A COMPARISON OF FOUR GROUP COUNSELLING PROGRAMS FOR

CHILDREN WHO HAVE EXPERIENCED FAMILY VIOLENCE

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Bachelor of Arts, University of Calgary, 2002

A Project
Submitted to the School of Graduate Studies
of the University of Lethbridge
in Partial Fulfillment of the
Requirements for the Degree

MASTER OF COUNSELLING

FACULTY OF EDUCATION
LETHBRIDGE, ALBERTA

May 2010

Dedication

As a future counsellor, my sincere appreciation and admiration go out to all of the caring

individuals who dedicate themselves unwaveringly and selflessly to help children who

need them so desperately. As a mother, my heart goes out to those innocent children who

have done nothing wrong and yet suffer the consequences of domestic violence.

Abstract

The goal of this project is to compare four group counselling programs for children who have witnessed or experienced domestic violence. Information found in a review of the literature will be used to highlight commonalities, strengths, and areas for improvement in these programs. The comparison portion revealed that the programs in this project included similar session objectives that were for the most part supported by the literature, but varied greatly in their guidelines for program setup and termination. An advantage of this project is the gaining of awareness for service providers and other professionals of the programs that are available for working with children who have experienced or witnessed family violence. This information can also be used to modify existing programs or develop new programs, directly benefiting any children or parents seeking help with the problems associated with domestic violence.

Acknowledgements

I would like to thank Dr. Dawn Lorraine McBride for her consistent support, motivation, and invaluable knowledge throughout the completion of this project. I must also thank my husband Neil and son Grayden for their patience and love and send a sincere appreciation to Mel and Julie for their support during those many months I had to devote so much time to my work.

Table of Contents

List of Tables

Table

Chapter One

Introduction to Project

   This chapter will highlight the main goals of this project which include a literature

review and comparison of four group counselling programs. In addition, information on

how the literature review was conducted is outlined followed by a glossary to define

terms used in this project. The chapter concludes by providing information on domestic

violence and its impact on children.

   Rationale. This project will compare four group counselling programs for

children who have witnessed or experienced domestic violence. A literature review will

be conducted and the information used to further discover strengths and weaknesses in

these programs. This information can be used by program coordinators to create or

modify their group programs to enhance therapeutic outcomes for children of domestic

violence.

   The literature review process. The literature review, located in Chapter Two,

summarizes the information currently available about family violence in relation to its

impact on children, what issues or concerns are apparent, and what is suggested in

regards to direction for interventions and therapy for children. The group counselling

manuals or programs and the literature for review were located using electronic

databases, the World Wide Web, the University of Calgary and University of Lethbridge

library catalogues, and contact with program publishers. The electronic databases

included Academic Search Premier, Child Development and Adolescent Studies, ERIC,

PsychInfo, PsychLIT, Medline, Psychology and Behavioral Sciences Collection, and

SocINDEX. The two search engines utilized were OVID and EBSCOhost.

Domestic violence is known by many other terms, and while this project uses the term domestic violence consistently, other descriptors used for key search terms included family violence, parental violence, inter-parental violence, intimate partner abuse or violence, marital violence, partner violence, and spouse abuse. These descriptors, as well as domestic violence, were used as key search terms in the electronic databases, World Wide Web, and catalogue searches. Also included as search terms were children, child witnesses, child maltreatment, child trauma, child adjustment, adolescent, pre-school, treatment programs, intervention, child development, manuals, counselling, group counselling, and program evaluation. The search covered all terms and combinations of these terms in the title, keyword index, and abstract, with a focus on English language articles published from 1980 to 2006. Publications containing either or both quantitative and qualitative research were included, with articles appropriate to the scope of this project chosen for review. While a few program manuals were available at no cost from the author or clinic, it was necessary to purchase others.

The subsequent sections in this chapter will present definitions for the key terms used in this project as well as introduce the issue of domestic violence. This introduction will briefly provide the reader with a glimpse into the significance of violence in the home and its affect on children and why intervention for these children is crucial.

Glossary. The following section defines the various terms used in this project. The terms are presented in alphabetical order.

Child abuse: Any act or neglect that significantly endangers a child physically, mentally, or medically (Jouriles, McDonald, Smith Slep, Heyman, & Garrido, 2008).

Children: A general term indicating any boy or girl from birth to 18 years of age (Soo, 1998).

Domestic violence and Family violence: Physical, sexual or psychological abuse such as intimidation, threats, isolation and harassment against a person or persons by an intimate partner or family member (Jaffe, Zerwer, & Poisson, 2002).

Exposed: The act of experiencing a violent or traumatic event including physically witnessing, hearing, or being a part of the event or its aftermath (Loosley, Drouillard, Ritchie, & Abercromby, 2006).

Intervention programs: Providing various types of treatment for the current or anticipated effects of domestic violence on children including general and individualized concerns with the goal of healing (Loosley et al., 2006).

Perpetrator: The abusive partner who commits acts that result in physical, sexual or psychological abuse (Jaffe et al., 2002; McInnes, 2004). In this project, it is assumed that the woman is the victim of domestic violence or abuse and the man the perpetrator of violence or abuse.

Preschool children: Children between the ages of 2 and 4 (Soo, 1998).

Witness: The act of experiencing a violent or traumatic event from being a part of it, visually observing or hearing it, or experiencing its aftermath, such as injuries sustained, emotional reactions or the emergency personnel who intervene (DeJonghe, Bogat, Levendosky, Von Eye, & Davidson, 2005; Jaffe et al., 2002).

Woman from an abusive relationship: Any woman who has experienced physical, sexual or psychological abuse such as intimidation, threats, isolation and harassment by an intimate partner or family member (Jaffe et al., 2002).

Introduction to Domestic Violence

Family violence is a recognized social problem, with research and policy concerning women from abusive intimate relationships increasing. Unfortunately, children are the most vulnerable and most often ignored victims (Fantuzzo, Mohr, & Noone, 2000). It is estimated that more than 2 million Canadian children have witnessed violence in their homes (Sudermann & Jaffe, 1999). Fantuzzo and colleagues (2000) found that "children were disproportionately present in homes where there was a substantiated incident of adult female assault" (p. 17). In addition, since the incidence of violence is often highest in the early stages of partner relationships, young children are disproportionately represented as well (Fantuzzo et al., 2000; O'Leary, Barling, Arias, & Rosenbaum, 1989). Children who endure trauma through war may experience "their pain and suffering collectively, with family and friends who love them" (Berman, 2000, p. 107). Children of domestic violence, however, may not have family or friends to support them when one or both parents are the perpetrator of harm. Instead, these children may be expected to carry out their daily routine as if all is normal (Berman, 2000).

Domestic violence can range in severity from verbal abuse and isolation to actual physical assault or attempted murder. A child's witnessing of the event could include the abuse itself or its aftermath, such as hearing the abused parent crying and seeing the injuries or the emergency personnel who intervene (DeJonghe, Bogat, Levendosky, Von Eye, & Davidson, 2005; Jaffe et al., 2002). Unfortunately, even if the perpetrator leaves the home permanently, the abuse does not necessarily suddenly end. Continued threats by the abuser to the partner may occur, especially through access during child visitation or exchanges (Jaffe et al., 2002; McInnes, 2004).

Research on the effects of domestic violence on children has expanded in the past 15 years which has noted the harmful consequences of children witnessing domestic violence in the home. Children who live in an atmosphere of violence "are actively engaged in interpreting, predicting, assessing their role in causing the violence, worrying about consequences, problem solving, and/or taking measures to protect themselves, physically, and emotionally" (Cunningham & Baker, 2004, p. 3). It has been consistently revealed that this engagement and distress may have a negative effect on children of any age and may influence internalizing and externalizing behaviour as well as emotional states, resulting in aggression, anxiety, depression, and other emotional disturbances (Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006; Sudermann & Jaffe, 1999; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Many of these children could be at risk for mental health problems such as posttraumatic stress disorder (PTSD) (Fantuzzo et al., 2000; Jaffe, Sudermann, & Geffner, 2000; Pepler, Catallo, & Moore, 2000; Rossman & Ho, 2000). In addition, depending on the severity of the violence, a child's stage of development can be disrupted (Sternberg, Baradaran et al., 2006).

The ability of infants and preschoolers to develop interpersonal trust and attachment is often affected after witnessing repeated violence in the home. School-age children may have difficulty developing peer relationships and may withdraw from making social connections (Sternberg, Baradaran et al., 2006; Sudermann & Jaffe, 1999). Children may develop poor self-esteem and form the attitude that violence is acceptable, which could foster a belief in gender imbalances and contribute to a cycle of abuse (Dutton, 2000; Pepler et al., 2000; Sudermann & Jaffe, 1999).

In two mega-analytic studies, Kitzmann, Gaylord, Holt, and Kenny (2003) and Sternberg, Baradaran et al. (2006) predicted that children who directly experienced abuse in family violence were at a greater risk psychologically than children who only witnessed the abuse. Both studies reported no statistically consistent difference between the two groups of children, which indicates that both groups are at risk for both emotional and behavioural problems (Kitzmann et al., 2003; Sternberg, Baradaran et al., 2006).

Research has indicated that early intervention with children who have witnessed or experienced family violence is vitally important in order to respond to their psychological needs (Pepler et al., 2000; Sudermann, Marshall, & Loosley, 2000). While intervention is crucial for children who have witnessed violence, it appears that only about one in four children actually receives services in the United States (Huth-Bocks, Schettini, & Shebroe, 2001). One likely reason for not accessing treatment could be that some parents and service providers believe that younger children are not as affected by violence as older children, a belief that is not substantiated by research. In addition, or as a result of this, there may not be many suitable intervention programs are available for preschool children have has witnessed or experienced abuse, particularly in rural areas (Huth-Bocks, Schettini et al., 2001).

This chapter highlighted the main goals of this project and introduced the impact of domestic violence and children. The following chapter will provide a review of the literature surrounding this issue including research on the effects of domestic violence on children as well as interventions available for children to treat these effects.

Chapter Two

Review of the Literature

   This chapter contains a review of the literature associated with children who have witnessed or experienced domestic violence. This chapter sets the context for Chapter Three which introduces four group counselling programs that are compared to each other and to the information found in this literature review to allow commonalities, strengths, and areas for improvement to be highlighted.

   The chapter will begin by exploring the effects of domestic violence on children including interpersonal and emotional problems, cognitive functioning, and longer term impacts such as those on relationships and health. Next, the types of interventions that are available for working with children of domestic violence are highlighted with six group studies reviewed. In addition, specific goals of group therapy with children of domestic violence are discussed such as how to build group cohesion, understanding family violence and creating safety skills and plans. This is followed by a review of the stages of development and how these stages impact group work. The chapter concludes with cultural differences to consider when working with groups and a summary of the chapter.

Effects on Children

   The effect of domestic violence on children is a complex experience that is influenced by and impacts a child's entire environment, from family organization and school and social supports, to personal characteristics such as coping style and age (Jaffe, Wilson, & Wolfe, 1986; Lieberman, Van Horn, & Ozer, 2005; Wolfe et al., 2003). This section will highlight the effects of domestic violence on children in terms of

interpersonal and emotional problems experienced, cognitive functioning effects, longer term problems and attitude changes, and impact on relationships.

Grych, Jouriles, and Swank (2000) contended that ongoing observation and exposure to domestic violence in a family "is likely to tax the coping capacities of most children" (p. 91). While almost all research on the effects of domestic violence exposure shows modest to severe maladjustment problems for children, there does not seem to be a consensus as to which type of exposure is more detrimental: witnessing only, suffering abuse alone, or suffering abuse along with witnessing parental violence (Grych et al., 2000; Huth-Bocks, Levendosky, & Semel, 2001; Kitzmann et al., 2003; Sternberg, Baradaran et al., 2006; Wolfe et al., 2003). On one hand, some argue that children who experience multiple forms of violence such as abuse against their mother and being subjected to aggression towards themselves will have the most severe and diverse maladjustment (Grych et al., 2000; Sternberg, Baradaran et al., 2006; Wolfe et al., 2003). Others challenge this, stating that there are no significant differences between types of exposure. These authors noted domestic violence children have similar adjustment problems regardless if they witness or experience abuse (Huth-Bocks, Levendosky et al., 2001; Kitzmann et al., 2003; Sternberg, Baradaran et al., 2006).

Almost all research on the effects of domestic violence on children has found that children who have experienced violence endure much more emotional and behavioural problems than children who have not experienced or witnessed domestic violence (Edleson, 1999; Sternberg, Baradaran et al., 2006; Wildin, Williamson, & Wilson, 1991). It has been also found that children of family violence typically suffer lower cognitive functioning, have negative attitudes towards violence, show decreased social competence

and low self-esteem issues as well as are at risk for serious longer term functioning problems such as PTSD (Huth-Bocks, Levendosky et al., 2001; Jaffe et al., 1986; Rossman & Ho, 2000). Children at different ages exhibit varying degrees of symptoms, depending on the severity, duration, and characteristics of the violence.

Grych et al. (2000) suggested that even if parents do not notice any behavioural problems with their children after being exposed to ongoing violence at home, this does not necessarily mean there has been no negative effect. Children may be developing maladaptive beliefs or behavioural patterns that could manifest themselves in the future and put them at greater risk for mental health and interpersonal problems.

Interpersonal and emotional problems. As noted in the previous section, children of domestic violence often experience interpersonal and emotional problems. The following section will highlight more specific concerns within this topic.

Externalization. Children exposed to domestic violence often exhibit more externalized problem behaviours such as aggression and lack of self-control and more internalized behaviours such as fearfulness and anxiety than children not exposed to violence in the home (Edleson, 1999; Wildin et al., 1991). For instance, Sternberg, Baradaran et al. (2006) found in their study that 7 to 14 year olds who had either witnessed or experience domestic violence or both had many externalizing problems. In the same study, the authors noted no gender differences in their study, but a subsequent longitudinal study found that the girls had more internalizing and externalizing behaviours than the boys (Sternberg, Lamb, Guterman, & Abbott, 2006).

Furthermore, children from homes with parental violence appear to have more difficulty regulating their emotions and consequently are likely to suffer from increased

incidences of anxiety and depression (Edleson, 1999; Jarvis, Gordon, & Novaco, 2005; Lewis et al., 2006; McInnes, 2004). In addition, Jarvis et al.'s (2005) study noted that children who had more frequency of violence in the home and had injuries related to home abuse were assessed with more anger issues than children who were in homes with less violence. Further, even infants exposed to verbal or physical conflict in the home can display distress such as hyperarousal, regardless of their personal temperament as documented by the work of DeJonghe et al. (2005).

Low self-esteem. Children who experience any type of violence can encounter problems with low self-esteem, often as a result of either low parental nurturing or consistent putdowns and threats (Gruszinski, Brink, & Edleson, 1988; Lewis et al., 2006). While low self-esteem has been linked to depression and other emotional problems, research has noted that low self-esteem can also affect many other areas of a child's life, including peer relationships, school success, and future employment (Schutte, Malouff, Simunek, McKenley, & Hollander, 2002).

PTSD. Whether or not children who have witnessed or been exposed to domestic violence can be diagnosed with PTSD has been questioned by researchers and clinicians. Rossman and Ho (2000) explained that PTSD is difficult to diagnosis in children since the symptoms that form the disorder also occur in the diagnosis of depression and attention deficit disorder. Children, even those younger than 4 years of age, can exhibit signs of PTSD without actually meeting the DSM-IV criteria for it (Graham-Berman & Levendosky, 1998; Scheeringa, Zeanah, Drell, & Larrieu, 1995). Many children suffer intrusive and unwanted memories of the trauma and present traumatic avoidance and arousal symptoms such as thought and attention difficulties (Graham-Berman &

Levendosky, 1998; Levendosky, Huth-Bocks, Semel, & Shapiro, 2002). Graham-Berman and Levendosky (1998) found in their study that children who experienced any PTSD symptoms often had more internalizing behaviours, while those that were high in only intrusive memories and arousal displays often had more externalizing behaviours. Researchers have cautioned that further investigation or intervention is necessary when a child has separation anxiety, aggression towards self or others, and fearful behaviours. Rossman and Ho warned that children take longer to recover from stressful experiences. Consequently, they encouraged longer treatment plans when symptoms of PTSD are evident.

When a child suffers from any symptom of behavioural or emotional problems, it often impacts more than the child's view of himself or herself. It can impact the child's relationships with friends and family and ability to function properly in school and community systems (Jaffe et al., 1986; Peled, 1998; Wolfe et al., 2003). For this reason, providing counselling treatment to psychologically wounded children is necessary.

This previous section reviewed the impact of violence on a child's ability to relate to others as well as the emotional challenges he or she could experience. The next section in this chapter will examine cognitive functioning in children who come from homes with domestic violence.

Cognitive functioning. Children of domestic violence often suffer significantly more delayed intellectual development than children who do not come from homes with domestic violence (Koenen, Moffitt, Caspi, Taylor, & Purcell, 2003). A survey of academic achievement of children who had mothers with a family violence history found that many of these children had failing grades and required the services of specialized

programs in school (Wildin et al., 1991). A study of Huth-Bocks, Levendosky et al. (2001) examined the intellectual functioning of preschoolers found that children who had witnessed violence in their homes had poorer verbal abilities than their peers, a skill that appears to be more influenced by environment experiences than other intellectual abilities (Huth-Bocks, Levendosky et al., 2001). The aforementioned study found no significant differences in the type of exposure to violence. Thus children seem to suffer when there is domestic violence in the home regardless if the domestic violence includes physical or emotional abuse.

In a study of PTSD in children, Rossman and Ho (2000) found that children not only have difficulty receiving information, they also have difficulty processing it, which may impact both their school performance and their daily routines. They recommended repeating instructions and using different presentations of information, such as visual or kinesthetic, to help these children receive and process information in treatment.

While cognitive functioning impairment may have an immediate effect on a child, like those mentioned above, the child may also suffer from these effects later in life. For instance, impairment could hinder their attempts to find success in higher education or in the workforce. In the next section, other possible long terms affects on children from homes with family violence are described that could have further negative impact in their future.

Longer term impact of abuse. The impact of domestic violence on children may have immediate effects, like those listed previously, but could also affect children into their adulthood. More details of these long term effects are highlighted below.

Relationships. Children who have lived in homes with family violence may have difficulty seeing perspectives outside of their own view and understanding the feelings of others (Edleson, 1999). These children typically lack trust and are unable to recognize who they can rely on for support (McInnes, 2004). While children of domestic violence do not necessary have fewer friends, they seem to report having more conflicts with their peers and feeling an overall sense of loneliness (McCloskey & Stuewig, 2001). Peer relationships set the groundwork for socialization skills and help build identity. The ability to create and maintain these relationships is often a predictor for positive long-term outcomes for children with emotional disorders (Grunebaum & Solomon, 1980). McCloskey and Stuewig (2001) recommended examining the quality of a child's social relationships to ascertain maladaptive functioning and possible interventions.

Researchers again differ in their results when examining the impact of early exposure to domestic violence on future intimate partner abuse. Some researchers have found that survivors of abuse and those witnessing inter-parental violence during childhood were the most vulnerable to later partner abuse (Carr & VanDeusen, 2002; Lewis et al., 2006; Stith et al., 2000). Other researchers maintained that children from violent homes do not necessarily perpetrate or receive more violence later in life than children from nonviolent homes (Jaffe et al., 1986; Lichter & McCloskey, 2004). Instead some researchers discovered these children seem to be more accepting of violence as a solution for conflict resolution (Jaffe et al., 1986; Lichter & McCloskey). These same researchers also contended that the impact of domestic violence is much more complex. For instance, males who hold a traditional male dominance view along with having a past of conduct disorder are linked to more violence perpetration than those who simply come

from a violent home (Ehrensaft, 2008; Lewis et al., 2006). Women, on the other hand, are more likely to be involved in violent relationships when they have had past conduct problems or aggressive personality issues (Ehrensaft, 2008).

In addition, after conducting a study on incarcerated adolescent boys who had been exposed to domestic violence, Spaccarelli, Coatsworth, and Bowden (1995) discovered that the boys held the attitude that showing aggression was good for their reputation and that this self-image predicted they would use violence again in the future. Untreated aggression in childhood has also been linked to increased incidences of substance abuse, delinquency, school dropout, and violence in later years, with aggression in youths often leading to violent and antisocial behaviour in adulthood relationships (Lochman, Powell, Boxmeyer, Deming, & Young, 2007).

Health. Prolonged or repeated stress can have a detrimental effect on the health of an individual, with specific impact on the brain, including impaired memory function, ability to respond effectively to stressful events, and higher brain functions such as impulse control and logic (Brenmer, 2002; Perry, 2001; Sapolsky, 1996). Stress can also negatively affect the quality of a child's sleep, which may further complicate his or her ability to cope with stress (McInnes, 2004). Disturbingly, a survey by Wildin et al. (1991) called attention to the fact that the children they surveyed who had violence in the home attempted suicide more often than children from nonviolent homes. Research on infant response to exposure to violence demonstrated more sleep disturbances, decreased responsiveness to adults, and poorer health than found in infants who were not exposed to violence (DeJonghe et al., 2005; Scheeringa et al., 1995).

The previous sections explored some of the effects of domestic violence on children including interpersonal and emotional problem, cognitive functioning difficulties, and longer term effects including relationships and health effects. A possible further effect results from the quality of the parenting relationships the child experiences in the home and is explored in more detail next.

Impact of abuse on parenting. Studies by Jarvis et al. (2005) and Jouriles et al. (1998) found that child behaviour problems are typically associated with the quality of parenting in homes with domestic violence. Mothers who experience high levels of stress usually had children with the most behavioural problems; however, it was the mother's handling of her stress and her relationship with her children that seemed to predict whether they would have behavioural problems and the severity of them (Jarvis et al., 2005; Jouriles et al., 1998; Lieberman, Van Horn, & Ozer, 2005). Levendosky, Huth-Bocks, Shapiro, and Semel (2003) explained that the primary caregiver is the most important relationship in a young child's life and that a positive relationship is crucial for his or her social and emotional functioning. If the caregiver is experiencing stress that affects this relationship, the child's social and emotional facilities will likely suffer.

Authoritative parenting styles, which include consistency and being cooperative, sensitive, and responsive to children's needs, are positively associated with a child's secure attachment to the mother (Levendosky et al., 2003). Authoritative parenting also seems to be associated with more learning problems and decreased externalizing behaviours, while parenting that is authoritarian or permissive is linked to anxiety in children and increased problems in learning, conduct, and impulsive behaviour (Rossman & Rea, 2005).

The chapter thus far has described the impact of domestic violence on many aspects of a child's life including, interpersonal and emotional problems, cognitive functioning, and long term effects like those on health, relationships and parenting skills. Children do not have to suffer the effects of family violence alone. In the past two decades there has been increase in research and interventions available for children who have witnessed or experienced domestic violence (Jaffe et al, 2000). The following section will highlight some of the interventions available as well as summarize a sample of the studies conducted on some of these interventions.

Interventions

When a woman leaves an abusive home, often her first concern is for the safety and well-being of her children (Jaffe et al., 2002). Although many may already see behavioural changes in their children, mothers typically want to know if there will be any further effects, now and in the future, that they should be aware of, especially symptoms that are not obvious. According to Jaffe et al. work, mothers often express a desire to access specialized services for their children, requesting consistent and easily accessed services to avoid added stress in a situation that is already beset with stress.

This section will address the various forms of treatment that have been used to work with children who have witnessed or experienced domestic violence. In addition, research that has examined the outcomes and efficacy of group treatment are highlighted as well as some important considerations that could be beneficial when working with children.

Types of interventions. Most research evaluating interventions for children of domestic violence has concentrated on individual or group counseling (Georgiades, 2008; Wagar & Rodway, 1995). A few other techniques have been explored and evaluated as well.

Narrative. Waters (2002) found that narrative story writing typically allows children to explore their feelings and experience them without speaking them aloud and is helpful when a child witness has difficulty speaking or is unable to speak. Characters in the story can take on feelings the child has, and the child is invited to move from feeling the emotions to identifying and naming them.

Home visits. Eckenrode et al. (2000) found that regular home visits by a mental health care professional can often help decrease the occurrence of child maltreatment, but only if there are no current incidences of domestic violence in that home. When domestic violence occurred in the home, the authors found that incidences of child maltreatment did not decrease. This appears to indicate that treatments designed to work with child maltreatment and domestic violence should be separate and distinct programs, with child abuse interventions potentially following domestic violence interventions (Jouriles et al., 2008). In cases of child abuse, Jouriles et al. (2008) suggested combining home-based intervention with child nurturing and management skills for the mother. In addition, they recommended screening for abuse or domestic violence when depression or substance abuse is found to exist in a family member.

Group treatment vs. individual treatment. Herman (1997), a trauma theorist, has maintained that "recovery can take place only within the context of relationships; it cannot occur in isolation" (p. 133). Where "trauma isolates; the group re-creates a sense

of belonging. Trauma shames and stigmatizes; the group bears witness and affirms"
(Herman, p. 214). Group counselling has been found to be an effective approach for
working with children and is often the preferred choice when working with those who
have experienced domestic violence (Huth-Bocks, Levendosky et al., 2001; O'Keefe &
Lebovics, 2007; Sudermann & Jaffe, 1999). In general, group therapy appears to be a
successful intervention because it allows participants to experience, through observation
and participation, the therapy of others as well as their own therapy (Holmes &
Kivlighan, 2000). This witnessing often allows vicarious learning, sometimes promoting
such factors as insight, a new way of seeing things and a sense for the child that he or she
is not alone in their experience (Holmes & Kivlighan, 2000).

Children of domestic violence often isolate themselves and have difficulty in
social situations due to rejection, anxiety, and problem behaviours (McCloskey &
Stuewig, 2001). Group counselling has the potential to repair and encourage healthy
relationships. In group therapy, children engage in therapeutic play and receive coaching
on how to engage in healthy peer play. These types of activities are not readily available
with individual therapy (Grunebaum & Solomon, 1980; Merkin & Brusiloff, 1981).

Working with children under the age of five in groups can be problematic since
they usually lack the ability to be socially interactive, leading to a possible lack of the
group cohesion that is necessary for most group work (Berg, Landreth, & Fall, 2006;
Merkin & Brusiloff, 1981). Researchers recommended choosing group work for children
under five years of age when having an adult to build a close relationship with is needed,
especially if this is not available in the child's home life or when a child shows difficulty

in social situations, since peer correction is available and the areas of empathy and reinforcement can be easily used and seen by the group (Merkin & Brusiloff, 1981).

This section addressed some of the forms of treatment available for children who have witnessed or experienced domestic violence. The following segment will review a small number of research studies that have examined the outcomes and efficacy of group treatment.

Group intervention studies. As noted previously, group treatment is often the recommended and preferred choice when working with children of domestic violence (Huth-Bocks, Schettini et al., 2001; O'Keefe & Lebovics, 2007; Sudermann & Jaffe, 1999). While numerous programs exist, evaluations of their efficacy and processes are modest (Georgiades, 2008; Wagar & Rodway, 1995). This section will review six outcome group counselling studies. Although there were many more studies to choose from, these six were selected due to their relevancy to the scope of this project.

First study. Peled and Edleson (1992) conducted a qualitative evaluation of a 10 week group program for children, aged 4 to 12, of domestic violence along with three family sessions. Semi-structured interviews were conducted with mothers, fathers, group leaders and agency staff as well as the children along with author observations included in the evaluation.

The four goals of group program were described as breaking the secret, learning to protect themselves, having a positive experience, and increasing their self-esteem. The content included defining violence and who is responsible for it, education about feelings and expressing these feelings, and sharing each child's personal experience to realize that he or she is not alone (Peled & Edleson, 1992).

The results of the study pointed out that while children acknowledged being scared about attending the group work at first, most quickly came to enjoy having the opportunity to meet new friends and play while enjoying snacks. The facilitators noted that children decided what to share with the group, an indication that they had the ability to create boundaries for safety. The children reported feeling better about themselves when they realized they were not alone in their experience. Talking about confidentiality and rules helped create safety for the group around the area of disclosure of violence and emotions, a standard that most children shared as being important and achieved. As a component of protecting themselves, the group created a safety plan and practiced it. Most children shared that they were uncomfortable creating it, either because of the content or suggestion of future violence, but all remembered their plan after the program ended (Peled & Edleson, 1992).

The group was also successful in helping children build self-esteem. This appeared to be achieved through indirect and direct methods such as frequent positive reinforcement through compliments and reassurance, the achievement of the other group goals, and having choices available during activities (Peled & Edleson, 1992).

Further, the knowledge that the children gained in group therapy impacted their relationships with their parents at home, especially forcing the mother to acknowledge her own emotions (Peled & Edleson, 1992). This highlights the possible need for ongoing communication between the group facilitator and the parents, either through parent groups or family sessions. Interestingly, the study also found that the child who had the most severe case of abuse did not disclose until the completion of the program. As a

result, the authors recommend having separate groups for abused children or ensuring that each group has more than one abused child so they do not feel alone.

Other suggestions offered by the authors included having this program as part of a larger intervention plan that could include school, community, and family therapy and ensuring that a detailed plan of the program is shared with parents, with goals, structure and, process and more on reasons for confidentiality (Peled & Edleson, 1992).

Second study. Wagar and Rodway (1995) evaluated a 10-week group treatment program for 38 children aged eight to 13 who had witnessed domestic violence. The children were randomly assigned to two treatment groups, one of children aged eight to 10 years of age and another of children aged 11 to 13 with the remainder assigned to one control group. Evaluations were conducted using pretreatment and post treatment measures as well as post treatment self evaluative reports by parents and children. The goals of this program were to modify children's attitudes about their experience of the violence through direct instruction of how to adopt new responses to anger, the learning of safety skills, and the discussion of responsibility in domestic violence.

In terms of the program goals, the authors found significant positive changes in children's attitude, anger responses and the onus of responsibility for violence after treatment as well as in an informal follow-up six months after treatment. Although positive changes in safety skills were not found to be significant, parents were able to provide examples of some encouraging changes in this factor in the informal follow-up. There was no indication of how the children felt about the program in terms of feeling valued, safe or being part of a group despite the self evaluation they would have completed after treatment.

While this program was intended to treat the aforementioned responses, positive behavioral changes were also noted by facilitators, teachers and therapists in some children. These included; increased confidence, expression of feelings, increased self protection, knowledge of support and rights, increased social skills and decrease in aggression. As a result, the authors recommended increasing the treatment period for children with more severe adjustment problems and including components in future therapies that would address self-esteem, empowerment, problem solving and social skills. In addition, they suggested that more emphasis be placed on self-protection and gender role issues and on creating groups with children who have similar intellectual development by limiting groups to a one year age difference.

Third study. Canham and Emanuel (2000) facilitated a year-long psychoanalytic group program that met once per week for one hour with six children aged four to eight. The goal of therapy was to help children who had difficulty with peer relationships "understand aspects themselves and their behaviour, in relation to the other children in the group" (Canham & Emanuel, 2000, p. 282) and the facilitators. Canham and Emanuel (2000) believed that this could be accomplished by having a mixed aged, gender, and pathology group that allowed the children to see how they were different, but also helped them see their similarities.

Initially, the children vied for the attention of the couple or attempted to break up the couple, but as the facilitators' supportive relationship continued and the children started to feel understood and supported, this ended and cohesion formed. This supports Sugar's (1991) opinion that, in the beginning of therapy, the child sees the therapist as a

parent with the peers as rival siblings, becoming more emotionally tied to each other later.

Through parent reports six months after the program ended, the facilitators noted that all children improved their social skills with peers by becoming more accepting and tolerant of others and making friends more easily. They also shared a marked improvement in school performance with specific changes in increased reading skills. More importantly, the parents shared that children "were less likely to allow themselves to be the receptacles for others' projections" (Canham & Emanuel, 2000, p. 301) and reported that all of these changes persisted at follow-up six months beyond therapy.

The authors did not specifically recommend any inclusions or changes to the group intervention described but did indicate that some of the children in their group may benefit from further interventions in the future. They contend that group psychotherapy "is a powerful alternative to individual analytic work" (Canham & Emanuel, 2000, p. 302) for certain children.

Fourth study. Trounson-Chaiken (1996) conducted a case study of an eight month, 31 session preschool play therapy group for five developmentally delayed and emotionally traumatized children, two to five years of age. Although a parent group and older sibling group ran simultaneously, this study included only the observations of the preschool group. The goals of the group were to help children with general domains of functioning as well as current presenting problems such as language development and communication skills, social skills, and problem solving. The therapists attempted to help the children fulfill the goals through such methods as connecting observed problem

behaviors to feelings, helping with alternative solutions, and encouraging healthy

interactions between the children.

The author noted that changes to the treatment plan, irregular attending of group

by the children and separate activities by the children created chaos for the first few

months of the group. As attendance became regular and relationships were formed

between the children, group cohesion increased with less individual play and more paired

or group activities occurred. The therapists encouraged this by providing fewer toys and

bringing in those that could be shared. With the establishment of the group, therapists

were able to observe the group dynamics and what each child brought to the group as

well as the changes in behavior that occurred (Trounson-Chaiken, 1996).

With the group coming to an end the authors noted that some children regressed

to some of the previous play behaviors such as infantile toys. The therapists were able to

re-establish the cohesion though through working with the children around the issue of

termination. Through play, the author noted that children seemed to be able to express

their feelings and find solutions to their conflicts. These skills then allowed them to

develop social skills and increase their language ability, which further allowed them to

develop peer relationships and a greater sense of identity (Trounson-Chaiken, 1996).

Fifth study. Sudermann et al. (2000) used a questionnaire/interview instrument to

evaluate a series of 10 to 12 week group treatment program for 31 children aged seven to

15 years of age placed into similar development groups. The only groups that were

gender balanced were those in the pre-teen and teen groups, since those groups indicated

that gender was an important factor to them. The researchers included a pre-group

interview to assess appropriateness of participation and to familiarize the child and

mother with the leader and program. This pre-interview also gave the child permission to talk about the violence and allowed the facilitator to understand the current violence situation. The goal of treatment was to increase adaptive functioning, decrease social behaviour problems, prevent violence in future relationships, and increase safety skills with facilitator guidelines. The content of the intervention included violence terminology and definitions appropriate for the age of the group; recognizing, understanding, and communicating feelings; talking about violence in families; anger and conflict resolution; responsibility for family violence and myths surrounding it; power and control in abuse; safety planning; violence and abuse prevention; and self-esteem.

The study found that children did learn the intended goals. They changed their attitudes about abuse and violence, placed less responsibility on themselves and more on the perpetrator, and increased their safety skills. Mothers reported that their children were less aggressive, listened better, and were more confident and outspoken (Sudermann et al., 2000). The children shared that talking about the abuse in their home helped them understand violence and their feelings and although the disclosure was difficult, felt better about themselves after.

Sixth study. Pepler, Catallo, and Moore (2000) evaluated twelve 10 week long peer group counselling program for 46 children aged six to 13 from violent homes using a pre-post comparison design. The goal of the program evaluated was to improve the children's attitudes toward violence and decrease symptoms of depression, anxiety, and behavioural problems. The program used discussion, role playing, and games through the topics of labeling feelings; appropriate ways of dealing with negative emotions, self-esteem, and self-worth; feelings of responsibility; coping with family and future; safety

planning; identifying and using social supports; myths and attitudes about gender roles; issues of separation and divorce; and coping with new parental relationships (Pepler et al., 2000).

The researchers found that the program had a positive effect on the children's self-reports of depression and anxiety and that both mothers and children reported fewer behavioural problems. Although no significant positive results occurred for attitude changes or children's feeling responsible for violence in the home, the authors found that the children started the group already well-adjusted in these beliefs and attitudes. Contrary to some research, the authors did not discover any improvements in the children's behavioural or emotional problems if the mother was participating in a mother's group at the same time (Pepler et al., 2000).

Summary of group intervention studies. Overall, the six reviewed studies provide valuable information for group workers and those that design the groups for children who have witnessed abuse. For example, all six studies highlighted the fact that including an affect based component in treatment is important to help children identify and manage emotions. As well, increasing social skills, problem solving abilities and safety skills were also highlighted in most studies. In addition, it appears it is critical for facilitators to create a safe environment for children to disclose and feel valued. Specific therapeutic goals and program components will be explored in more detail in next segment following further information on caregiver's suggestions for improving the program discussed above.

Caregiver suggestions for improving programs. This section will review the work of Sudermann et al (2000) and Peled and Edleson (1992) who sought feedback from

mothers who had children in groups for healing from witnessing abuse. The feedback was focused on three areas, each of which will be reviewed next as it has important implications for group planning work.

When children participate in group work without a parallel parent group being offered at the same time, caregivers may not be certain what their children are learning or do not know how to handle what they are sharing at home (Sudermann et al., 2000). Mothers' suggestions for improving group programs for their children included wanting to know more about what their children are learning so they can either reinforce it at home or understand how to respond. In addition, they believed that having more interventions or individual sessions that emphasize peer relations and the feelings of shame and embarrassment are necessary (Sudermann et al., 2000).

While mothers understood the rule of confidentiality in their children's group, they were uncomfortable not knowing what was being said and done in the group work (Peled & Edleson, 1992). Therefore, highlighting the importance of security in groups and the freedom to disclose without fear of recrimination seems necessary to help parents understand confidentiality as well to increase communication between caregivers and facilitators. This could help make parents feel more secure in their children's participation (Peled & Edleson, 1992).

This feedback is important as mother or parent support is critical to whether or not a child will commence or continue in treatment (Peled & Edleson, 1998). These suggestions could benefit both the set up of the program as well as the components of parallel parent group sessions. In the next section, specific suggested program

components and therapeutic goals are explored as well as information that may prove useful when working with children of different ages in groups.

Goals of Group Therapy for Children of Domestic Violence

Jaffe et al. (1986) contended that any intervention strategy for children of domestic violence has to focus on the child's response to the experience. It must also "adopt a developmental perspective on cognitive and behavioural factors that are related to the etiology of family violence, as well as those factors that may be important in helping children recover from the turmoil" (Jaffe et al., 1986, p. 360). This section will focus on the therapeutic goals that are vital when treating children of domestic violence as well as provide information that may enhance learning and outcomes when working with children of different ages in group therapy.

Peled (1998) pointed out in his study that children live through phases when there is violence in the home. He further highlighted the major themes in a child's experiences in the final phases of adjusting to life after domestic violence. These themes are the meaning of secret, defining witnessing and exposure, children's ways of managing their exposures to violence, the impact of violence on relationships with parents, and the impact of counseling on study participation (Peled).

Herman (1997) and Kerig, Fedorowicz, Brown, and Warren (2000) stressed that the primary goal of treatment of traumatized children should be to empower children and help them gain mastery over the experience. They maintained that this could be done through re-exposing children to their experience through having them tell their story. This re-exposure is done gradually with support, ensuring that children are in control of the experience. These authors emphasized that through the retelling of the story,

children's emotions can be revealed, explored, and normalized. Following this, safety, coping, and stress skills can finally be established to help children reduce anxiety and gain control. Kerig and colleagues (2000) pointed out that maladaptive beliefs or attitudes can be identified through group play therapy with young children or cognitive therapy with older children and open discussion and behavioural techniques used to access emotions. Herman (1997) maintained that a last aspect of therapy is a reconnection to normal life through the development of the self and trusting in and finding support from others.

There are common goals among many of the group programs available for working with children of domestic violence, indicating that these components are fundamental in helping children attain healthy functioning (Gruszinski et al., 1988). How the goals are accomplished depends on the activities and techniques used, which is determined by the age and development stage of the group.

Building group cohesion. Peled (1998) suggested that when working with children of violence, an environment must be established that is free of judgment, confidential, and a place where feelings and experiences are validated. As well, time for the child to develop safety and comfort in treatment is essential before self-disclosure can occur effectively. A child who does not feel safe will be unable to focus on any other goals (Jaffe, Wolfe, & Wilson, 1990).

Shechtman and Gluk (2005) conducted a self-report study about the factors that children found important in group therapy and discovered that climate was the most important for all of the children, regardless of gender. The two most critical aspects of climate that they indicated were caring and support, and they further shared that having a

sense of encouragement, acceptance, and feeling liked were significant aspects of therapy success.

Pre-group preparation is necessary to set the expectations of the group's behaviour as well as the procedures of therapy (Bednar, Melnick, & Kaul, 1974). Bednar and colleagues (1974) emphasized that groups that include this will have participants who self-disclose sooner and participate in group activities more readily. As well, they recommended implementing structured activities early on to allow the group members to get to know one another and ease anxiety in addition to providing practice for upcoming group work. Gradual reduction of these activities should occur soon after, with more emphasis on group members doing the activities (Bednar et al., 1974). While the interaction between the members is the key to client change, it is the leader who must facilitate the exchange through direction, modeling, and feedback appropriate to the development of the group (Bednar et al., 1974; Burlingame, Fuhriman, & Johnson, 2001; Holmes & Kivlighan, 2000). Positive feedback is exclusively given at the first stages of group work, with corrective feedback given in the middle and later stages (Bednar et al., 1974).

In their study, Merkin and Brusiloff (1981) found that using words over action, such as issuing spoken reminders and verbalizing cause and effect, was fundamental for change, as was ensuring that children felt understood and valued throughout the program. They further ensured children felt understood and valued by providing consistent reinforcement during therapy and sending notes of praise home with the child.

Breaking the secret. The immediate goal for intervention for children who have witnessed domestic violence should be to encourage them to break the secret of violence

and share their story (Silvern & Kaersvang, 1989). The facilitator can help by remaining

patient and curious and reinforcing group rules and expectations. Jaffe et al. (1990)

contended that children are not necessarily looking for solutions to their problems at

home, but want an opportunity to share their fears with people who will believe them.

They suggested that the first steps in intervention must include acknowledging children's

experience and helping them see that they are not alone. Two studies found that children

typically felt that empathetic listening helped them feel cared for and understood and

created a safe place for them to disclose their stories and feelings and hear feedback.

Hearing a peer's story often helped them realize they were not alone and encouraged self-

focus, emotional insight and awareness and compelled them to help others (Bednar et al.,

1974; Shechtman & Gluk, 2005).

> **Understanding family violence.** Once the violence in the home has been

revealed, children move from keeping the violence a secret to sharing private information

with safe professionals, dealing with the contradictory messages of what their parents

have told them, and reinterpreting past experiences (Peled, 1998). While the first

exposure to violence may have the greatest impact on the child due to a change in

perceptions of their father and family and the fear of the possibility of further violence,

this new change in rules may result in further emotional upheaval. Peled insisted that

children attach different meanings to violent episodes, depending on the circumstances

and timing of the event and that generalization cannot be made for all.

> Margolin and Gordis (2004) highlighted the fact that some children from homes

with domestic violence have appeared to cope quite well and suggested that

understanding resilience may be useful in creating interventions for children who do not

cope as well. For example, Wagar and Rodway (1995) indicated that it may be the child's own interpretation of the violence that determines the impact it will have on him or her. Maybe a child who understands that the violence is not his or her fault may suffer less traumatic symptoms than a child who blames his or herself.

Many children who are exposed to domestic violence feel a sense of responsibility for what is happening, leading to emotional distress and hesitance to discuss violent episodes (Gruszinski et al., 1988; Silvern & Kaersvang, 1989). While some feel the violence is their fault, others believe they should have been able to stop it from happening or at least protect their parents by keeping the violence a secret (Gruszinski et al., 1988; Silvern & Kaersvang, 1989). In this component, the facilitator remains patient and curious and provides education about domestic violence, including who is actually responsible for it. While techniques still depend on the child's age and stage of development, songs, statements, and drawings may be useful additions (Gruszinski et al., 1988). This education helps normalize the child's experience and encourages a discussion on feelings about responsibility (Silvern & Kaersvang, 1989).

Another goal is to identify and change attitudes and beliefs that may have developed (Kerig et al., 2000). From living with violence, children are likely to learn that violence is an appropriate way to resolve conflicts and that gender equality or dominance is acceptable (Jaffe et al., 1986; Kerig et al., 2000). A discussion about these beliefs can open a dialogue in the group about appropriate responses to anger and conflict, challenges maladaptive beliefs, and provides the opportunity for work in the upcoming components (Jaffe et al., 1986; Kerig et al., 2000).

Emotion labelling. One of the key areas of concern for children of domestic

violence is the emotional problems they may face and their reaction to them (Edleson,

1999; Wildin et al., 1991). Through open discussion or sharing of experiences, group

members can learn to name, through the empathetic support of the group and leader, the

emotions and worries they are feeling (Kerig et al., 2000). For younger children who may

not be able to accurately name emotions, emotion labelling aids or activities using

"thermometers" or "weather reports" can help them gauge the intensity of emotions and

changes may be helpful (Gruszinski et al., 1988). This identification can help children to

acknowledge an emotion, accept it, and finally make sense of it, which are three key

goals in emotion therapy (Greenberg, 2006). Children may learn to adapt their negative

responses to emotions simply by accomplishing these goals, but also by discovering

whether the emotion is helpful or a hindrance (Greenberg, 2006). In addition, groups can

use such methods as coming up with alternate responses, reframing, or learning

techniques to regulate or decrease anxiety that may be provoked by the emotion

(Greenberg, 2006; Kerig et al., 2000; Silvern & Kaersvang, 1989). By achieving these

goals, children could begin to develop emotional intelligence, which is characterized by

accurately perceiving, understanding, and regulating emotions and accessing them when

needed. This ability may positively impact other areas of their lives now and in the future

(Schutte et al., 2002).

Bicknell-Hentges and Lynch (2009) recommended teaching individuals with

trauma symptoms coping skills such as relaxation therapy and stress reduction along with

behaviour therapy such as problem solving to help regulate affect and decrease over

stimulation. Since stress can have harmful effects on health and brain function, including

techniques that reduce stress reduction is vital to positive outcomes (Brenmer, 2002; Perry, 2001; Sapolsky, 1996). A relaxation technique such as thinking of a peaceful place can be an effective way to help reduce anxiety in children and can help them realize how stress affects them physically (Rose, 1998).

Increasing skills and self-esteem. Helping children acquire the skills necessary for adapting to changes in their lives and modifying stressor or behaviour problems can further increase positive functioning. For example, since some children who have been exposed to conflict are more accepting of violence as a solution for conflict resolution, teaching them problem-solving skills may provide them with alternative methods of resolution as well as help them to think abstractly and to be reflective and flexible (Benard, 1991; DeMar, 1997).

Cognitive-behaviour therapy (CBT) has been found especially useful in changing behaviours and increasing skills in group therapy because of the availability of peer modeling of skills and peer reinforcement of positive behaviour (Carr & Boyd, 2003; Lochman et al., 2007; Simmerman & Christner, 2007). Childhood problems of anxiety, depression, anger, and social skills are all areas that would benefit from CBT. Examples of CBT techniques include role playing, creating and practicing coping statements, and rewarding individual and group behaviour with token prizes (Lochman et al., 2007; Simmerman & Christner, 2007).

Children of domestic violence often lack self-esteem (Gruszinski et al., 1988). In three studies comparing emotional intelligence and self-esteem, Schutte and colleagues (2002) found that individuals who were high in emotional intelligence had higher self-esteem. Importantly, these individuals were able to maintain their high self-esteem even

when faced with adversity. This emphasizes the importance of including emotion-based components in group therapy for children of domestic violence. In addition, highlighting a child's strengths and teaching the group how to give and receive constructive criticism has also been found to be vital to increasing self-esteem. By building a child's positive self-image, the child may be able to increase her or his sense of empowerment and control (Gruszinski et al., 1988).

Acquiring social support. As discussed previously, the ability of children of domestic violence to develop interpersonal trust and attachment is often affected after witnessing repeated violence in the home, and these children may then have difficulty in developing or maintaining peer relationships (Sternberg, Baradaran et al., 2006; Sudermann & Jaffe, 1999). Children may withdraw from making social connections and lose the support they so desperately need for positive long-term outcomes (Grunebaum & Solomon, 1980; Kohler & Fowler, 1985; McCloskey & Stuewig, 2001). McCloskey and Stuewig (2001) recommended providing opportunities for peer interaction for children of domestic violence, a benefit that group counselling can readily offer. Teaching social skills through peer and facilitator modeling can improve children's ability to establish and maintain relationships by teaching them how to be flexible, empathetic, and caring; communicate effectively; and develop a sense of humour (Benard, 1991; Jaffe et al., 1986; Lewis et al., 2006).

Peled (1998) identified that a supportive relationship with their mothers helped carry children through the difficult phases of violence, even when the children blamed the mothers for many of the problems experienced. As well, having another supportive adult or participating in group work with peers could provide children with support, model

nonviolence, and encourage them to redefine reality in a way that increases their coping abilities (Peled, 1998). Herman (1997) pointed out that helping victims of trauma reconnect to their normal life also involves helping children discover who in their life they can trust and connect with as a support person.

Safety skills and planning. Wagar and Rodway (1995) recommended including interventions in group therapy that help children learn how to keep themselves safe in all relationships in their lives, especially if there is still potential for violence in the home (Gruszinski et al., 1988). The idea of safety is discussed generally at first in the program, with more specific ideas discussed soon after; later, a detailed plan is created that is age appropriate (Gruszinski et al., 1988). Using problem-solving skills, stories, and role playing are useful ways of identifying possible unsafe situations and coming up with a plan to stay safe (Gruszinski et al., 1988; Peled & Edleson, 1992). Plans could include emergency phone numbers or locations and escape routes (Gruszinski et al., 1988). Children may be uncomfortable creating these safety plans, possibly because having them indicates that future violence is likely, but also because they think it makes them feel or appear helpless (Gruszinski et al., 1988; Peled & Edleson, 1992). Renaming the plan with empowering phrases may be beneficial for older children when this fear is apparent (Gruszinski et al., 1988). Through rehearsal, the children may better recall and use these plans when they are needed (Gruszinski et al., 1988; Peled & Edleson, 1992).

Dating violence. O'Keefe and Lebovics (2007) discussed the importance of including a component about dating violence for adolescents in group therapy since the relevance is much stronger at this age than it is for younger children. While no consensus has been reached about whether domestic violence exposure leads to intimate partner

abuse, there are studies that indicate these victims are more likely to end up in spousal abuse relationships (Carr & VanDeusen, 2002; Jaffe et al., 1986; Lewis et al., 2006). Further exploration into attitudes and maladaptive beliefs about violence may be beneficial, as may gender role differences and conflict resolution strategies (Carr & VanDeusen, 2002; Jaffe et al., 1986; Lewis et al., 2006; O'Keefe & Lebovics, 2007).

Mother-child interventions. Many researchers have argued that better outcomes arise from domestic violence interventions that include both the children and the mother (Chan, Ka-Ching, Chu, Tsang, & Leung, 2002; Lieberman, Van Horn, & Ozer, 2005; McCloskey & Stuewig, 2001). Domestic violence exposure typically has its first effects in the relationships in children's lives, especially in the relationship between the child and the mother. A focus on protecting and nurturing this relationship may positively impact relationships later in the child's life (McCloskey & Stuewig, 2001). Children who had PTSD symptoms and received psychotherapy with their mothers showed a significant decrease in behaviour problems and were less likely to be diagnosed with traumatic stress disorder. In addition, mothers also showed less PTSD avoidance symptoms when participating in therapy with their children (Lieberman, Van Horn, & Ghosh Ippen, 2005).

Incorporating programs that pay specific attention to the mother's psychological functioning into domestic violence interventions that include parenting skills often has a positive impact on children's outcomes (Jarvis et al., 2005; Jouriles et al., 1998; Levendosky et al., 2003; Lieberman, Van Horn, & Ozer, 2005). Some studies that included parenting skills are discussed next.

Sullivan, Egan, and Gooch (2004) conducted a study that evaluated a group treatment program for mothers and children involved in domestic abuse. The goals of the program were to increase the parenting skills of the mothers and to help the mothers and children increase coping skills, decrease stress, and create safety plans. The intervention was found effective in helping the children reduce self-blame for the violence and significantly decreased stress and trauma symptoms for children and the mother. The authors recommended intensifying and lengthening the program for more severe symptoms as well as increasing the focus of the program to disclosing violence, gaining support from peers, and learning safety planning skills to help reduce symptoms of anger (Sullivan et al., 2004).

Chan et al. (2002) did a study of a parallel group therapy for children and their mothers and found that there was conflict reduction even a year and a half following the intervention. They attributed increased communication to enhancing the relationships between mothers and their children and recommended joint activities in therapy to facilitate partnership and intergroup exchange in addition to separate group therapy for the mothers and children. They suggested parallel group therapy for all problems of parenting, especially domestic violence (Chan et al., 2002).

Jouriles and colleagues (1998) cited the fact that over 100 studies have evaluated the positive use of using parenting skills to reduce conduct problems in preadolescent children. They conducted their own study, evaluating in-home sessions that taught parenting and nurturing skills to mothers through direction, practice, and feedback and problem solving and decision-making skill interventions along with their children. The researchers found a significant decrease in conduct behaviours at the end of treatment,

but also observed increased warmth and involvement of the mother toward the child and the use of more appropriate parenting skills. The mothers also reported less psychological stress (Jouriles et al., 1998). In a subsequent evaluation of a social and instrumental support for both mothers and children and problem-solving skills and child management skills for mothers, the authors found in a follow-up eight months later that children's conduct problems decreased and mothers' parenting skills increased.

While the section above explored the suggested goals of group therapy when working with children of domestic violence, understanding the phases of a child's life and their functioning and skill level may be important when creating groups and choosing activities and goals. The next section will highlight the developmental stages of children and some key characteristics of each level.

Developmental stages and learning. Understanding the developmental level of children is important in organizing group work and interventions because the needs and skills of each child at different stages may change (Van Velsor, 2004). Closeness in age and intelligence is often related to shared interests and concerns, and creating groups with this in mind could create better group cohesion and outcomes (Kymissis, 1996; Rose, 1998; Van Velsor, 2004). Kymissis (1996) cautioned that what is appropriate and therapeutic for one age group may be strange and unsuccessful for another. The following section will outline the four stages of development beginning with preschoolers and concluding with adolescents.

Preschoolers. "Play is the vehicle by which expression of feelings and fears take place" (Trounson-Chaiken, 1996, p. 3). Preschool children between the ages of two and four typically have limited verbal skills and are markedly egocentric, so play therapy may

be a better fit for interventions (Soo, 1998). Their thinking is preoperational which results in them dealing with the world symbolically rather than logically. Preschool children characteristically have shorter attention spans and, accordingly, condensed sessions with more activities using toys, posters, stories, and music are ideal (Kymissis, 1996; Rose, 1998; Sugar, 1991). Young children frequently use projection and magical thinking in play and coping and therefore would do well with intervention techniques such as role playing (Rose, 1998; Sugar, 1991). In addition, it is necessary to remember that they often use denial to cope and mainly have problems relating to separation from mother, individuation, anxiety about loss, and feelings of shame (Sugar, 1991). Group size is recommended to be between four and six mixed gender preschoolers, with a maximum age difference of 24 months. Sessions ideally should be no longer than 45 minutes (Sugar, 1991).

Kindergarten age. Children aged 5 to 6 typically have increased motor and verbal skills and a more developed need for socialization. They generally need to feel accepted and appreciated (Kymissis, 1996; Sugar, 1991). They normally use nonverbal methods such as drawing to express themselves and begin using cooperative play at this age as they begin to see that there are different sides to the same issue (Kymissis, 1996). Activity groups that begin with individual work leading to parallel or cooperative work would do well for this age. Discussions that come up unexpectedly should be fostered, though, as this group usually benefits from talk (Soo, 1998; Sugar, 1991; Van Velsor, 2004). Group size is recommended at four to six with sessions no more than 45 minutes long (Sugar, 1991).

Latency. While children under the age of 7 are still in the preoperational thinking stage and will ordinarily engage in fantasy thinking and living, from ages eight to 12 children begin to move into concrete operational thinking (Sugar, 1991). At this time they start to show the ability to reason with what they have experienced (Kymissis, 1996). It is important to note that latent children typically have problems with feeling guilty and are therefore less open with adults (Sugar, 1991). In later latency, with increased coordination and fine motor skill development, paintings, drawings, and writing will often be of better quality, but role playing and the use of puppets typically also work well (Kymissis, 1996; Sugar, 1991). They can usually see perspectives other than their own and peer pressure often becomes a major issue, with closer friendships developing with the same sex (Grunebaum & Solomon, 1980; Kymissis, 1996).

When working with latency children, it is recommended that genders be separated into different groups to better meet the developmental needs of the members (Sugar, 1991). Groups can be as large as seven with a time limit of approximately one hour, although groups with more severe problems should be limited to four or five (Sugar). While early latency groups can manage with a two or three year age difference, late latency groups should have no difficulties with a three year gap (Sugar, 1991).

Adolescents. Children aged 12 to adulthood are called adolescents and many practitioners break this group into early, middle, and late adolescence. It is important to know that after the age of 11 children often seek approval from their peers and would most likely benefit from groups made up of those of their own age group and gender (Berg et al., 2006). While work with any age group can have difficulties for facilitators, adolescents can often be the most challenging (Kymissis, 1996). At this age children

begin to be less trusting of adults and may be apprehensive about attending a group that is recommended by an adult. They typically desire the freedom to make their own choices, yet at the same time demand guidance (Kymissis, 1996). Adolescents are usually in the midst of developing a sense of identity and a moral value system. Generally, anything that makes them appear different from their peers or what they have already come to believe may cause them to feel confusion as well as shame and embarrassment (Malekoff, 2004; O'Keefe & Lebovics, 2007). This age group may also be unique in that they often feel responsible for creating safety in the home, sometimes assuming a parental role that could increase their symptoms of anxiety, responsibility, and fear (O'Keefe & Lebovics, 2007).

Adolescents typically begin formal operational thinking by age 12 and are often able to think more abstractly and objectively, so interventions can include more philosophical discussions and verbal interactions. After the age of 13, teenagers often increase their abstract thinking, generally incorporate the principles of formal logic, and frequently have the ability to generate abstract propositions and multiple hypotheses. Although all children experience stress and anxiety, adolescents can usually better understand these concepts (Rose, 1998). Group work can also be "instrumental in preparing adolescents for democratic participation in community life" (Malekoff, 2004, p. 17).

Adolescents do not typically like being labeled or diagnosed, but often do want to work on the problems adults have highlighted for them. They like to have fun. Malekoff (2004) highlighted the role of music, dance, literature, and competition in enhancing learning. Role playing is still usually effective with this age group, with activity-

discussion groups generally effective for preadolescents or young adolescents, interview-discussion groups often helpful for middle adolescents, and interpretive groups found to be quite successful for older adolescents (Rose, 1998; Soo, 1998).

This section looked at the developmental stages that make each age group unique and challenging. Some key components included the typical skill level of each stage, the type of intervention often suggested, and the recommended organization and length of group sessions. In the next section, the issue of cultural diversity in group work is explored, highlighting the possibility of challenges in this area.

Cultural Differences

The impact of working with diverse cultural backgrounds has dramatically challenged and influenced the field of psychology and counselling over the last few decades (Arthur & Collins, 2005). While there is little information available in the literature about working with children from different ethnic backgrounds, facilitators and program creators may find research on diverse cultural background in adult populations useful. Shechtman, Hiradin, and Zina (2003) maintain that facilitators must be cognizant of the fact that while many cultures hold different values and belief systems, they must also realize that making generalizations about the characteristics of any culture can be very damaging to positive therapy outcomes. Shechtman and Halevim (2006) compared the functioning group counseling of two adult ethnic groups and found that, despite very different traditional expectations, there were more similarities than differences in group therapy (Shechtman & Halevim, 2006). Even cultures that do not typically value the sharing of emotions have been found to engage in this exchange in group counselling and often found it effective (Shechtman et al., 2003). These results may be indicative of the

theories that individuals' needs in the group are stronger than their needs to meet their own cultural expectations, or that their subculture is more salient than their main culture. The group norms become more powerful than the norms outside of the group (Shechtman & Halevim, 2006; Shechtman et al., 2003). The authors cautioned that unnecessary changes should not be made to interventions based on the cultural backgrounds of group members. As well, facilitators must ensure that they are respectful of the values of the individual, are flexible or structured as needed, and should not always see nondisclosure as a sign of resistance (Shechtman & Halevim, 2006; Shechtman et al., 2003). This advice may be useful when working with children as it appears to relate to the components of group therapy that children often find important; feeling safe and supported (Jaffe et al., 1990; Shechtman & Gluk, 2005).

Summary of Literature Review

This literature began with a review of the effects of domestic violence on children including interpersonal and emotional problems they may face as well as cognitive functioning deficits, longer term problems, attitude changes, and relationship impacts. Next, interventions available for working with children of family violence were highlighted including narrative styles, home visits and individual and group therapy comparisons. Studies that examined the efficacy of group therapy for children were then explored, including interventions that helped children achieve positive changes in such areas as self esteem building, expressing and managing emotions, and increasing social skills. Caregiver suggestions followed this as insight to helping set up group programs and possible inclusions to parent group therapies.

In addition, the suggested components of group therapy for children of domestic violence were reviewed in detail, including goals of building group cohesion, breaking the secret, exploring family violence, emotion labelling, increasing skills and self-esteem, acquiring social support, safety skills, dating violence and mother/child interventions. This section was followed by important information on understanding the characteristics of each development level of children in order to properly set goals for each age group and include adequate activities to enhance learning. Information about working with children from diverse cultural backgrounds was lastly discussed in order to forewarn of possible challenges in this area.

Despite all of the research on the effects of domestic violence on children, "no single risk factor has been identified, no single pattern of response to maltreatment has been observed, and much of the variability in outcome remains unexplained" (Sternberg, Baradaran et al., 2006, p. 109). In addition, while many programs include similar components, no two programs are exactly the same. The modest evaluation studies that do exist highlight key areas of focus necessary for working with children of domestic violence, but again none offer the exact same suggestions.

The next chapter introduces four group counselling programs that are currently in use in work with children of domestic violence. They will be compared to each other and to the information found in the previous chapter's literature review and this comparison will be detailed in the same chapter.

Chapter Three

Introduction to Program Comparisons

The main scope of this project is to use the information found in the literature review to highlight the commonalities, strengths, and areas for improvement in four group counselling programs or manuals that work with children or teens who have witnessed or experienced family violence. This chapter will introduce those four programs as well as provide the details on that comparison. The focus was on locating English language programs or manuals published in North America that were currently in use in working with children who had been exposed to or witnessed domestic violence, with priority given to those with editions less than five years old. The fourth and final chapter will provide a summary of the previous chapters and include the components of utility and limitations of this project.

Method. Program and manual authors or administrators were contacted by email or phone to obtain permission for the use and review of their material, even though all programs chosen were accessible to the public. The consent involved informing the authors of the purpose of the study, my status as a student, the right to withdraw the program from the project, and the possibility of publication of project completion (see Appendix). Confirmation of consent was obtained through email and fax. This project did not involve any solicitation of opinion or interviewing of children, authors, or other participants. As well, the manuals and articles used in this project are public documents, for review only, requiring no ethical review or clearance (see Appendix).

Review process. The content in chapter 3 was used as the main resource to evaluate the four programs. The following themes were reviewed for each program

including, program set up and implementation, building group cohesion, treatment goals including termination, and parental or caregiver involvement.

Before the comparison work is presented, it is necessary to first introduce the four programs in no particular order. Thereafter the comparison of the four manuals will be conducted with the four manuals' commonalities and differences highlighted. In addition, references will be made to the information suggested or reported in the literature review as described in the previous chapter. The chapter will end by providing a summary of the chapter and introduce Chapter Four which will conclude with a summary of this project including its utility and limitations.

Overview of the Four Programs

Four manuals were used in this project. In this chapter, the four group programs will be referred to by an abbreviated version of their group title. The manuals used were:

- *Groupwork with Children Exposed to Woman Abuse: A Concurrent Group Program for Children and their Mothers* by Susan Loosley with contributors Derrick Drouillard, Darlene Ritchie, and Susan Abercromby (2006) in use by the Children's Aid Society (CAS) in London and Middlesex, Ontario.

- *Paths of Change: Children's Groups: A Program for Children Who Have Been Exposed to Family Violence* by authors Jean Dunbar and Liz Leroux (2003) of the Young Women's Christian Association (YWCA) Sheriff King Home in Calgary, Alberta.

- *Group Services for Children Affected by Domestic Violence: An Interactive 12-Week Group Curriculum for 8-12-Year-Old Children* prepared by Northnode, Inc.

and a collaboration of Children's Services Providers for the Massachusetts

Department of Social Services Domestic Violence Unit (2007a).

- a revised edition of *A Group Treatment Manual for Preschoolers Experiencing Family Violence and Loss* by Alissa Huth-Bocks and Allison M. Schettini of Michigan State University (2006).

Table 1

Overview of the Four Manuals Used in This Project

Program Title	Length	Ages	Group Size	Concurrent Group
Groupwork with Children	12 weeks	4-16	6-8	Mothers
Paths of Change	10 sessions	4-13	8-10	Parent
Preschoolers Group	16 sessions	3-6	3-6	Recommended
Group Services	12 weeks	8-12	Not available	Caregivers

Groupwork with children exposed to woman abuse: a concurrent group program for children and their mothers. This 12 week program was created for children from the ages of four to 16, as seen in Table 1 above, who have experienced or been exposed to domestic violence, with groups divided further into similar development level groups (Loosley et al., 2006). This program includes a concurrent program for mothers and while it is not the only program to include one, it is the only one to include the mother's group manual and gives detailed information about how the programs work together. The authors maintained that mothers "are the experts in their children's lives" (Loosley et al., 2006, p. 11) and that including topics from the children's groups in the mother's groups allows the mothers to help and support their children even more, leading to better outcomes for both groups. Although the groups run parallel with each other, this project will only briefly highlight the mother's program since the main scope of this project pertains to interventions for children. The authors pointed out that even if a mother is unable to participate in the program, children can still take part in and benefit from the children's program (Loosley et al., 2006).

The main goals of this children's program are to explore responsibility for violence; increase self-esteem; create safety plans; identify, express, and manage the children's feelings around the experience; and create new conflict resolution strategies. In the mother's groups, the main goal is to share with the mothers the topics and skills that their children are learning so that the mothers can reinforce this knowledge at home and provide their children with more support. Subsequent goals include facilitating learning and support between group members and increasing parenting skills (Loosley et al., 2006).

The children's program manual is 262 pages long and begins by introducing the program with a brief history of the work by the agencies involved in the creation of the program and the vision, principles, and mission that guided the authors. "Rooted in a feminist perspective on the issue of domestic violence" (Loosley et al., 2006, p. 14), the main purpose of the program is to help children "move beyond what happened in their family in a safe and therapeutic way" (p. 15).

Paths of change by YWCA. The Paths of Change Children's Group 10 session program was created by the YWCA Sheriff King Home is for children aged four to 13 (see Table 1) who have witnessed violence in the home and includes guidelines for children who have been physically or sexually abused (Dunbar & Leroux, 2003). The program is based on Adlerian play therapy and the stages of building a relationship with the child, exploring the child's lifestyle, helping the child gain insight into his or her lifestyle, and reorienting and re-educating the child.

This program also has a concurrent parenting group to assist parents in increasing their parenting skills, but there are no details on how or if the groups interconnect with one another to provide reinforcement or learning at home. The parent group manual was not included with the children's manual (Dunbar & Leroux, 2003).

The goals of the program are to help children recognize unsafe situations, increase their knowledge about violence and their own experience, recognize their needs, and identify feelings (Dunbar & Leroux, 2003). Confidentiality is stressed, and information is provided about disclosure when child harm or abuse is suspected. While guidelines and materials are available for session presentation, facilitators are encouraged to come up

with further creative ideas. Safety limits are described in the manual, including awareness of who is picking the child up (Dunbar & Leroux, 2003).

The children's manual is approximately 214 pages long and begins with an introduction to the organization along with its mission and goals as well as an overview of the effects of family violence on systems and children along with normal behaviours typical of different age groups and parenting tips (Dunbar & Leroux, 2003). It continues with play therapy information and guidelines for working with children in groups as well as providing information on the program itself, including organization, goals, and screening procedures (Dunbar & Leroux, 2003).

A group treatment manual for preschoolers experiencing family violence and loss. This 16 session program is aimed to treat children aged three to six years (see Table 1) who have experienced family conflict or violence as well as traumatic loss (Huth-Bocks & Schettini, 2006). Created by Huth-Bocks and Schettini in January 2000, it was published in the *Journal of Child and Adolescent Group Therapy* in March of 2001 and revised in 2002 by Theran and Schettini and again in 2006 by Solomon, Miller, Carter, and Mourad. This project will be using the 2006 revision. Although there is no established parallel parent or mother's program with this treatment, the authors do suggest that families or parents should participate in concurrent individual or group therapy for better outcomes.

The main scope of treatment in this program is play, with the general therapy goals being, to help the children learn to identify and express feelings, teach them problem solving and conflict resolution skills, provide a safe place to express themselves and have a positive social experience, and address beliefs about responsibility for

violence. The authors note that other goals can be included depending on the needs of the children currently participating in the group (Huth-Bocks & Schettini, 2006).

The 58-page manual begins with a brief introduction to the effects of violence in the family as well as the benefits and goals of therapy, program setup, and information on the characteristics of the preschool age development level. It also includes troubleshooting for anticipated issues or problems as well as two case studies (Huth-Bocks & Schettini, 2006).

Group services for children affected by domestic violence. This 12 week program was created for children aged eight to 12 years of age who have witnessed domestic violence. Prepared in June of 2002 and revised most recently in April of 2007 by Northnode Inc. and nine agencies that provide services for children of domestic violence for the Massachusetts Department of Social Services (Northnode, 2007b, 2008a), the authors noted that they also used information from the Children's Aid Society manual *Group Treatment for Children Who Witness Woman Abuse* (Northnode, 2007b). They also note that facilitators who use their curriculums are welcome to make changes and share any benefits they observe (Northnode, 2007a, 2007b, 2008a). The website includes a manual for a caregivers program that is run at the same time as the children's program.

The children's program goals are to increase pro-social behaviour, increase ability to identify and express feelings, increase conflict resolution skills, increase recognition of and decrease tolerance for abuse, and increase safety skills (Northnode, 2007b). The caregiver's program goal are to provide information on the effects of domestic violence, share what their children are learning in their program with parallel sessions, and learn

ways to facilitate their children's learning outside of the group (Northnode, 2007a).

While the programs are run separately, in the first session caretakers are invited to join

the first part of the session. This inclusion, the manual maintains, includes the caregivers

in the process of the treatment, shows the children they support their participation, and

shows caregivers "how the group will work for and with their children" (Northnode,

2007b, p. 4).

The manual contains a curriculum for an interactive group program (see Table 1)

(Northnode, 2007a). The 39-page children's program manual begins with an introduction

to the creation of the program and then immediately moves into session outlines that

include goals and expected outcomes as well as activities for that session. The agency's

website contains further curriculum and manuals that deal with the training of staff and

volunteers who will be facilitating the programs (Northnode, 2008a). The information

contained in the curriculum for training includes details on the organization and the

creation of the programs, domestic violence education, services available for victims of

domestic violence, and legal issues. The website also includes a manual on how to run

each session with suggestions for facilitation (Northnode, 2008b).

Comparison of the Four Group Programs

Following is a comparison of the four group program manuals using the

information cited in the previous chapters in this project. To facilitate ease of reading,

only a brief title of each program, as used in Table 1, will be used in the following

sections without citing the author of each manual.

Program setup. This section will highlight the work that must be done before the program commences. This work includes choosing the setting to choosing the children who will participate.

Pre-group work. As noted in Chapter 3, Sugar (1991) highlighted the importance of pre-group work, including administration, setup of the room, and contracts when starting group programs. All manuals except *Group Services* included a detailed section on guidelines for setup, including the program background and information on such things as safety and development concerns. *Groupwork with Children* and the *Preschoolers Group* reminded facilitators about choosing appropriate group settings with the Preschoolers Group recommending specific room dimensions and flooring choice to ensure efficient running of the group.

Pre-screening and pre-interviews. As mentioned in Chapter 3, pre-group interviews are useful as they allow multiple objectives to be achieved. One objective is to provide an opportunity for the facilitators to be introduced the mother and child which may then facilitate a smoother transition into the group for the child (Peled & Edleson, 1992; Sudermann et al., 2000). Interestingly, only two of the four programs in this project used pre group or screening interviews.

The *Group Services* program did not indicate how screening or pre-group meeting should be done, offering the chance to those who use their program to adapt it to meet their group's needs. The *Preschoolers Group* program suggested that children should be assessed to determine whether their treatment is suitable for the child, and recommended standardized instruments; however, there are no specific instructions as to who should conduct these tests or make the final decisions. The authors recommended one pre-group

meeting with the parents to obtain background information and included a screening form, but does not have the facilitators meet the child prior to the first session.

The *Paths of Change* manual highlighted the fact that it has no screening process, with parents registering on their own. It did give instructions for including an intake process the week prior to group commencement to provide information to parents and children about the programs and commitments required, complete forms, and begin the therapeutic relationship by having the children meet their facilitators. Intake forms are included in the manual.

Groupwork with Children program included referral forms as the first step in organizing groups, with the child's name, age, grade, and special learning needs listed so that group facilitators can create age-related groups. Next, the mother is contacted to confirm receipt of the referral form and to set up a pre-group meeting to discuss the program more fully. The administrator will also use this meeting to develop a safety plan if necessary, decide whether this group is appropriate, offer other resources if there is a wait list, give a timeframe, and obtain primary and secondary contact information. The authors further include a four-step entry into the group where the mother is contacted when the group is available and further information is gathered about the history of violence, child's symptoms, and family's current circumstances. A meeting is set up within 2 weeks of the program start for the mother and child to meet the children's group and mothers' group facilitators to get to know each other and learn more about the program. A last meeting is held with the mother and child and group leaders to discuss the violence in the home so that the leaders can help determine whether the child is ready to attend the group by the child's readiness to talk about the violence in the home or at

least their acknowledgment of it. Lastly, the child decides whether he or she wants to attend the program, even if to just try it for a few sessions.

   Child appropriateness. Two of the programs offered recommendations concerning whether or not a child's participation in the group program is appropriate. The *Preschoolers Group* noted that any child who has experienced family violence or loss and exhibits problems in social and emotional functioning, as indicated by a parent or professional familiar with the child, could potentially participate. The authors cautioned that overly aggressive children may not be appropriate for their program. *Groupwork with Children* indicated that their group may not be appropriate for all children and that the following should be considered: symptoms not linked to domestic violence; the family is not safe; severe poverty or no stable housing; child has a mental illness; child has severe symptoms of anxiety, self-inflicted injuries, depression, PTSD, or risk of suicide; substance abuse; physical or sexual abuse; or no memories of the violence in the home.

   Facilitators. When working with children, two facilitators are often recommended to help maintain control of the group and meet the needs of each child; if available, a male and a female facilitator are recommended to help model gender-based behaviours (Canham & Emanuel, 2000; Sugar, 1991). The *Group Service's* program did not indicate the number of facilitators to be used, but the remaining programs specified that two leaders are necessary, with *Paths of Change* and *Groupwork with Children* program suggesting a male and female team be created when available.

   Duration. In terms of session length, the provided literature review includes studies of successful group programs for children of domestic violence that are typically

10 sessions in length, with one as long as eight months (Peled & Edleson, 1992; Pepler et al., 2000; Sudermann et al., 2000; Trounson-Chaiken, 1996; Wagar & Rodway, 1995). Suggestions by researchers include increasing treatment length as severity of problems increases, but no common rule of thumb regarding treatment length was found (Wagar & Rodway, 1995). The treatment length of the four programs in this project are; *Groupwork with Children* is 12 weeks long; *Paths of Change* is 10 sessions; the *Preschoolers Group* is 16 sessions but can be expanded if necessary; and lastly the *Group Service's* program is 12 weeks long.

Once the program has been set up, the creation of groups occurs. The next section will highlight the programs' guidelines on this formation.

The length of each session often depends on the age of the group. Sugar (1991) recommends that preschool and kindergarten groups sessions be no longer than 45 minutes and latency groups have a time limit of approximately one hour. There was no indication of what length is appropriate for adolescent groups. All of the programs in this project have slightly longer session lengths than recommended. *Groupwork with Children* suggested 1½ hour sessions in its program but schedule preschool groups for 1 hour to 1¼ hours and suggested assessing suitable length in the first few sessions. *Paths of Change*, geared towards children aged four to 13 indicated sessions are 1½ hours each, with the *Preschoolers Group* scheduled for one hour per session and *Group Services* indicating in Session 1 that sessions are 1¼ hours long.

Group formation. Wagar and Rodway (1995) suggested limiting groups to a one year age difference, while Sugar (1991) suggested alternate age differences at varying developmental levels. Sugar recommended that preschool and kindergarten groups have

between four and six children of mixed genders, with a maximum age difference of 24 months. With latency children, genders should separated into different groups to better meet the developmental needs of the members, with a two to three year age difference, containing no more than six or seven children.

It is important to know that after the age of 11 children seek approval from their peers and would benefit from groups made up of their own age group and gender (Berg et al., 2006). Pre-teens and teen groups indicate that gender is an important factor to them, but some research has found that mixed groups are beneficial for teaching gender-related issues (Canham & Emanuel, 2000; Sudermann et al., 2000).

Groupwork with Children suggested dividing children into groups of similar development level with no more than six children in groups aged four to 7 and no more than eight children in the rest. The manual offered adjusted sessions plans for preschool groups and latency age groups with adolescent adaptations. It further notes that mixed gender groups can be useful when teaching adolescents gender-related topics, but cautions that there should be no less than three of one gender in a group.

Paths of Change suggested that each group be divided into groups of eight or 10 with participants three years of age apart. The authors cautioned that siblings should be placed in separate groups. The research indicates that development level is important to group composition, but the manual did not specify whether this is taken into consideration.

The *Preschoolers Group* program is aimed at children aged three to six years, with groups of less than three and no more than six children per group. The manual suggested evaluating each child's level of functioning and offers instruments in the

appendices, but did not indicate how groups should be further divided by age or development level, which is a concern since this age group has markedly different skills and needs (Kymissis, 1996; Rose, 1998; Sugar, 1991).

Group Service's program is aimed at children aged 8 to 12 years old, but the manual did not include information at all on group formation. There is no indication what age or developmental level groups should be divided into, the number of children in each group, or the gender balance.

Once the groups have been formed, the challenge of having the children work as a group rather than as individuals occurs. While many of the programs use different strategies, they all indicated that they recognize the importance of this phase.

Group cohesion. Building group cohesion is the most important aspect of group work, as a child who does not feel safe will be unable to focus on any other goals (Jaffe et al., 1990). As mentioned previously in the section on program set up, a pre-group or screening interview can help facilitate a smoother transition for the child into group work after meeting with the facilitators (Peled & Edleson, 1992; Sudermann et al., 2000). Also mentioned earlier, *Groupwork with Children* and *Paths of Change* were the only programs that indicated this should be done.

It is important when working with children of violence that an environment is established that is free from judgment, is confidential, and can be a place where feelings and experiences are validated (Peled, 1998). Children need to feel cared for and supported and this can be achieved by feeling a sense of encouragement, acceptance, and feeling liked (Shechtman & Gluk, 2005).

Each program in this project included an introduction and welcome to the group as its first session. While the *Group Services* program invites caregivers to attend the first part of the session, the other programs do not include parents or caregivers in any sessions. *Group Services* indicated that this inclusion is to engage caregivers in the process, provide caregivers with information about what their children will gain from the group, and provide a demonstration of how they are supporting their child's participation. There is no information in the literature that supports parental inclusion in the group at any specific time. An administrator should be cautious about possible confidentiality issues, especially when children are sharing feelings and stories with the group while parents are in attendance, as is the case with *Group Services*, and determine whether there is enough opportunity for adults to ask questions or voice concerns.

To facilitate the issue of confidentiality, *Groupwork with Children* discussed the use of a treasure chest in their sessions to illustrate for the children when they can talk about the stories the group has shared and when they cannot. The facilitator opens it at the beginning of the session and closes it at the end.

Bednar and colleagues (1974) recommended implementing structured activities early on to allow the group members to get to know one another and ease anxiety in addition to providing practice for upcoming group work. Each program in this comparison includes an opportunity for each child to introduce themselves and either meet or re-meet the group leaders. *Groupwork with Children*, the *Preschoolers Group*, and *Paths of Change* included one or more structured activities immediately before any group discussions occur to help children get to know one another and ease into group work. *Groupwork with Children* has preschool and latency aged children make their

nametags and colour their activity folders and has adolescents do group activities that help everyone get to know each other. The *Preschoolers Group* also uses nametags, and both that program and the *Paths of Change* program have children share with the group their name and a favorite thing. Following introductions, a discussion takes place about the rules and guidelines of the group as well as the consistent activities that will occur. *Groupwork with Children* recommends that, for ages 14 and on, guidelines should be named rights and responsibilities to indicate more ownership. All programs include further structured activities, snack time, and a checkout time where children are invited to discuss what they liked or did not like about the group or how they are feeling. The *Preschoolers Group* included an unstructured play time instead of a checkout time for the last 15 minutes of group and ends with a routine countdown of the remaining sessions.

Once the children and facilitators have been introduced, the real work of the program begins. The next section will compare the objectives of each program through a comparison of each program's sessions including information on some of the techniques used.

Treatment goals. In the literature review in Chapter Two, the common and suggested goals or session topics when working with children of domestic violence include breaking the secret, understanding family violence, emotion labelling, increasing skills and self-esteem, acquiring social support, safety skills and planning, and dating violence (Benard, 1991; Edleson, 1999; McCloskey & Stuewig, 2001; O'Keefe & Lebovics, 2007; Silvern & Kaersvang, 1989). The manuals used in this project had many similar goals and all named each session according to the goal and objective for that day. Each program listed the goals for the session, the materials needed, an outline for the

session, including suggested timelines, and notes for facilitators for further clarification and instructions.

It is important to remember that research has found that children of domestic violence may have suffered prolonged stress leading to such outcomes as delayed intellectual development, poorer verbal abilities, inability to respond effectively to stressful events and problems with impulse control and logic (Brenmer, 2002; Huth-Bocks, Levendosky et al., 2001; Koenen et al., 2003; Perry, 2001; Sapolsky, 1996). Program content must be delivered in a way that helps the children take in and process the information (Rossman & Ho, 2000). Suggestions include repeating information and using visual or kinesthetic presentations rather than using one standard method for all children or groups (Rossman & Ho, 2000).

Breaking the secret. Jaffe et al. (1990) suggested that the first steps in intervention must include acknowledging children's experiences and helping them see that they are not alone. Creating a safe and confidential environment and using empathetic listening can help children feel cared for and understood, and having an opportunity to hearing a peer's story can help normalize their experience (Bednar et al., 1974; Shechtman & Gluk, 2005). *Groupwork with Children* was the only program to include this goal in their group treatment. The facilitators lead a group discussion on where the children have seen violence or hurting, using age-appropriate techniques such as pictures or drawing to begin the first steps of identifying feelings. The other three programs indicated that a discussion about why the children are participating in the group is held in the first session; however, there was no indication of whether or not the children had the opportunity to verbalize their own experience and have it acknowledged

by the group and the leaders. Herman (1997) and Kerig and colleagues (2000) maintained that children gain mastery over the experience through telling their story.

>>>*Understanding family violence.* Children who have been exposed to domestic violence may have maladaptive beliefs about violence, and providing education about domestic violence encourages a discussion on feelings about responsibility and appropriate responses to conflict (Gruszinski et al., 1988; Jaffe et al., 1986; Kerig et al., 2000; Silvern & Kaersvang, 1989). All four programs included components that address understanding family violence and the beliefs and attitudes around it as well as who is actually responsible for it. *Groupwork with Children* addressed this in the fourth session and again in the sixth by using materials such as storybooks for children under the age of 12 and movie and role playing for older children to introduce the topic and have the children compare their experiences and beliefs about responsibility. *Paths of Change* introduced the subject in the third session, explores types of abuse more in the sixth and seventh and responsibility in the eighth, and uses drawings, videos or storybooks, group discussion, games, and art to introduce and explore the objectives. The *Preschoolers Group* waited until more than halfway through the treatment to bring up this discussion and stretches it over two sessions and uses pictures, storybooks, group discussion, and puppets to help normalize the children's experience and discuss violence and the beliefs and responsibility around it. *Group Services* began the discussion in Session 3 by defining abuse, providing a movie about it, and finally discussing responsibility in the fifth session.

>>>*Emotion labelling.* As discussed in Chapter Two, children of domestic violence have more difficulty regulating their emotions and consequently suffer from increased

incidences of anxiety and depression (Edleson, 1999; Jarvis et al., 2005; Lewis et al., 2006; McInnes, 2004). All of the programs in this project prioritize helping children identify and understand the emotions they are feeling and provide opportunities for children to learn about their emotions in each session. *Groupwork with Children*, *Paths of Change*, and *Group Services* began each session with a check-in where each child uses a pre-selected age-appropriate activity to indicate how she or he is feeling that day. The Preschoolers Group included a similar exercise, but with puppets. *Paths of Change* was the only program to offer an opportunity for children to learn and practice a coping skill to deal with anxiety-provoking emotions in the session.

Each program included a specific session on feelings, with aids to help children identify feelings as well as explore and express them. *Groupwork with Children* began this discussion in the third session with discovering what the group knows about feelings in a group discussion and through the use of a story for younger children and iceberg activity for older children. Later, in Session 7, a group discussion about anger continued the emotion education and included a story and volcano activity. *Paths of Change* explored emotions in the fourth session through the use of art-like drawings, full-size body outlines, and puppets. The facilitator noted indicate that children who show signs of anxiety from the topics or emotions raised may benefit from education and materials used in a previous session on boundaries and fear strategies, a deep breathing exercise, a body-brain activity, and a positive thinking exercise.

The *Preschoolers Group* used pictures of feelings in session 2 to lead a discussion on emotion and had children compare their own emotional experiences to the pictures and then utilized a colouring book to continue the discussion. The group expanded on

emotion education with two sessions on sadness and loss (sessions 6 and 7), two sessions on anger (sessions 8 and 9) using storybooks and drawings, and one session on love. *Group Services* introduced a discussion on feelings in the second session, using a group discussion activity and an iceberg activity.

   Increasing skills and self-esteem. Children exposed to domestic violence often have problem behaviours such as aggression, a lack of self-control, anxiety, anger, and depression as well as difficulty with low self-esteem, all of which can impact multiple areas of their life (Edleson, 1999; Gruszinski et al., 1988; Lewis et al., 2006; Wildin et al., 1991). As discussed previously, some children who have been exposed to conflict are more accepting of violence as a solution for conflict resolution and providing them with problem-solving skills can give them alternative methods for resolving problems (Benard, 1991; DeMar, 1997).

   Techniques such as role playing, coping statements and giving constructive feedback can be useful in changing behaviours and increasing skills in group therapy because of the availability of peer modeling of skills and peer reinforcement of positive behaviour (Lochman et al., 2007; Simmerman & Christner, 2007). Helping children achieve higher emotional intelligence, highlighting a child's strengths, helping the child achieve a positive self-image and sense of control, and teaching the group how to give and receive constructive criticism are important factors for increasing self-esteem (Gruszinski et al., 1988; Schutte et al., 2002).

   While all of the programs indicated that guidelines and rules are to be discussed in the first session, including listening while others talk, there is no indication whether an actual practice of giving and receiving feedback is done. Administrators may assume that

this will be done as needed through modeling and feedback by the facilitator, but including practice in one or more sessions may emphasize its importance and ensure that it is done.

Groupwork with Children provided skill development by addressing such issues as anger through emotion education in group discussion and storytelling as discussed in session 7 and with problem solving in session 8 with the use of group discussion, role playing and stories. The program incorporated enhancing self-esteem and self-worth in session 11 with latent and preschool groups by using a story, having group members identify each other's attributes, and incorporating an activity that uses a photograph of the child and has the child identify his or her own strengths and positive qualities. The adolescent groups made use of group discussion to discuss the effects of abuse on their self-esteem and coping strategies, but also used the other groups' photograph activity. The program included affirmation cards for latent and adolescent groups to end each session positively and help boost the children's self-esteem.

Paths of Change did not include a self-esteem component, but session 9 does included a component on what anger looks like through pictures, stories, a volcano activity, a body awareness activity, and a group discussion and concluded by using discussion and role playing for children to come up with healthier ways to express themselves.

Session 3 of the *Preschoolers Group* included problem solving in which a puppet show depicts problem situations and children come up with non-violent solutions. Session 4 incorporated learning social skills and empathy having participants do a group project cooperatively and a group discussion after a story on sharing. Session 5 of the

program included self-concept and self-esteem with a discussion about differences and
positive qualities in people after reading stories.

Group Services incorporated a component on conflict resolution in the ninth
session that included a group discussion and activity that explores anger, including what
it looks like and what happens, and ended with a group discussion on options for solving
conflicts. The program did not include a component on self-esteem.

Acquiring social support. Children of domestic violence often have difficulty
with interpersonal trust and attachment and with developing or maintaining peer
relationships, as was outlined in Chapter Twp (Sternberg, Baradaran et al., 2006;
Sudermann & Jaffe, 1999). Providing peer interaction in group counselling along with
peer and facilitator support and modeling can help children learn basic socialization
skills, which include how to be flexible and empathetic (Benard, 1991; McCloskey &
Stuewig, 2001; Peled, 1998). A further goal is to help children reconnect to their normal
life and assist them in recognizing who in their life they can trust and connect with
(Herman, 1997).

Each program in this project provided an opportunity for peer interaction through
the very essence of group work. They further included group discussions with facilitator
interaction that provides more opportunities for modeling, as well as group activities that
necessitate cooperation and sharing. All of the programs integrated a component for
dealing with changes in the family by helping children acknowledge what may be
changing and how they are feeling about these changes through art, role playing, and
storytelling. Both the positive and negative aspects of change were discussed. Paths of
Change included a discussion of the people the child can turn to in the event of abuse or

violence; *Groupwork with Children* included this and put more emphasis on building a safety plan that included supportive people for adolescents in their program. No program proceeded into much discussion about alternative adult support after the child leaves the group.

        Safety skills and planning. Chapter Two highlighted Wagar and Rodway (1995) work about the importance of teaching children learn how to keep themselves safe in all relationships in their lives, especially if there is still potential for violence in the home, with a general discussion at first and a more detailed plan later that is age appropriate (Gruszinski et al., 1988). Problem solving, stories, and role playing are suggested as useful ways of identifying unsafe situations and coming up with safety plans such as emergency phone numbers, locations, and escape routes (Gruszinski et al., 1988; Peled & Edleson, 1992). Rehearsal may be necessary to help children remember them so that they can use them when they are needed (Gruszinski et al., 1988; Peled & Edleson, 1992). Renaming the plan with empowering phrases may be beneficial for older children when the fear of being helpless is apparent (Gruszinski et al., 1988).

        Groupwork with Children, *Paths of Change*, and *Group Services* all included safety planning in their programs, while the *Preschoolers Group* did not. Since the *Preschoolers Group* did include a session on fear and recognizing scary situations, the authors appeared to have an opportunity to include even a brief safety plan, given the young ages in the group, especially if further violence in the home is possible. For preschool and latency-aged children, *Groupwork with Children* used a story as well as role playing with a toy phone for contacting police and a dollhouse and figurines to create their safety plan. For adults, *Groupwork with Children* recommended stressing that they

must not get involved in parental fights as part of their plan. Their program focused more on identifying support people for adolescents and making compassionate choices such as protecting siblings. *Paths of Change* used art and drawings to find safe places at home and in the community and shared their plan with the group. *Group Services* used 911 stickers and discussed when to call them, and each child practiced the call. They also had children discuss where to go and who to talk to and, with the help of the facilitator, created plans for the child to keep.

    Dating violence. Including a component about dating violence for adolescents was recommended in Chapter Two since there are studies that indicate that victims of domestic violence have an increased risk of ending up in an abuse relationship (Carr & VanDeusen, 2002; O'Keefe & Lebovics, 2007). Research also recommends exploring attitudes about violence and conflict resolution as well as beliefs about gender role differences (Carr & VanDeusen, 2002; O'Keefe & Lebovics, 2007).

    Groupwork with Children was the only program reviewed to include a session on dating violence, possibly because it is the only program to include groups older than 13 and who may be closer to dating age. This session took the place of the session on sexual abuse in the preschool- and latency-age groups and included information on acquaintance abuse, with group discussion and handouts utilized to explore what abuse is, what love is and is not, and to create safety plans.

    Sexual abuse and harassment. Sexual abuse and other forms of abuse are not specifically identified as main goals of treatment for children of domestic violence, but many children of domestic violence do suffer multiple forms of abuse (Grych et al., 2000; Sternberg, Baradaran et al., 2006; Wolfe et al., 2003). *Groupwork with Children*, *Paths of*

Change, and *Group Services* all included components that help children become aware of

sexual and physical abuse and how to keep themselves safe. *Groupwork with Children*

used group discussion, stories and group activities for younger children to educate them

on these forms of abuse and to come up with safety plans, including people they can trust.

The adolescent group had a separate outline for this session that further included abuse in

dating and acquaintance relationships and used group discussion and activities to become

aware of abuse, promote empathy for those who have been abused, and create safety

plans.

   Other goals. *Group Services* included a session on substance abuse, although this

is not a general goal of treatment for children of domestic violence, as mentioned in the

literature. The session's goal was to use stories and art to educate children about

substance abuse and its role in domestic violence. Another session that the program

included that was not identified in the literature was educating children on their rights.

This session could support previous sessions such as safety planning or abuse exploration

as it names what their rights are. It could support the building of self-esteem as it includes

attribute sharing of each group member and self-appreciation.

   Termination. Children of domestic violence often isolate themselves due to

conflicts with peers and feelings of loneliness such as shame and anxiety (McCloskey &

Stuewig, 2001). The group re-creates a sense of belonging for the children; losing its

support may be difficult for them (Herman, 1997). Most of the programs in this project

paid special attention to this fact. *Groupwork with Children* began reminding each group

of the sessions remaining in the 10th session and used the 12th session to review what the

children had learned and felt about the group, with a celebration for the remainder of the

session with a special snack, music, and fun. A closure activity, such as a candle

ceremony, was done at the end of the session to thank the children and signify goodbye.

The *Paths of Change* program addressed the end of the group in the 9th session and held

a celebration and goodbye in the 10th and final session. To continue building self-esteem,

they celebrate themselves as well as the other group members. A celebration is held after

this with special snacks and reviewing what the children have learned and how they are

feeling now.

As mentioned previously, the *Preschoolers Group* addressed the end of the group

at each session since many of the children in this program are dealing with loss. The

facilitators use stars to signify how many sessions are left at the conclusion of each

session. The last session included a summary of what the children have accomplished in

the group and how they are feeling about it ending. The children were given a gift at the

conclusion of the session; such gifts have included a certificate or a pillow with the

child's name on it along with a phrase or design that allowed children and facilitators to

"store hugs" (Huth-Bocks & Schettini, 2006, p. 28).

Group Services did not indicate whether the end of the group would be introduced

before the last session. The last session had the group discuss how they have felt about

attending the group and how they felt about it ending, with the facilitator commenting on

each child's contributions. The mothers or caregivers were then invited to join the session

and photographs were taken of the mother/caregiver and the child as a parting gift. The

rationale for this last activity was not explained in the program manual.

Some children take longer to recover from stressful experiences and may need

longer or continuing treatment when experiencing more severe symptoms such as PTSD

or when children have issues such as sexual abuse or other family issues that cannot be successfully addressed in the established procedures of group therapy (Rossman & Ho, 2000).

The *Preschoolers Group* specified that a final meeting with the mother or parents should take place after the program ends for feedback and referrals as necessary. In the policy and procedures section, it is noted that group leaders should complete summaries for each child and the group and meet approximately one to two weeks after the group concluded to review the process and recommendations. As well, the facilitator is to contact parents one to two weeks after the child has completed the group to give and receive feedback and offer recommendations.

Group Services did not indicate whether meetings are to be held with parents or whether group leaders conduct any post-group evaluations. The manual did note that children are to be given a participant rating sheet to be completed during the last session. The *Paths of Change* program had children fill out an evaluation form during the final session, with parents also completing one after the program is finished. The facilitators also gave the parents an observation and recommendation sheet after the last session.

Groupwork with Children manual indicated that post-group meetings are to be held with the mother and child to discuss the group and for facilitators to provide feedback. The facilitator can also use this time to provide referrals for further support if necessary. In addition, the authors recommended debriefing after each session for group leaders to avoid vicarious trauma. They further included a peer consultation after the group has terminated in which group leaders could meet to discuss their experiences as well as share new ideas or techniques to help support the program and each other.

All of the programs in this project involved parent or caregiver involvement at least one point or through the duration of treatment. The next section will highlight how each program includes mothers, fathers or caregivers in its program.

Parent or caregiver involvement. Sudermann and colleagues (2000) and Peled and Edleson (1992) highlighted the importance of meeting with caregivers before their children commence group work to highlight the goals of the program, what the children will be learning, the role of confidentiality, and issues that may arise from group work. As well, the children may discuss their newfound knowledge or emotions at home, which may impact their parental relationships and make ongoing communication between group facilitator and parents either through parent groups or family sessions desirable (Peled & Edleson).

Without a positive primary caregiver relationship, a child's social and emotional functioning suffers (Levendosky et al., 2003). If a mother is living in or leaving a life of abuse, she may be dealing with high levels of stress that affect her parenting skills and own psychological functioning. Research has found that parenting skills predict behavioural problems in children, but so does the mother's handling of stress (Jarvis et al., 2005; Jouriles et al., 1998).

As noted in Chapter Two, many researchers recommend including a concurrent program with children's group therapy that includes mother/child interventions or mother groups that pay specific attention to the mother's psychological functioning and positive parenting skills to increase positive outcomes (Chan et al., 2002; Lieberman, Van Horn, & Ghosh Ippen, 2005; McCloskey & Stuewig, 2001). Three of the programs in this project make use of concurrent programs.

The *Paths of Change* program manual noted that all family members are required

to "attend the groups as everyone in the family is impacted by domestic violence"

(Dunbar & Leroux, 2003, p. 4, section 1). Unfortunately, the manual only briefly

mentioned that concurrent parenting groups were available for the non-abusing parent in

some settings to teach positive parenting strategies. There is no mention as to whether

parents are aware of what their children are learning in their own groups in order to

facilitate learning or give them needed support at home.

     Groupwork with Children and *Group Services* specifically operates as concurrent

programs for mothers or caregivers and their children and included information and

manuals for both. Mothers and caregivers not only learn what their children are learning

in order to support and reinforce their children at home in both programs but in

Groupwork with Children, the mother's group has an added goal of helping mothers gain

their own support from the group members and learn positive parental skills. The authors

of *Groupwork with Children* indicated that children can make use of the group even if

mothers are not willing or able to attend the concurrent group. In addition, they

highlighted the fact that telephone support is offered (Loosley et al., 2006).

Strengths and Areas for Improvement in the Four Programs

     Actual experience in working with children of domestic violence in groups should

not be discounted when comparing the four programs. The identification of the strengths

and areas for improvement in this project however, will rely on comparing the programs

against each other in addition to the information found in the literature.

     Manual and program setup. Both *Groupwork with Children* and *Paths of*

Change manuals were provided as books or coil bound in a clearly formatted layout. The

information provided about the programs was well detailed and included guidelines for all facets of the programs. In comparing the two, *Groupwork with Children* manual had a simpler page layout, which made the sessions easier to follow, especially when choosing activities. The *Preschoolers Group* revised manual was available by printing it from a provided attachment on email. *Group Services* curricula were available for printing from Northnode's website and were easy to navigate and find the four necessary documents. While the *Preschoolers Group* program gave some detail on structure and considerations for program setup, *Group Services* offered virtually no guidelines and seemed to focus its information solely on educating their staff on many aspects of domestic violence. While this information may be critical to staff knowledge, more information on program set up seems necessary.

Groupwork with Children* was the only program to include step-by-step procedures for referrals, screening, and pre-group meetings, components that any manual should include in order to ensure programs are set up correctly. As suggested by Sudermann and colleagues (2000), both *Groupwork with Children* and *Paths of Change* have the facilitators meet the child before the start of the group to begin the therapeutic relationship. The other two programs would benefit from this inclusion to allow children the opportunity to raise any questions or concerns they have and provide a better transition into the group (Peled & Edleson, 1992; Sudermann et al., 2000). In addition, the *Paths of Change*, *Group Services* and the *Preschoolers Group* manuals may benefit from more detailed information on their screening guidelines.

Group formation. All of the programs may benefit from decreasing the length of each session, especially for preschool children as they have short attention spans

(Kymissis, 1996; Rose, 1998; Sugar, 1991). Research recommends no longer than 45 minutes for preschoolers and kindergarten-age children (Sugar, 1991). In addition, it is important to create groups based on age and developmental levels (Kymissis, 1996; Rose, 1998; Sugar, 1991; Wagar & Rodway, 1995). *Groupwork with Children* and *Paths of Change* programs are the only programs that give specific details about group division, although the *Preschooler Group* offers instruments to measure functioning. In order to ensure consistency, the *Preschoolers Group* and *Group Services* programs would benefit from including these criteria.

Group cohesion. All of the programs implement structured activities early in the first session to help the group members get to know one another and continue to use activities that enhance peer interaction and cooperation (Bednar et al., 1974). One major concern in building cohesion is in *Group Services* program, which has a parent or caregiver come to a portion of the first session. As indicate previously, there is no information in the literature that supports parental inclusion in a children's group at any specific time. Since children desire a place that is safe and confidential, one may wonder what effect having an outsider to the other children enter the group may have on building cohesion (Peled, 1998).

Treatment goals. The programs in this project have similar treatment goals with a few exceptions. *Groupwork with Children* is the only program to include a session on breaking the secret of violence in the home. The other programs may assume that this has occurred with the fact that children have entered the group, but children still should have the opportunity to verbalize this truth and tell their story (Herman, 1997; Kerig et al., 2000).

All programs place emphasis on having children identify and understand their emotions throughout their sessions, but *Paths of Change* is the only program to discuss and provide coping strategies for dealing with anxiety. The other programs could make use of relaxation therapy techniques to help reduce anxiety in children during therapy or outside of therapy and also help them realize how stress affects them physically (Rose, 1998). While helping children achieve emotional intelligence is a component in building self-esteem, helping children realize their strengths as well as teaching the group how to give and receive constructive criticism is also vital to increasing self-esteem (Gruszinski et al., 1988; Schutte et al., 2002). *Groupwork with Children* and the *Preschoolers Group* are the only programs to include specific sessions on self-esteem and self-worth, which is a component that *Group Services* and *Paths of Change* could include since self-esteem has often been found to be low for children of domestic violence (Gruszinski et al., 1988; Lewis et al., 2006).

While all programs indicated that guidelines and rules are to be discussed in the first session, including listening while others talk, there is no indication whether an actual practice of giving and receiving feedback is done in any of the programs. Administrators may assume this will be done as needed through modeling and feedback by the facilitator, but including practice in a session or more may emphasize its importance and ensure that it is done.

Concurrent parent's or mother's groups. As noted previously, including a concurrent mothers' group that addresses mothers' psychological needs and parenting skills leads to more positive outcomes (Peled & Edleson, 1998). In addition to this, children were more likely to complete an intervention program if they currently lived

with their mother and she was receiving services from the same organization (Peled & Edleson, 1998). *Groupwork with Children* and *Group Services* included a concurrent mother or caregiver group manual as a part of their program, with *Paths of Change* indicating that concurrent parenting groups were available, but not including much information in the children's manual about them. The *Preschoolers Group* suggested that such groups were beneficial but offered no further information about their availability during the children's program. In order to fully meet the children's needs, concurrent mothers' groups are recommended when running children's groups. Once the group ends, the child will need ongoing reinforcement and support from their mothers.

  Termination. So what does happen after a child leaves the safety of the group? As mentioned previously, in Chapter Two, Peled (1998) identified that a supportive relationship with their mothers helped carry children through the difficult phases of violence and another supportive adult could provide children with support and model nonviolence. While *Paths of Change* and *Groupwork with Children* include listing support persons in their safety plan, no program goes into detail about alternative adult support after the child leaves the group, especially if no parent is available to fill this role. Programs may find improved longer-term positive outcomes if they can offer referrals or after group support. The *Preschoolers Group* and *Groupwork with Children* indicate that meetings with parents should be held after the group ends in order to provide feedback and give referrals, with *Groupwork with Children* meeting with the child as well. The *Paths of Change* program provides parents with an observation and recommendation sheet after the group ends, but neither they nor the *Group Services* indicate whether an actual meeting takes place.

Summary of Comparison

This chapter introduced the four group program and provided a comparison of each of them against each other and the literature review. For the most part, all of the programs in this project address the majority of suggested primary goals of treatment as recommended in Chapter Two when working with children of domestic violence. It is important to note that *Groupwork with Children* included all of the objectives listed in the Chapter 2 literature review.

The main differences in the programs become apparent when comparing them to each other, and they are found in the details of the manual, including setup, group division, and termination. These details are vital because they create the consistency necessary when implementing the programs in different agencies across different provinces or countries without the hands-on guidance of the program's creators. While imagination and experience can be useful in creating fun and purposeful activities for the children in each session, the details could provide accountability and ensure that children are in the right group with the right treatment goals.

Groupwork with Children and *Paths of Change* offer the most information for the reader, from the background and philosophy of the organization behind the program to information on children of domestic abuse and the selection and setup of the facilitators and groups. The *Preschoolers Group* manual offers some of the same considerations regarding setup and structure, but is not as extensive as the former manuals. The *Group Services* caregiver and children program manuals seem to be strictly curriculum or session based. While there is substantial vital information on educating staff and

volunteers that facilitate these programs, there is a lack of attention paid to the program's implementation.

In the Chapter Two literature review, it was explained that the primary caregiver is the most important relationship in a young child's life and that a positive relationship is crucial for his or her social and emotional functioning. Furthermore, research indicated that when mothers experience high levels of stress their children often suffered more behavioural problems than other children. (Jarvis et al., 2005; Lieberman, Van Horn, & Ozer, 2005). The *Preschoolers Group* was the only program that did not include a concurrent parent or caregiver group as a part of their program. It appears crucial to children's overall well being that their mother's or at least their caregivers receive treatment and support not just in handling their own stress but in supporting the child's learning as well.

For the most part, the four reviewed programs are generally consistent with what the literature review recommends as being crucial in helping children who have witnessed or experienced domestic violence. These manuals appear to be a good source of information for those interested in designing group programs or implementing interventions for children of domestic violence.

The next, and final chapter, will provide a summary of this project, including the key differences found in the comparison of the four manuals. Following this, an account of the possible value and restrictions on the information contained in the project is explored.

Chapter Four

Summary of the Project

This chapter will include a summary of the comparison of the four programs

reviewed as detailed in Chapter Three followed by the utility and limitations of this

project. The chapter will conclude with a brief personal disclosure about my experiences

during the completion of this project.

The four selected programs used in this project all have the same noble aim: to

reach out to children who have been victimized by domestic violence and help them feel

safe and valued while meeting their psychological needs. All of the manuals would be

beneficial for facilitators of group programs for children of domestic violence.

While the manuals all have similar goals and objectives, most of which are

supported by the literature, they do vary slightly. The *Preschooler Group* program

appears to place emphasis on emotions, with almost half of their program dealing with

feelings such as sadness, loss, anger, fear, and love. The remaining programs endeavor to

cover more domestic violence topics, including sexual abuse, with *Groupwork with*

Children touching on all goals suggested in the literature review. The *Preschoolers*

Group was the only program that did not include a parent or caregiver concurrent group,

although the authors do recommend parents attend one. All programs use age-appropriate

techniques and activities that help create a fun atmosphere while being purposeful

towards meeting the session and program objectives.

Where the programs differ extensively is in their information regarding guidelines

and information for program setup. This, as was indicated previously in Chapter Two, is

vital to ensure accountability and consistency when implementing these programs in

other locales. *Groupwork with Children* and *Paths of Change* program offer the most

detail in the set up of their group work.

Utility and Limitations of Project

An implication for this project to help service providers and other professionals

gain awareness of programs that are available for working with children who have

experienced or witnessed family violence, and in particular, of what goals and strategies

are focused on and how these compare to current research suggestions and findings. Also,

since strength and limitation identification have been made concerning manual contents

and methods, this information can be used to enhance therapeutic outcomes in future

program creation or amendments to existing programs. These changes will directly

benefit any children involved in these programs.

Government, social work agencies, women's right groups, and other relevant

agencies can use the information found in the literature review and program comparisons

to gain further knowledge and an understanding of children's experiences in violent

homes. This information can be used to lobby for system and policy change or to support

recommendations for future programs.

A major limitation of this project is that comments on program components will

not be presented to any children, service providers, or other professionals for verification.

As a consequence, results from this project must be interpreted with caution.

Furthermore, since I choose what information is contained in the review, a bias in

information and results has likely occurred. I also recognize I lack the experience in

group work and have limited knowledge of domestic violence and its impact on children.

As a result, my analysis of the literature and intervention programs may not be as comprehensive as that of someone with extensive knowledge and group experience.

Another limitation of this project is the fact that it utilizes only a very small sample of manuals. There are many programs in North America and other countries that have been developed for working with children of family violence, and it cannot be assumed that any of the intervention programs available have the same components or strengths and weaknesses as the ones reviewed. As well, some programs use intervention manuals as guidelines for therapy, but incorporate or exclude techniques or strategies they have found to be necessary for therapy outcomes to be effective. Since the authors and service providers will not be contacted for their opinions, program modifications will not be available for review.

A final limitation of this project is the selection criteria of the manuals. Throughout my years of undergraduate and graduate education, I have had many opportunities to conduct literature review research, for the most part successfully. The scope of this project, however, highlighted for me my lack of knowledge in the world of research and publishing. There were many manuals that captured my interest, but navigating the road of publishers, contact, and consent was frustrating and often futile, resulting in many lost opportunities for their inclusion in this project.

The manuals chosen were limited to English-language North American group counselling programs, which restricts the findings not only culturally, but also in population and in therapy structure. In addition, only programs that contained a children's-only group therapy component were selected, unintentionally suggesting that

programs that combine group treatment with the family or one or both parents are not important or suitable.

This project has been an eye opening experience for me, not just in terms of navigating the world of publishing but also in traversing the incredible amount of literature that is available in the subject of domestic violence. After becoming overwhelmed with information and frustrated at obstacles in obtaining publisher consents, I wondered at one point if the researchers in this field worked collaboratively together or viewed each other's work competitively as in other fields. I think I may have found an answer to my question when, after inquiring directly with agencies that work with children of domestic violence and authors of journal published programs, not only was I promptly contacted, I was encouraged to share my results with each of them, whether or not I used their material. Most of the agency contacts were excited about seeing further research on programs for children of domestic violence and shared their optimism for enhancing children's programs in the future. After hearing these similar reactions, I sensed camaraderie within the domestic violence advocacy field. I can only hope my small input can contribute to this and create even one or two small positive changes.

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Appendix A

Letter of Consent

Project	A Comparison of Four Group Counselling Programs for
	Children Who Have Witnessed or Experienced Family Violence
Project Author	Patricia Helmer-Desjarlais
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	403-885-2763
Project Supervisor	Dr. Dawn Lorraine McBride
	Psychologist and Professor, Campus Alberta and University of
	Lethbridge
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Thank you for your permission to include your program titled _____

_____

in this project. Your signature on this form indicates you have been informed of the scope

of this project, outlined below, and the following conditions of involvement:

1) Your participation is voluntary and you may withdraw your consent at any time

   during the working phase of this project without penalty.

2) The information and techniques contained in your program will be used for comparison to other group counselling programs for children who have experienced or witnessed family violence.

3) The expectation of this project is to find commonalities, differences, and strengths in the reviewed programs and suggest improvements if necessary. Conclusions will be based on a review of current literature.

4) Your name and that of your agency, if relevant, may be made available in the write-up or reference section of this project.

5) Upon Campus Alberta's approval of this project, a copy will be forwarded to you for your consideration and in appreciation of your consent.

6) An article will be submitted to a journal for publication, with the project supervisor as second author, after project approval.

I have read the above information and agree to give my consent to have my program included in this project.

_____   _____
                    Name   Signature

_____

Date

Appendix B

Ethical Clearance

On June 19, 2006, in response to my inquiry regarding whether or not ethical

clearance was needed for my project, the following two emails were received:

An email from Dr. Pat Fahy (AU Research Chair) stated:

"document review, esp when the docs are public, does not require review."

An email from Dr. Gina Wong-Wylie (Research Co-coordinator) stated:

"Hi Patricia,
I believe that what you are doing for your project includes program review, which
does not require ethics clearance from the authors of the programs (group
counselling aimed for children) in your comparison of what they offer as
compared to the literature in the same area. There are no participants involved in
the study, you are reviewing public documents. I've copied Pat Fahy, Chair of AU
REB in case he has a different perspective, but I do not think that consent is
required for you to do this. Basically, you are, in a sense, reviewing the literature
(programs), and commenting on how it compares to the literature. Gina"