, & Wilson). However, O'Keefe's (1994a) study

found no gender differences. Both boys and girls show elevated levels for externalizing and internalizing behaviour problems.

Researchers and clinicians have also started to look at the long-term effects of witnessing violence between parents through retrospective accounts from battered women and their abusive partners. Although many men and women who were raised in violent homes in their family of origin do not continue the cycle of violence in their adult intimate relationships, evidence suggests that children who witness are at risk for repeating the pattern.

The Violence Against Women Survey conducted by Statistics Canada (1993) concluded that they have evidence to support the "generational cycle of violence" theory. Out of the 12,300 women interviewed:

women currently in violent marriages were three times as likely as women in non-violent marriages to state that their fathers-in-law were violent towards their spouses, and were twice as likely to have witnessed their own fathers assaulting their mothers (p. 13).

Jaffe, Wolfe & Wilson (1990) suggested that the cycle of violence is perpetuated in families through messages that children receive and develop in women-abusing homes. The use of violence becomes part of a belief system that perpetuates and allows aggression to be used in families. It is believed that children learn to use violence as a means to resolve conflict, as well as a way to

gain power and control over people (Jaffe, Wolfe & Wilson). This is reinforced in violent homes by the modelling of the abusive male.

Children may also develop values and beliefs sanctioning the use of violence against women. They learn that women are not valued and men are not responsible for their actions (Jaffe, Wolfe & Wilson, 1990). By seeing their mothers assaulted, children begin to see aggression as a legitimate approach to resolve problems or obtain one's way with females. Abusive men also blame their partners for their actions. Thus, it is perpetuated that the victims have caused the assault. For example, a husband's reason for abusing his wife can be because she did not have dinner ready on time or because she nagged him.

Finally, in homes of battered women, there is a tendency for the reinforcement of male and female roles along gender lines with which boys and girls learn to identify. The traditional views of men and women enforces male supremacy over females including the use of violence. Children are at risk for incorporating these perspectives into their future relationships.

### **Research on the Adjustment of Children of Battered Women**

Over the past 15 years, researchers have investigated the effects of witnessing wife abuse on children and other factors that may account for the variations in responses in their adjustment. Studies also examine the connection between child abuse and spousal abuse.

One of the common approaches to understanding the impact of violence on children is to study children who are staying in a shelter (O'Keefe, 1994b; Wolfe, Zak, & Wilson, Jaffe, 1986), or to compare children who witnessed wife battering to physically abused children and nonabused children ( Jaffe, Wolfe, Wilson & Zak, 1986b). Another strategy is to compare children who witness violence with children from nonviolent homes, or from homes where there is marital discord but no violence (Hershorn & Rosenbaum, 1985; Rosenbaum & O'Leary, 1981). A study by Wolfe et al. (1986) compared the adjustment of children, aged 4-12 years, who lived in a women's shelter, and former residents (children and their mothers) of the women's shelter, with a control group from the community who were not exposed to violence. The current shelter group had been exposed to violence within the last six weeks, while the former residents of the shelter had been exposed to marital violence at least six months ago (p. 100). The children currently in the residence had the lowest ratings for social competence. The ratings for children who were former residents of the shelter showed no difference in behavioral or emotional functioning from the "nonviolent" comparison group. The authors hypothesized that if the violence is eliminated and proper supports are in place for mothers and their children, then boys and girls can recover from living in violent homes. The authors indicated that this conclusion would need to be assessed through a longitudinal study of children.

Jaffe et al. (1986b) studied the impact of family violence on school age boys. The groups compared were: 1. boys who witnessed violence, 2. abused boys, and 3. boys who had neither been abused nor witnessed violence. The witness to wife assault group were taken from a shelter for battered women. Social competence (such as school performance, activities) and behaviour problems (such as aggression, disobedience, sadness, loneliness, withdrawal) were assessed.

Results showed no differences among the three groups in terms of social competence. However, the scores for the abused and exposed to violence groups differed significantly from the control group on the externalizing (aggression) and internalizing (sadness, withdrawal) behaviour scores. Jaffe et al. (1986b) concluded that the witness group showed similarities in adjustment problems (social competence and behaviour problems) to the abused group, while both these groups differed significantly from the nonviolent families. However, the authors, are cautious in concluding that it is violence alone that contributed to the boys' difficulties. They suggest that other factors linked to families with violence such as family stress, parental separations, changes in home and school, and disruptions in child management need to be examined when looking at children's adjustment to family violence.

Another explanation by Jaffe et al. (1986b) for the findings is that some of the boys who witnessed violence may have been abused themselves and that

the abused group may have witnessed violence. As already stated in the introduction, there is a high association between wife abuse and child abuse.

Comparing children from nonviolent homes with wife-abusing homes is another approach to examining the effects of living with violence. Hershorn and Rosenbaum (1985) investigated the effects of marital discord and marital violence on male school age children. Marital discord is defined as problems in the relationship but with an absence of violence. They also examine maternal parenting style and the degree of exposure to violence and marital discord on the children. The authors compared battered women, and women who were in nonviolent but maritally discordant relationships, with women who were satisfactorily married. Hershorn and Rosenbaum concluded that nonviolent parental discord and parental violence are associated with behavioral and emotional problems in children. The degree of exposure to marital discord/marital violence and punitive maternal parenting also had a negative impact on children. Hershorn and Rosenbaum's study is important as it compares boys who are not residing in a shelter, and demonstrates that children experience stress and have difficulty coping in both violent and nonviolent maritally discordant homes.

Frequency of exposure to violence and maternal parenting style in the Hershorn and Rosenbaum (1985) investigation illustrates that there are other factors that mitigate or exacerbate the behavioral and emotional health of children who witness wife abuse. Maternal stress (Wolfe, Jaffe, Wilson & Zak,

1985) and the mother-child relationship (O'Keefe, 1994a, 1994b) are two other variables.

Wolfe et al. (1985) investigated the relationship of maternal stress and witnessing violence on the behaviour problems and social competence of children from violent and nonviolent homes. Subjects for the study came from battered women shelters and the community. According to the authors, the mothers reported more behaviour problems and lower social competence in the children witness group than the comparison group. It was also interesting to note that one quarter of the children from violent homes did not show any social or behavioral difficulties. Gender differences were noted, with more boys than girls exhibiting behaviour problems and diminished social competence according to the Child Behaviour Checklist. The authors report that the children are affected not only by seeing violence, but also by family discord and maternal stress. Living in a battered women's shelter is a time of great stress for mothers and children, so it can be expected that the stress level is high for all family members.

The mother-child relationship appears to be important to children's adjustment. O'Keefe's (1994a) research showed that mother-child aggression accounted for the greater variance in children's adjustment. O'Keefe (1994a & b) studied 185 children between 7 to 13 years of age who resided in a battered women's shelter. The study indicates that children who witnessed more frequent/severe violence and experienced more mother-child aggression

demonstrated more severe external and internal behaviour problems (O'Keefe, 1994a). There was a lack of significance for the amount of father-child aggression related to child behaviour problems.

In addition to witnessing violence, O'Keefe (1994b) examined stressful life events such as separation of the parents and moving. Children who are exposed to multiple stressful events have higher internalizing scores. Hence, based on the findings of her study, O'Keefe suggests that children who have to cope with multiple stressful life events, in addition to witnessing violence, are more likely to develop internalizing problems (p. 411). Research into the resiliency of children suggests that a positive relationship with mother acts as a buffer, protecting the child from stressful life events and promotes better adjustment (O'Keefe).

### **Domestically Violent Women**

As stated in the introduction, the mother of one of the group members was physically aggressive towards her partner, while he did not hit her. However, she was emotionally and psychologically abused by her partner. Little research has occurred in the area of battered women who are violent. The focus in domestic violence research has been on men who are abusive. According to the literature, there are differing reasons for the aggressive behaviour of men and women, and in the impact of their violent actions.

There are some statistics on the rates for women who use physical aggression. The Nisonoff and Bitman (1979) research on spousal violence is

between married and divorced heterosexual couples. The results indicated that the wives reported hitting their husbands nearly as often as men reported hitting their spouse. Saunders (1986) in his study of battered women reported that 75% of the 52 women engaged in non-severe violence such as slapping, shoving, and pushing, while 50% to 60% of the women used severe violence such as kicking and hitting with fists or other objects. About eight percent of the women admitted to using the most severe forms of violence such as a gun or "beating up" their partner (p.55). Based on his results, Saunders indicated that the majority of the women used violent actions that were least likely to cause injury to their partner.

The Ontario Native Women's Association survey reported that 15% of the time in family violence, wives are the sole batterers. Eighty-four percent of the time though, men are identified as the batterer (p. 19). These figures are similar to the statistics quoted from the Helping Spirit Lodge in The Report of the British Columbia Task Force on Family Violence (1992). Twelve percent of the respondents indicated it was the husband who was abused, while 83% indicated it was the wife who was abused (p. 202). It is difficult to determine from these two surveys on Native violence whether the women were initiating the abuse or were using violence to defend themselves.

Saunders (1986) examined the reasons why battered women use physical violence against their partners. He categorizes physical aggression as defensive, retaliatory, or the first strike. Saunders reported that self-defense was

the most common motive for women's use of violence. A very small percentage of the women initiated the violence against their partner.

The focus has been on wife battering because there are differences between male and female violence. Due to the variations in a man's and a woman's size, strength and weight, the same physical abusive action by a man may more often result in an injury or pain to the woman. A man is also more frequently violent than the woman (Hamberger & Potente, 1994), and a man has higher rates of using more dangerous behaviours (Saunders, 1986). Research also uncovered that a woman's aggressive action often results in an increase in severe assaults by her male partner (Saunders). This pattern of behaviour does not hold true for the reverse situation.

Finally, the motivations for men and women to use physical violence are different. The primary motivations for a woman are self-protection (Saunders, 1986) or retaliation for a previous assault (Hamberger & Potente, 1994). Hamberger and Potente indicate that a man's motivation is to control his partner or punish her.

### **The Relationship Between Child Adjustment and Violence in the Home**

Although the adjustment of children from violent homes has been researched and first-hand observations documented, Jaffe, Wolfe and Wilson (1990) point out that it is difficult to determine the specific ways in which exposure to wife assault is harmful to children. Nevertheless, Jaffe and his associates offer two theoretical models to explain the connection between children's adjustment and violence in the family (p.56-67).

The cycle of violence hypothesis or intergenerational transmission of violence is the first supposition, and it comes from social learning theory (Jaffe, Wolfe & Wilson 1990). This theory states that "violence breeds violence" (p.56); the use of aggressive actions to resolve problems is a pattern modelled in homes that are violent. Children who live in violent homes learn that aggressive behaviour is an acceptable approach to cope with problems and they will engage in similar actions in the future.

Data to support this hypothesis is based on studies from various fields of family violence. One area is the laboratory-based investigations on the effect of constant viewing of violent television programs on children (Jaffe, Wolfe & Wilson, 1990). The second area researches the childhood of adults and parents to see if there is a connection between childhood abuse with their present violent actions (Jaffe, Wolfe & Wilson). Finally, data to support the intergenerational transmission of violence is obtained from analyzing the adjustment of children of battered women (Jaffe, Wolfe & Wilson).

According to Jaffe, Wolfe and Wilson (1990), one of the weaknesses of this hypothesis is the methodological tendency to rely "on retrospective accounts of violence, reliance on parental report, correlational (noncausal) designs and the lack of appropriate comparison groups" (p.60).

The second theory of how violence is harmful to children is the family disruption hypothesis, which looks at how children's adjustment problems are related to their way of coping with changes in the family (Jaffe, Wolfe & Wilson, 1990). It is based on social learning and family systems theories. This perspective looks at the indirect causes and indirect linkages between wife battering and boys' and girls' adjustment. Wife abuse may trigger other events in the family which disrupts the children's normal routine. Children then need to cope and quickly adapt to changes in the family unit. For instance, if a child's mother is abused, then he or she may need to adjust to mother's reduced parenting capacity, a change in residence or parental separation.

The family disruption hypothesis also accounts for violence that affects a child directly (Jaffe, Wolfe & Wilson, 1990). A child is affected directly by being exposed to abnormal behavioral and emotional expression. Indirect exposure occurs through the inconsistent parenting and dysfunctional family dynamics.

These two models suggest that human behaviour is complex and explanations for how children adjust to living in a violent home are equally complex. Each premise poses valid and logical explanations for how children learn about the use of violence in relationships. The research on children who

witness wife abuse highlights that children are both directly and indirectly effected by violence. There are many variables, such as poverty, marital discord, maternal mental health, parent-child aggression which contribute to children's emotional, social, physical and behavioral health.

### **Conclusion**

The literature indicates that the child who witnesses violence needs to be understood within the broader context - - not in isolation. The literature also provides guidance for the type of questions to ask in a screening interview such as, what type of violence has the child witnessed?, Has the child been abused?, What are the mother's social supports?. Since the research shows that parents usually need support on parenting and the mother-child relationship is important, developing an intervention to work with parents is necessary.

## **CHAPTER THREE**

### **LITERATURE REVIEW ON GROUP WORK WITH CHILDREN**

This chapter starts with a review of the documented literature on groups with children of battered women, followed by the benefits of groups for children. The use of activities in groups with children is important and a section explaining this is included. The focus of the chapter also includes a brief outline of the various models of group work that aided in formulating the model utilized for this practicum. The chapter concludes with the practicum group work model.

#### **Group Work with Children of Battered Women**

There is a limited but growing body of information on group work with children who witness their mother being abused (Alessi & Hearn, 1989; Angel-Frey, 1989; Peled & Davis, 1995; Wagar & Tutty, 1994; Wilson, Cameron, Jaffe & Wolfe, 1989). There are a number of purposes in establishing groups for children of battered women (Alessi & Hearn; Peled & Davis; Wilson, Cameron, Jaffe & Wolfe). Wilson et al. succinctly outlined the purpose of their group for children of abused women which was to:

**"help children develop adaptive responses to experiences they have already encountered, learn effective and safe problem-solving techniques to confront future difficulties, focus on attitudes toward relationships and responsibility for behaviour, examine the**

use of violence as an effective method for resolving conflict and develop self-esteem" (p.181).

The above description also captured the purpose of the other groups documented in the literature. However, there were differences depending upon the setting of the group. For children residing in a shelter, one of the purposes of the group was to offer support during the crisis that they were experiencing (Alessi & Hearn).

Alessi and Hearn (1989) described a six-session structured time-limited group for children 8 to 16 years of age, residing with their mothers in a battered women's shelter. Since the children were living temporarily in the shelter, the group needed to be structured and of short duration. Thus, the authors developed a group model comprised of three components: a crisis model component that allowed the children to discuss their feelings and to focus on problem-solving skills, an accelerated model that focused on the children's strengths and the future, and an educational component that provided information on problem solving and coping with feelings. Each group session focused on a certain theme: identifying feelings, defining violence, unhealthy and healthy ways of problem solving, sex, love, sexuality, and finally termination of the group.

Frey-Angel (1989) described another model that incorporated a wide age range of children. The group was composed of siblings, 3 to 12 years of age, from single-parent and two-parent families involved in a family service

organization. If one of their parents was involved in a group for domestic violence, the children were eligible for participation in a group. The siblings of each family were paired with an adult volunteer who provided support and facilitated the group process for the children in the group. These volunteers also aided in developing trust in the adult-child relationship. The themes addressed by the group were problem-solving, expressing feelings, challenging the stereotypes of male and female roles, and communicating their needs. Frey-Angel's group was continuously open to new members, unlike the other groups which were closed.

The above-mentioned group themes are similar to the ones that are addressed in the children's groups cited by Peled and Davis (1995) and Wilson et al. (1989). Both of these group models follow a 10-week time-limited structured group approach that offered support and education to the children. The groups were designed to modify the emotions and attitudes in the children, and were not directly intended to change the behaviours of the participants. The Peled and Davis, and Wilson et al. group models are the basis for the group work model chosen for this practicum.

In the paradigms outlined by Peled and Davis (1995) and Wilson et al. (1989), a structured 10-week program was used, ranging in time from 60 to 90 minutes, depending on the ages of the children. The children were categorized according to maturity and intellectual level. To model appropriate male and female relationships, a male and a female co-led the groups. Both verbal and

nonverbal modes of communication, such as games, crafts and drama were used to achieve the goals. The authors outlined a variety of goals to assist the children: to define violence, identify and express feelings including anger, develop problem-solving and communication skills, develop protection plans and support networks, increase their understanding about family violence, and raise their sense of self-esteem.

Both Peled and Davis (1995) and Wilson et al. (1989) evaluated their children's groups. In Peled and Davis' evaluation, semi-structured interviews occurred with 30 children, 16 mothers, 5 fathers and 9 group leaders. The study revealed that the children learned new information, such as the types of abuse, and developed some new attitudes, such as abuse was not their fault. As well, they developed safety plans and a support network. Some of the children learned to use nonviolent problem solving approaches and gained in self-esteem. However, the group also created new tensions in the children's families as the children remembered what happened at home.

An evaluation of the 10-week group program for children developed by Wilson et al. (1986) was reported by Jaffe, Wilson and Wolfe (1989). Structured individual interviews were conducted with the parent(s) and the children. The parents completed the Child Behaviour Checklist, and the children completed The Child Witness to Violence Interview plus the Parent Perception Inventory. The authors reported that the children were able to identify and use more safety skill strategies, had a more positive perception of their mothers and their fathers

after the group, and were less likely to condone the use of violence in resolving problems.

Although the focus of this practicum is on children, creating an alliance with their parents is an important part of the children's treatment (Malekoff, 1991). Tutty and Wagar (1994) stated that a systems perspective is required for intervening with children. For children and mothers living in a shelter, there are programs for both of them to attend. However, for children and mothers who do not live in a shelter, programs may need to be created for the worker to connect with the parents. Peled and Davis (1995) outlined an orientation meeting regarding the children's group for both the children and parents, and a 10-week voluntary parenting group that occurs concurrently with the children's group.

There are a number of reasons for creating an alliance and involving parents in their children's intervention. Meetings can orient and inform parents about the content of the children's group sessions and answer any concerns about their son's and daughter's experience in the group (Malekoff, 1991; Peled & Davis, 1995).

Meeting with parents prepares them for any possible changes in their son's or daughter's behaviour (Jaffe, Wolfe & Wilson, 1990; Peled & Davis; Tutty & Wagar, 1994). Participation in the group may create stress in the children and parents need to be made aware of the possible effects.

Frequently, the discipline strategies for many parents in abusive relationships are spanking, yelling or put-downs (Tutty & Wagar, 1994). A

parenting group or individual meetings can provide support to parents and educate them about alternative nonphysical parenting strategies. According to Peled and Davis (1995), ideally it is better for the parents to have completed a domestic violence program before attending a parenting group, so they would be better able to focus on their children's needs. However, not all parents may be ready to take advantage of a parenting group or individual counselling. Tutty and Wagar discovered that some parents became involved in counselling for themselves after their children had completed the group.

### **The Benefits of Group Work for Children**

For latency age children, a group intervention fits their developmental stage. Children are establishing their identities through interacting with others and the world (Berliner & Ernst, 1984). Boys and girls develop a sense of self from being part of and accepted in a group, participating in activities, and making friends. The self-esteem of children is lowered when they are not accepted, or are humiliated by their peers. Children who discuss their shared experiences can experience themselves as part of a group and thus feel accepted.

Children from homes with violence often feel ashamed, isolated and guilty about the violence, and generally do not speak about their feelings with anyone. The silence is broken by participation in a group. Each boy and girl can realize that he or she is not the only person whose mother has been battered and this

lessens the isolation many children feel (Jaffe, Wolfe, & Wilson, 1990; Peled & Davis, 1995; Tutty & Wagar, 1994). Reducing isolation may also lead to children obtaining support from their peers.

Another benefit of group work is that other children can provide a sense of security and protection. The children can learn from each other as they watch and see how others relate to the adult leaders (Alessi & Hearn, 1984; Fatout, 1993). Participating in a group, children can practice new behaviours, engage in role playing and try new skills (Bonkowski, Bequette & Boomhower, 1984; Toseland & Rivas, 1984). Through this, boys and girls can learn about themselves and learn from others.

Children participating in a group receive information that helps them to understand the violence, such as who is responsible for the abuse, and nonviolent approaches to resolving conflicts. There are also two benefits of offering a group from an administrative viewpoint. A number of authors (Alessi & Hearn, 1984; Jaffe, Wilson & Wolfe, 1989) point out that conducting a group allows for a greater number of children to receive treatment as opposed to individual treatment. Secondly, a group intervention provides training for new therapists who want to develop their group work skills.

The majority of the documented literature described groups that are closed and time-limited. This is beneficial to latency age children from the viewpoint of their age and stage of development (Berliner & Ernst, 1984). A time-limited group with its defined number of sessions and topics provides structure

and meets children's concrete and specific thinking skills (Berliner & Ernst). Furthermore, a closed group provides the opportunity to develop cohesion and trust among group members. Developing a trusting relationship helps members feel comfortable and safe enough to open up and discuss their family situations (Fatout, 1987; Jaffe, Wolfe & Wilson, 1990).

### **Programming and Activities in Children's Groups**

Activities such as games, puppets, storytelling, and crafts are an integral part of a children's group and important in children's development (Fatout, 1993; Grusznski et al., 1988; Wilson et al., 1986, 1989). Before discussing their benefits, activities and program will be defined.

Middleman (1968) used the term "programming" to include both verbal and nonverbal ways to express oneself. "Programming" described "what is done, and how it is done and ... the why of what is done" (p.67). Program is the "vehicle through which relationships are made, and the needs and interests of the group and its individual members are fulfilled" (p.67). Northen (1988) used the term "activity-oriented experiences" to describe the content of groups when members engage in patterns of action that go beyond talking (p. 78).

Both Northen (1988) and Middleman (1968) believed that talking is not the total experience for group members. Activity or "doing" supplements or complements the talking and contributes to the achievement of goals of the

members and of the group. According to Northen (1988), activity-oriented experiences may be used to:

(1) enrich the social worker's assessment of particular members' needs and group interaction through direct observation of the behaviour of members as they interact around some activity; (2) reduce stress and satisfy needs for pleasure and creativity, which are essential to mental health; (3) facilitate verbal communication of feelings, ideas, and experiences; (4) stimulate reflective and problem-solving discussions, leading to understanding of selves, others, and situations; (5) enhance the development of relationships among the members and the cohesiveness of the group; (6) provide opportunities for giving to other members or persons in the environment; (7) develop competence in basic skills appropriate to phase of psychosocial development and that enhance self-esteem; (8) enhance competence in making and implementing decisions; and (9) make better use of or change some aspect of the environment (p. 78-79).

The group worker does not utilize activities indiscriminately. There are a number of factors that impact on the decision to implement nonverbal communication or activities. Some of these are the age of group members, the members' experiences in expressing themselves and their interests, as well as the group mores and values (Middleman, 1968). Northen (1988) outlined that a worker needs to remember the purpose of the activity, and the phase of the group development, as well as the skills required by the participants and by the worker, and the impact on behavioral expression. A final factor to consider when selecting activities is their cultural appropriateness for the participants.

To ascertain if an activity is culturally sensitive, Northen (1988) asks three questions:

**What cultural attitudes and values are perceived as being connected to the activity? What are the anticipated attitudes related to cultural backgrounds toward participation in a given activity? How can the activity be adapted to the ethnic, racial, or social class backgrounds of members and the surrounding culture? (p. 96).**

From a developmental point of view, activities with children enable the facilitator to relate to them at their level. It is primarily through the medium of play that children communicate (Nickerson, 1983). According to Nickerson and O'Laughlin (1983), play and games are children's natural medium for self expression, experimentation and learning (p.176). When boys and girls play, they reveal concerns, feelings and fantasies. Games free boys and girls to try new roles and to master new situations. As well, children have to follow the rules of the game, a process which is an analogue to reality (Nickerson & O'Laughlin).

Fatout (1993) in her group work with abused children, discussed specific uses of play. She cited that play can "break through the child's usual way of playing and his/her defense against anxiety; help the child verbalize conscious material; help the child act out unconscious material; and develop the child's play toward the future" (p. 87).

### **Group Models**

A number of group work models have been articulated in social work literature. The remedial, reciprocal and mainstream models and the structured

group approach are four models that have contributed to the paradigm utilized for this practicum and will be briefly discussed below.

### **Remedial Model**

Papell and Rothman (1966) outlined the remedial model and the reciprocal model, paradigms that contributed to the basic theoretical foundation of social group work theory. The remedial model is a clinical paradigm concerned with restoration and rehabilitation (Papell & Rothman, 1966). The focus of the group is on "helping the malperforming individual to achieve a more desirable state of social functioning" (p.71). The group is "a tool or the context for the treatment of the individual" (p.71). The treatment goals are the most important practice principle of the remedial model. Individual goals are designed for each group member and these take priority over group goals and group development. Thus, in this model, the leader does not necessarily give priority to establishing group autonomy or to assisting the group to move into a self-help group.

The worker has a central role, determining membership in the group and structuring the content of the sessions, based on the needs of the members and the goals of the group. Some of the needs of the members can be discovered prior to the commencement of the first group session when the worker screens each potential participant and obtains information about each of them. The

worker in the remedial model is directive when in the group and assumes a position of authority.

Papell and Rothman (1966) stated that the remedial model "constrains the worker from viewing the group as a system to be sustained and utilized for the purpose of enhancing the milieu" (p.73). However, this paradigm has contributed theoretically to a number of areas. It has outlined "guidelines for diagnostic considerations for individual functioning in the group; criteria for group formation; ...clinical team participation and diagnostic utilization of the group where other treatment modalities coexist" (p.73).

### **Reciprocal Model**

The second paradigm, the reciprocal model, is a helping process that "presupposes an organic systemic relationship between the individual and society" (Papell & Rothman, 1966, p.74). The group's social work function can be either prevention, provision or restoration. The most important concept is the "mutual aid system". The direction of the group or the problem to be solved comes from the members getting together and creating helping relationships among each other and with the worker. There is no preset agenda, goals or desired outcome. The worker needs to understand that the individual is "bound by the social context in which he, the group and the worker interact" (p.74). Predicting people's behaviour in the group based on pregroup diagnosis is not a basis for determining group membership.

The worker in the reciprocal model has a less central role than in the remedial model. He or she is viewed as a mediator or enabler, and is both influenced by and is influencing the client-worker system (Papell & Rothman, 1966).

Like the previous model, the reciprocal model has some limitations in terms of a lack of attention to individual systems, no framework to allow for changes in the development of a group and a lack of clarification of group program (Papell & Rothman, 1966). The reciprocal model's main contribution to social group work is the concept of mutual aid.

### **Mainstream Model**

Papell and Rothman (1980b) delineated another group work paradigm called the mainstream model. The authors looked at four areas, "the group, the members in the group, the activities of the group, and the worker with the group" (p.7). The mainstream model is characterized by the concepts of mutual aid, common goals and group development (Papell & Rothman). The purpose of a mainstream group is derived from the engagement process of integrating both the goals of members and the goals of the worker. It is through the "collective power and action of the group to influence, modify, or contribute to its environment, or to assist its members adaptively by developing collective norms with which to respond to environmental demands" (p.8).

One of the drawbacks of the mainstream model is that it is not appropriate for people who need to be governed by another person such as children with behavioural, emotional and social problems. It is more suitable for people who are ready to work collectively together and can work autonomously.

Papell and Rothman (1980b) stated that group development is an important characteristic as members of the group pass through various stages. This development arises from such factors as group composition, group cohesion, and communication. Part of the group development is increasing group autonomy that arises with "the emergence of indigenous leadership roles" which eventually replaces the leadership of the worker (p.9).

Within the mainstream model, the individual members are viewed as having the potential to make a difference which can result in personal change and growth (Papell & Rothman, 1980b). Regardless of the group's purpose, a member's skills will expand. For example, although the focus in a group for children of battered women may not be on acquiring social skills, children may gain confidence in their social skills by participating in the group.

The need to belong, to establish bonds with one another, and to develop the capacity to empathize and identify with others are important practice principles in the mainstream model (Papell & Rothman, 1980b). Children who have been abused and/or witnessed violence may feel different from their peers, and may not even be part of a peer group due to poor social skills. It is important

for the group worker to ensure that the children feel part of the group and contribute in their own unique ways.

The mainstream model strives for a balance between the individual and group goals. However, the collective goals yield to the protection of individuals, especially if there are negative processes such as scapegoating (Papell & Rothman, 1980b).

Both verbal and nonverbal activities are incorporated into the mainstream group model (Papell & Rothman, 1980b). The activities tend to be focused on the here and now. One of the contributions the mainstream model has made to social group work practice is through the interplay of nonverbal with verbal communication.

The worker has a repertoire of roles such as enabler, teacher, and facilitator, which can vary with the activity and the stage of group development (Papell & Rothman, 1980b). Assisting members in dealing with their own feelings is part of the process, which may be enhanced by the worker sharing his or her own feelings. Since belonging to the group is important, another task of the worker is to help members make connections with each other.

### **Structured Group Approach**

The structured group approach is the predominant model used in the reviewed literature on groups for children of battered women. A brief overview of

the structured group approach is taken from the Papell and Rothman (1980b) article. A structured group is defined as:

a delimited learning situation with a predetermined goal, and a plan designed to enable each group member to reach this identified goal with minimum frustration and maximum ability to transfer the new learning to a wide range of life events (Drum & Knott as quoted in Papell & Rothman, 1980, p.16).

In a structured group, the purpose is clearly outlined prior to the commencement of the group. The clients are aware of the purpose of the group as there are pre-determined plans and pre-determined goals. The purpose is discussed in the group to confirm and convey an understanding of the rationale for the group. Because of its predetermined goals, group building may be limited.

The structured group approach is appropriate for certain client groups. It is appropriate for people who need a group experience but are not ready to "engage in collective decision-making" (Papell & Rothman, 1980b, p.9). For some people, it serves as an intermediary or transition group to prepare them for more demanding group involvement.

The person in a structured group is not considered ill, but as someone who needs to develop specific skills, competencies or who needs to alter how he or she relates to others (Papell & Rothman, 1980b). In the child witness to violence group, children would learn about the cycle of violence, develop safety plans and learn other skills to resolve conflicts.

The structured group provides a "constructed group experience with a prescribed sequence of events that guides the learning process toward desired results" (Papell & Rothman, 1980b, p.19). To achieve the group goals, activities such as role plays and homework serve as exercises to assist in the skill development of the members. The skills are related to the goals.

In the structured group model, the primary roles of the worker are facilitator and teacher. The directiveness of the worker is not specified, and it varies upon the design of the group and the activity.

### **Practicum Group Model**

The paradigms of group work which support the purposes, establishment and structure of the children's group are based on the structured group approach, and the mainstream, reciprocal and remedial models. Information on activities with children and the literature on groups for children who have witnessed violence have also contributed to the practicum's approach. Education and support are the two main purposes for offering this group to children of battered women. The following chart summarizes the model used and the contributors to it.

<b>Practicum Model</b>	<b>Contributing Models/Approaches</b>	<b>Literature Support</b>
<b>The Group</b>		
Time-limited structured group – 10 weeks for 1 1/2 hours each session	Structured approach (Papel & Rothman, 1986)	Peled & Davis (1995) Wilson et al. (1989)
Goals and purpose are predetermined by worker	Remedial model (Papel & Rothman, 1966) structured approach	Peled & Davis Wilson et al.
Education and support	Reciprocal (Papel & Rothman, 1966)	Wilson et al.
Practice principles a) need to belong b) establish bonds c) develop capacity to empathize	Mainstream model (Papel & Rothman, 1980b)	
Flexibility with agenda	Mainstream model	Wilson et al.
<b>The Member in the Group</b>		
The member is screened by the worker	Remedial model	Peled & Davis Philpot & Josephson (in conversation)
Members skills will expand regardless of group's purpose  Individual members have potential to make a difference	Mainstream model	
Person is not ill, he/she needs to develop specific skills, or needs to alter how relate to others	Structured approach	
<b>The Worker in the Group</b>		
Screens clients  Determines group membership and content of group	Remedial model Structured approach	Peled & Davis
Tells clients about the groups purpose and goals	Structured approach	

<b>Practicum Model</b>	<b>Contributing Models/Approaches</b>	<b>Literature Support</b>
<b>Roles - mediator, teacher, facilitator</b>	Reciprocal and mainstream model structural approach	
<b>Worker is directive in group but need to be flexible to agenda so directiveness may vary with activity and stage of group</b>	Mainstream model Structural approach	
<b>Influences and is influenced by client- worker system</b>	Reciprocal model	
<b>Leadership</b>		
<b>Co-practitioner to co-facilitate the group</b>	Toseland and Rivas (1984) Northen (1988)	
<b>A male-female co-leadership team to model appropriate and equal gender roles</b>	Frey-Angel(1989) Steward et al. (1986) Gusznski et al. (1989)	
<b>Activities</b>		
<b>Verbal and nonverbal activities are used to meet the needs of group members, goals of the group, develop relationships and build cohesion</b>	Mainstream model Structured approach	Peled & Davis Wilson et al.  Nickerson & O'Laughlin (1983) Fatout (1993)

Practicum Model	Contributing Models/Approaches	Literature Support
<p><b>Systemic View - Work with Parents</b></p> <p>Child is part of larger system, the family</p> <p>Establish a relationship with parent to keep her informed about group content, other support regarding reactions child might have from being in group</p> <p>Develop two parent information evenings</p> <p>Parent-child pre- and post-group interview to obtain feedback, discuss child's participation and recommendations</p>		<p>Tutty &amp; Wagar (1994)            Peled &amp; Davis            Jaffe, Wolfe &amp; Wilson (1990)            Malekoff (1991)</p> <p>Peled &amp; Davis</p>

## **CHAPTER FOUR**

### **PRACTICUM SETTING AND PROCEDURES**

Chapter Four contains a description of the agency. The procedures for obtaining referrals and assessing the children and the mothers are outlined. The effectiveness of group involvement for the boys was measured with three evaluation tools and each tool is discussed. Finally, a literature review on the advantages and disadvantages of co-leadership is discussed prior to the process of interviewing and selecting a co-practitioner. The chapter finishes with a description of the supervision for the practicum.

#### **Agency Setting**

As originally stated in Chapter One, offering a group for children who witnessed violence developed out of my own personal and professional interest. From discussions with classmates, it seemed apparent that few agencies in Winnipeg offered services to children in a group approach.

The Family Centre of Winnipeg, offers a number of different services to Winnipeg families, including: counselling, in-home family support, in-home family education counselling, employee assistance, and special needs family child care. Within the counselling department, the agency has the Learning to Live Without Violence program for couples who have decided to work at ending the

violence, not the relationship. Staff members involved in this program had discussed the idea of providing a group for the children of the parents who had completed or were participating in the Learning To Live Without Violence program. A proposal was submitted for their consideration.

Once the proposal was accepted by the agency, support was provided in a number of ways. A staff member, Elaine Bergen, became my supervisor. Office space and meeting rooms for interviewing the parents and children, and for the group sessions themselves were provided. Supplies such as craft materials for the group, and food and drinks for snacks were funded by the agency.

The age range of the children of the parents who were involved in the Learning to Live Without Violence program was very wide, encompassing latency age to young adulthood. In order to reach the targeted group size of seven to eight children, referrals needed to come from the other departments of The Family Centre of Winnipeg, and/or from other agencies.

## **Procedures**

### **Obtaining Referrals**

The group was publicized with the staff at The Family Centre and in selected agencies in Winnipeg and the public at large. Different types of media approaches were used to identify, solicit and obtain referrals for the group.

In addition to the poster to publicize the group, an information package was developed for agencies and for interested parents. The package contained a cover letter addressed to the directors of the agencies, an information sheet about the group and referral criteria, and a letter for interested parents. For a copy of the letters, see Appendix A.

Presentations at staff meetings occurred with the three departments of The Family Centre of Winnipeg: Counselling and Community Services, Family Support Program, and Special Needs Family Day Care. The presentation involved a description and rationale for the group, and the criteria for referrals. The information package was distributed to each staff member.

Community agencies within Winnipeg were identified in order to solicit clients for the group. The information packages were then sent out in November and December, 1995. The agencies included: Evolve, Ma Mawi Wi Chi Itata Centre, Women's Advocacy Program, Women in Second Stage Housing, Marymount Inc., Elizabeth Hill Counselling Centre, Women's Post Treatment Centre, Winnipeg Child and Family Services - Central and Southeast, Centre Miriam Centre, West Broadway Youth Outreach, Native Women's Transition Centre, Immigrant Women's Centre, Child Guidance Clinic, Children's Home, Family Conciliation, and Psychological Services and Counselling Services on the University of Manitoba Fort Garry campus. Notices were placed on the bulletin boards both at the University of Manitoba Faculty of Social Work and the Winnipeg Education Centre. Advertisements about the group were placed in

the University of Manitoba student newspaper The Manitoban, and a local city paper The Metro for one week. Two therapists in private practice received information about the group.

As a follow-up, one week after the information packages had been sent to the agencies, a contact person was called asking if the information had been received and when their staff would be informed about the group. At that time, it was reiterated that I was available to meet with their staff to clarify and answer questions. Only one agency, Elizabeth Hill Counselling Centre invited me to talk about this practicum to their students. Contact people from the majority of the agencies indicated that the information was passed on to staff members in their department staff meetings. A few of the organizations, such as Osborne House and Women in Second Stage Housing, indicated that they currently had no children in the age group.

By mid January 1996, the group was not yet ready to start due to a lack of participants. A second letter was sent to all agencies again to inform them that referrals were still being accepted. I also personally contacted people at some of the agencies to elicit referrals. In February 1996, additional contacts with Winnipeg Child and Family North West, Winnipeg Child and Family Services East, the principals of Joseph Teres School and Strathcona School resulted in no additional referrals.

The decision to proceed with a small group of four or five boys was made in February 1996. The majority of the children were referrals from outside The

Family Centre of Winnipeg and all came from mother-led single parent homes. This is one change in the practicum as the initial intention was to focus on boys from two-parent homes.

While information about the group was distributed among agencies in Winnipeg, activity supplies were bought and time was spent on organizing and planning the content of the parent information and the boys' group sessions. Notices were also posted advertising for a co-facilitator. The development of an intake and assessment process also occurred during this time period.

### **Assessment Process**

Preparing for the screening process involved consulting a variety of sources. Consultation occurred with Terry Philpot and Jaik Josephson of Evolve (personal communication, November 9, 1995), Diane Hiebert-Murphy a committee member for my practicum, Lynn Pinterics a private practitioner (personal communication January 12, 1996), and Diane Davis from the Domestic Abuse Project in Minneapolis. The type of questions asked in the intake meeting for the parents and children were taken from the book Groupwork With Children of Battered Women (Peled & Davis, 1995). The screening process was a three-step procedure: first, a telephone interview with the parent; secondly, an in-person interview with the parent at The Family Centre of Winnipeg; and finally, a meeting with the child. The rationale and an explanation of each step are outlined below.

The first contact with parents occurred when either a parent contacted the agency or the parent's name was provided to me. All of the parents were mothers. The purpose of the telephone interview was to explain the program in more detail, determine how interested the parents were, and decide if their children seemed appropriate for an interview. More specifically, the telephone contact was used to relate who I was, including my previous work history, and to explain the purpose of the children's group and the parent information meetings. The intake process was outlined and the male co-facilitator was introduced. As well, the issue of confidentiality was explained to the parent over the phone.

The telephone interview also entailed gathering some basic background information about the family, such as the name and the age of the child, the address, phone numbers and who had custody of the child. I also asked about the mother's concerns with her son, the mother's reasons for having him in the group, and what she hoped he would learn.

I enquired about the relationship of the abusive partner to the boy. If it was the father, the mothers were asked about his support of the child in the group and the safety of herself and her child's participation. After consultation with the mothers, only one father was deemed appropriate to interview. Considerations for appropriateness included the mother's view about father's perception about the group, where he lived, the amount of contact with his son and the mother's opinion about interviewing him. All of the mothers were prepared to share information about their children over the telephone. If the

parent's reasons for their child's participation in the group were similar to the purpose of the group, and the child seemed appropriate, an in-person interview was arranged with the parent.

Out of 18 referrals, face-to-face interviews occurred with seven mothers to gather background information on the family. An individual meeting with the mother provided a forum for her to speak freely without the child's presence. The parent interview offered the mother an opportunity to ascertain if the group and myself were suitable for her child.

The questions in the parent intake interview centred on a number of different areas: parenting, violence witnessed by the child, violence directed towards the child, and the child's behaviour and relationships. I asked the parent if she suspected her child had been abused physically or sexually. I also inquired about the family's previous counselling experiences and the mother's support system, such as family and friends. Background information on each client is outlined in Chapter Five.

The in-person interview with the parent provided an opportunity to review the logistics of the group, such as time of the group, and the parent's ability to transport their child to the group. If a mother was not able to transport her child, alternatives were discussed. Only one mother needed to make alternate arrangements. The child's grandfather drove him to the group.

The interview with the mother also provided the forum to explain the various consent forms that needed to be signed for the practicum. The forms

utilized were a consent for participation for a minor, a consent to video tape the group sessions, and a consent to participate in a Masters of Social Work Practicum (see Appendix B for copy of the consent forms). The agency's consent to videotape form was used, while the consent forms for a minor and to participate in the practicum were designed by myself as they were not available at the agency.

If the mother was interested in the group and it seemed the child might be a candidate for the group, the child came in for an interview. Criteria for considering the appropriateness of a child for the group were having witnessed violence, the mother and/or school identifying concerns/problems with the child, and the absence of significant behavioral, social or emotional problem that could prevent the child from having some connection with peers and that would be very disruptive to the group. The concerns I had with the child are identified in Chapter Two.

After I interviewed the mother, another meeting was scheduled to interview both mother and son, plus the child alone. My co-facilitator, Arthur, was present for the interviews with the mothers and their sons together, and with the child alone. Due to logistics, my co-facilitator was not available for the interview with the mothers. In total, five children and their mothers were interviewed together plus the child alone.

For the parent and child meetings, the first 20 minutes included both mother and son with the focus on his awareness of the reasons for participating

and the purpose of the group. Logistical details and confidentiality were explained to them. The number of meetings with the child was open possibly ranging from one to three individual meetings (personal communications with Hiebert-Murphy, 1995 and Philpot & Josephson, 1995). Some of the factors in determining the number of meetings with the child are his/her willingness to separate from his/her parent, the child's acknowledgement of witnessing violence, and his/her interest in attending the group. Hiebert-Murphy suggests that building rapport with the child should be done in the context of the group. This was one of the main reasons why only one meeting was scheduled for most of the boys.

After the meeting with mother and son, each child and mother received a tour of the office to show them where the group would take place. Next, both my co-facilitator and I met with each boy. The first part of the child interview was structured, utilizing The Children Witness to Violence Interview. The boy was given the option of writing his own answer or having my co-facilitator or myself record his answer. All the boys chose to write their own answer. Only one boy came for a second meeting to complete the Children Witness Violence Interview questionnaire. The interview also included discussing how the child got along with his peers, siblings, and family members, what he liked to do, and what he was good at. Each child was also asked about physical or sexual abuse directed at him.

A final interview with both the parent and the child together occurred after the completion of the last group session. For two of the boys, the meeting occurred at the Family Centre of Winnipeg and for the other two, it took place in the family's home. My co-facilitator was present for all of these meetings except for one of the home interviews. The purpose of this post-intervention meeting was to obtain feedback from the boy and his mother, to go over the qualitative questionnaire and complete the Children Witness to Violence Interview, which are elaborated on below. As well, we discussed the child's experience in the group and if warranted, recommendations for further assistance were discussed. The results of the questionnaires and the participants' feedback are detailed in Chapter Six.

### **Evaluation Tools**

Both quantitative and qualitative methods were used to evaluate the effectiveness of the group experience on the children. The first measurement tool used was the Children Witness to Violence Interview (CWVI)(see Appendix F for copy of questionnaire). This questionnaire was designed by Jaffe, Wolfe and Wilson (1990) to obtain information regarding children's perception of violence within the family and in the broader context. Its purpose was to ascertain what other traditional quantitative evaluation methods could not detect. CWVI is divided into three areas: A) Attitudes and Responses to Anger, B)

**Responsibility for Violence, and C) Safety Skills. This questionnaire was used as the group was going to be focusing on these three areas.**

**Jaffe, Wilson and Wolfe (1989) assessed the validity by comparing children from a shelter who had witnessed their mother being battered with children from the community, who had not been exposed to violence . The results showed that the children exposed to violence were less equipped to cope with emergencies at home and they would more readily utilize violence in conflict resolution.**

**The questionnaire was completed by the boys in the screening interview and in the post-intervention interview.**

**A quantitative measurement tool utilized was the Piers-Harris Children's Self Concept Scale (Piers-Harris). This was completed by the children in the beginning and in the final group session. Evaluating self-esteem was targeted as the literature indicated that many children who witness wife abuse had low self-esteem.**

**The Piers-Harris is one of the oldest and most widely used measurements for evaluating children's self-esteem (Marsh, 1990). The measure is designed for people 8 to 18 years of age and it has a reading difficulty of grade 3. Numerous studies on the psychometric properties of the Piers-Harris have been documented on a wide variety of children and adolescents. The Piers-Harris provides a global measurement of self concept as well as scores for six cluster scales. For the purpose of the practicum only the global measurement will be**

used, since the most researched and reliable score was the total score. As a global scale, the Piers-Harris has a high internal consistency ranging from .88 to .93, and the test-retest reliability extends from .42 to .96. Retest intervals ranges from a few weeks to eight months (Piers, 1984, p.53).

Despite the Piers-Harris having been tested on a diverse population of children and ethnic groups, there needs to be some caution in interpreting the scores for different ethnic and racial groups. Piers (1993) states that factors such as the parent-child relationship, discrimination, or "disorientation due to the trauma of adjusting to a new culture" may contribute to the self-esteem of children (Piers, p.86).

The final evaluation tool was a qualitative questionnaire for both the parent and the child to complete. The purpose was for the mothers and children to provide feedback about experiences in the group and the parent information sessions (see Appendix C & D for a copy of the questionnaire). These qualitative questionnaires were given out at the last group meeting and were discussed or in some cases completed in the post-group parent-child meeting.

Each of the measures gauge different aspects of the affect of the intervention and hopefully provides a more complete picture of the child and his experience in this practicum group. The CWVI taps into areas related to viewing wife abuse, the PH concretizes the child's perception about his self-esteem, and the feedback questionnaire asks questions related to the group experience and the learning that took place.

### **Literature Review on Co-leadership**

Toseland and Rivas (1984) defined leadership as "the process of guiding the development of the group and its members. A worker acts as leader in order to help the group as a whole and each of its members achieve goals that are consistent with the value base of social work practice" (p. 77).

The authors state that it is important to distinguish between the designated leader who is the worker and the indigenous leader(s) who is (are) the member(s) of the group. Generally, support for the benefits of co-leadership has come from clinical reports as opposed to empirical research (Toseland & Rivas).

Co-leadership, defined by Yaro Starak (1982) is, "two partners equal in position .... who jointly share the responsibility for establishing, advertising and facilitating the group activities" (p.146). Papell and Rothman (1980a) called it co-practice. Co-practice is "the situation in which two persons assume equal responsibility for work with a group" (p.267). A key point in the definition of co-leadership is that both people are equal in position, that is, they have equal distribution of power and authority (Papell & Rothman, p.267), or status and experience (Toseland & Rivas, 1984, p.108).

There are problems when the two group co-leaders are not of equal status, such as when a student or junior practitioner is paired with a senior practitioner. Generally, the trainee is not on equal status with the senior worker and this evokes anxiety in the junior worker (Middleman, 1980; Northen, 1988;

Papell & Rothman, 1980a). The junior practitioner takes longer to take risks that are group-focused, such as group process issues. He or she tends to direct attention to the individuals instead. As well, being paired with a senior worker may make it difficult for the junior worker to relax because of a feeling of being watched and evaluated (Northen; Papell and Rothman, 1980a).

For co-practitioners to work together effectively, it is important to develop a cohesive co-leadership. This involves the ability to be honest and share openly about their working relationship. A cohesive co-leadership is developed by setting time after the group to debrief the group session, discussing how the work together progressed and planning the next session (Northen, 1988; Toseland & Rivas, 1984). It is also suggested that the workers should have a prior working relationship that has not been conflictive (Papell & Rothman, 1980a). As well, cohesive co-leadership is developed by the workers becoming familiar with each other's theoretical perspective of working with groups and with each other's leadership styles (Northen; Toseland & Rivas). By having an understanding of each other and how each one works, the co-practitioners can work together towards "creating a balanced experience for the members "(Papell & Rothman). It can be confusing for the group members if each co-facilitator works only from his or her own perspective, resulting in uncoordinated actions.

There are different views on the decision to have one or two practitioners facilitating a group. Traditionally, there has been one worker per group (Northen, 1988). However, under certain circumstances, Northen viewed some groups as

requiring two practitioners such as multiple-family group therapy, and activity groups for emotionally disturbed children. When deciding to have one or more practitioners, the agency or group worker needs to take into account "the size of the group, the nature of the group content, and the needs and the problems of the members" (Northen, p. 134).

Papell and Rothman (1980a) indicated that the decision to co-practice is based "on what benefits might derive from two practitioners" (p. 168). In some circumstances, such as in a children's group, two co-facilitators, one of each gender, provide a role model or symbolically serve to represent the parents. If the group content raises certain feelings for one practitioner, two practitioners provide support to each other.

According to the literature on co-practice, there are a number of benefits with two practitioners. First, co-practitioners provide support and an alternative perspective to viewing the group (Northen, 1988; Toseland and Rivas, 1984). During the group session, workers can observe and offer another perspective on the group dynamics and process that the other person might have missed. This can lead to a more accurate assessment of the group. Co-practice also allows the leaders to share their views on their roles in the group and acknowledge each others strengths and weaknesses. This provides professional learning for each co-worker.

A second rationale for co-practice is that it provides group members with role models for communicating, interacting and resolving disagreements

(Northen, 1988; Toseland & Rivas, 1984). Members can observe how the two practitioners communicate with each other and handle differences.

Toseland and Rivas (1984) stated that co-leadership "aids in setting limits and in structuring the group experience" (p. 108). When both co-practitioners share the same perspective, it is easier to establish and enforce limits. It also provides the opportunity for one worker to focus on the emotional needs and the other to focus on the tasks needs of the group (Northen, 1988).

Finally, co-leadership provides an avenue to train an inexperienced practitioner. By working with a more seasoned group worker, the trainee can learn from watching and receiving feedback about his or her interaction. As stated previously, there can be problems inherent with co-practice with this arrangement.

Not all of the literature viewed co-leadership in a positive light and there is support for one practitioner facilitating the group. Middleman (1980) questioned the practice of co-therapy as a training model. She believed that "co-leadership deprives students of having their own learning process" (p.44). By leading a group individually, a student or junior practitioner is active in his own learning and will learn from his mistakes. A junior practitioner will make his or her own decisions, learn to rely on his or her own skills, and develop his or her own self-awareness (Middleman).

An advantage of having a single practitioner is the communication between group members and worker is simpler. Two practitioners increase the

complexity of communication among the group members and the leaders (Northen, 1988). Each member needs to relate to the individual leader and to the leader subsystem (Northen). Members may view two practitioners as more powerful than a single person (Papell & Rothman, 1980a). This may affect group autonomy if the two co-leaders prevent the group from becoming autonomous. The co-practitioners need to be aware that they should not protect each other and that they need to address the authority issue with the group.

In the reviewed literature on groups for children of battered women, two adult facilitators was the norm with a preference for a male and female to model appropriate and equal gender roles (Frey-Angel, 1989; Steward, Farquhar, Dicharry, Glick & Martin, 1986; Grusznski et al., 1988; Wilson et al., 1989). The concept of two female co-leaders has been noted in the literature (Alessi & Hearn, 1984). Based on the literature reviewed on children who witness violence, the needs of this population in a group setting, and a preferred style of practice, a co-facilitator was sought.

### **Recruiting a Co-facilitator**

Since none of the male counsellors at The Family Centre of Winnipeg were available, a co-practitioner needed to be recruited. Notices were posted on the bulletin boards in the Faculty of Social Work lounge at University of Manitoba, and Elizabeth Hill Counselling Centre. As well, the Social Work faculty were e-mailed asking them to notify their classes of the opportunity to run

a group for children. Some of the qualifications requested were experience with group work and/or experience with children.

In total, six people were interviewed; three females and three males. The purpose of the interview was to assess if the person interested would be an appropriate co-facilitator and compatible to work with. The interview provided an opportunity to inform the interested applicant of the purpose and goals of the practicum and the amount of time required.

Arthur Burrows was chosen as he had experience working with children, both individually and in a group. His professional qualifications included being a guidance counsellor, a private practitioner specializing in the area of learning disabilities and he had experience running groups in schools for children. He also seemed the most compatible to work with in terms of personality and sense of ease between myself and him. Arthur's work experience made him professionally compatible; however, since I had organized, advertised and planned the group and we did not have a prior working history together, he was cast in the role of junior co-facilitator.

### **Supervision**

Agency supervision occurred with one of the agency therapists, Elaine Bergen, who co-led the group for The Family Centre of Winnipeg's Learning to Live Without Violence program. This supervision included both myself and my co-facilitator, Arthur. It focused on the co-leadership and clinical issues that

occurred in the group. Since some of the group sessions were video taped, supervision involved viewing sections of each tape.

I also received supervision from my primary advisor, Esther Blum, centring on the development of my group work skills and other academic issues. Supervision occurred weekly with both Elaine Bergen and Esther Blum once the group commenced.

## **CHAPTER FIVE**

### **THE GROUP INTERVENTION**

This chapter provides an overview of the group and a brief history about each client. A chart of the group sessions, which highlights the salient themes and issues is followed by a commentary about the group. The chapter concludes with an outline of the two parent information meetings.

The group for boys of battered women ran from March 6 to May 8, 1996. Four boys, ages 9 to 11 years, and their mothers participated in the practicum. Only one of the boys, \*Dan, did not complete the 10-week group program. Dan's involvement in the group ended after the sixth session; however, he and his mother participated in a post-group interview. This will be described in further detail in Chapter Six.

There was a plan for each group session to be video-taped. However, only five sessions were recorded. For two of the meetings, the camera was not turned on, a movie was shown during one session and for two others, the boys wanted the camera turned off.

The basic format of each group session was check-in, snack, main theme, game and check-out. The purpose of each session was planned for the

**\*All names have been changed to ensure anonymity**

10-week group program prior to the commencement of the group (see Appendix E for group agenda). However, the agenda and format for each meeting were modified to accommodate the boys' reactions and behaviours. A number of different games had been planned but the boys enjoyed playing "the chair game" (see Appendix G for description of game) the most. This game was adjusted to address the theme of the session.

Routines and rituals were part of each session. To reinforce the idea that all members had a right to be heard and a right to speak during check-in and check-out, a stone was passed from person to person. This is taken from the Aboriginal culture and is based upon the sharing circle. Everyone was expected to listen to the person who held the stone. Check-in included identifying how one was feeling from the feelings chart. For check-out members had to rate the group on a 5 point scale, with 1 being "the pits" and 5 being "awesome". Additionally, during check-out, members had to identify a positive aspect about themselves. These were recorded on their "many wonderful things about me" poster. Another strategy to assist the boys to relax and channel their energy while a person talked was to cover the table with paper so they could doodle. During snack time each week, the boys decided on next week's snack. Having the boys decide on the snack provided them with the opportunity to have input into what happens in the group, required that they work together as a group and it also gave them a sense of ownership of the group.

All the mothers took part in a parent information meeting one week prior to the first group session. For the second parent information meeting that occurred half way through the group, only Adam's and Dan's mothers came to the agency. Separate individual meetings with the mothers of Clark and Brian were scheduled in their homes. After the second group meeting, mothers were contacted by telephone to find out how the boys were responding to the group meetings.

Upon completion of the group, parent-child interviews were held to discuss the boys' participation in the group and to obtain feedback about the group experience. If required, further counselling or services was discussed at that time as well. Planning for the future, making referrals and evaluating the group are some of the tasks associated with group endings according to Toseland and Rivas (1984). All four families participated in the final interviews. An overview about each boys participation in the practicum is discussed in Chapter Six.

### **Client Group**

#### **Adam**

Adam was a 9 year old boy who lived at home with his mother and his 12 year old sister. His parents separated 5 years ago. The children's father lives in another province and they see him on holidays, in the summer and have telephone contact every week-end. Mother was employed full-time. Both Adam

and his mother had received counselling through Osborne House and Women in Second Stage Housing. Mother had made many changes and felt she did not need any further support.

According to his mother, Adam's father was emotionally and psychologically abusive. The home atmosphere was tense. Typical abusive behaviours included yelling and throwing things. He also abused cocaine which started when Adam was born. Adam and his family had received assistance through Osborne House and Women in Second Stage Housing (WISH). Adam had participated in play therapy through WISH.

Some of the concerns Adam's mother was having about her son were: his aggression, his anxiousness to please, and his temper over which he could still show some control. Sometimes he would say "I hate my life"/"I wish I was dead" when he felt sad. According to both Adam and his mother, he had not been physically or sexually abused. Adam's mother wanted him to be in the group to learn to handle his anger more positively.

## **Brian**

Brian was an 11 year old boy who lived with his mother. Mother separated from her husband, Brian's stepfather, 2 years ago. She recently resumed a relationship with her boyfriend of 8 months. Brian had no contact with his biological father who lived in another province. Both Brian and his mother were

seeing their own individual counsellors and mother attended Narcotics Anonymous meetings.

Mother had a history of childhood abuse and both she and her former husband had addictions to alcohol, drugs and gambling. She had admitted to hitting her husband. Typical abusive behaviours by father included yelling and throwing things. Mother had her own therapists and she had also been attending Narcotics Anonymous for the past 2 years. Brian had been seeing a therapist for individual counselling for the past year, on an inconsistent basis. Brian's individual counsellor was contacted to ascertain if Brian was suitable for a group. He thought it may be good for Brian to be in the group. Brian's mother terminated his individual counselling after the second group session as she had not seen any changes with her son.

Mother described her son as "11 going on 17". Some of the concerns his mother had about Brian were: aggression, anger, and a lack of respect towards her. Brian was in a small class setting at school because he exhibited behavioral and social problems at school. According to mother and Brian, he had not been physically or sexually abused. Mother wanted her son to be in the group to learn to express himself, learn to cope with his anger, learn about boundaries and show people respect.

Due to Brian's aggressive and defiant behaviours, discussions occurred as to his appropriateness for participating in the group. Part of the reason for accepting him was another boy was needed to start the group and this group

might provide an opportunity for him to be in a group with boys from similar family situations.

### **Clark**

Clark was a 9 year old boy who lived with his younger sister and mother. Mother had separated from the children's father 4 years ago previously. In the past year, she had established a new relationship with a man whom Clark did not like very much. The children visited their father once a month. Both Clark and his mother saw a therapist once a month.

According to mother, the typical violence that occurred at home was emotional and psychological. This consisted of yelling, throwing things, and punching of walls. As well, mother was berated by her husband.

Clark's mother described her son as having "a hate on" for the world/school/peers. Specific concerns with her son were his anger towards her, his aggression towards his sister, and tantrums. If she and her boyfriend had a loud discussion, Clark became frightened and questioned why they were arguing. According to Clark and his mother, he had not been physically or sexually abused. However, he had been emotionally intimidated and neglected by his father. Mother wanted her son in the group to learn to deal with his anger, and to recognize and cope with his emotions better.

**Dan**

Dan was a 9 year old boy who lived with his 11 year old sister and his mother. The children's parents separated 4 years ago and have established a friendly parenting relationship. Dan saw his father every other weekend and during the weekdays as well. During the past 4 years, mother has been involved in another relationship with a man who was described as being physically abusive. As a couple, they had been through a number of separations. Dan's mother has been seeing a counsellor at The Family Centre of Winnipeg over the last 4 years.

Mother described Dan's father as being controlling and jealous. Mother identified two abusive incidents that Dan would have seen. One was when Dan's father grabbed her by the throat and another time when he threw her, dressed only in her housecoat, outside the house in the middle of winter.

Both of Dan's parents were interviewed separately and each had a different view of their son. Mother identified a number of problems, such as tantrums, anger, confusion, sadness, punching holes in the wall and aggression towards her and his sister. Father did not express any concerns. He saw his son as a typical 9 year old boy. Father however, thought his son may need to talk about the separation. Mother wanted her son in the group to stop using violence, to understand his anger and to develop respect for himself.

### Group Intervention

The following chart summarizes the process and content of the group sessions in relationship to the stages of group development. The development of a working relationship between my co-leader, Arthur and myself is also documented.

Session	Process/Content in Group	Stage of Group Development	Co-leadership
1	<p>Purpose: Break the ice and break the silence</p> <p>Games played: the chair game, toss the balloon, write your name on the wall</p> <p>Two dominant members, Brian and Clark and two quiet members, Adam and Dan</p> <p>Brian and Clark have negative interaction</p> <p>Brian test limits assess his status in group – power and control issues</p> <p>Flexibility with group agenda</p>	<p>Beginning stage (Toseland &amp; Rivas, 1984)</p> <p>Pre-affiliation stage and Power and Control Stage (Garland, Koldny &amp; Jones, 1973)</p>	<p>I am the senior co-leader and Arthur is in the role of junior co-leader</p> <p>I lead the group</p> <p>To help us work together, my agenda is divided up; Arthur and I facilitate</p>
2	<p>Purpose: Identifying feelings</p> <p>Game played: Emotional statues</p> <p>Members continue in same roles as previous week, however there is increase in disruptive behaviour by Brian, he tests limits, others laugh at him – power and control issues</p> <p>Flexibility with agenda</p>	<p>Power and Control stage (Garland et al.)</p>	<p>I am required to be flexible with my agenda and follow agenda of the boys</p> <p>Conflict between needing to follow premade agenda versus agenda of boys</p>

Session	Process/Content in Group	Stage of Group Development	Co-leadership
3	<p>Purpose: Dealing with power/assertiveness</p> <p>Discussion member led – bullies – sharing of experiences</p> <p>Brian diverts attention from theme with disruptive behaviour</p> <p>Antagonistic and hostile exchange between Brian and Clark</p> <p>Game played: The chair game</p>	<p>First half of group middle/working stage (Toseland &amp; Rivas, 1984)</p> <p>Intimacy stage (Garland et al. 1973)</p> <p>Second half of group resembled power and control stage (Garland et al.)</p>	<p>I am the leader but Arthur and I are talking to each other in session</p> <p>Arthur initiating conversation in group</p>
4	<p>Purpose: Healthy and unhealthy ways to express anger</p> <p>Brian is absent</p> <p>Atmosphere is relaxed, intimate</p> <p>Two quiet boys are more talkative</p> <p>Discussion is member led: a) sadness b) anger - fights with sister</p> <p>Puppets used in role plays re: fights with sisters</p> <p>Flexibility with agenda</p>	<p>Intimacy stage (Garland et al.)</p>	<p>Arthur and I still operating as junior and senior co-leaders</p>
5	<p>Purpose: Anger at home</p> <p>Brian is absent</p> <p>Atmosphere same as previous week</p> <p>Discussion - fights with sisters and name calling</p> <p>Half-way point in group program – define abuse, review what boys had learned</p>	<p>Intimacy Stage</p>	<p>Arthur and I working together better – more eye contact, and more dialogue between us in the group</p>

Session	Process/Content in Group	Stage of Group Development	Co-leadership
6	<p>Purpose: Anger at home</p> <p>Activity: movie - <u>The Crown Prince</u></p> <p>All boys present</p> <p>Movie not shown in its entirety due to boys reactions</p> <p>Discussion: who is responsible for violence, boys reactions to movie</p> <p>Game: Pass the present – a nurturing game</p>	Intimacy stage (Garland et al.1973)	Arthur and I working together
7	<p>Purpose: Process previous week</p> <p>Dan is absent</p> <p>Boys not wanting to discuss or do activity related to previous week</p> <p>Brian very dominant and demanding to play a game</p> <p>Game: The chair game - all boys antagonistic toward each other</p> <p>Agenda directed by boys</p>	Group resembling power and control stage (Garland et al.)	<p>Arthur and I are not a cohesive team</p> <p>I am needing to share co-leadership</p> <p>In depth debriefing and mutual planning for next meeting</p>
8	<p>Purpose: Process previous week</p> <p>Adam and Clark present</p> <p>Adam and Clark test limits – continue to play cards</p> <p>Discussion – easy and hard feelings to talk about</p> <p>Adam initiates issue of nearly fighting with Clark</p> <p>Inform boys about ending of movie – prompts Adam to share about transitions he faced when his mother left his dad</p>	Intimacy stage (Garland et al.)	Arthur and I working together – low Arthur's lead and he initiates conversation

<b>Session</b>	<b>Process/Content in Group</b>	<b>Stage of Group Development</b>	<b>Co-leadership</b>
<b>9</b>	<p><i>Purpose: Support systems/being safe</i></p> <p>Three boys – Dan not returning to group</p> <p><i>Brian and Clark engage in verbal argument – Brian bullies</i></p> <p>All three collude</p> <p>Power and control issues</p> <p>Games: The chair game, pass the present</p> <p><i>Boys not wanting to leave</i></p>	<p>Group resembling one of the early stages of power and control</p> <p>Group entered separation phase (Garland et al. 1973) or the ending phase (Toseland &amp; Rivas, 1984)</p>	Arthur and I working cohesively
<b>10</b>	<p><i>Purpose: Closure</i></p> <p>Three boys present</p> <p>Review with boys – sad group is ending, wanting group to go longer</p> <p>Testing of limits by all three</p> <p>Power and control issues</p> <p>Game: The chair game</p>	Separation stage	Arthur and I working cohesively together

### **Commentary on the Group**

This time-limited group was modelled mainly along the structured group approach, with aspects of the remedial, mainstream and reciprocal group paradigms. The model utilized established the adult leaders as having greater responsibility for the group goals, and the way the group conducts itself (Papell & Rothman, 1980). Although the group progressed through different phases of group development as noted above, not all issues, such as leadership, were

fully addressed in the group because of the group model utilized, and the number of sessions.

It was difficult to analyze the group according to the stages of group development formulated by Garland et al. (1973) and Toseland and Rivas (1984), as there were differences in the group atmosphere and flow of agenda when Brian was present or absent. Brian's behaviour was generally disruptive; however, it also served to raise issues such as trust. Through Brian's actions, the other members could observe how Arthur and I responded and modelled non-violent conflict resolution (Fatout, 1993).

As noted in the group sessions, Adam and Clark joined Brian in testing limits through uncooperative, attention-seeking behaviour in the last couple of group meetings. This may have been a way to side with Brian, which was safer than opposing him. The weeks that Brian were away may have provided Adam and Clark with a sense of safety and more self-confidence. Adam and Clark observed how Arthur and I responded to Brian's behaviours, thus in the last two sessions, they may have felt safer to challenge Arthur and I. Another explanation for Adam and Clark joining Brian may be an example of group contagion (Northen, 1988). Contagion is "a particular type of social interaction marked by the spontaneous imitation by other members of a feeling or behaviour initiated by one member of the group" (p. 240). Generally, the initiator has status in the group which makes others susceptible to his influence. Finally, all the

members joining together may be an example of them becoming a cohesive unit as the group neared its completion.

Although this group followed a structured approach, throughout the 10 weeks, flexibility in the agenda was required. The literature on groups for children of battered women provided the content and mentioned that one may need to adapt and/or be flexible. Groups centred on sensitive issues, especially require that members feel safe and trust others. As much as I tried to steer the sessions's agenda towards the stated purpose, the boys addressed the topic when they were ready. Thus, the agenda for the group changed from the original predetermined plan. Nonverbal methods that offered a safe way to raise the issue worked best. I needed to be flexible by utilizing the information the boys provided and relating it to the family. For example, one boy's discussion of bullies in the school yard was directed to a conversation about who "bullies" at home. There was little discussion about using the group process creatively in the literature on groups for children who witness violence. Using the process of the group is supported by the reciprocal and mainstream models of group work. The boys' wishes for the group to continue highlights their need to belong to a group, which is in line with one of the practice principles of the mainstream group model. In the future, planning a group for children who witness violence would benefit from utilizing the agenda raised by the children and the dynamics of the group. For recommendations of changes to the group model, see Conclusions in Chapter Seven.

Following the predetermined agenda versus being flexible created some internal conflict for myself. The group had been created for a specified purpose with specific goals. Part of wanting to follow a structured agenda was a desire to meet the goals. As well, a structured approach may be easier to co-facilitate than a less structured one. A group with more flexibility requires the co-facilitators to have an understanding of each other, which Arthur and I needed to develop.

An important and positive learning experience was selecting and working with a co-practitioner. As stated in Chapter Four, there are a number of elements that needed to be present to have a balanced co-leadership relationship (Stark, 1982; Papell & Rothman, 1980a). Factors that contributed to the imbalance between Arthur and I were primarily related to an unequal distribution of responsibility, no previous working relationship, and a lack of familiarity with each other's theoretical group work perspective (Toseland & Rivas, 1984; Papell & Rothman; Stark). Due to the inequities, Arthur and I did not have an equal partnership, rather we functioned as junior and senior co-practitioners respectively (Stark).

For the first four/five sessions, Arthur and I divided up the group agenda so that each of us would know who would initiate the next activity. However, in the sessions, I led the group, giving directives and stopping activities. Arthur and I rarely talked to each during the meetings. I also planned the sessions. Once the issue of co-facilitating was identified in supervision, it allowed us to

discuss the problem. One of the problems was Arthur was not sure when to step in and speak up in the group. Although this group was my practicum, I needed to learn to share the co-leadership with Arthur. By the sixth meeting, Arthur was more involved in planning the sessions, there was an increase in dialogue between Arthur and myself in the group, and when Arthur initiated conversations, I followed his lead. The increase in comfort and communication between Arthur and myself occurred not only during the group but also outside of the sessions. This promoted a more balanced partnership, as evident in the videotapes.

This experience highlighted the importance of needing time to become acquainted with my co-practitioner, establishing and planning the group itself and each session conjointly, and discussing theoretical approaches to group work, and leadership styles (Northen, 1988; Stark, 1982; Toseland & Rivas, 1984). Discussing how to cope with difficult situations, such as acting out behaviours was also important.

Having two co-practitioners was helpful to cope with the different behaviours. The literature indicated a preference for a male-female team however, that does not appear necessary to me. Children in the group need to be exposed to adults who model healthy, respectful, nonviolent relationships and who respond in an empathetic, firm, consistent and nonviolent way.

Breaking the silence does not always mean children will be ready to talk about sensitive issues. Jaffe, Wolf and Wilson (1990) indicated that children

must feel comfortable in their relationship with adults before they offer more information. Children can express feelings both directly and indirectly through play or drawing (Jaffe, Wolfe & Wilson). A variety of mediums were used to aid the boy's expression of feelings and promote discussion of issues. The use of activity-oriented experiences (Northen, 1988) is in keeping with the mainstream model and structured group approach (Papell & Rothman, 1980) and with the literature on groups with children as outlined in Chapter Three. "The chair game" was played five times in the group to address various issues and topics such as, to identify common ground between the boys, to identify feelings regarding termination of the group and support resources in the community. Puppets were used to help the boys express feelings about anger, fighting and group termination.

The content of this practicum group was modelled along the 10-week groups from the literature. However, 10 weeks seemed too short to accomplish the stated goals. Furthermore, the boys' comments also indicated that it was not long enough. This may be related to the needs of the members of the group. As outlined in Chapter Two, children may exhibit numerous social, emotional and behavioral difficulties and I question how a short-term group can adequately address the numerous issues and skills that some of the children need to develop. As well, if trust is an issue for some of these children, 10 weeks does not allow for trust to build. With the boys in this practicum, some of the skills that

were minimally addressed and needed more work were safety, managing anger, and non-violent conflict resolution.

Based on this experience, if a ten week group is offered, it is suggested to reduce the number of goals and skills to be addressed. Otherwise, a longer group is suggested, again limiting the number goals. See Chapter Seven for a discussion on changes to the group model.

### **Parent Information Meetings**

As stated earlier in this practicum, the purpose of the parent information meetings was to inform the parents about the agenda of the children's group sessions, prepare them for possible reactions their sons might have to the group, and to offer support in any parenting concerns. For the first meeting, all the mothers attended. The boyfriend of Brian's mother also was present for this first meeting. Arthur was present for these meetings to disseminate information and help facilitate the discussion.

#### **Parent Information Meeting I**

The agenda for the first meeting was as follows:

1. Purpose of parent information session.
2. Agency's perspective on violence in the home.
3. Ice breaking activity - People Scavenger Hunt.
4. Effects of witnessing violence on children.

5. Effects of separation/divorce on children.
6. Goals of the children's group.
7. Organization of the topics for the children's group and the structure of the sessions.
8. Topics of the first five children's group sessions.
9. Possible reactions of the children from group participation and possible approaches to handling the situations.

The first two agenda items involved presenting information. An ice-breaking activity was included to help the parents get acquainted and to illustrate an activity that might be done with their sons in the group.

The effects of violence and parental separation on children were included to raise parents' awareness about the impact of these traumatic events and to validate some of the possible difficulties they may have experienced with their sons. The parents' observations and experiences were used to list and compile a composite picture of the effects wife abuse and separations have on children. During this segment of the evening, the mothers started to share a bit about themselves and some connections were made among them. Because so much discussion was generated, section nine of the agenda was only partially covered. Handouts were given to the parents and a date was set for the next parent information meeting.

## **Parent Information Meeting II**

Only Adam and Dan's mother participated in the meeting. The agenda was:

1. Outline the topics for the last five children's group sessions.
2. Update on the first five group meetings.
3. Show the movie "The Crown Prince".
4. Complete the agenda from the first parent meeting. If parents are interested, complete section # 9, possible reactions their children might have participating in the group.
5. Parental concerns or issues.

This meeting was informal. Arthur and I presented information and facilitated the discussion with the mothers. Both of the mothers who were present had seen the movie in the past, so we did not show it. They also did not feel the need to complete the agenda from the first meeting, but wanted to talk about how their sons were doing.

Since the mothers had heard from their sons that one of the boys was disruptive, there was discussion about how the group dynamics raised issues and how such situations were used to develop skills, such as problem solving, conflict resolution, and assertiveness. This discussion helped to reassure the mothers that what was happening was normal and expected (Malekoff, 1991).

Overall, both parent information sessions served to inform the mothers about the content of the children's group and the stages of the group. According

to Peled & Davis (1995), this is part of the content of a parent group. The parent information nights also served as a way for the facilitator to establish a relationship with the parents. However, for changes to occur within the home, increased contact is needed. An alternative is to offer a group for parents that coincides with the childrens group. In Chapter Seven there is further discussion about a parent group.

## **CHAPTER SIX**

### **EVALUATION OF THE PRACTICUM**

The boys completed the Piers-Harris Children's Self-Concept Scale in the second and the last group session. They also answered the Children Witness Violence Interview at the intake meeting and at the final interview after the group's completion. The outcomes of these evaluations will be discussed below. Both the boys and their mothers completed an evaluation questionnaire, designed to obtain feedback specifically about the group experience and about the parent information sessions. A chart that illustrates the boys' responses to question #10 from their evaluation questionnaire is presented. An overview of each group member's participation in the group will be outlined. This also includes the contact with each parent, the boy's and mother's feedback about their experiences, and recommendations for future counselling if required. Finally, the goals for the group as put forth in Chapter One are re-examined.

#### **Piers-Harris Children's Self-Concept Scale**

Research on the adjustment of children who witness women abuse indicated that self-esteem is low among the children. It was decided to evaluate the self-esteem of the children in the group. The Piers-Harris Children's Self-Concept scale was chosen to measure the boys' self-esteem.

Self-concept is defined in the Piers-Harris Children's Self-Concept Scale manual (1993) as " a relatively stable set of self-attitudes reflecting both a description and an evaluation of one's own behaviour and attributes" (p.1). Self-concept in the Piers-Harris is measured by a global or total score. A high score might indicate a positive self-evaluation and a low score might indicate a negative self-evaluation. In order to ascertain if the results made sense for the child, the scores of the Piers-Harris should be integrated with other sources of information about him, such as the parents' viewpoint and group observations of the child.

To interpret the total score of the Piers-Harris the validity needed to be determined. A total score that is above 70 needs to be interpreted cautiously. It may reflect a child's positive self-esteem, or a need to appear self confident, or a lack of self-evaluation (Piers, 1993, p.33). Checking for random responses, responses that are logically inconsistent, is also another approach to determining validity (Piers, 1993, p.36). Both of these approaches were used.

Standards were obtained from the normative sample for the total score. The mean is 51.84, the standard deviation is 13.87. and the median is 53.84 (Piers, 1993, p.50).

The total self-concept scores for the boys in the group are charted below.

**Piers-Harris Total Self-Concept Score**

Client	Pre-test	Post-test
Adam	51	76
Brian	55	52
Clark	51	59
Dan	73	61

The results for the pretest indicated that three of the boys, Adam, Brian and Clark, had total scores similar to the normative sample. Dan on the pre-test scored higher than the norm and out of the standard deviation range. Two of the boys, Adam and Clark, scored higher on their post-test, while Brian and Dan scored slightly lower on their post-test. On the post-test all the boys were within the standard deviation range except for Adam.

Based on the scores of the Piers-Harris only, the responses by Brian and Clark suggested that their overall self-concept on both the pre- and post test was average. For Adam, his overall self-concept for the pre-test was average, while on the post-test, it was very much above average. Dan's overall self-concept scores suggested he was very much above average on the pre-test, and although his score decreased for the post-test, it still fell within the above average range. Since the total overall self-esteem scores were over 70 for both Adam and Dan, the validity of Adam's post-test results and Dan's pre-test results needed to be interpreted cautiously.

Checking for random responses, Clark was the only boy who may have answered randomly as he responded inconsistently nine times on the post-questionnaire. A score of six or more may indicate that a child answered randomly on some of the items (Piers-Harris, 1993, p.37). A discussion of each boy's self-concept score is in the Individual Participant Summary.

It was hard to gauge how the boys' self-esteem was influenced by the group. Each boy needed to be looked at individually to understand if the scores made sense for that child. One of the difficulties in evaluating self-esteem is that it is "a relatively stable set of self-attitudes" and does not change easily or rapidly (Piers, 1993, p.1). Brief interventions are "unlikely to have a significant impact on [the] child's self-concept" (Piers, p. 43). Thus, evaluating a change in self-esteem over a short period may not be realistic.

Self-evaluation is one of the components of self-concept (Piers, 1993). Being in the group the boys could compare themselves to their peers and depending upon their own internal standards, their view of themselves and how much they trust, they may respond differently on the post-test as exemplified by Adam.

The Piers-Harris is a self-evaluation tool, and was useful in providing an indicator of how each boy perceived himself, instead of as an adult "attempting to infer how they feel about themselves from their behaviours or the attributions of others" (Piers, 1993, p.1).

Based on this experience, the Piers-Harris Children's Self-Concept Scale seems better suited for a longer term intervention. Piers (1993) stated that "an individual's self-concept may change in response to environmental or developmental changes, or as a result of changes in priorities or values" (p.43). With regards to children who witness violence, changes in self-esteem may come about with changes in the home such as, living in a violence-free home and changes in parenting approaches.

### **Children Witness Violence Interview**

The boys completed the questionnaire at the intake interview and in the post-group interview to assess whether there were any changes in their perceptions in attitudes and responses to anger, responsibility for violence and safety skills. The boys' responses to questions 3, 4, 5, 6, 12, 13, 14, 15, 18, 26, 27, & 28 are elaborated below. The questionnaire is in Appendix F.

Adam, Clark and Dan acknowledged that when they were angry, they had a variety of responses including fighting/hitting. Their responses for questions 4, 5, and 6 were consistent with the response for question 3 that they would hit. Brian's responses were contradictory. For question three on the pre- and post test Brian's indicated that he does not fight/hit when he is mad. However, Brian's responses to the other questions indicated that he would respond in a physically aggressive manner when he was teased or if someone hit him. His behaviour in the group and at school reinforced this. In general, all the boys' responses

around using aggression confirms what has been documented as one effect of witnessing violence on children.

Children who witness violence sometimes think they are responsible for their parents' fights (Elbow, 1982). Three boys, Adam, Brian and Clark, could not identify why their parents fought until a number of possible ideas were presented to them. Only Dan was able to state reasons for his mother's fights with her boyfriend or with her former husband without any specific indicators being provided. Dan believed for example, that the fights were about him, or about his father not giving support money, or about his mother's boyfriend's feelings of jealousy. Dan may have been able to articulate why his parents fight because it had occurred recently. It was hard for Adam to identify reasons because his parents separated when he was four years old.

For the pre-test, Adam, Clark and Dan were able to identify at least one feeling when they heard their parents fight about them. Dan identified being worried on the pre-test, but on the post-test he identified four feelings. On the pre-test Brian did not identify any feelings, but after the completion of the group he was able to acknowledge feeling sad and mad. It would appear that identifying feelings and facilitating expression of feelings in the group helped the boys acknowledge their own feelings. An alternative explanation is the boys felt more comfortable and trusted the adult leaders to acknowledge their feelings. An explanation for Adam's difficulty on responding on the post-test may be related to how the question is phrased: "How does it make you feel to hear them fight

about you?" Due to his parents separating when he was young, it was a distant memory for him to recall why his parents fought. The more general question, "How does it make you feel to hear your parents fight?" might be more useful as not all the fights parents have are related to the children.

Often children who witness violence think they can stop their parents' fights and make attempts to do so (Elbow, 1982). In answering question # 14, the three boys who completed the group indicated that there was nothing they could have done to prevent their parents from fighting. They responded the same on both the pre- and post-group questionnaire. Dan indicated that he had attempted to stop the fights by telling them to stop.

Dan's answer above is consistent with his responses for what he would do if his parents argued. Although Brian stated he had not tried to prevent his parents from fighting, he indicated that if they had argued, he would have asked them to stop. On the post-group evaluation, question 18 was turned around for Brian to read: "What do you do if your mom is hitting dad and you are in the same room?" One of his responses was to ask his parents to stop. It would seem that although the boys know that they cannot stop parents fighting, they would still make attempts to do so. They may not have viewed "asking parents to stop" as an attempt to intervene in an argument.

It appears that for three of the boys, there may have been a change in their perception regarding the use of hitting in relationships. The responses by Adam, Brian and Clark to questions 26, 27, & 28 on the post-group

questionnaire indicated that it was not all right for people to hit each other. They responded with "someone could get hurt", "it is not right", "it is bad". Prior to the group, the three boys indicated that there were exceptions when hitting was okay such as for self-defense, if a parent had been drinking, and when one does not listen. On the post-group evaluations, Brian marked off self-defense as the only reason when hitting is okay and Clark stated that when a woman drinks, it is okay for a man to hit a woman.

Dan, on both the pre- and post-test questionnaire, had a different view about the use of aggression in relationships. Although he said a man should not hit a woman because "it is bad" or "they can hurt them", Dan indicated that a man could hit in self-defense. Dan exhibited some gender bias. In the pre-group questionnaire, Dan had not really thought it was okay for a woman to hit a man. In the final meeting, he stated, "no - she can cause trouble for herself, the man would probably hit back and then there would be a fight and both would be hurt". On both the pre- and post-group evaluation, Dan thought it was okay for parents to hit a child because "the child might have been bad or done something wrong, or talked back". That it is okay for an adult to hit a child, seems to support the idea that aggression is an appropriate way to deal with conflict. This is one of the lessons children learn in homes with violence (Jaffe, Wolfe and Wilson, 1990). Dan's viewpoint may be related to not completing the group, or to the fact that his mother continued to be in a physically abusive relationship. The mothers of the other three boys were not in physically abusive relationships, so Adam,

Brian and Clark would have received a more consistent message from their mothers about not condoning the use of physical force in relationships.

The CWVI addressed pertinent areas such as children's perception of why parents fight, who was responsible, the use of aggression in relationships, safety and anger. The CWVI provided a concrete way to gauge if the boys learned anything and if any changes in their perceptions and/or feelings occurred. This was helpful as the boys often tended to express themselves nonverbally in the group. Children may be less defensive about their beliefs and experiences, so it may be less threatening to record answers on paper than to state them to an adult.

From the answers it was hard to tell if the group had an impact on the boys. There appeared to be a change, for the three boys who completed the group and were not witnessing any violence, particularly indicated in the last three questions regarding the use of aggression in relationships. This change may be due to the group.

A limitation of the CWVI is that the questions are geared towards physical violence. This is limiting as abuse for two of the boys included emotional and psychological abuse.

### Peer Nomination Chart

Question #10 on the boys' evaluation questionnaire is a peer nomination question that asked them to identify the roles each one had and the connections among themselves. The purpose of this question was to obtain the members' perceptions about how they saw each other (Dimock, 1985).

Below are the boys responses to question #10 from their evaluation questionnaire which can be found in Appendix D.

	reduced conflict	dominated & controlled	relieved tension	made suggestions	helped others
Adam	1			11	11S
Brian		111	11S	1	
Clark		1		111	
Dan	1			11S	1S
Jolanda	11			1	11
Arthur	11			1	11

**Key:** Each mark [1] represents being identified by one of the group members. S represents self-identification.

The four group members completed this question. Two of the boys, Clark and Dan, included Arthur and myself, and also identified more than one person per question. Brian was identified by the other three boys as someone who tried to control and dominate the group. Brian had identified Clark as someone who

tried to dominate the group. Adam and Clark identified Brian as relieving tension in the group. While all members participated in making suggestions about what the group should do, Brian was viewed as contributing the least in this area, even though Clark indicated that everyone helped make suggestions, including Brian. All members viewed Adam being the most helpful while Brian and Clark were seen as not helping others in the group. This fits as Brian and Clark's antagonistic behaviours dominated the group.

The self-rating by Adam, Brian and Dan may be interpreted as having some self-awareness and a sense of self-esteem. It would have been helpful to discuss with each boy how he saw himself help, relieve tension or make suggestions.

It is also interesting to see how two of the boys viewed Arthur and I. They saw us primarily as helping others and helping to reduce conflict in the group. This seems to fit with how I viewed the roles of Arthur and myself as enforcers of limits, teachers, and enablers.

### **Individual Participant Summaries**

This section is to summarize the findings from the group intervention for each individual. Information regarding the following is presented: a summary of each boy's participation in the group; feedback from the evaluation questionnaire from the boys; evaluation questionnaire findings from the mothers about their sons' experience in the group and the parent information nights. As well, the

results of the Piers-Harris Self-concept Scale will be discussed in relation to the information obtained about the boy and how he presented in the group. Lastly, the appropriate fitting of the child for this group model and any recommendations for the child are included in the individual participant summaries.

### **Adam**

Over the ten weeks, Adam grew in confidence, contributed to discussion by sharing about himself and identified with issues raised by peers. Initially, he was quiet and presented as boy who pleases adults. He tended to answer "I don't know" when asked directly for his thoughts or feelings. Adam became less interested in pleasing the adults and testing the leaders' authority towards the end of the group. One way he did this was to join the other boys when they were defiant.

Telephone contact with Adam's mother occurred two weeks after the group. A number of improvements were noted on Adam's school report card. He was cooperating better and he was working harder. At the second parent information meeting, Adam's mother related that he had been behaving nicer towards his sister for the past couple of weeks.

In her feedback questionnaire, mother noted that her son seemed more self-assured, assertive, and less aggressive. He showed a greater sense of responsibility and had become more easy-going.

On the Piers-Harris pre-test Adam had an overall average self-esteem. By the end of the group, Adam's total score for self-esteem on the post-test was very much above average. Adam's self-esteem score is higher than expected; however, in light of the positive changes he experienced, Adam could have been feeling very good about himself. As well, Adam may have been able to compare himself to the other boys in the group and he may have felt that he did not have as many problems.

Regarding the parent information sessions, mother found it helpful to meet the group facilitators, to hear about the issues in the group, and to learn about the group dynamics. She also indicated that if a parent group or individual meetings had been mandatory, she would have participated.

In his feedback questionnaire, Adam indicated he had enjoyed the group and had made friends with one of the boys. He indicated that he would have liked the group to be 20 sessions. Adam liked the games played in the group best. He remembered learning that it was not a kid's fault if violence happens, and if there was a fight to stay out of it.

The leaders felt that Adam did not need any further counselling at this point in time.

Overall, Adam's participation in the group seemed to be beneficial for him and he was appropriate for a short term time-limited group.

## **Brian**

Brian presented as an angry boy with knowledge about street life, who had developed ways to cope with his numerous family problems. Brian and his mother presented with many issues, which were evident from the background information mother provided, Brian's behaviours, and contact with community resources.

Throughout the group, Brian exerted a large influence on the group and on its members in both a positive and a negative manner. He demonstrated cooperation, and positive leadership skills. However, Brian was defiant, bullied and tested the limits of the group. His behaviour raised power and control issues, as well as others such as trust. In the group, the issue of trust was raised in the first meeting after he and Clark had a negative verbal exchange.

On the Piers-Harris, both of Brian's pre-test and post-test self-concept scores were in the average range. This is higher than expected considering the behavioural problems described by his mother at home and at school, and his behaviour exhibited in the group. His responses on the Piers-Harris may have reflected his need to present self-confidently and a need to develop a trusting relationship with the leaders. There may also have been a lack of self-evaluation. It would have been interesting to see Brian's responses after establishing a longer relationship with him.

Brian's mother was present for the first parent information session and a telephone contact occurred after the second group session. A home visit took

place to cover the information for the second parent night. Two telephone contacts occurred with Brian's individual counsellor, a psychologist. Due to difficulties in school, there was one telephone conversation with Brian's teacher and a parent-teacher meeting May 3, 1996 to discuss his transfer back to his home school.

The post-group interview with Brian and his mother occurred in their home. The meeting lasted over 2 hours due to Brian being angry at his mother. Debriefing needed to occur to calm Brian down and to support his mother's setting of limits. It was difficult to obtain Brian's full cooperation to complete the feedback questionnaire and the Children Witness Violence Interview. On the group evaluation questionnaire, he indicated that he liked snack and the chair game the best.

On the parent evaluation, Brian's mother noticed her son listening to her more when she asked him to do chores. She would have been interested in attending a parent group to discuss the impact of witnessing violence on children, and learn about doing things differently with her son. As well, Brian's mother found the first parent information meeting helpful to learn about the topics of the group and to meet the other mothers.

The first recommendation and a priority was for Brian to obtain individual counselling and family counselling. Mother was in agreement with this and was provided with names and numbers to contact. Family counselling was suggested as a way for mother to receive support in parenting her son. Brian's

wish for the group to occur for one year illustrated one of his needs which was belonging to a group. Therefore, a second recommendation was to become involved with a community group such as Boys and Girls Club where he could participate in age appropriate activities. Mother was provided with names and phone numbers. Mother had placed Brian's name on the waiting list for a Big Brother. Big Brothers was contacted to ascertain his status. At the time of contact, Brian had been waiting for one year and would probably wait another year.

From the beginning, Brian's appropriateness for the group was questioned due to his aggressive and defiant manner. Brian was not appropriate for this type of short-term group model due to his aggressive and defiant behaviours.

### **Clark**

Over the 10 weeks, Clark participated and interacted with all the group members. From the beginning of the first session, Clark was a dominant member. He was willing to talk, to share his feelings and ideas, and to challenge the other dominant member, Brian. This also led to the two boys engaging in antagonistic behaviours toward each other at times. It was also evident that he liked attention. Attention seeking tended to take on the form of being silly, imitating Brian, and encouraging negative behaviours in Brian.

Clark's total score for self-esteem on the Piers-Harris indicated that he had average self-esteem for both the pre- and post-group questionnaire. However, on the post-group questionnaire he had nine inconsistent answers which suggested he may have answered randomly. One possible explanation was the boys were not interested in completing the questionnaire a second time, Clark may have rushed through it. As well, Clark may have felt some pressure from Brian's presence and may have needed to present more confidently than he felt. Clark's score for self-esteem was higher than expected and it does not seem reflective of how he behaved, and the information his mother provided.

Contact with Clark's mother included a telephone conversation after the second week, a meeting after the group in lieu of the second parent information session, and a home visit to watch the movie The Crown Prince. At the meeting halfway through the group, she identified some changes with her son. Clark was taking more ownership for his behaviour, he was tattling less often, there was a decrease in his yelling and name calling, and he was taking quiet time before verbalizing how he was feeling.

On the feedback evaluation questionnaires, Clark liked snack the best and remembered learning about how to deal with anger and how to deal with violence. He thought that the adult leaders did not solve problems with Brian very well and Clark would have liked to talk more about how to deal with bullies. Clark would have liked the group to last longer; he suggested the group run for 16 meetings.

Clark's mother identified some changes in her son. He was able to identify different kinds of abuse and to talk about his feelings. She also would have been interested in attending a parent group to discuss positive parenting issues, how to offer choices and enhance a child's sense of responsibility.

Since Clark and his mother were already receiving counselling, it was recommended that they continue. Clark was suitable for a time limited group, however, a group intervention for 16 to 20 weeks would be more appropriate for him, due to his difficulty with peers and acting out behaviours.

### **Dan**

Dan was present for the first six meetings. He withdrew due to his mother experiencing a crisis and his father's lack of support for his involvement in the group.

Dan presented as a quiet, reserved, observant boy who did not get involved with the negative interaction between Clark and Brian. Although he may not have felt comfortable with the antagonistic behaviours of the two dominant group members, Dan was able to be direct in some of his comments about what he liked and did not like in the group when asked directly. For example: 1) in the first session, Dan attempted to divert the group's attention away from the discussion about Brian's and Clark's negative interaction by trying to resume the game; 2) Dan was able to state that part of the time in the group had been wasted after two members had disrupted the group.

Dan's total score for self-concept on the Piers-Harris was in the very much above average category for the pre-test and above average for the post-test. Dan's high pre-test score of 73 needs to be interpreted cautiously. Possible explanations for the high score may be wanting to present himself in a positive manner and to appear self-confident. As well, there may be the lack of ability to self-evaluate. Dan was living in an unstable atmosphere and he may have needed to believe that he was self-confident. Another possible explanation was he had parents with different perspectives on him. Dan's mother identified a number of concerns while his father did not. Dan did have a number of strengths that included being a very good hockey player of which he was aware. This may have contributed to his self-rating of a high self-esteem.

Although Dan's score for the post-group was high, it was lower than his first one. This lower score may be the result of the reality testing which occurred in the group. One wonders if Dan had completed the group and had developed more of a trusting relationship with the leaders if his score for the Piers-Harris would have been lower.

While mother attended both parent information meetings, father did not attend. Telephone contact occurred with mother after the second children's group meeting, and after Dan missed his meetings. Communication also occurred with mother's counsellor at The Family Centre of Winnipeg at the intake stage.

Both Dan and his mother completed a feedback evaluation questionnaire. He remembered learning that kids can't stop fights, ignore your sister if she is bothering you and tell someone, and how to control anger. Dan enjoyed the snacks, playing games, and the "feelings chart" the best.

Mother indicated that her son seemed to think twice sometimes before yelling or trying to hit her when he was angry. As well, she noticed that he expressed his feelings more openly to her at bedtime, and that sometimes he would go to his room to be alone if he and his sister were having problems. Dan's mother would have attended a parenting group to discuss managing anger, following through with discipline, single parent issues, guilt and stress.

The leaders supported mother to continue counselling at The Family Centre of Winnipeg and suggested that Dan also be involved.

Dan was an appropriate group member for a group, but there were factors that prevented him from fully participating and committing to the group. One of the factors was the influence of his father. On her feedback evaluation, mother noted that the father was not very supportive of his son's involvement in the group and was not willing to transport. Possibly more exploration could have occurred with mother at the beginning of the group regarding the effect father might have on her son's participation in the group. Considering all the factors, Dan may have benefitted from a 16 to 20 week group.

### **Re-examining the Group Goals**

There were goals for the children's group outlined in Chapter One. One goal for the boys in the group was to break the silence and secrecy about abuse and reduce their isolation. This was addressed in several ways throughout the group. Initially, this focus was acknowledgement in the first meeting of the group. Secondly, the discussion about bullies, anger and the different types of abuse directed attention to abuse issues. Finally, showing the film and attempting to discuss the boys' experiences at home brought abuse issues to the fore. The boys' wishes for the continuation of the group supports the evidence that they felt less isolated by the end of the group.

The second goal was to enhance the boys' self-esteem. Self-esteem was more difficult to gauge as stated previously. The expectation that the boys may have low self-esteem was not confirmed by the Piers-Harris. From past experiences, I had not encountered any problems with the Piers-Harris being completed during group sessions. To avoid possible pressure from members in the group, completion of the Piers-Harris at the intake meeting and post-group interview may be more suitable.

The identification and expression of feelings was addressed through out the group and in each group session. Based on their answers on the CWVI two of the boys were able to identify feelings of sad, mad, and scared, upon completion of the group.

Promoting nonviolent alternatives to resolving conflicts was a fourth goal. This was attempted; however, this goal needed constant reinforcement and practice in the group, as the boys commonly had physically and verbally aggressive reactions. Depending upon the boy, this may have reflected growing up in a home with abuse, and/or societal norms about being male, and/or the type of television and movies viewed by the boys and their developmental stages. More sessions on conflict resolution and problem solving would have to be organized in order to address nonviolent alternatives more fully. Some examples of interventions might be identifying what the boys looked like and felt like when they were angry, what made them angry, learning about the difference between being passive, assertive and aggressive, and developing a problem solving approach. Practicing assertive and nonviolent behaviours are also important. Role plays by Arthur and myself may have been helpful to model different approaches to solving conflict. In addition to allowing the boys to present their own scenarios, giving the boys premade situations would allow them to target specific skills. To address this goal area, a longer intervention would be required or alternatively, a separate group on anger and conflict resolution. This practicum experience revealed that anger is a predominant theme which is contrary to the documented groups for children of battered women. The literature outlines only one to two sessions on anger.

## **CHAPTER SEVEN**

### **CONCLUSIONS, PERSONAL LEARNING AND RECOMMENDATIONS**

#### **Conclusions**

The research on children of battered women indicated that they are a heterogeneous population and they cope in many different ways (Jaffe, Wolfe & Wilson, 1990). The four boys and their families in the group are representative of the population. As outlined in Chapter Two, the adjustment of children varies and involves many factors. There were differences in the type and amount of marital violence to which each boy was exposed, the length of time the mother had spent out of the abusive relationship, and the mother's emotional health. These factors may have accounted for some of the differences in the boy's behaviour.

This 10-week group model for children who witness violence was too short to cover the content and 10 weeks seemed appropriate for only certain types of children. Jaffe, Wolfe and Wilson (1990) noted that the group counselling program seemed most appropriate for "mild-to-moderate behaviour problems in children. For children exposed to repeated acts of severe violence over many years, the group only addressed a small proportion of their numerous concerns" (p.89). The practicum appeared to uphold this to a degree, as Adam was the most appropriate for a 10-week group with a reduction in the number of

goals. This in turn will more adequately address the content within a 10-week time frame. In Adam's situation, his mother had left the abusive partner to re-establish a safer living place for themselves. As well, the types of violence Adam experienced was primarily emotional and psychological. Both Adam and his mother had obtained counselling for the abuse.

The group only met some of the needs and concerns of Clark, Dan and Brian. Dan continued to be exposed to violence, thus was not living in a safe and stable home. His mother was having an on-and-off relationship with an abusive boyfriend and his father minimized his own abusive behaviour and down played Dan's problems and experiences. Dan may also have been nervous about attending the group and may not have felt safe with his father knowing about the group. This can be an issue for children where the father knows about the group (Philpot & Josephson, personal communication, 1995). More focus on safety planning and/or dealing with mixed parental messages may have addressed some of Dan's needs.

Brian came from a home where both parents were abusive and had substance abuse problems, and his mother was physically aggressive. Long term work beyond a 10-week group was required to address the many issues. However, this group highlighted his need to belong to a group. Having Brian in the group raised the question of what happens to children like him who show more behavioral, social and emotional problems.

Feedback from the mothers indicated the importance of offering a parenting group. Three of the four mothers would have attended a parenting group if it was offered at the same time as their son's group, and the fourth mother would have attended if it had been mandatory. Although the parent information meetings were helpful to the mothers, they did not want more of them. For this practicum, the parent information nights informed the mothers about the group dynamics and the content of the group sessions and were a starting point to work with some of the mothers.

Some of the mothers provided possible topics for a parenting group. These included the effects of witnessing violence on children, the impact of separation/divorce on children, child development, communication, discipline strategies and how family of origin influences parenting approaches. Peled and Davis (1995) presented an outline for a parenting group. Some of the topics were parental rights/kids' rights, self-esteem in children and sibling relationships (Peled & Davis). As well, part of each session would be used to inform the parents about the content of the children's group so as to help the parents integrate into their family's lives. A parenting group would allow more in-depth discussion of parenting issues which the parent information nights did not allow.

Offering a group for parents while the children attend a group is convenient as the family only has to make one trip to the agency. A parenting group is one way to promote changes in the child's environment so that it is more responsive to his/her needs (Peled & Davis, 1995).

There are limitations in offering two groups simultaneously. One limitation is the requirement for staff to run both groups. As well, child care for the children who are not in the children's group may be needed. This requires increased coordination of qualified personnel and space to accommodate three groups. As well, co-ordination between the staff is needed to ensure parents' leaders know what is happening in the children's group. Ideally, the parents should have received some counselling to deal with their own abuse prior to attending a parenting group so that they can focus on their children's needs (Peled & Davis, 1995).

As stated previously, I experienced a number of struggles with the present group model and have suggested some changes. Below is a new model based on my experiences with the practicum.

Practicum Model	New Model
<b>The Group</b>	
<p>Time-limited structured approach— 10 weeks for 1 1/2 hours</p> <p>Goals and purpose are predetermined by worker</p> <p>Goals:</p> <ul style="list-style-type: none"> <li>a) Break the silence</li> <li>b) Enhance self-esteem</li> <li>c) Identify and express feelings</li> <li>d) Nonviolent conflict resolution</li> </ul> <p>Educational and supportive</p> <p>Practice Principles</p> <ul style="list-style-type: none"> <li>a) need to belong</li> <li>b) establish bonds</li> <li>c) develop capacity to empathize</li> </ul> <p>Flexibility with agenda</p>	<p>Time-limited with some structure— 16 - 20 weeks for children with mild to moderate behaviour problems, 20 plus weeks for children with moderate to severe behaviour problems</p> <p>Goals and purpose initially determined by worker but may change once group starts. This is related to flexibility with agenda. Content of sessions based on dynamics in group, members issues and needs Reduce the number of goals.</p> <p>Goals:</p> <ul style="list-style-type: none"> <li>a) Break the silence</li> <li>b) Safety</li> <li>c) Nonviolent conflict resolution</li> </ul> <p>Educational and supportive</p> <p>Keep the practice principles and add:</p> <ul style="list-style-type: none"> <li>a) build cohesion</li> </ul> <p>Agenda to suit needs of children</p>

<b>Practicum Model</b>	<b>New Model</b>
<b>Member in the Group</b>	
<p>The member is screened by the worker</p> <p>Views about member:</p> <ul style="list-style-type: none"> <li>a) Members skills will expand regardless of group purpose</li> <li>b) Individual members have potential to make a difference.</li> <li>c) Person is not ill. Need to develop specific skills or need to alter how to relate to others</li> </ul>	<p>Screening to be done - 1 - 3 meetings</p> <p>Keep the views about member</p>
<b>Worker in the Group</b>	
<p>Screens clients before the group</p> <p>Determines group membership and content of group</p> <p>Roles - mediator, teacher, facilitator</p> <p>Worker is directive in group but needs to be flexible to agenda. How direct worker is may vary with activity and stage of group</p> <p>Is influenced by and is influencing client-worker system</p>	<p>Screen clients - 1- 3 meetings, before the group</p> <p>Obtain collateral contact such as counsellor or school</p> <p>Determines group membership. Use content provided by members to change goals and purpose and to meet needs of members</p> <p>Keep same roles</p> <p>Will be directive in the process of the group and flexible with the content</p>

Practicum Model	New Model
<b>Leadership</b>	
<p>Co-practitioner to co-facilitate a group</p> <p>A male-female co-leadership team to model appropriate and equal gender roles</p>	<p>Co-practitioner to plan and organize together, discuss leadership styles and group work perspectives to help establish equal status</p> <p>Depending on availability, a male/female or female/female team. See Commentary in Chapter Five</p>
<b>Activities</b>	
<p>Verbal and nonverbal activities are used to meet needs of group members and goals of group, develop relationships and build cohesion</p>	<p>Continue to use verbal and nonverbal approaches, however not so much emphasis on processing verbally. Topics can be addressed through games, crafts. "The chair game and puppets are recommended</p>
<b>Systemic view - Work with parents</b>	
<p>Child is part of larger system - the family. Establish a relationship with parent to keep parent informed about group content, offer support regarding reactions child may have from participating in group</p> <p>Develop two parent information evenings</p> <p>Parent-child post group interview to obtain feedback, discuss child's participation in group and give recommendations</p>	<p>Keep same view</p> <p>Options to work with parent - depends on time and support</p> <ul style="list-style-type: none"> <li>a) offer concurrent parent group</li> <li>b) offer parent group after completion of child group</li> <li>c) if no parent group - arrange one information night prior to start of group for an orientation on group contents and potential reactions child may have</li> <li>d) depending on needs of parent arrange to meet or have contact on regular basis</li> </ul> <p>Keep parent-child post group interview</p>

## **Personal Learning**

There were a number of personal learning goals outlined in Chapter One. Through researching the topic of children who witness violence in the home, facilitating the group, and completing this practicum report, I became more knowledgeable and cognizant of the issues facing these children.

Developing my knowledge and assessment skills in the pregroup planning and intake stage was another goal. This encompassed developing and deciding on the intake forms and procedures and interviewing potential clients. This process was aided by consulting with other counsellors who had worked with children who witness violence. However, my assessment skills were not just confined to the pre-group planning and intake phase. Assessment skills were also used throughout the group to understand the dynamics of the group, the roles, and the stages of group development. Taking this into consideration for each session, I needed to assess if the agenda was going to be followed or if it needed to change. Finally, assessment skills were also utilized in analyzing how Arthur and I worked together, understanding why it was not an equal co-practice relationship and exploring change strategies.

The pre-planning stage of publicizing and recruiting clients was an invaluable learning experience albeit, slow processes. There was the question of what more could have been done to elicit referrals. Securing a sufficient number of clients for a group had been a difficulty for other Master of Social Work students who wanted to run a group for their practicum (Pomrenke, 1995). It was

apparent that establishing contacts and networking with people in other agencies was important as referrals came from people with whom I had connections. Having connections to referral sources worked best because of their level of comfort and trust as well as, their commitment to send referrals to organizations with established programs in place.

Establishing an alliance with the parents and working with both the parents and children was important. As stated in Chapter One, ecological theory provided a theoretical perspective for organizing and working with the children. Meeting with the parents and establishing a relationship with them, places the children in a context - their family. To understand children who witness violence, one needs to be aware of the dynamics of wife abuse and the effects of violence on women. Women who are abused often need support especially after they leave their partners. The mothers in this practicum identified needing support in parenting. By supporting parents, hopefully the goodness-of-fit between the children and their environment improves so that the emotional and psychological needs are met. As the research on adjustment of children indicated, a healthy mother-child relationship promotes healthy adjustment of children.

Examining Brian's situation from an ecological perspective, it can be hypothesized that he experienced a stressful person-environment relationship. Brian's needs as a child were not a family priority, resulting in emotional and social impairment. With his mother seeking support for her addictions and counselling for being abused and being abusive, Brian's environment should

become more responsive to his social, emotional and behavioural needs. In contrast, Adam provides an example where the mother changed the environment; she left her abusive husband and obtained counselling. Adam experienced the most changes outside the group. It can be hypothesized that this may be the result of a good fit between him and his environment and a healthy parent-child relationship. Adam's mother was able to be emotionally, physically, and psychologically present for her son and thus supportive of any changes.

### **Recommendations**

I will conclude with some recommendations to consider if a similar practicum is undertaken in the future. 1) It is important for counsellors/social workers to keep an open mind about who is violent in the home, so as to include all the group members in the discussions. 2) Agencies and group workers need to be sensitive to the heterogeneity of children of abused women, and consider the model of group work to be used and the type of children suited for it.

3) Establishing and obtaining referrals for a group takes planning and time. In person networking and relationship building with other social workers/counsellors is necessary in obtaining referrals.

4) One of the difficulties I experienced was in structuring the assessment interview with the children so that they felt comfortable, while I obtained particular information. Although CWVI provided some good information and

served to structure the interview, it was time consuming. Two meetings instead of one long one would have been more appropriate and suitable to the children's attention span. In general, I would consider having between one to three intake meetings with the child to establish some rapport with him, and to ascertain if he is appropriate for a group. Personal communications with Hiebert-Murphy (1996) and Philpot (1995) confirmed that more than one intake meeting is sometimes necessary.

5) Regardless of the length of the group, it is important for a worker to be sensitive to the needs of the clients and be flexible with the agenda. Jaffe, Wolfe and Wilson (1990) indicated that the "special issues of individual children and ongoing crises demand great flexibility" when running the group (p.87).

6) Furthermore, the issue of safety needs to be addressed from the first meeting. Until the members feel safe both in the group and outside the group, it will be difficult for them to share and reveal their experiences.

7) It is important to have both qualitative and quantitative evaluation tools as each provides different information about the effectiveness of the intervention.

8) For some of the families, terminating service after the group was appropriate as no other contact was needed. Alternatively, some families remained connected with other counsellors. However, when a child and his mother needs longer term support, the question becomes: how long should the worker remain involved, or who could the referral source be and how could a referral be made effectively? To enhance a group intervention, follow-up

services after the group to see how the boys and their mothers are doing may be beneficial. This might include open-ended interviews, plus completing a Piers-Harris Children's Self-Concept Scale at three or six months. Issues preventing this are time limitations and work commitments.

9) Videotaping the group sessions was very beneficial and a valuable learning tool. Sometimes, Arthur and I felt overwhelmed by the group's dynamics. By viewing the videotapes of the sessions, we were able to see how the group appeared calmer and under more control than we thought. Viewing the videotapes also helped to see how we worked together as co-practitioners.

Overall, the practicum provided me with the knowledge of the issues, confidence and the skills to work with children from violent homes and their abused mothers. To answer the initial question, why run a group for children who have witnessed their mothers being abused by a partner? There are many mothers who are abused, thus many children who are affected by this violence. The boys in the group made me aware that it is important for children to have their feelings validated, to break the silence about this issue, and to understand that the abuser is responsible for the abuse.

**APPENDIX A**

Dear

As you are aware The Family Centre of Winnipeg, Learning to Live Without Violence program has been offering groups for couples. Starting in January 1996, a new component to this program will be available, a group for children who have witnessed violence in the home. This is being offered as a MSW practicum. I am sending you this letter to inform your agency about this group and I hope to receive some referrals from your agency for it.

The group will occur at The Family Centre Of Winnipeg and there will be no fee for participants. It is for boys 9-12 years of age. This educational and supportive group will address such topics as identifying feelings, learning about the cycle of violence, safety planning, and responsibility for the violence.

In addition to the children's group, I am also available to work with the parent(s) to address any parenting issues.

I have enclosed an information sheet outlining some of the details and the referral procedure. I am requesting that your staff be informed about this group and the information sheet be posted in your agency. As well for interested clients, a letter explaining the group has been included.

I will be contacting you in a week to arrange a time to meet and answer any questions you or your staff may have. I can be reached at # 947-1401 on Wednesday and Thursdays.

Thank you and I look forward to meeting with you.

Respectfully yours,

Jolanda Swanink

Dear Parent(s):

Thank you for your interest in this program, a group for children who witness violence in the home. This group is part of The Family Centre of Winnipeg, Learning to Live Without Violence program. I have organized this group as my practicum for my Masters of Social Work. One of the beliefs held by The Family Centre of Winnipeg about family violence is that "witnessing violence profoundly undermines children's self esteem and may lead them to repeating the cycle".

The purpose of the group will be to educate your child about family violence and to offer support to help them talk about their feelings and experiences living in a home where violence has occurred. A few of the topics that may be discussed are: the cycle of violence, expressing feelings, responsibility for the violence, conflict resolution, safety planning, and raising self esteem.

The group is for 9-12 year old boys and will start in January 1996 for 10 weeks. It will take place after school once a week for 1 1/2 hours. Discussion, games, crafts, role plays and a snack will be part of the group experience.

Although this program is for your child, I also believe that it is important that you as the parent feel supported and understand some possible reactions your child may have from being involved in this group. As such, a requirement for parents is that you have also received or are receiving some assistance to cope with the violence that has occurred or occurs in your life. If you are not connected with another counsellor or program, I am available to meet with you to support you in parenting your child.

It is important to determine if the group is appropriate for your child, and your child is ready to be in this group. Thus, I will be calling to arrange a meeting with you and your child to discuss with you in more detail the group and to obtain some family background information.

I look forward to meeting with you and your child. If you have any questions I can be reached at # 947-1401 on Wednesday and Thursdays.

Respectfully yours,

Jolanda Swanink

## **GROUP FOR CHILDREN WHO WITNESS VIOLENCE IN THE HOME**

**I AM A MSW STUDENT WHOSE PRACTICUM IS ESTABLISHING A GROUP FOR CHILDREN WHO WITNESS VIOLENCE IN THE HOME. THE GROUP WILL TAKE PLACE AT THE FAMILY CENTRE OF WINNIPEG IN PORTAGE PLACE. THERE WILL BE NO FEE FOR PARTICIPANTS.**

### **GROUP SPECIFICS**

- starts January 1996 and will take place after school
- 1 1/2 hours for 10 weeks
- discussion, activities, games, and crafts will be part of the format
- topics: cycle of violence, responsibility for violence, expressing feelings, safety plans, conflict resolution

### **TARGET GROUP AND REFERRAL CRITERIA**

- boys 9-12 years old
- child must have NO suicidal, self hurtful behaviours, or depressive behaviours or have been sexually abused. If child has been sexually abused, child has received treatment
- child must reside with one biological parent
- parent must be connected with a counsellor or a treatment program, or be willing to meet with me on weekly or biweekly basis. Purpose of meeting would be to support the parent(s) in understanding possible reactions of their child's participation in the group and also to support them in parenting.

### **REFERRAL PROCEDURE**

#### **PARENT MUST HAVE GIVEN PERMISSION TO BE CONTACTED AND TO BE REFERRED TO THE GROUP**

1. Discuss with parent, give information letter, and obtain permission to be contacted by Jolanda.
2. telephone Jolanda and be prepared to give the following information:
  - \*Name of child, D.O.B, age
  - \*Name of parent(s), relationship to child, who has legal custody
  - \*address, telephone number(s), is it safe to leave a message at house
  - \*family members living with child
  - \*nature of involvement with your agency
3. Jolanda will then contact parent and arrange a meeting

**\*\* Parent can also contact Jolanda directly by telephoning #947-1401**

**FOR FURTHER INFORMATION OR IF YOU HAVE QUESTIONS PLEASE FEEL FREE TO CONTACT JOLANDA SWANINK AT 947-1401 ON WEDNESDAYS AND THURSDAYS.**

**APPENDIX B****CONSENT TO TREAT A MINOR CHILD**

I/We \_\_\_\_\_ give permission for my  
child, \_\_\_\_\_ to receive counselling from The  
Family Centre of Winnipeg.

I am also aware that all employees, volunteers and students are mandated  
reporters. If one of the above mentioned people know or has reason to believe  
that my child has been or is being physically abused, sexually abused, or  
neglected, I understand that this information must be reported to the appropriate  
Child and Family Services agency.

Signature of parent/guardian: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT TO PARTICIPATE IN MASTER OF SOCIAL WORK PRACTICUM**

I \_\_\_\_\_ give my consent to have the written and verbal information I provide before, during and at the end of the treatment program used for the purposes of a Masters of Social Work Practicum Report. I understand that I will complete some evaluation questionnaires before the commencement of the group and after the group.

I provide this consent voluntarily, and understand that I may withdraw my consent without any penalty.

Participation also involves - 10 children's group sessions

2 parent information meetings

1 parent\child meeting

I understand that, as a participant in this treatment program, my rights will not be jeopardized, that my privacy will be maintained, and that the data obtained for the Masters of Social Work Practicum report will be used in a manner that maintains confidentiality and personal rights.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX C

### PARENTS' EVALUATION

In establishing the group there were a number of purposes. They were:

- a. Reduce isolation by providing the boys a place to meet other boys from similar situations and to talk about their experiences.
- b. To label feelings and help them express their feelings.
- c. To promote nonviolent/nonphysical ways to settle problems and conflicts.
- d. To increase their self-esteem.

To accomplish this a number of topics were going to be introduced. They were

- a. what is violence and abuse
- b. feelings
- c. anger - what can you do when you are angry
- d. safety planning and support systems
- e. who is responsible for the violence
- f. why do adults fight
- g. assertiveness
- h. wishes about the family
- i. what are the positive things about me

1. With regards to the purpose and the topics have you noticed any changes with your child?

Yes\_\_\_\_. Please describe

No\_\_\_\_. Please indicated what were some of the possible obstacles. What would have been helpful..

2. Which of the topics and purposes do you think has been addressed by the group?

3. What else would you have liked to see addressed by the group?

For this project, I wanted to establish a way to meet with parents, offer them support and for them to be included in their child's counselling. After considering different options, I decided on the Parent Information Sessions.

4. Were the parent information sessions helpful?

Parent Session #1 Yes \_\_\_ Please describe.

Parent Session #1 No \_\_\_\_\_ Why

Parent Session #2 Yes \_\_\_ Please describe.

Parent Session #2 No \_\_\_\_\_ Why

5. Would you have liked more parent information sessions? Yes \_\_\_ How many? \_\_\_\_\_

No \_\_\_\_\_

6. If a parent group had been offered at the same time as your child's group would you have attended? Yes \_\_\_ No \_\_\_\_\_

What would you have liked to discuss?

7. If a parent group or individual meeting with me had been mandatory, that is part of the program would you and your child have participated? Yes \_\_\_

No \_\_\_\_\_

8. What kind of friendship or connection do you think your child made with the other members?

9. Do you see you and your family needing further assistance? Yes \_\_\_

No \_\_\_\_\_

If yes, who and what kind of assistance?

10. Is there anything else you would like to say?.

**THANK YOU FOR YOUR PARTICIPATION AND ASSISTANCE**

**APPENDIX D****CHILDREN'S EVALUATION**

When the group started, the topics to talk about were:

1. what is violence and abuse
2. feelings
3. anger - what can you do when you are angry
4. safety planning and support systems
5. who is responsible for the violence
6. why do adults fight
7. assertiveness
8. wishes about the family
9. what are the positive things about me

1). What do you remember learning?

2). What did we do best?

3). What did we not do very well?

4). What did you like the best?

5). Which topic was the most helpful in the group?

- 1.
- 2.
- 3.

6). What would you have liked to talk about?

7). If you had to change anything, what would you change?

8). Did you make any friends while in the group? Yes \_\_\_\_\_

No \_\_\_\_\_

Will you keep in touch with this friend? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this a friend for

fun \_\_\_\_\_

to talk over problems \_\_\_\_\_

9). Do you think the group should be longer than 10 meetings? Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, how many meetings \_\_\_\_\_

10). Put a name of a group member beside the sentence that best describes someone in the group. You can put your own name in too.

Who in the group:

Reduced conflicts in the group \_\_\_\_\_

Tried to dominate and control the group \_\_\_\_\_

Relieved tension in the group with a joke or comment \_\_\_\_\_

Made suggestions about what the group should do \_\_\_\_\_

Helped other group members \_\_\_\_\_

## **APPENDIX E**

### **Children Who Witness Violence Group Outline - Original and Actual**

**Below is the original group outline.**

**1. Session One: Breaking The Ice and Breaking The Secret**

**Purpose:**

- 1. Getting to know one another**
- 2. Understanding the purpose of the group**
- 3. Establish group rules**
- 4. Break the secret - defining what is abuse/violence**

**2. Session Two: Identifying and Expressing Feelings**

**Purpose:**

- 1. Identifying feelings**
- 2. Identify when it is safe or who is safe to share feelings**

**3. Session Three: Anger**

**Purpose:**

- 1. Identify healthy and unhealthy ways of expressing anger**
- 2. To recognize own expression of anger**
- 3. To learn it is okay to be angry**

**4. Session Four: Responsibility For Violence/When Parents Fight**

**Purpose:**

- 1. To learn who is responsible for the violence in the family**
- 2. To learn that violence is not the child's fault**
- 3. To learn people are responsible for their behaviour**

**5. Session Five: Understanding Family Violence/It Is Not Always Happy At My Home**

**Purpose:**

- 1. To help children understand cycle of violence**
- 2. To be more aware of their own feelings when witnessing violence**
- 3. To be aware that they are not the only family where abuse has occurred**

**6. Session Six: Sharing Personal Experiences With Violence**

**Purpose:**

- 1. It is okay to talk about abuse**
- 2. To be aware of feelings about abuse and the feeling of telling people**

**7. Session Seven: Protection/Safety Planning**

**Purpose:**

1. I have a right to feel safe
2. To know the difference between good and bad touches
3. To know who and where to go for safety

**8. Session Eight: Assertiveness****Purpose:**

1. To acknowledge near the end of the group
2. To know the difference between aggressive, assertive and passive behaviour

**9. Session Nine: Wishes About the Family****Purpose:**

1. To discuss different family forms
2. To acknowledge how feel about positive and negative aspects of their family
3. To discuss end of group

**10. Session Ten: Review and Goodbye****Purpose:**

1. To review the last 10 weeks - what has been learned
2. To acknowledge accomplishments
3. To acknowledge different feelings associated with good-byes
4. To celebrate the completion of the group

**Below is the actual group outline.**

**A detailed agenda of each session is provided after this summary.**

- 1. Session One: Breaking The Ice and Breaking The Secret**
- 2. Session Two: Identifying and Expressing Feelings and Defining Abuse**
- 3. Session Three: Power/Assertiveness**
- 4. Session Four: Anger**
- 5. Session Five: Anger - When Parents Fight**
- 6. Session Six: Anger at Home**
- 7. Session Seven: Anger at Home - Sharing Personal Experiences**
- 8. Session Eight: Process Previous Session**
- 9. Session Nine: Being Safe and My Support Systems**
- 10. Session Ten: Closure**

## **Session One**

### **Theme: Breaking the Ice and Breaking the Secret**

#### **Purpose**

1. Understand the purpose of the group.
2. Getting acquainted with each other.
3. Establish group rules.
4. Break the secret - defining what is abuse/violence.
5. Complete Piers-Harris Children's Self-concept Scale

#### **Agenda**

1. Introductions.
  - a) Make name tags
2. Purpose of Group.
3. Snack.
  - a) Group brainstorm on type of snacks
  - b) Group brainstorm on rules
4. Games.
  - a) Balloon Toss
  - b) Write your name on the wall
  - c) The chair game
5. Questionnaire.
6. Check-out.
  - a) Rate the group and why.
  - b) Say something positive about self

## **Session Two**

### **Theme: Identifying and Expressing Feelings and Defining Abuse**

#### **Purpose**

1. Identifying feelings.
2. Identify when it is safe or who is safe to share feelings.
3. Complete agenda from Session One - Complete Piers-Harris Children's Self-concept Scale and define abuse.

#### **Agenda**

1. Check-in.
  - a) How are you feeling today. Pick a feeling from the feelings poster to describe how you are feeling today
2. Piers-Harris Children's Self-concept Scale.
3. Snack.
4. Game.
  - a) Emotional statues
5. Check-out.
  - a) Rate the group
  - b) Say something positive about self

## **Session Three**

### **Theme: Power/Assertiveness**

#### **Purpose**

1. To be aware of difference between passive, assertive and aggressive.
2. To identify positive aspects about themselves.

#### **Agenda**

1. Check-in.
  - a) How are you today?
2. Snack. During snack discussion took place on the following:
  - a) Confidentiality
  - b) Topics for remaining group sessions.
  - c) Positive aspects about the boys that Arthur and I noticed in the last session
3. The Chair Game.
4. Collage.
  - a) Make a group collage on what are images/symbols of power
5. Many Wonderful Things About Me poster
6. Check-out.
  - a) Rate the group
  - b) Say something positive about self

## **Session Four**

### **Theme: Anger**

#### **Purpose**

1. To identify what are healthy and unhealthy ways to express anger.
2. To help the boys identify when they are angry and when family members are angry.

#### **Agenda**

1. Check-in.
  - a) How are you feeling today?
2. Snack.
3. Identifying healthy and unhealthy ways to express anger.
  - a) Read section on expressing anger from the story "Something is Wrong at my House"
  - b) Group brainstorms on different ways to express anger
4. Role plays with puppets.
5. Game.
6. Check-out.
  - a) Rate the group
  - b) Say something positive about self

## **Session Five**

### **Theme: Anger - When Parents Fight**

#### **Purpose**

1. To discuss how the boys feel about parents fighting at home.
2. To give the message that women abuse is not children's fault.
3. To give the message that the abusive person is responsible for their own behaviour.

#### **Agenda**

1. Check-in.
  - a) How are you feeling today?
2. Activity.
  - a) Draw picture of people at home being angry or use puppets to act out how people are angry at home
3. Snack. During snack discussions took place on:
  - a) Defining abuse
  - b) Reviewing and feedback about the first five session
4. Game.
5. Check-out.
  - a) What did you learn to today?
  - b) Say something positive about yourself

## **Session Six**

### **Theme: Anger at Home**

#### **Purpose**

1. To facilitate the boys understanding of cycle of violence.
2. To give the message that domestic violence is not children's fault.
3. To aid the boys awareness about their feelings when witnessing violence.

#### **Agenda**

1. Check-in.
  - a) How are you feeling today?
2. Snack.
  - a) Prepare for movie
3. Movie - "The Crown Prince"
  - a) Watch movie and discuss what was the type of abuse, and who was responsible for the abuse
4. Check-out.
  - a) What did you learn today?
5. Game.
  - a) Play Pass the Present

## **Session Seven**

### **Theme: Violence at Home - Sharing Personal Experiences**

#### **Purpose**

1. To process the boys reactions and feelings about the movie.
2. For the boys to be more aware of their own feelings around witnessing abuse.
3. To discuss who is responsible for the abuse.

#### **Agenda**

1. Check-in.
  - a) How are you feeling today?
  - b) Is there anything in the movie that reminded you about home?
2. Snack.
3. Make your own movie about your violence in your home.
4. Game.
5. Check-out.
  - a) Rate the group

## **Session Eight**

### **Theme: Process Previous Session**

#### **Purpose**

1. To process the members feelings and reactions about session seven.
2. What are the easy and what are the hard feelings to share.

#### **Agenda**

1. Check-in.
  - a) How are you feeling today?
  - b) How are you feeling about last weeks meeting?
2. Snack.
3. Process last session.
  - a) What is the easiest feeling to talk about and what is the hardest feeling to talk about and why?
4. Game.
  - a) Feeling Charades or feeling collage or puppet show
5. Check-out.
  - a) Rate the group.

## **Session Nine**

### **Theme: Being Safe and My Support Systems**

#### **Purpose**

1. How to be safe - who do you call.
2. Have the boys start to be aware of who is their support system.
3. To prepare for the last session.

#### **Agenda**

1. Check-in.
  - a) How are you today?
2. Snack.
  - a) Discuss what kind of snack to have for the last session.
  - b) Discuss how the boys feel about termination of group
3. Activity.
  - a) Group brainstorm on the qualities of someone you can trust/who is safe
  - b) My Safety Sheet - identify who you can call for help
4. Game.
5. Activity - "Pass the Present"
6. Check-out.
  - a) Rate the group.

## **Session Ten**

### **Theme: Closure**

#### **Purpose**

1. Review and Good-bye
2. To complete the Piers-Harris Children's Self-concept Scale

#### **Agenda**

1. Check-in.
  - Use puppets to help boys express themselves
  - a) How are you feeling today?
  - b) How are you feeling about last weeks meeting?
  - c) How are you feeling about the group finishing?
  - d) What advise would you give Arthur and I if we were to run this group again.
2. Piers-Harris Children's Self-concept Scale.
3. Snack.
4. Game.
5. Check-out.
  - a) Acknowledging positive qualities of each boy
  - b) Asking members to give positive comment to each other
  - c) Give "Many Wonderful Things About Me" poster and certificate of participation

## APPENDIX F

### THE CHILDREN WITNESS TO VIOLENCE INTERVIEW

Copyright: Jaffe, P., Wolfe, D., & Wilson, S. (1990). Children of Battered Women. (pp. 80-82). Newbury Park, Calif.: Sage Publications, Inc.

\*Original questionnaire is not numbered.

#### A. Attitudes and Responses to Anger

\*1) What kinds of things make you really mad?

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

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

a)	yell, scream, swear	0	1	2
b)	fight, hit, punch	0	1	2
c)	talk to someone	0	1	2
d)	walk away	0	1	2
e)	go to room	0	1	2
f)	other	0	1	2

4) 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

5) 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

6) 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

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

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

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

10) What are your three favorite TV shows?

11) 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**

12) 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
y) you?	0	1	2

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

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

14) Do you think you could have ever done anything to prevent mom and dad from fighting? If yes, what.

### **C. Safety Skills**

15) 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) do to older sibling
- f) ask parents to stop
- g) act out
- h) other

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

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

18) 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) do to older sibling
- f) ask parents to stop
- g) act out
- h) other



26) 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 approved)

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

27) 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 approved)

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

28) 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     | d) drinking     |
| b) house is messy     | e) self-defense |
| c) doesn't do as told | f) other        |

## APPENDIX G

### Games

#### 1. The Chair Game

All members of the group sit on chairs in a circle, except one person. That person stands in the centre of the circle. The object is to have people switch chairs with the person in the centre also trying to get a chair. Need to have at least two people switching chairs. The person who does not get a seat, stands in the middle. Get people to move by calling out one thing: A) what you see about people ie. all people with brown hair/wearing pants/wearing running shoes/all boys,

B) what people like or dislike ie. all people who like pizza/like basketball, like to watch The Simpsons/don't like going to school,

C) themes ie. all people who get scared when parents fight/who know what a battered women's shelter is/who know about the Kids' Help phone line/know what the emergency number is.

Play the game as long as you like.

#### 2) Toss the Balloon

Stand in a circle and toss a balloon to someone.

Variations:

A) toss balloon and say your name and say the name of the person you are tossing to.

B) toss balloon and say what you like and ask the person you are tossing what do they like.

C) toss the balloon to anyone and don't let balloon touch the ground. Add extra balloons to make it more challenging.

#### 3) Write Your Name on the Wall

On regular sized paper or on a large piece of paper which you can hang on the wall, draw a wall of bricks. Inside each brick write a questions such as: who likes school?, who likes pizza?, who has seen the movie Batman?,

who has a brother?, who has a younger sister?, who has a pet - what kind?

Members of the group have to ask another member one of the questions and write their name on brick.

You can also leave blank bricks and the members can ask their own question.

#### 4) Emotional statue /Feeling charades

Members of group take turns through actions an emotion and the members have to guess what feeling it is.

#### 5. Pass the Present

A present ie bag of pretzels, box of cookies, bag of candy, is wrapped in several layers of paper, at least one layer per member of group. For each layer of paper, write a positive affirmation. The present gets passed from member to member according to who is most representative of the affirmation.

The positive affirmations can be written directly on the layers of paper or on a separate sheet which the group leader reads out loud.

An example of positive affirmations are:

Pass the present to someone who

1. makes you smile
2. is friendly
3. who listens
4. shares feelings
5. shows patience
6. makes you laugh
7. you know better than the first week of group
8. you would like to get to know better

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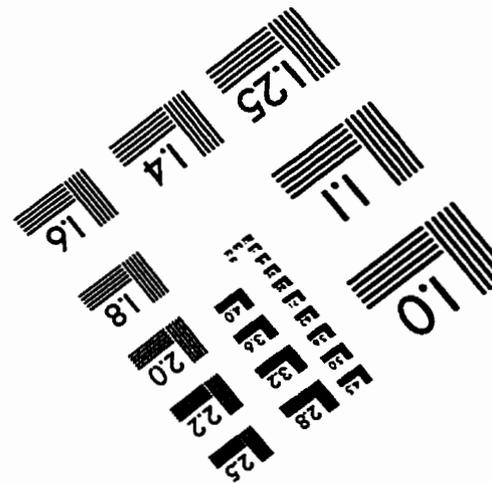
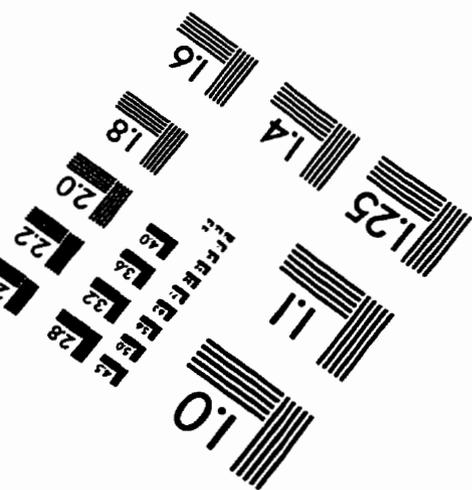
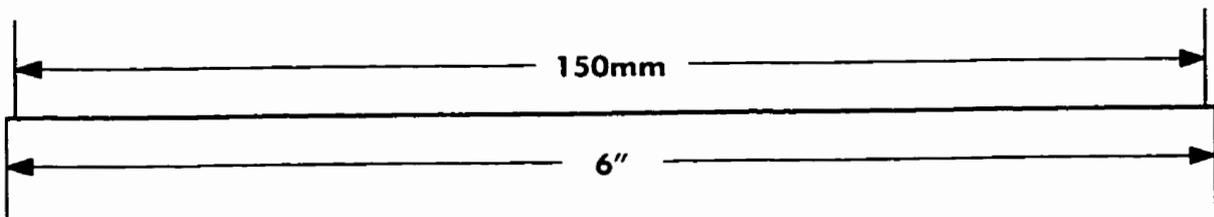
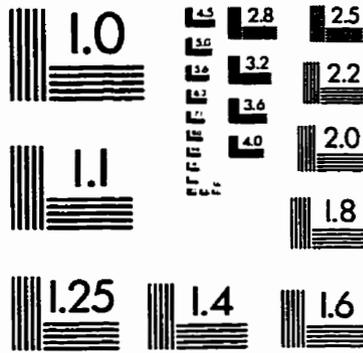
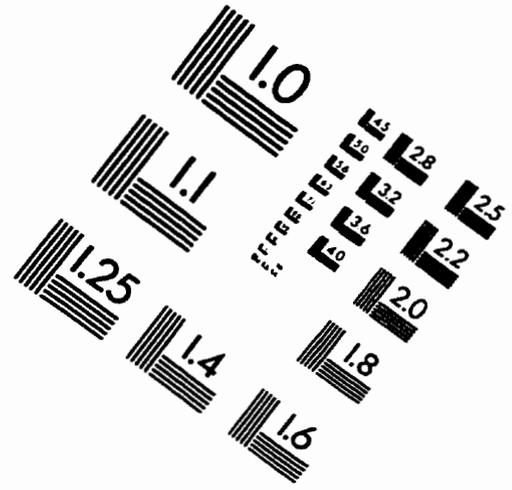
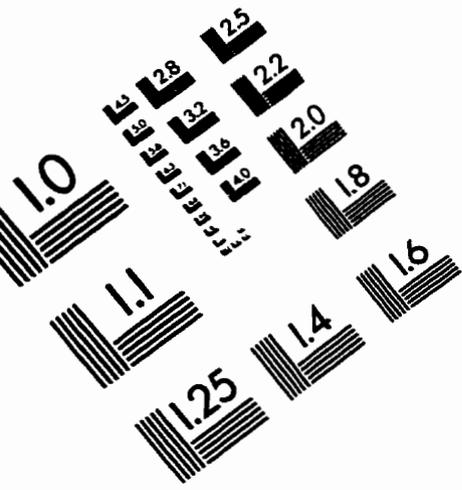
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