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AN EVALUATION OF A GROUP TREATMENT APPROACH
FOR CHILDREN WHO HAVE WITNESSED WIFE ABUSE

BY
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A THESIS
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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled, "An Evaluation of a Group Treatment Approach for Children Who Have Witnessed Wife Abuse" submitted by Janet M. Wagar in partial fulfillment of the requirements for the degree of Master of Social Work.

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Abstract

This study evaluated a 10 week group treatment program for child witnesses to wife abuse developed by Jaffe et al. (1986). The purpose of the study was to provide a formal evaluation on the effectiveness of this program with children who had been witnesses of wife abuse in their family as compared to children who received no group treatment. The evaluation was based on the results of the Child Witness to Violence Questionnaire which was developed by the program’s authors to measure attitudes and responses to anger, knowledge of support and safety skills and sense of responsibility for the parents and for the violence. Additionally, the Conflict Tactics Scales were administered to assess what the children had witnessed and/or experienced in their families. A Parent Interview Questionnaire provided sociodemographic information on the children’s environment. It was hypothesized that the children in the treatment group would show greater changes than the children in the control group on the variables of:

1) attitudes and responses to anger;
2) knowledge of support and safety skills; and
3) sense of responsibility for their parents and for the violence.

To test the hypothesis a pretreatment/posttreatment control group design was used. The experimental group consisted of 16 children ages 8 - 13 years who had witnessed wife abuse. The control group consisted of 22 children who had witnessed wife abuse and were on a waiting list for the same program.

Analysis of the data indicated that all 16 children in the experimental group differed significantly on the 2 variables of attitudes and responses to anger, and knowledge of support and safety skills. Consideration was given to the implications from the study for further research as well as the limitations of the study. Recommendations from the study in terms of implications for clinical social work were presented.
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CHAPTER I
INTRODUCTION

Conflict occurs in every family. The type of conflict, how long it lasts, how intense it is and how it affects the people involved are the crucial variables which mediate the nature of the impact on the family system (Emery, 1989). Viewed on a continuum, conflict can take the form of an open discussion of opposing views to a violent rage and bodily assault. Studies of conflict such as family violence, particularly in the areas of wife-battering and child abuse, have increased substantially over the last 20 years. The most recent estimates in Canada of the incidence of wife abuse is 1 in 10 (MacLeod, 1989). Although there has been a proliferation of shelters and anger management programs for victims and perpetrators of wife abuse, little attention has been paid, until recently, as to how the children who grow up in these families are affected. Forerunners in the field of wife battering, such as Walker (1979), focused on the battered woman, yet Walker also suggests it enabled her to gain an understanding of what the children may be experiencing. According to Walker (1979):

Children who live in a battering relationship experience the most insidious form of child abuse. Whether or not they are physically abused by either parent is less important than the psychological scars they bear from watching their fathers beat their mothers. They learn to become part of the dishonest conspiracy of silence. They learn to lie to prevent inappropriate behavior, and they learn to suspend fulfillment of their needs rather than risk another confrontation....They do expend a lot of energy avoiding problems. They live in a world of make believe" (p. 46).

Even if children have not experienced the abuse themselves, nor been direct witnesses, they are at the very least cognizant of the violence and may experience the repercussions of this violence directly or indirectly (Emery, 1982; 1989). In other
words, is suggested that children are affected by witnessing interparental violence and may show these effects, for example, by exhibiting behavior adjustment problems.

Although interest in child witnesses to violence appears to be increasing (Jaffe et al., 1986; Emery, 1989) little empirical research has emerged until recently. Numerous authors have suggested, and their research has confirmed, that children, particularly males, who grow up witnessing spousal abuse exhibit both short and long-term behavior adjustment problems (Levine, 1975; Moore, 1975; Moore et al., 1981; Rounsaville and Weissman, 1977; Hilberman and Munson, 1977-78; Jacobson, 1978; Porter and O'Leary, 1980; Ulbrich and Huber, 1981; Hughes and Barad, 1982; Westra and Martin, 1981; Rosenbaum and O'Leary, 1981; Hinchey and Gavelek, 1982; Lombardi, 1982; Pfouts et al., 1982; Hughes and Barad, 1983; Fromm, 1983; Bruner, 1983; Hershorn and Rosenbaum, 1985; Giles-Sims, 1985; Forsstrom-Cohen and Rosenbaum, 1985; Wolfe et al., 1986; Jaffe et al., 1986; Davis and Carlson, 1987; Hughes, 1988). However, these researchers conclude that further investigation is paramount, particularly research into the effects of family violence on children, the most effective types of interventions, as well as the prevention modes necessary to break the intergenerational patterns of wife abuse.

After reviewing the literature on the availability of programs for children who have witnessed family violence it was found that relatively few interventions exist for this population (MacLeod, 1989; Emery, 1989; Wilson et al., 1989). However, program development and evaluation seem essential, not only for both standardization and cost effectiveness but also particularly in terms of the impact these interventions may have on the intergenerational transmission of family violence. The lack of programs for children, as well as the need for prevention and intervention strategies that address present and future issues for these children were the primary underlying reasons to evaluate an existing intervention with this population.
The one program that has gained much consideration, particularly with professionals working in the area of wife abuse and has received some preliminary evaluation is that of Jaffe et al., (1986). However, for professionals to be able to make an informed decision to use this program and replicate the procedure, it is important to conduct an empirical evaluation on the program’s effectiveness. This evaluation process could best be accomplished by using a pretreatment - posttreatment control group design.

In essence, the present study evaluated the effectiveness of a 10 week group treatment program (Jaffe et al., 1986) with children (8-13 years) who had witnessed wife abuse. The dependent variables were: a) attitudes and responses to anger; b) safety skills; and c) responsibility for the violence and for the parents. These were measured by the Child Witness to Violence Interview designed by Jaffe et al., (1986) as a pretreatment and posttreatment instrument to the group. Improved outcomes for the children in the groups were hypothesized to be an increase in their knowledge of safety skills, a change in attitudes and responses to anger and a reduced sense of responsibility for the violence and for their parents.

The outcome of the evaluation provides the following:

a) further hypotheses for testing;
b) some suggestions as to specific needs and the development of resources for this population; and
c) empirical support for the use of such a program.

Purpose of the Study

According to Jaffe et al. (1990) no control group has been used to date in evaluating the impact of this program. Therefore, the purpose of the research was to evaluate the effectiveness of a group treatment program for children who have witnessed wife abuse by including both an experimental and a control group. This study
used other suggestions for further research from the 1986 pilot study by Jaffe et al., and included a control group, children of both genders with varying degrees of behavior adjustment problems, appropriate numbers of subjects and random assignment of children to the groups.

This study differed in several ways from the previous investigations. First, pregroup interviews with the custodial parent(s) included more indepth questions (Parent Interview Questionnaire), especially regarding the child's environment and what the children have experienced in terms of family violence (Appendix 1). The response to such questions provided necessary information such as parent and child perceptions of the problem situation. Second, the program's developers had revised the Child Witness to Violence Questionnaire and this most recent edition was used in the present study. Third, scales measuring the parent's perception of the child(ren)'s behavior were not used, since the previous findings by Jaffe et al., (1988) noted a change in the children's attitudes and not necessarily a change in their behaviors. Fourth, the Conflict Tactics Scales for "Couples" as well as "Parent to Child" were used to assess a more holistic picture of what the children had or were experiencing and/or witnessing. Fifth, this research has an advantage over previous research in that a 'waiting list' control group provided a comparison between treatment versus no treatment approaches thereby monitoring the effects of time alone in the change process for the children.

Definition of Terms

According to Fantuzzo and Lindquist (1989) and Emery (1989), most of the research to date in the area of family violence lacks clear definitions of the terminology being used to describe the issues under investigation. The use of the following terms in the course of this research necessitated a need for their definitions.
EVALUATION: According to Rutman and Mowbray (1983), program evaluation is the "use of scientific methods to measure the implementation and outcomes of programs for decision-making purposes."

CHILDREN "EXPOSED": This term refers to children who live in an environment where they see, hear or sense interparental violence.

VIOLENCE: According to Lystad (1986), violence in the family refers to physical aggression by one individual against the will of another within the family context. However, this paper uses a broader definition in which violence will refer to a physical, emotional and/or sexual assault on an unwilling individual within the family.

WIFE ABUSE: This term refers to the physical, psychological and/or sexual abuse of a woman by a common-law partner or spouse in an intimate relationship (Office for the Prevention of Family Violence, 1986).

FAMILY VIOLENCE: This term refers to a mode of interaction between family members. For the purposes of this study it is used to denote physical, emotional and sexual abuse in families. In addition, the term family violence is used interchangeably with wife abuse, wife battering and interparental violence.

It should be stressed that although the majority of children referred for treatment may be witnesses to physical abuse of the mother by the father, some studies (Straus, 1979) demonstrate that physically and emotionally abusive behaviors are exhibited by both males and females in the family and children are exposed to both parents.
Relevance to Social Work

It should be noted that this study is important to the profession of social work on several levels. These issues will be addressed in more detail in the final chapter. First, evaluations of programs are important to both practice and theory. This will be expanded upon in Chapter 5. Second, this study has increased the knowledge base of group work practice with a specific clientele. Third, the program is applicable to a specific population served by social workers and can be adapted to a variety of settings. Fourth, the program which has been evaluated, addresses children in their environment which is consistent with the social work perspective of working with clients.

Summary

The results of various studies suggest that children are impacted by witnessing family violence. Several factors such as duration, intensity and type of violence witnessed mediates the extent of this impact. The lack of programs for children who have witnessed wife abuse provided the impetus for the evaluation of one program for this particular population that has received much attention particularly with professionals working in the area of wife abuse. The evaluation of the research was accomplished by using a pretreatment/posttreatment control group design providing an empirical investigation of the programs’ effectiveness.

The next chapter will review the background of this study, how children are affected, what children learn, recovery needs, the interventions and evaluations used to date with this child population, the purpose of the program under study, and the theoretical framework on which the program is based. Chapter three will outline the methodology for carrying out the research, the group program process, including any additional intervention strategies. Chapter four will provide the results of this study. Chapter five will include a discussion of the findings, community response, group
leader observations, the limitations and recommendations, as well as, address the implications for clinical social work and further research.
CHAPTER II
REVIEW OF THE LITERATURE

Background of the Study

When looking at intervention strategies with children who have witnessed wife abuse, it is significant first to understand the impact of children’s perception of what they have witnessed as well as how they have been affected by living in such environments. Second, it is important to acknowledge the learning that these children gain from their caregivers. Third, it is necessary to discern what child witnesses need in order to recover from the childhood trauma.

Herzberger et al., (1981) suggest that more attention should be directed toward understanding a child’s perceptual system and the utilization of this knowledge in the improvement of the child’s environment. This would appear to be particularly true when looking at how children are affected by witnessing family violence. A consideration of the child’s perception of his/her home environment would, these authors suggest, aid in an assessment of the degree to which the child’s emotional support system is sufficient for the child’s needs. In addition, this information would be useful for the parents in terms of providing an understanding of how the children are affected by parental behavior. How children interpret the violence they witness may be a key determinant in not only how it affects them but also in how effective a specific type of intervention would be.

For children who see their parents’ behavior as arguments that get out of hand, the consequences may be less harmful than for children who see the arguments as something they can influence by being good. According to Stolberg and Garrison (1985), although the previous interparental conflict has already taken place, it is the child’s perception of the past that can be altered. It would appear then that work with the children, even if the parents do not access help, can assist the children in un-
derstanding the confusion surrounding these events and assist in the reduction of anger and sense of responsibility for the violence.

According to Gentry and Eaddy (1982), learning can be most effective for children when they perceive one or more members of the family as making an attempt to change. For these authors the same learning is just as effective even if the parents are separated on a temporary or permanent basis. Children express this by stating their concern that they do not want anything to happen to their mother or father; they just want the violence to stop.

In addition, if children can be informed about alternatives to conflict resolution, other than violence, they may be less likely to imitate or model their parents behavior (Herzberger et al., 1981).

According to Gentry and Eaddy (1982) many people witness and/or experience violence in the context of their family where there is an assumption of caring and love. It is through such exposure both in a witnessing and experiential way that provide, for the child, a milieu for social norms and values that promote the use of violence (Owens and Straus, 1986).

How Children Are Affected

The issue of children who live with wife abuse in their environment is gradually being recognized as an area for consideration in research (MacLeod, 1989). Fantuzzo and Lindquist (1989) have reviewed and analyzed the methodology used in researching how children are affected by conjugal violence and note the need for instruments specifically measuring the amount of violence, the type of violence and what was witnessed by the child. In addition, they specify the need to clearly outline not only the type of stressors experienced by the family but also the amount of stress experienced and how this may impact on the children.
Much of the early information gathered on how children are affected by witnessing wife abuse came from anecdotal reports rather than empirical research. These reports are comprised primarily of descriptive material dealing with children in shelters or case reports of children who grew up in homes with family violence (Walker, 1979; Carlson, 1984; Roy, 1977, 1988; Pizzey, 1977; Martin, 1976). Some of these reports are based on the childhood reconstruction and recall of adults (Ulbrich and Huber, 1981; Forsstrom-Cohen and Rosenbaum, 1985). Furthermore, studies such as those by Kalmuss (1984), Carroll (1977) and Gaylord (1975) purport that children who grow up in families where they witness spousal abuse tend to participate in abusive relationships in adulthood. In addition, they concur with other authors in suggesting that addressing the needs of these children may be the key to the prevention of intergenerational violence (Davis and Carlson, 1987).

In opposition to this theory, Dobash and Dobash (1979) suggest that by witnessing family violence over time the children would become "repulsed" by it and therefore tend not to be involved in violence as an adult. The difficulty however, with this theory is that if children over time observe violence without a release from the stress or a sense that release is forthcoming, the repulsion to violence may turn into a need to gain control of the situation (their lives) as soon as they are able by whatever means available.

The literature review found that children who have witnessed interparental violence experience behavior adjustment problems, low social competence, high anxiety, and poor self-concept.

The above noted studies in the area of how children are impacted have delineated several common areas of concern. These authors suggest the children will exhibit difficulties in physical, emotional and social conduct, as well as deficiencies in academic skills and in motor and verbal abilities. More specifically, it would appear that the children’s primary mode of problem-solving is through the use of aggression.
Every child has his/her own unique way of coping, and one means may be aggressive acts against those in the child's environment in order to feel safer. These types of behavior problems tend to permeate the child's home, school and social settings. Therefore, it would seem that ingredients such as support systems and alternative role-models are crucial in impacting children who have witnessed wife abuse. According to Carlson (1984) "intervention with the child may, in essence, constitute the best form of primary prevention of adult domestic violence" (p. 160).

Not all children show behavior problems externally; some children withdraw into themselves and manifest internalized behavioral difficulties which are as important as externalized behavior in terms of formulating and evaluating intervention strategies (Moore, 1975; Hughes, 1982; Hughes et al., 1983; Jaffe et al., 1986; Davis and Carlson, 1987; Hughes, 1988). Some examples of internalized problems are depression, self mutilation (including suicide), phobias, somatic disorders, insomnia and heightened anxieties. Overt symptoms of heightened anxiety include nail biting and hair pulling. Somatic symptoms take into account head and stomach aches, signs of eczema, hearing and speech impairments, and extreme fears (Pizzey, 1977; Hilberman and Munson, 1977-78).

Furthermore, authors such as Martin (1976) suggest that children living in homes with family violence are subject to feelings of guilt, shock, and fear, as well as the strain of being constantly at risk of abuse themselves. They tend to feel insecure and lack confidence because they are unsure of what to do and, in many ways, feel responsible. The "at risk" factor for children from violent families in developing psychological adjustment problems is high because of the parental neglect when the violence appears to be the primary focus of both parents (Straus et al., 1980). In addition, the inconsistency in parenting and the violent-nonviolent cycle itself may provide examples of patterns of rejection for the children (Pizzey, 1977).
Psychological assessments on children exhibiting these symptoms are a daily occurrence in schools, hospitals, clinical agencies, daycares, and any other facilities that have contact with children. The source of the child’s problems, however, is generally deemed to be within the child either physiologically or psychologically (Silvern and Kaersvang, 1989).

The above noted studies suggest that the intensity of the behavior problems exhibited by the children is mediated by gender, age related differences, level of intensity of violence and whether the children witnessed and/or experienced the violence.

What Children Learn

The second question requiring attention concerns what children learn from their parents when they grow up with wife-battering in their family. Although several authors such as Walker, (1979) and Emery, (1989) look at this issue, it appears to be addressed most explicitly by Jaffe et al., (1986) in a review of the literature on battered women, on the male batterer, on the clinical profile of the children and on the family dynamics in which violence occurs. From this review the authors conclude that children with violent parents have a high probability of learning that:

1) conflict is resolved through violence;
2) interaction of family members contains violence;
3) consequences of wife abuse, if reported, (for example to the police), are minimal, if any;
4) sexist stereotyping of roles is supported within the family unit;
5) violence is sanctioned as a mode of stress management;
6) the abused are to acquiesce to, if not take responsibility for, the violent behavior of the abuser.
It is suggested that the extent to which children learn these lessons is mediated by their propensity to identify with their parents and model the behavior in question.

Recovery Needs

The third issue to be addressed is the mode of recovery from exposure to a childhood environment of family violence. Fantuzzo and Lindquist (1989) suggest a "comprehensive multimodal assessment of child functioning" (p. 91) to pinpoint not only the effects of violence but also to draw out factors of competency felt by both the parents and the children. It is these competency factors, the authors suggest, that can be utilized in developing programs of both a preventive and treatment nature with the possible long-term effects of reducing violence in families. These assessments, the authors note, must include both individual characteristics of the clients and relevant developmental issues. The necessity of future research in terms of longitudinal study, which would determine developmental effects of children from violent homes, may be the preventive direction necessary to impact on the problem.

According to Jaffe et al., (1986) intervention strategies must attend to the developmental needs and stages of children, their attitudes about anger and aggression, their identification of feelings, their support systems, their safety and social skills, their feelings of responsibility and self-concept and the exploration of stereotypes and family dynamics. Furthermore, children have different responses to family violence according to cognitive, problem-solving and coping abilities (Hilberman and Munson, 1977-78; Walker, 1979; Levine, 1975). The responses are usually contingent upon the characteristics of the child, individual coping and adaptive strategies, their developmental stage and resources available. Research by Moore et al., (1990) suggest that study of child based factors, mother child relationships, peer relations and other family factors may mediate the effects of such an environment for child
witnesses of wife abuse. Therefore, the child’s individual response and coping and adaptive strategies may be found to be primary considerations in the recovery process.

Interventions and Evaluations

One of the primary concerns to date regarding child witnesses of wife abuse is the lack of adequate services and evaluation of programs for this population even though the knowledge of how children are affected has been established. The above mentioned studies discuss implications for treatment, yet there has been little or no movement in terms of formulating, implementing and/or evaluating treatment programs. For example, most women’s shelters provide little in terms of crisis intervention for children, and the provision for follow-up treatment in the community addressing the needs of this specific population is almost non-existent (Office for the Prevention of Family Violence, Canada 1986).

Therapeutic strategies can address both short and long term effects on the children. However, according to Silvern and Kaersvang (1989) "the goal of immediate intervention for children who have witnessed spousal abuse is to prevent long-term pathology by providing support and encouragement, to disclose and formulate what they have witnessed, with its personal and affective meaning" (p. 423). Approaches need to take into account the child’s level of adjustment, therefore the necessity of various methods of intervention such as individual and/or group treatment.

Treatment Approaches to Date

Work with children from violent families to date has been undertaken primarily from three modalities which will be dealt with here only briefly. First, the individual approach to therapy (Elbow, 1982) looks at understanding the present family dynamics, conflict resolution, expression of anger by self and others and strategies
for coping in a violent family. Additionally, the need for expression of feelings, interpersonal responsibilities and relationships in families is stressed.

For some children individual therapy could be seen as critical (Silvern and Kaersvang, 1989), especially for those "children exposed to repeated acts of severe violence over many years" (Jaffe et al., p. 89). For other children individual work would be more vital as a precursor to group work. According to Steward et al., (1986) the research literature gives no indication as to the type of criteria necessary in assigning children to either individual or group treatment. In addition, it would seem that part of this process would include assessment instruments that measure family violence and determine how the children involved are affected. For example, a school resource teacher who is working with a child who acts out aggressively in class, has a short attention span, poor social skills and has fallen behind his/her peers academically, will need to include in the assessment some factors regarding the child's home environment in terms of family violence. This child can then be referred to a therapist where further assessment can determine whether the child would benefit most from a group or individual approach or both.

Two drawbacks to individual treatment as noted by Steward et al., (1986) are the length of time it takes to work with one child versus several, particularly with the abused child population who take longer to engage, and the potential countertransference of the therapist. These same authors suggest that "therapeutic play groups" (p. 263) may be more beneficial to both the agency and the client in that they are cost efficient, less intimidating or threatening to the children and provide support for a shared experience.

A second mode of treatment for children is the group approach itself. This method appears to be favored for children by many researchers, whether it be with preschoolers (Fantuzzo et al., 1989) or latency and early adolescents (Alessi and Hearn, 1984; Jaffe et al., 1986; Carlson, 1984). Small group theory is utilized in sup-
plying direction to the leaders in terms of intervention strategies and providing an understanding of interpersonal relationships and group dynamics. Rose (1983) suggests that group treatment has one strong advantage over individual treatment in that it provides "the members with the large number of reinforcing activities usually unavailable to the isolated child in treatment" (p. 472). Scheidlinger (1984) sees the benefit of groups as a way to "focus on current and explicit behavior, adaptation, coping, competency, strength and growth" (p.581). This particular mode of treatment gives children the opportunity to acquire and implement new behaviors in response to group dynamics.

Westra (1984) advocates for several programs based on social learning theory and utilizing either individual or group structure derived from such theory, e.g., behavior modification, cognitive-behavioral group work, play therapy and developmental stimulation. The underlying premise of this theory and these treatment methods is to provide positive role modeling, to increase self-confidence and to teach more adaptive coping strategies. For some children the short-term work such as the 10 week group programs of Jaffe et al., (1986) or Alessi and Hearn (1984) would be sufficient as an intervention if perhaps held in conjunction with a similar educational support group for the children’s parents.

The third modality of work with children from violent families incorporates a family systems approach (Gentry and Eaddy, 1980). These authors purport that active participation by all family members in conjunction with community resources enables the family to adopt healthier modes of interaction. The primary focus is on education and the treatment is based on a family systems approach. Problems are counteracted by helping the family learn alternate ways of handling situations and issues such as those of self-concept, interpersonal communication and conflict resolution.
The three types of interventions noted above - individual, group and family systems - are examples of approaches to treatment to date with child witnesses to violence. However to this point, the effectiveness of these interventions can only be speculated upon based on subjective reports of participants and the therapists involved. Although the descriptive literature has provided a foundation, it can only be through sound empirical research that the effectiveness of treatment approaches can be evaluated. Once formulated, the efficacy of these programs needs to be determined, thereby providing accountability to the client, to the therapist, to the funders and to the profession (Rutman and Mowbray, 1983; Posavac and Carey, 1985).

Evaluations to Date

Evaluations of programs for child witnesses of wife abuse are not generally available (Grusinski, et al., 1988) primarily because of lack of research in this area. Therefore, it would seem important to look at how a few of the group programs for children who have encountered difficulties with issues such as abuse and divorce have been undertaken and with what results.

Evaluation of a social group work approach with children who have been assaulted (Ross and Bilson, 1981), for example, consisted of the leaders taking a retrospective look at their approach in terms of weaknesses and strengths and what achievements were made in a ‘two meeting’ follow-up discussion. Without a baseline from which to evaluate the children’s progress it is difficult to conclude exactly what the improvements were and precludes a generalizability of the results. The five month follow-up was studied through recidivism rates as judged by reports to the police, schools, observations or subjective reports by the facilitators of the study, parents or social workers and the children themselves. Other evaluation factors used were the number of sessions the children attended and their level of participation in each of the sessions.
In a program by Tiktin and Cobb (1983), the evaluation process is outlined as an exercise administered to the children in the last session which assessed "how well the children have assimilated the major concepts and their abilities to implement the new learning" (p. 62). In addition, children were encouraged to provide feedback on how they were impacted by the group experiences through self-reports and verbal feedback from parents and children, as well as the observation of schools and therapists.

Rose (1987) outlines various evaluation methods that have been used in doing group work with children regarding problem-solving skills. For example, he suggests posing questions individually and in the group, leading discussions, interviews, observations before and after sessions and using written tools to assess the understanding and applications of the skills being sought. Feedback regarding the development of such skills in the group members can also be provided by teachers, parents, siblings and the group leaders themselves. To formally evaluate the effectiveness of a particular group, questionnaires can be used weekly or as a pretreatment/posttreatment measure.

According to Grusznski et al. (1988), the pilot study by Jaffe et al., (1988) is the only evaluation of treatment for the child witness to violence population to date. Since the purpose of this study was to evaluate the program it seems appropriate to outline all previous studies undertaken in regard to this intervention. The pilot study previously mentioned contained no control group but used a pretreatment-posttreatment structured interview format with 18 children, ages 8-13 years (9 in each age group). The mothers of the children were interviewed as well. The treatment portion of the program was facilitated by a male and a female therapist.

The results of this initial study found that children's behavior, as measured by mothers' responses, did not change between the pretreatment and the posttreatment stages. However, change was noted in the children's attitudes and understanding of
self-concept and the dynamics of wife abuse. The authors of this study suggested that future research include a control group, randomly assigned groups, and an enlarged number of subjects, of both genders and various degrees of behavioral adjustment problems.

Recognizing that their program may not result in behavioral change but rather a change in attitude, (for example, no one deserves to be hit), the authors submit that their program will be more effective with children "who display subtle, premorbid signs of adjustment problems, such as a predominant attitude of acceptance of interpersonal violence and/or coercion" (Jaffe et al., 1986, p. 363). They suggest that for children exhibiting more extreme adjustment problems it would be appropriate that they seek therapy of a longer term nature. Although the authors do not expand on what type of longer term work they would suggest it is assumed by this author that individual therapy or more intense group psychotherapy as suggested by Scheidlinger, (1984) would be appropriate.

As well as the pilot study in the preliminary investigations by Jaffe et al., (1988) two separate studies were undertaken. The first study Jaffe et al., (1988) assessed whether there was a need for specific measuring tools for child witnesses of family violence. The second study Jaffe et al., (1988) evaluated the effectiveness of their program with latency-age children with the intent of providing some "preliminary direction" (p. 158). Study I consisted of administering the Child Witness to Violence Questionnaire (Jaffe et al, 1988) (Appendix 2) to 28 children who were witnesses of wife abuse and had previously been residents of a shelter for battered women. In addition, the questionnaire was given to 28 children who were not witnesses and who were accessed through advertising for study participants. Exposure to violence was measured by the Conflict Tactics Scales (Straus, 1979) reported by the childrens' mothers. This matched comparison included such variables as family income, number of children, gender and age (Jaffe et al., 1988). The mean age of the
witnesses was 9.9 years and of the non-witnesses 9.83 years with each group having 12 girls and 16 boys.

The results showed considerable difference between the two groups in the acceptance of violence as a means of resolving conflict and in how to function in emergency situations at home. Older children who had been exposed to extremes in violence and negative experiences showed a stronger sense of feeling responsible for how their parents behaved.

The second study consisted of 64 children between 7 and 13 years. A little over half were boys and most came from lower socioeconomic, transitory environments. The parents had been separated for more than one year prior to group participation. Treatment was conducted by male and female co-facilitators and the pre-treatment/posttreatment interviews conducted by someone other than the facilitators. The results indicated no improvement in the children’s behavior as measured by the Achenbach Child Behavior Checklist (1983). However, there were noted changes by the children in the areas of safety skill development and an increase in positive perception toward their parents. The authors also suggested that the group treatment improved the children’s level of understanding regarding the dynamics of wife abuse.

The group evaluation process by Jaffe et al., (1985-87) was comprised of 64 children who completed a pre and posttreatment format, using a battery of tests to evaluate the impact of the program. However, there were several difficulties with the evaluation of these programs. For example, there was only one group that used a control group; there were 30 agencies and 25 therapists involved; not all groups had male/female therapists; some groups had as few as 5 children per group others had 11 children and 3 therapists; and the groups were located in five different cities. Although over 200 children were referred to the programs only 181 registered for the
groups. It was reported that 64 children completed the posttest, but no indication was given as to how many children completed the group program.

The findings of both studies, the authors conclude, is that assessment measures "sensitive" to the needs of this population are critical. Furthermore, they indicated that intervention should focus more on "thoughts and feelings" rather than on behavior only. Next, it was noted that children's responses would differ according to their personal characteristics, developmental stage and the type, intensity, duration, and frequency of what they have experienced.

Jaffe et al., (1988) affirm that the program presently being evaluated is effective in addressing specific problem areas, e.g., knowledge of safety skills, child's perceptions of parents and the issue of wife abuse. However, they indicate the need for more stringent evaluations to provide evidence of the effectiveness of the program as a treatment approach.

Purpose of the Program to be Evaluated

The non-crisis intervention program evaluated by the present research was developed by Jaffe et al. (1986), for children who have witnessed wife abuse. According to the program developers, the treatment was designed to help children modify their responses and adopt new responses to past experiences; to develop new problem-solving skills for future encounters; to address interpersonal responsibilities and attitudes regarding behaviors; to examine present modes of conflict resolution and to foster self-esteem (Wilson et al, 1989). The program was intended for use by professionals working with this population in a non-crisis setting.

Very few treatment approaches are available for children from violent families and this particular program addresses the issues identified in the literature for children who have witnessed wife abuse. According to Wilson et al (1989) this
treatment approach focuses on several particular issues each session. For example, sessions are structured to:

1) provide peer support since most children will tend to feel isolated with their problems;
2) provide a comfortable atmosphere for the expression of feelings;
3) provide an understanding of healthy and unhealthy modes of expressing and coping with anger;
4) provide the ambience for self-expression;
5) provide clarity of responsibility to and for behaviors in interpersonal relationships;
6) provide the children with various skills in developing and enhancing support systems;
7) provide for an understanding of individual self-concepts and to relate this to their environment;
8) provide self-confidence building exercises;
9) provide for an understanding of the various dynamics of wife abuse and violence in society; and
10) provide for an understanding of separation and loss.

The primary purpose of this particular treatment method is threefold: first, to provide information to the child regarding attitudes and responses to anger, e.g., encourage the adoption of new dispositions or reactions to the use of violence as a response to anger and to resolve conflict; second, to provide support and knowledge of safety skills, e.g., promote using personal safety skills for protection from violence and use community support resources available for children; and third, to address the child's sense of responsibility for the parents and for the violence, e.g., allowing the responsibility for the violence to be placed with the appropriate person. These goals are attained through direct instruction.
In addition to acquiring the above information, the children learn new problem-solving skills which might tend to reduce their anxiety level (Werner, 1986; Silvern and Kaersvang, 1989). This reduction in anxiety could tend to enhance feelings of control and thereby improve the child's self-concept (Perlman, 1986). Support may be provided as peers "normalize" the feelings experienced regarding family violence. Thus, anxiety could be modified through peer support, in a safe environment, with those who have had similar experiences. Furthermore, this may influence an improvement in self-concept (Rose, 1983).

According to Wallerstein (1983), treatment which focuses on an understanding and release of intense anger, fear, blame, and emotional expression should facilitate an improvement in the long-range outcome for children who are exposed to stressful life events.

Theoretical Framework

According to Jaffe (personal communication, January 5, 1990), the framework for this particular intervention is based on social learning theory. Various aspects of the program are examples of this type of approach, e.g., modeling, coaching, reinforcement and rehearsal. In addition, it would appear that this program is influenced by time-limited group theory and cognitive theory. Therefore, it is necessary to briefly describe the nature of these theories and to explore how this program is impacted by all three theories.

Social Learning Theory

Social learning theory is based on Bandura's (1977) suggestion or hypothesis that individuals are able to learn various modes of behavior by observing others and imitating these behaviors.
This theory can account for both why the group is necessary for the children (i.e., prevention of intergenerational patterns) and what the group can accomplish in terms of treatment (i.e., learning and reinforcement of healthy patterns of relating). Social learning theory (Bandura, 1973, 1977) suggests that when a behavior has value for an individual he/she will incorporate that behavior as part of his/her repertoire. If that behavior is reinforced, it continues to be acted upon. Bandura (1977) suggests that for a behavior to be enacted there must be the following:

a) something to induce the behavior;

b) a functional value for the individual; and

c) reinforcement or at least the absence of punishment for the behavior.

It may be that the child population under study learn that violence is the only or most effective means of resolving issues. For example, the use of spanking as discipline demonstrates to the child that hitting and hurting the one you love is an acceptable means of control over another (Straus, 1973). According to Rose (1980), the group program designed for child witnesses would be said to have a learning perspective, i.e., if unhealthy thoughts, feelings and behaviors are based on learning then changes can be achieved through learning alternatives to present modes. This learning is essentially an educational therapeutic experience.

One example of a group approach based on social learning theory is that developed by Frey-Angel (1989) for siblings who have witnessed and/or experienced family violence. This program is based on a social learning approach as a preventive strategy for ongoing intergenerational violence. A number of authors (Frey-Angel, 1989; Rose, 1983; Steward et al, 1986) identify the importance of peer support in the group, however Frey-Angel in particular stresses the need for interacting and experiencing a change process with siblings. She (1989) suggests that such an approach enables the children to share not only common experiences and goals but also enables the siblings to become a subgroup within the group so that change will be less threat-
ening. Children can learn to express their feelings and new ways to communicate anger. Some group goals of the program by Frey-Angel include problem-solving, interpersonal communication, understanding role stereotypes, and acceptance of self. The underlying focus or group goal is to "assist in preventing the learning already imparted to the children from being repeated in their future adult relationships" (Frey-Angel, 1989, p. 95). This group treatment is deemed to be most effective when parents are concurrently in group therapy.

Several authors (Alessi and Hearn, 1984; Jaffe et al., 1986; Wilson et al., 1989) suggest group sessions should be directive, structured and time-limited. In addition, these researchers found that the group approach would facilitate work with more children at one time, would reduce overwhelming feelings of isolation, would "normalize" the experience that they are not alone in encountering violence in the family, provide peer support for the children and would, for most individuals, be less threatening than one-to-one work, especially for school-aged children and adolescents.

**Cognitive Theory**

Cognitive theory suggests that our behavior, emotions and motives are determined by an individual's conscious thinking process (Werner, 1986). Mahoney (1980) explains this approach with the assertion that how human beings function is the result of the types of interactions they experience within their environment. These interactions can impact on how people think and behave, both on an interpersonal and an intrapersonal basis in most situations. In other words, this theory states that a change in the client's perceptions will lead to a change in behavior and that experiences previously avoided due to fear, and/or a lack of understanding, knowledge, or interest can become part of the client's repertoire. Thus, these new experiences are a result of new behaviors acquired by a new way of looking at experiences.
According to Werner (1986), cognitive based theories are most useful when the goal of therapy is to assist individuals in their thinking and planning process with regard to finding solutions that are appropriate.

Rose (1983) suggests that a group treatment approach from a behavioral and cognitive perspective with children can focus on increased knowledge regarding social, problem-solving and conflict resolution skills that provide for more effective coping particularly in terms of stress and interpersonal communication. In addition, Rose (1983) purports that this type of intervention can assist in increasing self-esteem due to learning and rehearsing more effective skills both on a social and cognitive level.

By using a problem-solving approach this type of treatment considers the children’s thinking process rather than focusing on thought content. The educational component of the approach under study addressed methods of problem-solving in interpersonal relationships, skills in safety and building support systems. For example, discussions took place on how to solve various difficulties with friends and family using nonaggressive modes. Present methods of problem-solving were restructured (Werner, 1986) through encouraging the children to look at:

- a) defining the problem;
- b) suggesting alternatives; and
- c) selecting the most appropriate solution.

According to Spivick and Shure (1982), children need to learn to reduce frustrations and feelings of powerlessness by generating alternatives in the face of failure, thereby reducing impulsive and withdrawn behaviors. Therefore, according to cognitive theory (Werner, 1986), a change in activities and behaviors will alter perception and a change in perception will alter emotions and behaviors.

According to Rose (1980) other examples of cognitive approaches with this treatment method include cognitive correction, restructuring, and cognitive rehearsal.
through such methods as targeting self-talk, self-descriptions of one's environment and perceptions of self and the world. This type of approach is seen as a way to promote changes on both an emotional and cognitive level within the individual as well as to intervene in changing behaviors (Rose, 1980).

**Time-limited Group Theory**

Since the program under study is time-limited, (10 weeks, 1.5 hours per week) it is important to look at how the group process operates within a time-limited framework and how this modality can be useful in working with children who have witnessed wife abuse.

Rose (1985) has outlined some of the dimensions of time-limited group work with children; they are generally "explicit, deliberate and planned" (p.18). The primary objectives of this type of treatment approach in working with children have been "to promote the social functioning of children and to minimize the deleterious effects of educational, health and mental health difficulties" (p.26). More generalized objectives "are to achieve a positive change in the current life of the child, relieve stress and reduce demoralization" (p.18). The time-limited approach would appear to work well with children who have "related problems and similar assessed needs for intervention"(p 21). This tends to provide a support system and enable the group to "focus on a limited number of explicit and achievable goals" (21).

Time-limited groups are usually comprised of 6-20 sessions and meet once a week to allow for integration and utilization of information learned. It is suggested that perhaps for younger children, in accordance with age and developmental stage, biweekly groups may be necessary to "allow greater continuity of person, place and events" (p.21). Sessions may vary in length of time, from 45 to 90 minutes, Because younger children tend to have shorter attention spans, the time allotted would need
to be reduced accordingly. The assessment process in time-limited groups is usually confined to one interview with the child and/or parent(s).

Time-limited treatment groups can also be used in conjunction with individual therapy, as well as part of an interdisciplinary community based approach, e.g., with teachers, doctors, and/or police.

It should be noted, as a final example, that Steward et al., (1986), have designed a time-limited group program for abused children which they suggest will be adaptable to many theoretical frameworks. The author states that with this particular program the "family is an analogue for a treatment model" (p. 264) The program consists of parental involvement through consultation in home visits by the male/female co-therapists. Children in small time limited groups are assisted in expressing their emotions, in promoting the growth of social and emotional skills with peers and adults, in increasing problem-solving skills and in fostering feelings of competence and power in interpersonal relationships. The focus appears to be on both cognitive and emotional growth.

It should be noted that due to the lack of available male facilitators in this area, the group facilitators in the present study consisted of 2 females rather than 1 male and 1 female. Therefore, it could be speculated that there was a deficiency in the modeling provided by this research and that male children may feel the lack of a same-sex role model. However, some compensation was obtained by having two experienced male social workers co-facilitate the 3 sessions critical to role modeling.

**Time-Limited Group Theory and the Child Witness Program**

In the past, Time-Limited treatment groups had been used to address similar social problems to that of the Child Witnesses Program. For example, other groups had looked at friendship skills (Lewis, and Weinstein, 1978); social competence
(Rose, 1982); the resolution of interpersonal conflict (Edleson, 1981); sexual abuse (Pescosolido and Petrella, 1986); divorce (Cole et al, 1984) and many more.

The program for child witnesses under study was a time-limited group treatment for children and followed the eight characteristics and guidelines as outlined by Rose. First, the focus of the group was detailed in the manual on both an overall and a weekly basis. Second, problems were dealt with in a short space of time because children who were referred to this type of program had little or no access to longer-term treatment modalities due to limited time and financial resources of these programs. Third, there was an implicit demand for the leaders of the child witnesses program to identify any problematic areas, define objectives and work effectively to achieve those ends for the benefit of each child.

Fourth, the Child Witness Program was developed for children who displayed premorbid signs of behavior adjustment problems as a result of witnessing wife abuse. As suggested by the time-limited model, the children in this program had experienced similar difficulties and had a similar need in terms of treatment. The group focused on the overall goals of addressing the children’s attitudes and responses to anger, increasing their knowledge of safety and support skills and reducing their sense of responsibility for the violence and for their parents. These goals were measured for achievement by a pretreatment and posttreatment interview which addressed these specific areas. The goals were felt to be achieved through clearly outlined weekly objectives and the suggested methods to achieve these objectives.

Fifth, the Child Witness Program consisted of 10 sessions; scheduled once a week for 90 minutes duration. Because of the limited time, it was necessary for the groups to be highly structured as laid out in the weekly format of the manual. Sixth, the referrals made for this research followed similar guidelines with referrals which came from school resource teachers, counsellors, teachers, doctors, shelters for battered women and child welfare.
Seven, having had the parents involved contributed to the level of progress of the children (Ross and Bilson, 1981). The level of parental involvement was directly associated with the degree to which the child's difficulties were related to problems the parents were experiencing. For example, the problems the child witnesses experience were directly related to the interparental conflict they witness (Rose, 1985).

Finally, in this study the children and the parent(s) were each interviewed, once, in the home by the facilitators prior to the group. In addition, brief assessments were written by the referring therapists on each child and their situation. Once this process had been followed children not appropriate for the group were referred to other resources.

Group Structure

Further comparisons between time-limited group therapy for children as outlined by Rose and other authors and the program under study can also be made in terms of group structure, process and evaluation.

Composition and Leadership.

As in the groups for this research, the composition of the group is generally of mixed gender. This according to Rose (1985), "reflects the real social world of children" (p.23). It allows children to learn to interact constructively with others regardless of gender. Therefore, this study followed the manual guidelines with consideration for age and perhaps grade level, i.e. 8-10 years and 11-13 years. However, the facilitators discovered that many of the 11 year olds found themselves having difficulty relating to the 12 and 13 year old junior high children and some of the 10 year olds found it difficult not to dominate the 8 and 9 year old children.

Rose (1985) notes the necessity of time-limited groups to first, "allow the characteristics of children to complement each other" (p. 23) For example in the
group program under study, very aggressive children were placed in the same group as very passive children. The rationale for this was for children to learn from each other.

**Process.**

According to Ross and Bilson, (1981) the creation of dependency, apparent in other forms of children’s group therapy, appeared to be less of an issue in the time-limited group. The leaders provided an assessment to both the primary therapist and the child’s parents to encourage continuity of a therapeutic relationship when appropriate and also to provide a support system.

Although parents and siblings could attend final sessions or portions of final sessions, the children should be given the option to choose when possible. The children in the present research chose not to include family members in the final session. Edleson, (1981, in Rose, 1985) suggests the use of "booster sessions and periodic newsletters" as a "useful means of maintaining the progress that children have attained in treatment" (p.25).

**Evaluation.**

According to Rose (1988), "empirical group work practice refers to those group work models that utilize data as a means of making clinical decisions and evaluating short and long term shifts in individual and group phenomena" (p.43). Rose went on to suggest that empirical approaches to group work are characterized by being goal oriented, drawing on "highly concrete means of interventions to achieve those goals" (p. 43), as well as using the group "as both supplementary means and context of intervention" (p.43).

Rose (1988) further suggested that empirical approaches to treatment could be classified as such when data are compiled for two reasons: first, to provide a de-
scription of member behaviors, attitudes and thoughts at two different intervals over the span of the group to monitor change and second, to provide a description of the group process so that if change was necessary to achieve group goals adjustments could be readily identified and made.

This present research, in following the process as outlined by Rose, had taken an empirical approach to evaluating the treatment program by Jaffe et al., 1986. More specifically, the Child Witness Interview questionnaires were administered to all children before and after the 10 week group program. The children and the parents were also given a program evaluation to be self-rated upon completion of the 10 weeks. As well, the two facilitators played an active role in observing the children - as one spoke or worked with the group the other played an active role in observing all group members. In addition, all sessions were taped and reviewed weekly by the facilitators. The leaders also debriefed after each session. Further to this, homework was assigned each week. The children were each given a file folder on their first day in which to keep their homework. They were encouraged to complete and return the folder weekly so it could be reviewed.

Finally, the importance of regular attendance was stressed with both the children and the parents. In addition, the children were urged to be prompt in attending the sessions each week. When the children began to show up for the group 3/4 of an hour early, a time limit was imposed of no earlier than 20 minutes prior to group in order for the leaders to have time to set up and organize materials before the group began. Parents and children were informed that if they missed any more than 2 sessions, the children would be dropped from the group.

All of the above criteria for the empirical evaluation of group work were invaluable as a means of gauging effectiveness so that changes could be made promptly when necessary. The strategies chosen weekly as a result of the flexibility necessary in working with children’s groups and particularly with this population could be
monitored as to their effectiveness by making use of the data obtained through the
evaluative process outlined.

It should be noted that according to Rose, (1988) there could be a down-side of "empirical group work practice". First, the group facilitators might plan weekly sessions so that criticisms will be minimized. Second, feedback would have to be utilized in a constructive manner so that clients would take time to fill out evaluations. Third, it takes time, effort and knowledge to collect and analyze the data, then interpret and put the results into place.

In this research a pretreatment and posttreatment evaluation was used in conjunction with written parent evaluations, child evaluations and verbal observations by teachers and primary therapists when available.

In terms of benefits, a time-limited intervention took into consideration the less threatening atmosphere of the peer approach versus the 'one to one' approach (child and adult therapist). It provided a support system which is sadly lacking with the child witnesses population. It was noted in this research that children tended to support each other during the sessions as well as outside of the group. In addition, through the time-limited group approach more children were able to receive treatment in the same time period as that required for working with one child.

The group was a milieu in which children were able to practice verbalizing their needs, as well as monitor the responses of others to their attitudes and behaviors in a safe environment. As suggested by Rose, (1985), "the presence of other children with related difficulties affords a measure of social reality. Activities produced in the protected environment of the small group can be employed in the members' social world" (p. 18)

The Child Witnesses Program, like all time-limited groups, had established objectives. First, the program looked at providing the children with an understanding of family violence and normalizing the experience, i.e., that everyone in the group
was there for the same primary reason so the children were not alone with their experiences. It addressed the identification and healthy expression of feelings which was similar to other such programs for children, e.g., the program for children of divorce by Tiktin and Cobb, (1983).

The development of skills was a second objective of time-limited groups. The present program looked at enhancing the child's support and safety skills. Other examples of skill development in time-limited groups were social and cognitive skills, Rose, (1982); conflict resolution skills, Edleson, (1981); and friendship skills, Lewis and Weinstein, (1978).

A third objective was for children to learn a new way to look at something. For example, within the child witnesses program there was a focus on having children look at their present sense of responsibility for the parent(s) and for the violence, as well as how this could be changed.

This particular group approach for the child witnesses population was not designed to be the total approach to treatment (Jaffe et al., 1986) but as an adjunct to present treatment. In addition, it could be used to provide an assessment for further treatment if necessary. To assess whether a group treatment approach was appropriate and effective with each child it was necessary to analyze not only the information from the measurement tools, but also, according to Rose (1983), to look at how well assignments were completed by group participants, level of participation, how satisfied members appeared and the rate of attendance.

Summary

Through a review of the literature, this chapter has outlined the results of previous studies showing that children who witness wife abuse or interparental violence have behavior and adjustment problems, poor social and academic skills and exhibit both short and long term difficulties permeating most of the child's environ-
ment. The messages which children learn in the family regarding conflict resolution, problem-solving, anger and aggression reduces the child's ability to make informed decisions. Despite the low number of interventions and evaluations uncovered in the literature review for this population, programs are necessary if intergenerational family violence is to be impacted.

In outlining the purpose of the program, it was necessary to identify the theoretical framework on which the program is based. Social learning theory addresses the role-modeling and intergenerational aspects of abuse in families. Cognitive theory speaks to the issue of how children make sense of what they witness and/or experience and how learned behavior can be affected by learning new behaviors, new alternatives to problem-solving and conflict resolution. The use of groups in a time-limited framework can serve to break the isolation that these children experience, provide support and information, as well as benefit numerous clients in a short period of time.

The following chapter will address the method used to conduct the research, research design, description of the measurement tools, sample, ethical considerations, procedures, the weekly process of the group format, the additional intervention strategies.
CHAPTER III
METHODOLOGY

Introduction

The purpose of this study was to evaluate the effectiveness of a group treatment program with children who have witnessed wife abuse. This intervention program is a combination of both the supportive and educational techniques which are necessary to achieve the overall aims of the program. More specifically, the goals of the group were: to educate children regarding their attitudes and responses to anger, to increase their knowledge of safety and support skills and to enhance each child’s understanding of his/her feelings of responsibility for the violence and for the parents (Jaffe et al., 1986).

In implementing the pretreatment/posttreatment randomized subject design the Child Witness to Violence Questionnaire was used for the evaluation. This tool was developed specifically "to assess children’s responses to three areas previously identified by research and clinical observations to be important issues for children witnessing violence" (Jaffe, et al., 1988, p. 158). Five additional tools were used to gather further information on the families and what the children had experienced and witnessed. First, two Conflict Tactics Scales a) Spouse-to-Spouse b) Parent-to-Child were used to assess what the children had witnessed and experienced in their family. Second, the Parent Interview Questionnaire was implemented to gain some sociodemographic information on the children’s families. Third, the parents and children were both given self-report evaluations at the end of the program to ascertain individual impressions of the program. A more detailed description of the instruments and why they were chosen will be outlined later in the chapter.

Although the Program Manual (Jaffe et al., 1986) was followed as closely as possible, the flexibility of the group leaders allowed for differences in the make-up of
the groups. Additional interventions with some families were ethically necessary and important in order to meet the needs of the clients and their families.

The present study then evaluated the effectiveness of a group treatment program for children who had witnessed wife abuse. It differed from previous research on this group treatment program in that a random sample and a control group were utilized in order to provide a comparison between treatment and no treatment conditions.

Research Question

The research question is focused on the effects of the child witness program on the children in the study: what are the effects of a 10 week group counselling program on children ages 8-13 years who have witnessed wife abuse with respect to attitudes and responses to anger, knowledge of support and safety skills and sense of responsibility for their parents and for the violence?

Research Hypotheses

1) The children in the treatment group will show greater changes at posttreatment in their attitudes and responses to anger than the children in the control group.

2) The children in the treatment group will show greater changes at posttreatment in their knowledge of safety and support skills than the children in the control group.

3) The children in the treatment group will show greater changes at posttreatment in their sense of responsibility for their parents and for the violence than the children in the control group.
Null Hypothesis.

1) The children in the treatment group will not show greater changes at post-treatment in their attitudes and responses to anger than the children in the control group.

2) The children in the treatment group will not show greater changes at post-treatment in their knowledge of safety and support skills than the children in the control group.

3) The children in the treatment group will not show greater changes at post-treatment in their sense of responsibility for their parents and for the violence than the children in the control group.

Research Design

The design chosen is a randomly assigned subjects design; an experimental group - control group with pretreatment/posttreatment (Kerlinger, 1986). The assumption is made that the groups are equal because of the randomization. It is also recognized that providing a randomized comparison group which differs on a dependent variable gives internal validity to the research (Kerlinger, 1986).

The following key gives meaning to the symbols utilized for this design which used pretreatment and posttreatment measures and a control group:

\[
\begin{array}{c}
R \ Y \ X \ Y \\
R \ Y \ -X \ Y
\end{array}
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R = random assignment

Y = pretreatment measures for children in both the experimental and control groups

X = educational, support treatment with experimental group

-X = no intervention with control group
Y = posttreatment measures for children in both the experimental and control groups

The level of significance was set at .05.

Once randomly assigned, the subjects were pretested on measures of Y. The dependent variables were a) attitudes and responses to anger, b) safety skills level, and c) the subjects’ sense of responsibility for the violence and for their parents. The experimental group then received an educational, support treatment (X). Upon completion of the treatment both groups were, once again, tested on Y measures. The control group received no treatment during the same time period as the experimental group. The data from the control group were also used to determine the effects of the passage of time. Data analysis was based on these results.

It should be noted that all children in the small treatment groups "share the same intrasession history and thus have sources of similarity other than X" (Campbell and Stanley, 1963). This was controlled for, as much as possible, by using the same group leaders, and holding the groups the same day of the week. The time of day, however, was different for each group. One group was held in the morning, two groups were held in the afternoon. History and maturation were controlled for because of the short (10 week) time span of the group.

The group facilitators conducted the pregroup interviews and administered the measurement tools. The testing was done in the 2 weeks prior to group commencement and within 2 weeks after group completion. The random assignment to groups was done after testing to minimize biased ratings (Campbell and Stanley, 1963).

Both the parents and the children were asked to sign consent forms (Appendices 3 and 4) for participation in the group and for the video taping (Appendix 5) of group sessions.
Independent Variable

The independent variable was the group counselling program which focused on the expression of feelings, problem-solving (especially in the areas of anger and safety skills), understanding interpersonal responsibility and self-concept, improving social skills and providing support, as well as gaining an understanding of the dynamics of wife abuse (Jaffe et al., 1986).

The style of leadership utilized included helping with the group process, providing information, making suggestions, demonstrating alternatives and direct instruction. Rules were clearly defined and regular attendance encouraged. If children were unable to attend a session, they were individually instructed on the issues addressed in the previous session prior to the next group. Group facilitators stressed the need for confidentiality so that children felt safe to share their concerns. All group members had the right to "pass" (not give input at that time) but were encouraged to share their experiences. A detailed description of the content and process of this program is provided at the end of the chapter.

Dependent Variables

The dependent variables under study were the child's: a) attitudes and responses to anger; b) support and safety skills level; and c) sense of responsibility for the parents and for the violence. The choice of these particular variables for the study was derived from a review of the literature on how children are affected by witnessing interparental violence (Jaffe et al., 1988). The Child Witness to Violence Questionnaire was the instrument developed by the program's authors to measure these variables. The children completed this questionnaire in home interviews as the pretreatment measure one to two weeks prior to the commencement of the group and as the posttreatment measure one to two weeks after completion of the group.
Description of Measurement Tools

According to Jaffe (personal communication, January 5, 1990) "an evaluation of his program should focus on the three principal areas outlined by the program: (1) attitudes and responses to anger, (2) knowledge of support and safety skills, and (3) responsibility for parents and for the violence."

However, a literature search showed that instruments specifically measuring issues pertinent to the child witness population were not readily available. In fact, only one instrument was found to be specifically designed (Jaffe et al., 1988) for this population, the Child Witness to Violence Questionnaire. This 42 item instrument measures the children's knowledge of wife abuse and assesses the child's responses and attitudes to anger, their problem-solving abilities related to safety skills and who the children feel are responsible for the violence and their parents. As previously mentioned, the questionnaire's focus on these 3 particular areas is a result of both research and clinical work in this area (Jaffe et al., 1988).

The use of the Child Witness to Violence Questionnaire was based not only on the lack of available measurement tools with this population but also because this scale was developed specifically for use with this population and for this program, Jaffe et al. (1989). It was also important to measure exactly what the program was designed to accomplish without interference by the implementation of other measurement tools which could have increased the possibility of contamination. According to Jaffe (personal communication, January 5, 1990) to this point in time there are insufficient numbers of "pre-tested and post-tested subjects to conduct psychometric analyses of the questionnaire." He does state that London Family and Children's Services "are currently in the process of collecting this data and psychometric properties are under review."

The Conflict Tactics Scales were chosen after a review of the literature which indicated that they appeared to be the best source of measuring conflict in families
both in terms of reliability and validity. According to Straus (1979), and Barling et al (1987), the Conflict Tactic Scales "have moderate to high reliability and there is evidence of concurrent and construct validity." For further information on the reliability and validity of these scales see the Manual for the Conflict Tactics Scales (Straus, 1979).

To assess the child's appropriateness for the group the Conflict Tactics Scales (Appendix 6) were administered to the custodial parents on two levels: first, the "spouse to spouse" questionnaire, a 19 item tool which measured the types of abuse experienced by both partners; second, the "parent-to-child" questionnaire, a 19 item tool which measured the types of abuse experienced by the child from the parents.

These scales assessed the type, amount and frequency of the violence both witnessed and experienced by the children. According to Straus (1979) these tools are designed to measure family conflict and the methods used to resolve that conflict, i.e., "reasoning, verbal aggression and violence". Straus (1979) suggests that all families encounter interpersonal conflict but it is how the conflict is handled that mediates the outcome for family members. These measuring tools enable clinicians to assess the family's methods of conflict resolution. It would have been more useful if the children could have verified the parents' responses to the questionnaires. However, these tools are designed for adults and may not be appropriate for use with children.

The Parent Interview Questionnaire used by Jaffe et al. (1988) was revised by adding questions for more information on family dynamics and by revising some questions so as to provide more clarity for both the interviewer and the client. Had the sample been larger, an analysis of variance could have been used with regard to several factors such as age, socioeconomic level of the family, marital status and shelter use by the mother.

The above measurement tools were scored according to the instructions which accompany the instrument.
Sample

After approval was obtained for the research from the University of Calgary Ethics of Human Studies Committee, 33 agencies in the City of Calgary were contacted to obtain referrals. These included the Child Welfare division of Alberta Family and Social Services, family service agencies, shelters for battered women, hospital social work and psychology departments and several private practitioners. The agencies were given a brief outline (Appendix 7) of how children are affected by witnessing wife abuse, the purpose of the program, the referral and group procedures, referral forms and a pamphlet about the program for client use (Appendix 8). They were informed that a follow-up phone call, in two weeks, would give them the opportunity to arrange for a presentation by the group facilitators or to ask any questions they might have at that time.

These agencies were asked to refer children who had witnessed (seen or heard) wife abuse in their home prior to the past 3 months. It was also stressed that the children should not be in crisis at the time of treatment because the program had a non-crisis orientation. Agency personnel were advised that the children did not need to be exhibiting behavior adjustment problems at the time of referral. In addition, it was indicated that the children could not be in treatment during the program since this would confound the effects of the group treatment.

Of the 33 agencies contacted, 12 requested presentations by the group facilitators, one agency declined to participate, 2 agencies needed a program specifically for adolescents, and several agencies expressed interest but felt their staff were "overworked and might not direct the effort necessary" in terms of the proper referral process. As well, therapists from 10 different agencies stated that the information about the program had not gone beyond their directors or supervisors and they heard of the program through other channels after the referral deadline.
Several agencies requested an extended referral deadline because of the lead time it took for therapists to connect with families, to gain consent regarding participation in the program and then to make the referrals. All 33 agencies were notified of the extension. Several other agencies asked to make referrals after the extended referral period and had to be declined. Finally, 8 agencies agreed to be involved in the study. These agencies included women’s shelters, community and family service agencies that provide a variety of services including individual, group and family therapy as well as hospital family therapy programs.

Once the referrals were received, home interviews were scheduled with the custodial parent(s) and the 52 children referred to the program. The purpose of the home interviews was to connect with both the parents and the children in their environment. This procedure was deemed by the group facilitators to be less threatening to the participants and to the parents than administering the measurement tools in a social service office. It should be noted that the home interviews provided valuable information about the environment in which the children lived and provided a strong connection between the children and the facilitators. It also served to break the 'secret keeping' by acknowledging and discussing the abuse with all family members.

These interviews took place in the 2 week period prior to the commencement of the group program. All pregroup interviews and administration of measurements were conducted by the group facilitators. The same facilitator interviewed all the parent(s) concurrently with the other facilitator interviewing all the children.

The criteria necessary for children to be part of this research were as follows:

1) The children had to be referred from an agency (for ongoing support if necessary when the research was completed);

2) The children had to be between the ages of 8-13 years at the time of referral (to fit within the guidelines of the program manual);
3) The children had to have witnessed (seen or heard) wife abuse as measured by the Conflicts Tactics Scales. This scale also measured the intensity, frequency and duration of the abuse;

4) The children had no known psychopathology;

5) The children were not in treatment during the time of the group program; and

6) Since the focus of this specific treatment was non-crisis directed there had to be a violence free period in the home of 3 months prior to treatment.

The groups were facilitated by therapists who were B.S.W. graduates and who had worked in the area of family violence for several years. Both therapists had experience in facilitating groups and working with children and adolescents.

Group Assignment

There were 52 children referred to the program. Of this total, 10 families did not meet the criteria for the group treatment for various reasons, e.g., the families were reluctant to withdraw their child from individual therapy, mothers had recently been in a shelter for battered women, or only one parent agreed to their child’s participation. Of the 42 children that were eligible for the groups, 22 were in the 8-10 year old group and 20 children were in the 11-13 year old group. A number from 1-22 was assigned to each child in the 8-10 year old group and a number from 23-42 in the 11-13 year old group. These numbers were then entered into a computer program designed to randomly assign children to the treatment or the control group.

After the 21 children were selected to participate in the treatment group, they were randomly assigned to two groups of 8-10 years and 1 group of 11-13 years.

The parents were then informed of the nature of their child’s participation in the groups. Ten of the children in the experimental group had primary therapists who had agreed to suspend their treatment during the program. The other 22 children in the control group received treatment once the data had been analyzed. Al-
though the control group had to wait a longer period for treatment it should be noted that in all probability they would not have received treatment outside this research.

Parents of children in the control group were informed that reminders in the form of cards would be sent to each child informing her/him of the date and time of the group treatment. The parents were also asked to inform the facilitators if they moved or changed their phone numbers. Parents were reminded of the posttreatment interviews to be conducted in the 2 week period following the conclusion of the group.

By the end of session 2, one child was withdrawn by parental request and assigned to the control group because of prior commitments in another city, 3 of the remaining 20 children withdrew from the groups (one from the younger groups and 2 from the older group). One child went into an institution, one child’s parents decided to cancel with no reason provided and one child could not attend because of the reluctance of the non-custodial parent (father) to have the child in the group. By the end of session 4, one child had attended only 2 of the 4 sessions because of parental inconsistency in transporting the child.

Finally, 38 children who had witnessed wife abuse were included in either the experimental or control group. After being randomly assigned, 16 children completed the experimental group treatment. Two months later, 22 children (control group) received treatment. In keeping with the age groups of the original design (Jaffe et al., 1986), the experimental group was composed of 2 groups of children (5 per group) of 8-10 year olds and 1 group (6 per group) of 11-13 year olds. They received treatment for 10 weeks.

In terms of gender, of the children participating in the first group of 8-10 year olds consisted of 3 boys and 2 girls, while the second group was comprised of 5 boys. The group of 11-13 year olds had 3 boys and 3 girls.
Parents and children were advised of the necessity of attendance and participation, as well as being provided with an overview of the program.

**Ethical Considerations**

Ethical considerations were attended to in several ways. First, the co-facilitators addressed the staff of the referring agencies and provided the therapists with sufficient information to enable their clients to make an informed decision. This process facilitated a more voluntary approach in terms of client participation in the groups when they were referred from agencies.

Second, written consent was obtained from both the parents and the children. Legally it is necessary to gain the consent of parents when children under 18 years of age are involved in therapy. The children's willingness to take part was augmented by being offered a choice in whether or not to participate in this treatment program. In addition to enhancing group interest and participation, it was necessary that the children be informed of the group content and process.

Third, prior to the commencement of the research group, the co-facilitators interviewed the children and their parent(s) to administer pregroup questionnaires and to explain the purpose and content of the group. It was at this time that the parents and the children were informed that they had the right to terminate at any time. Through this procedure, it was assumed that everyone continued to be voluntary recipients of the service.

Fourth, the leaders provided a safe environment for the group participants by setting and regularly reviewing the rules for participation. The individual children's rights and dignity were protected by setting limits emphasizing confidentiality and providing structure, such as encouraging participation but allowing the right to "pass". Furthermore, structure and consistency were provided by implementing a specific agenda each week (as outlined in the manual).
Fifth, the reliability and validity of the instruments used were considered and any weaknesses acknowledged when the data was analyzed.

Sixth, all identifying information was destroyed upon completion of the group and the data analysis. In addition, parents and primary therapists were given a summary of observations and recommendations by the leaders (Appendix 9).

Seventh, the leaders felt an ethical obligation to be available, by phone, to the parents and to the children on week days additional to group day, particularly in light of the fact that any of the children in therapy had been asked to suspend treatment during the program.

Procedures

It was felt that the parents might be more involved and interested in the children's program if they were informed about the various weekly activities. Therefore, on the first day of group sessions, parents were given a 3 page handout on parenting and communication (Appendix 10). This handout also included week by week notations of what the children would be learning so that the parents had an understanding of subject matters the children might wish to discuss. At that time the parents and the participants were encouraged to feel free to contact the leaders at any time with concerns or questions.

The groups were held on 10 consecutive Saturdays from mid-April to the end of June, 1990. The control group was scheduled to be held after the summer holidays, beginning in September. Each of the sessions (10 weeks, 90 minutes per week) followed the outlines given in the manual designed by Jaffe, Wilson, Wolfe and Cameron (1986) (Appendix 11). Children and parents were informed that if they could not attend the first two sessions they would be asked to withdraw from the group. Any child who was unable to attend individual sessions was asked to contact the leaders to set an appointment to review the material before the next session.
All sessions were videotaped with the permission of the parents and children. The tapes were used by the facilitators to further observe individual child behaviors and to serve as an evaluative tool for the facilitators regarding their own performance. Group leaders debriefed after each group for approximately one half hour, as well as meeting once a week for 2 hours to review the videotaped sessions and discuss the next meeting. During the weekly groups, facilitators shared the joint role of directing the various activities.

As previously noted, because of a lack of experienced and available male leaders, two female social workers facilitated the groups for this research. However, to adhere more closely to the suggestions of the program developers in having a male and female co-therapist, two male social workers with backgrounds in working with multiproblem families assisted in facilitating the groups in session numbers 5, 7, and 8 to provide male role models, to address questions specific to male issues and to participate in role plays regarding healthy and unhealthy modes of communication.

The children met at a centrally located community area office of the Social Services Department of the City of Calgary. The room in which the groups were held each week contained posters regarding the weekly topics. The chairs were placed in a semi-circle with a large round coffee table in the center. The leaders sat in a semi-circle with the children, leaving a space for role plays and flip chart work. Discussions were stimulated by such visual aids as posters and films, as well as planned activities and role plays. Flexibility by the leaders was important in maintaining interest and participation. Role-modeling of specific behaviors by the group leaders was crucial e.g. warmth, acceptance, humor, support, empathy, healthy conflict resolution and free expression of emotions. Interpersonal skills were enhanced through techniques such as roleplaying of problem-solving situations, identifying and verbalizing feelings and the development of empathy through children giving assistance or support to each other.
The development of social skills through being supportive of other children was emphasized. Role-modeling of supportive, understanding behaviors was exhibited by the leaders. In general, the program looked at ongoing social skill development in such areas as appropriate peer interaction, i.e., respect for each other's participation and non-participation, eye contact, voice tone and mannerisms conducive to relationship building. The provision of support (shared experiences and interactions) and education (direct instruction) in the area of wife abuse tended to reduce the children's anxiety and improve their self-concept as reflected by greater participation and verbal feedback.

The parents and children were advised that once the groups were completed, if any family member was in crisis or in need of support, he/she was to phone either of the facilitators who would provide him/her with information and referral pertinent to the dilemma they faced. All families were given a list of resources and information on how to handle crisis situations.

**Group Program Process**

The manual for the program under study indicates that "it has been left to the discretion of the group leaders to select the appropriate activities for their own groups" (p. 1). The research paralleled the manual written and compiled by Jaffe et al. (1986) as closely as possible while maintaining the flexibility necessary in group treatment. The weekly session plans delineate the topics for discussion, the objectives, the methods to achieve the objectives, and the homework assignments. Age appropriate activities are included in the manual and any changes are noted below.

The manual provided suggestions for activities for each of the 10 weeks that would be helpful in terms of meeting the weekly objectives. Because the manual suggests that some of the activities, including homework, may be more appropriate for one age group or the other, specific activities were designed each week according
to the age level of the group members (as will be outlined below). In addition, there were various homework activities suggested for the children to think about as a continuation of what was discussed in the groups or as a prelude to the next group. In accordance with the manual, file folders were provided for the children in which they could put homework assignments.

In addressing the issues of sex-role stereotyping two posters were placed on the wall to stimulate discussions in all groups. One poster contained a list of traditional female characteristics under a male heading and vice versa. These appeared to challenge the more traditional beliefs the children held and to foster discussions around relationship issues, and socialization of males and females.

The process used by the facilitators for this research will be outlined below. For each session the goals and objectives remained the same as described in the manual. The method of reaching these goals and objectives, which differs somewhat from the manual is crucial both in terms of the success of the program and in the replication of the procedures.

Consistently each session began with a mood check for each child and time was spent going over the homework from the previous week. Each group session also included the affirming of the purpose of the group. In addition, as suggested in the manual, a snack was provided mid-way through each meeting. However, the children were encouraged to give their input as to the type of snack. It was found that this gave the children an opportunity to make choices, compromises and develop an understanding of group decision-making and group problem-solving. The process of the various sessions is outlined below.
Meeting 1. Topic - General Introduction

Objectives: a) the provision of a safe environment; b) the discussion of group goals and mutuality of experience; c) the establishment of group rules and d) the definition of family violence.

Method:
1) The children brainstormed group rules.
   The leaders provided some rule suggestions such as confidentiality, everyone participates, right to "pass" (not to speak at that time), no physical or emotional abuse and only one person speaks at a time. After brainstorming for additions or deletions to these rules, it was decided by all three groups to accept the rules suggested above and to reassess them at week five.

2) The consequences for breaking rules were discussed.
   Consequences chosen by the younger group members were a) time-out (i.e., to leave the room for five minutes), and b) exempt from present activity. For the older group the consequences chosen were: a) time out, b) extra homework for the second infraction, and c) asked to leave the group.

3) The children were queried about their expectations or wishes in terms of what they felt the group would accomplish and their purpose for attending the group.
   A question box was available on a weekly basis and children were free to put questions in, before, during or after the group.

4) The children elected to fill out the activity sheet "All about me" individually rather than in pairs. They then shared their answers with the group.

5) The different types of violence were defined and discussed.
   Definitions of the various types of family violence were provided by the group leaders and the children. The group then discussed violence in the movies and televi-
sion, parents hitting each other, parents hitting children, children breaking objects, children hitting and hurting siblings, peers, parents, and themselves.

6) The use of a "mood check" was discussed.

This consisted of a wall poster which included a list of ten moods. Stickers were provided for the children's use each week to indicate the mood they were in when they came to the meetings. This mood check basically provided the leaders and the children with an indicator of the child's weekly and general moods over a 10 week period. It gave the leaders insight into the children's emotional state when the group began each week and any variations over the 10 weeks. For example, some children posted the same mood weekly for the first few weeks then variations were noticed over the remaining weeks. The children appeared interested in how others responded and this activity provided an ice breaker for the first of every meeting. The children discussed their increased awareness of similarities and differences in individual moods. These were useful in developing discussions around identification and expression of feelings.

7) The homework was used as outlined in the manual.

It should be noted that the suggested homework activity seemed visually somewhat below the age level for the older children; therefore, each of the questions was retyped with only the sentence completions and no pictures as outlined in the manual. This seemed more visually appropriate for children ages 11-13 years.

The first meeting also looked at factors which provide a non-threatening relaxed environment such as: a) having the children sit in a semicircle with a low table in the center, b) cartoon posters on the walls denoting communication, c) the leaders sitting rather than standing, d) spending some free time prior to the actual meeting itself, e) finding out how everyone's week went, and f) learning about the children and the leaders on a more personal level. This seemed to help relax the children in terms of getting to know one another and the leaders. Introducing the leaders by
giving the children some information on their background and why they were leading the groups, also seemed to reduce the children’s initial tension. On the initial meeting and prior to each session, the leaders provided a couple of game toys that the children could look at and experiment with while waiting for the meeting to begin. It was the facilitator’s intention that these toys become a focal point as an ice breaker for all the children when they came to the group sessions over the 10 weeks. The children, using the toys as a diversion, were able to talk about their past week in terms of their relationships with parents, peers and schools. In the final few sessions the children tended to interact directly with each other and the toys were discarded.

**Meeting 2**  Topic - Labelling Feelings

Objectives: a) to provide tools for expressing feelings; b) to increase children’s comfort level in group

Method:
1) The group brainstormed different types of feelings one can have and the various definitions for these feelings. It was important to give the children some of the tools necessary in identifying the diversity of feelings a person can experience; the group then discussed and roleplayed a few examples. For instance, it was found that some children used the word angry when in actuality they felt sad.
2) A list was made of different situations when a child may have certain feelings, how people experience situations differently and feel different emotions. A discussion and role play focused on how people can make assumptions, correctly or incorrectly about how others feel.
3) The children drew pictures of animals they perceived themselves to be most like and how they might react like those animals in certain situations.
4) One child lay on a large piece of paper while another drew his/her outline. The former child wrote in his/her own space where he/she felt certain emotions on his/her body. For example, one child felt happiness in his hands, another felt it in his chest.

5) The children rated on a 10 point scale (Appendix 12) how angry, happy etc. they felt in different situations using either the cards provided in the manual or situations relating to the children in the group.

It was noted that some children had extreme difficulty rating various emotions, while other children were unable or chose not to rate feelings other than on one level throughout all the different situations.

6) The homework assignment was discussed.

7) The homework sheet on conflict was revised (Appendix 13).

Meeting 3  Topic - Dealing with Anger

Objectives: a) understanding healthy and unhealthy ways to deal with anger; b) coping more effectively with anger.

Method:

1) Events and people were identified that have made the children angry.

2) The group brainstormed healthy and unhealthy ways to deal with anger.

3) The children were given scenarios involving conflict and the group brainstormed various ways of problem-solving. Role plays demonstrating various ways of handling anger with peer relations, parent/child relations, parent/parent relations, were utilized. When the roleplays were completed, the facilitators asked for feedback from the other children as to whether they felt the expression of this type of anger was an appropriate way to deal with the situation and to provide alternatives.

4) The relaxation exercises were used as provided in the manual.
These exercises helped the children to identify with their own bodies and to note when they were relaxed or tense.

5) Homework used as provided in the manual.

Meeting 4...Topic - Safety Skills, Child Abuse, Sexual Abuse

Objectives: a) safety - what to do, where to go, who to talk to when in risk situations; b) identification of inter and intrapersonal responsibility for children in their relationships with family members and friends.

Method:
1) The different kinds of abuse were reviewed e.g., physical, emotional, sexual and economic.
2) The group role-played different scenarios of abusive situations and how the children would respond - use of peer support.
3) The children brainstormed safety skills. The topic of safety was clarified. This objective was achieved through a discussion around various scenarios that were presented to the children in terms of personal safety, both in the home and in the community.
4) The "situation cards" provided in the manual were used with each child taking a turn describing what they would do - including the use of peer support. Alternate suggestions were provided.
5) The support systems the children had surrounding the issues of abuse and other needs in their family, in their friends, and in the community, were discussed. In addition, the children looked at their reaction when their needs were not met in terms of response from others. The children practiced with a phone accessing community resources such as the "Kids Help Phone".
6) The children were helped to identify what they were and were not responsible for with regard to interpersonal relationships. This was achieved through role plays on how to handle different situations containing violence with peers, with parents and how one looks after oneself, i.e., a combining of learning safety skills with an identification of responsibility.

During this particular session, the types of safety skills the children brought into the groups were reviewed. These were primarily identified through the homework exercises discussed in the group. Role playing various situations with the children, such as child abuse, sexual abuse, emotional abuse and physical abuse was helpful in achieving this aim as well. The children were encouraged to identify the types of feelings they might have in such situations and how they would respond in terms of responsibility and safety. The various situation cards provided in session number 4 were used for the role plays along with scenarios provided by the children themselves.

7) Looking at self-abuse (anger turned inward) included discussion on suicide, head-banging, hairpulling, scratching, nail biting, alcohol/drug abuse, eating disorders, major risk-taking, academic failure, and starting fights you knew you would lose.

8) The homework for this particular session consisted of handouts, (Appendix 14 a, b, c, d) addressing such issues as "Talking to my Friends", "Friends for Me", "My Feelings with Friends", and "My Best Friend Path".

A substantial amount of work was undertaken regarding support systems and how these systems could be used in terms of helping to meet their needs, e.g., providing the children with various phone numbers by which assistance could be obtained. It was useful to role play having the children phone some of the numbers, such as the "Kid's Help Phone". Discussions then centered around how to handle particular situations and the problem-solving process involved.
Meeting 5  Topic - Social Support

Objectives: a) bringing family violence out of the closet; b) focusing on the children's support systems; c) providing information on community resources.

Method:
1) A discussion focused on male/female responses to situations, e.g., emotional responses - the book "Something is Wrong at My House" was read in the group with a discussion following.
2) Prefilm briefing - The various ways people access social supports were discussed, particularly when dealing with problems and the possible responses of the various persons involved.
3) The film "The Crown Prince" was shown because it portrays wife abuse in a family, how the children were affected and how help was accessed.
4) The discussion which followed focused on how the children felt as they watched the film. In addition, the group discussed how the film related to the children's home situation or to that of others they knew. The children's reaction to each of the characters in the film, the social supports accessed, and how each of these circumstances differed for each child were addressed. It should be noted that a lengthy discussion period appeared necessary, perhaps due to the intensity of the film.
5) The homework assignment was the same as outlined in the manual.

This session also reaffirmed the support and safety skills addressed in the previous sessions.
Meeting 6  Topic - Social Competence and Self-Concept

Objectives: a) emphasize positive sense of self and increased self-confidence; b) explore self-perception, other-perception, with a special emphasis on family members.

Method:
1) In preparation for Session 8, the children were asked which television shows they watched.
2) A debriefing period about the film "The Crown Prince" assisted the children in providing more information and insights regarding their impressions and reactions to the film.
3) A viewing time was set up for anyone who missed the film and for those who wanted to see it again.
4) 'Warm fuzzies'. Using envelopes and paper, the children wrote down on a separate piece of paper for each child, things they liked about each other and placed it in the envelope for that particular person. Some suggestions of positive messages were provided by the leaders. More specifically, the children brainstormed positive comments that they could give to others, and then wrote down at least 6 positive things they felt about each person in the group, including the leaders. At the end of the meeting, each child was given the envelope with all of the positive comments from each member of the group. The envelope could only be opened once they left the group session.
5) Any home visits made to families in crisis were normalized so that children did not feel they were 'worse' compared to other children when there were issues to be dealt with.
6) Exercise of "same and different". If a child's parents had to describe 1 or 2 qualities they liked about the child what would they be?
In addition to this exercise, the children listed the extent to which they thought they were the same or different from their parents. This particular topic elicited a lengthy discussion, as some children did not want to be seen as the same as their parents even though they might hear this comment at home much of the time. This fear of similarity appeared especially important if the children did not have a good relationship with that parent or if they did not like specific characteristics or behaviors of that parent. Many children voiced frustration with their parents and how 'fed up' they were with their parent's fighting—preferring not to align themselves with either parent.

7) Group rules were reviewed and any proposed changes discussed.
8) The homework was used as suggested in the manual.

**Meeting 7  Topic - Responsibility for Violence/Parents**

Objectives: Assist in providing an understanding of who is responsible for the violence in the family and for their parents' behavior; provide strategies which children can use when their parents fight.

Method:
1) An understanding of loyalty, fear of family dissolution, an emphasis on individual family dynamics was provided.
2) The children, both individually and in the group, related stories around issues of responsibility.
3) A story was told by the facilitator. One of the leaders described a scenario of a child growing up in an alcoholic home where there was physical and emotional abuse. The story included the various aspects of childhood that this child population has experienced, e.g., feelings of responsibility in terms of suicidal issues with the alcohol
parent, responsibility for siblings, and responsibility for keeping the family together. The children then described their perceptions of what the child might be experiencing and feeling, as well as strategies the child could use when these particular scenes are happening at home.

4) Scenarios were created for role play and role plays were provided with the male and female group leader. Then the children made up role plays and acted them out. The role plays which were utilized focused on responsibility in interpersonal relationships. The children created scenarios for role plays around peer relations and who was responsible for interpersonal interaction. These scenarios dealt with issues that the facilitators knew were of particular importance to members of these groups. The children both participated in and watched the role plays.

Providing children with strategies they can use when their parents are fighting was achieved through role plays and discussions. The children seemed to enjoy and request role plays most frequently as a method of learning. Every child except one asked to participate weekly. That particular child asked to give verbal feedback on what the others acted out. When asked how best to discuss an issue, the children continually chose role playing. The role plays consisted of both healthy and unhealthy modes of communication and resolution.

5) Homework was used as suggested in the manual. (Appendix 15, an example of a completed assignment and the consent form to print the work)

Meeting 8  Topic - Understanding Family Violence

Objectives: a) debunk myths about wife abuse and sexual abuse; b) understand the cycle of violence; c) explore issues related to violence on t.v., videos, and movies.
Method:
1) Cycle of violence - Explanation, role plays and discussions were employed. Each child role played, with a leader, the different types of violence and how the tension, the incidence and honeymoon phases proceed, e.g., the cycle can take minutes to complete or months. The honeymoon phase refers to the time when the abuser experiences remorse and the couple appear to be in a reconciliation state.
2) Anger in families. The children thought of situations in families, acted them out, then replayed the situation in the way in which the child would like to see it happen. The role plays were then enacted with a male and female leader playing the role of parents and a child being a part of that family. Communication patterns within a family and how children could feel powerless when rules were rigid or inconsistent and communication was closed, were addressed.
3) The use of outside supports if parents do not change were discussed.
4) A summary of the information learned in the previous 7 sessions was provided. This information was reviewed through discussions and role plays of various scenarios that would incorporate the issues previously addressed.
5) Video clips of the television programs the children generally watch were viewed; discussion followed, looking at how the children feel while watching the programs, how they identify and express their feelings and alternate ways of handling the different violent situations they viewed. In addition, the group talked about the predominance of violence in these programs and how the violence is generally accepted as normal. Discussions focused on conflict resolution and how people make choices, with a primary emphasis on problem-solving processes, particularly with issues familiar to the children.
6) The homework was used as suggested in the manual.

This session stressed that even though the children may change their parents may not change. Therefore, the necessity of finding outside support systems, a safe
place outside the home, discovering who the children have as a support in the family or as friends, and reinforcing safety skills that were learned in previous sessions, were addressed.

Meeting 9   Topics - Wishes About the Family

Objectives: a) prepare for termination; b) issues relating to family dynamics; c) family issues regarding separation.

Method:
1) The children discussed what they liked to do with their mother/father and what they would like to do more of in the future.
2) A discussion regarding inviting parents to the last group resulted in all children in every group saying "no". The children verbalized that they saw the group as a private time where confidentiality was respected, information gained, and friends acquired and that the party was an integral part of the termination process.
3) The children's concept of family was explored- how this changes over time, e.g., how the families were, are now, what they would like them to be and what might happen to the families and to the children in the future. Stick figures were drawn of the various concepts suggested by the term 'family'.
4) The children planned a pizza party for the last session.
5) Issues relating to marital separation (item 5 in the manual) were discussed.

   Difficulties children may experience and with which they struggle in terms of separation were brainstormed.

   The meaning of separation with friends, pets, and the group were examined. For each child who wished to participate, she/he put her/his phone number on a list
and these numbers were handed out so the children could reconnect with each other once the group was completed.

6) The topic of what the children wanted/did not want discussed with their parent(s) in the feedback session was introduced. The children were requested to think about it and advised that this would be discussed during the last session.

7) Homework as described in the manual was assigned.

Meeting 10   Topic - Review and Termination

Objectives: a) review of group experiences; b) provide positive termination experience; c) assist the children in their ability to feel some control over themselves/their environment/their relationships.

Method:
1) The children's fears about the group at the beginning of the 10 weeks were discussed, as well as their perceptions of self and the other group members as the group came to a close. A discussion focused on how the children saw those fears at the end of group and their degree of comfort level with each other.

2) On-going difficulties in their families, at school and with their friends were acknowledged and addressed. The skills the children learned were reviewed, as well as ways to empower themselves through positive friends, healthy activities, positive self-messages, and a support system.

3) What the children had learned and what they liked about each other was discussed.

4) A second stage group was proposed because most of the children had indicated an interest in further information on dating and peer relationships, stress management, and power and control issues. Therefore the group members were asked what they
would see the second stage group consisting of and the feasibility of their attending such a group. The meaning and content of a second stage group was addressed.

5) A pizza and pop party was provided. At this party, the children were able to address issues of termination and exchange phone numbers. In addition, they discussed their wishes for the future and their perceived need for a second stage group to move on to issues that were minimally addressed in this program, e.g., power and control issues in friendship and dating relationships. The children also discussed the benefits of having participated in the group program.

After the 10 week group program was finished, the post-treatment interviews were conducted at the subjects’ homes following the same procedure as the pre-treatment interviews. In addition, the parents and children were given separate self-evaluation forms for the program. (Appendices 16 and 17)

Upon termination of the group, parents and children were given permission to contact the group leaders who would provide referral sources for families or individual family members in crisis. Upon completion of the program, any child deemed by the facilitators to require further therapy was referred to an appropriate treatment provider after discussion with the custodial parent.

Additional Intervention Strategies

In undertaking the evaluation of such a program with children who have witnessed wife abuse, it should be noted that concern for the group members was of primary importance. Ethical practice was a first priority and hence the group facilitators, of necessity, had to be flexible and adaptable to the needs of the children in the groups. Part of the flexibility in terms of intervention strategies took into consideration, in a broad way, feedback from schools, parents and other professionals involved in the child’s life.
The facilitators phoned each family mid-way through the 10 week period to assist the family members in addressing any issues or concerns that might have arisen from the children being in the program. As previously noted, intervention was provided in the homes of those children and their families who were in crisis. Resources and strategies were proffered to diffuse the crisis.

Following are two examples of the types of additional intervention strategies used with specific clients over and above the 10 week program in this research.

**Case 1: Intervention with the child, the mother and the school social worker**

The first case involved a 13 year old girl (T), living with her mother and one 11 year old sibling. Recent family history indicated T's parents had been divorced for 4 years. Her mother (a dry alcoholic) lived with an alcoholic, abusive boyfriend until 8 months prior to the group's inception. The children in this family had not only witnessed but also experienced abuse by both the mother and the male partner.

Near the middle of the 10 week group the mother called the group leaders to say she was not able to "control her daughter any longer". She felt that the program had given her child permission to say she was not to be hit by the mother. The mother felt she was losing control over her daughter, "I'm the child's mother. I am allowed to do what I want with her". It was necessary to spend time with the mother discussing the difference between discipline and punishment, normal age and stage child development, and particularly issues such as identity and individuation.

The child's strengths as perceived in the group, e.g., maturity and strong independence, were shared with the mother and some communication strategies were discussed. It appeared that this parent had great difficulty dealing with normal developmental issues and needs. In addition, the mother seemed to struggle with issues from her own childhood and her recent relationships. To this point, she had been
reluctant to address these issues even though they appeared to take precedence over the child’s needs. The mother did, however, acknowledge that to be a healthy parent to both children, she would need to access some therapeutic intervention either on an individual basis or through support groups. In addition the mother stated that if there was a support group for parents dealing with similar issues to those the children had dealt with in their group, she would most definitely attend.

Contact was then made with the school social worker to discuss what the child’s needs might be in terms of academic work, as well as social and interpersonal mother/daughter relations. This was accomplished without disclosing any information from the group that the child had deemed confidential.

It was recommended that the school social worker keep in contact with the family until all members could access support, i.e., the sibling was in the control group and the mother put her name on a waiting list for services.

**Case 2:** Intervention with the child, the mother, the step-father, the school, the primary therapist and the school area supervisor.

This case involved a 10 year old male named S. The mother was divorced from S’s father and was remarried. The mother and step-father had one baby and the mother was again pregnant. S had witnessed and experienced physical and emotional abuse in the first family and was now experiencing similar abuse in this blended family. There were initial concerns of depression in this child both by the referring therapist and by school teachers.

Mid-way through the group, contact was made by the principal of the school to say the child was being suspended for aggressive and uncooperative behavior (ongoing for four years and escalating). In addition, the child was to be held back a grade in the next year. The child as described by the school, referring therapists and
parents, did not display the same behaviors in the 'child witness' group. The group leaders elected to meet with the child, first on an individual basis to further assess the child's perception of the situation, then to meet with the family as a whole. The struggles around the issues of the abandonment and isolation that S. was feeling were brought to the forefront. In addition, S. had difficulty verbally expressing himself both at home and in school and alternate modes of communication were addressed, e.g., writing and roleplaying seemed to be less threatening ways for S. to express his feelings particularly until there was an increased level of trust.

The second strategy considered the rigidity of the parents in terms of expectations for this child which were well above and beyond a 10 year old level. The facilitators, in working with the parents and child, chose certain segments of the child's day and an age appropriate routine was selected with the expectation that it would be followed within that particular time segment. Once that routine was accomplished, the parents could look at a different portion of the day.

The third intervention involved lessening stress within the family. With both parents working, a small baby, the mother pregnant, and a 10 year old boy, the stress load was high. This was addressed by reducing the expectations on the family members in three ways: first, by everyone sharing in the household tasks, second, by allowing time out and third, by providing individual time for family members.

The fourth item addressed with the family was to reduce the high expectations given to the child of what could be provided or accomplished if the parents were unsure of the outcome. Discussing strategies for clearer communication appeared to reduce stress, disappointment and anxiety between all members of the family.

The next step was to ensure that the child was given the opportunity to provide input into what he would be doing in his leisure time. Other intervention strategies basically looked at the parenting skills in the family and at strongly encouraging
the parents to attend therapy. The reduced stress and clearer communication assisted S. in the school environment as well.

Addressing these issues in a family session seemed to alleviate stress for the child. Adopting such a holistic approach to working with this family, brought to light the lack of communication or poor communication between family members, parents and the school, the school and the primary therapist, the school and the school area supervisor, and the parents and the primary therapist.

In consultation with the school and parents the child was returned to the classroom and moved on to the next grade with an academic assessment pending.

**Summary**

In summary, the effectiveness of a group treatment program for children who had witnessed wife abuse was evaluated through an experimental/control group design. Children referred to the program were randomly assigned to these two groups and given the Child Witness to Violence Questionnaire as a pretreatment/posttreatment measure of the program’s effectiveness on the three variables measured by the tool. In order to replicate the program for future research and/or therapeutic use changes in each session were outlined as well as, additional intervention strategies. The results of this research will be outlined in the next chapter.
CHAPTER IV
RESULTS

This chapter will present the statistical analyses of the data and discuss the results of the study. It should be noted that the data being analyzed is interpreted with every degree of caution and with an understanding that these results are at best "approximate descriptions-sometimes close and sometimes distant of what really took place in the study" (Yost, 1988).

The Child Witness to Violence Questionnaire is divided into three sections. These three sections measure the dependent variables for which data are analyzed with regard to the independent variable (treatment versus no treatment).

Although the parents were administered a pretreatment and posttreatment Parent Interview Questionnaire as well as the Spouse-to-Spouse and Parent-to-Child Conflict Tactics Scales, the only measurement tool used to evaluate the effectiveness of this program is the Child Witness to Violence Questionnaire. The additional instruments were used in this study to gain added sociodemographic information (Parent Interview) regarding the child's environment and to gain a better understanding of what each child had experienced and witnessed (Conflict Tactics Scales).

Analysis of such additional data could be used for future research to further refine with which specific population of child witnesses this program could prove to be optimally effective. For example, what age of child, from which type of environment, who has experienced and/or witnessed which types of abuse, can benefit most from a program that focuses on attitudes and responses to anger, support and safety skills and responsibility for the parents and for the violence. In addition, this information could indicate some adjustments which could be made to the program to then benefit other children who grow up with domestic abuse.
Statistical Analysis

The initial phase of the analysis consisted of descriptive statistics collected from the Parent Interview Questionnaire which provided information on the children and their families. The descriptive sociodemographic statistics are found in Table 1. The following section will highlight some of these statistics with comparisons made to the sample of women in shelters from across Canada in a federal government study by MacLeod (1987).

The average ages of the parents in this research for both the experimental and the control groups were relatively the same with the mean age for mother in the experimental at 35.667 years and 35.478 years in the control group. The mean age for the fathers in the experimental group was 37.667 years and 38.478 years in the control group. Although not all of the children were living with both parents at the time of the study the mothers who filled out the Parent Interview Questionnaire were asked to give their own age and that of the child’s father or the significant male the child sees as a father figure. The overall study consisted of 70 parents (38 mothers and 32 fathers). The mean age of parents in this study was slightly higher than that of the majority of women who stayed in transition houses where 56 percent were between the ages of 21-34 (MacLeod, 1987).

The average age for the children participating in the study was very similar for both experimental (10.2 years) and the control group (10.56 years). The overall study consisted of 26 male children and 12 female children. The experimental group had 11 males and 5 females complete the program.

The majority (72%) of the couples in the study were separated (n=16) and divorced (n=14) with most mothers (56%) and fathers (72%) employed. Both groups had similar numbers on these variables. In MacLeod’s (1987) study, the majority of women were legally married and only 12 percent were separated or divorced which differs strongly with the study’s sample. Only 20 percent of the
Table 1

Means and Standard Deviations for the Sub-Groups on Sociodemographic and Other Variables.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Exp Group Pre</th>
<th>Ctrl Group Pre</th>
<th>Exp Group Post</th>
<th>Ctrl Group Post</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td>SD</td>
<td>x</td>
<td>SD</td>
</tr>
<tr>
<td>Mother's age</td>
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<td>5.948</td>
<td>35.667</td>
<td>5.948</td>
</tr>
<tr>
<td>Father's age</td>
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<td>8.690</td>
<td>37.667</td>
<td>8.690</td>
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<tr>
<td>Education level: Mother</td>
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<td>1.765</td>
<td>11.6</td>
<td>1.765</td>
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<tr>
<td>Education level: Father</td>
<td>11.533</td>
<td>1.995</td>
<td>11.533</td>
<td>1.995</td>
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<tr>
<td>Number of moves since birth</td>
<td>7.6</td>
<td>4.896</td>
<td>8.067</td>
<td>4.877</td>
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<tr>
<td>Number of schools attended</td>
<td>3.333</td>
<td>1.113</td>
<td>3.533</td>
<td>1.457</td>
</tr>
<tr>
<td>Number of separations between parents</td>
<td>4.2</td>
<td>3.364</td>
<td>4.2</td>
<td>3.364</td>
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<tr>
<td>Number of violent male models</td>
<td>2.067</td>
<td>1.792</td>
<td>2.067</td>
<td>1.792</td>
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<td>How often they witness abuse/week</td>
<td>1.467</td>
<td>0.834</td>
<td>1.400</td>
<td>0.632</td>
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## Categorical Variables

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<th>Category</th>
<th>Male</th>
<th>Female</th>
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<td>Sex of child</td>
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<tr>
<td>Marital status</td>
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<td>separated</td>
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<tr>
<td>divorced</td>
<td>14</td>
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<tr>
<td>Employment status: Mother</td>
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<tr>
<td>Unemployed</td>
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<td>Employment status: Father</td>
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<td>Previous Counselling: Mother</td>
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<td>37</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Previous Counselling: Father</td>
<td>10</td>
<td>29</td>
</tr>
<tr>
<td>Previous Counselling: Child</td>
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<td>15</td>
</tr>
<tr>
<td>Used a shelter</td>
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<td>14</td>
</tr>
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</table>
comparison sample were employed, whereas 56 percent of the study's sample was employed.

Income within the families over the past two years had remained relatively stable. The mean income for the experimental group was $20,000, having dropped approximately $2,000 within that time period. For the control group the mean income at posttreatment was $18,000, having dropped approximately $1,000 in the past two years. Of the comparison sample, 41 percent of the women earned less than $7,000 per year and 54 percent earned between $7,000 and $20,000 per year. Overall the study sample had a mean income of $20,000 per year. According to MacLeod's study (1987) "at least 68 percent and possibly as high a proportion as 95 percent (the total percentage who earned under $20,000) would be living below the poverty line if they left their husbands and tried to support themselves and their children with their own earnings" (p. 20). However, "most of the women who came to transition houses in 1985 were already living in poverty with their husband" (p.21). In the shelter study 32 percent had a family income between $10 - 20,000 per year. This falls in line with Statistics Canada (1989) figures wherein they suggest that those families who spend 58.5 percent or more on food, shelter, and clothing are considered to be low income. For example, for a family of 4 it is an income of $26,803; a family of 5 it is $29,284; for 2 it is $18,314; and for a single person it is $13,511. According to these statistics the majority of families in the present study would be considered low income families.

The average level of education of the mothers in both groups was 11.6 years and for the fathers 11.5 years for the experimental group and 11.9 years for the control group. This is congruent with MacLeod's (1987) study where 70 percent of the women and 61 percent of males of women in shelters had not finished high school.

It was not possible to compare the following 4 variables with those of the comparison study because they had not been included in the latter. The mean num-


ber of moves for the families from the birth of their first child to the time of the study was substantially higher for those in the experimental group (8.067 at posttreatment) and 4.043 for the control group. The average number of schools attended for the experimental group was slightly higher (3.533 at posttreatment) than the control group (2.478). As suggested by Moore et al. (1990) and Wolfe et al. (1986) the frequency of moving and attending numerous schools could impair the children's development of healthy peer relations, school performance and social competence.

In terms of any family members having received previous counselling the two groups appeared similar. Overall the majority of mothers (95%) and the children (64%) had received counselling whereas only (26%) of the fathers had been counselled. The possibility of children and/or family members having received previous counselling may impact the effectiveness of any future interventions. In addition, many of the women (67%) had previously used a shelter.

The mean length of the current relationship for the adults in the family was lower for the experimental group (8.667) than the control group (10.739). These results are similar to the comparison sample in that 34 percent had lived with their partners between one and five years and 33 percent between six and ten years" (p. 20). In addition, these adults had separated several times over the years (experimental group = 4.2 separations and the control group = 3.65 separations). The number of violent male role models that the children experienced in the family appeared fairly similar for both groups (experimental 2.067, control 1.826).

The first step of the analysis included a comparison of descriptive statistics for the three variables on the Child Witness to Violence Questionnaire between the experimental and the control group. These are presented in Table 2. On the variable 'Attitudes and Responses to Anger', the mean difference for the experimental group showed an increase of 8.9, whereas the control group showed a decrease in mean of 2.8. On the second variable, 'Knowledge of Safety and Support Skills', the experi
Table 2

**Child Witness to Violence Questionnaire**

Descriptive Statistics (means/standard deviations)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Exp Group Pre</th>
<th>Exp Group Post</th>
<th>Ctrl Group Pre</th>
<th>Ctrl Group Post</th>
<th>Total Sample Pre</th>
<th>Total Sample Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes and responses to anger</td>
<td>57.933 14.018</td>
<td>66.8 10.297</td>
<td>59.261 16.5</td>
<td>56.522 18.517</td>
<td>58.769 15.167</td>
<td>60.179 16.403</td>
</tr>
<tr>
<td>Safety and support skills</td>
<td>60.467 11.160</td>
<td>68.4 11.885</td>
<td>58.304 10.65</td>
<td>57.26 14.15</td>
<td>58.974 10.678</td>
<td>61.410 14.140</td>
</tr>
</tbody>
</table>
mental group showed an increase in the mean of 7.9, whereas the control group recorded a decrease in the mean of 1.1.

The second step in the data analysis process was to check the equivalency of groups at pretreatment by conducting sample t-tests. In comparing the scores from the Experimental and Control groups, an independent sample t-test was chosen because of the small sample size and the unequal number in both groups (Fitz-Gibbon and Morris, 1990). No significant differences were found between the two groups and they were deemed to be equal at pretreatment.

In the previous evaluations of this program (Jaffe et al. 1985-87, 1988) effectiveness was shown for variables one and two (attitudes and responses to anger and knowledge of support and safety skills). As noted by Jaffe et al. (1990), to date no evaluation has been completed using a control group to compare the effectiveness of the program for children who participate to those children who do not. Therefore, an independent sample t-test (Table 3) analysis of the data comparing the change scores for an experimental group and a control group was necessary (Kolodziej, 1991). Between-group comparison called for an independent sample t-test and a within-group comparison of pre-treatment and post-treatment scores necessitated a dependent sample t-test. The dependent sample t-test was used to denote pre-treatment and post-treatment changes in the experimental group (Table 3A), the control group (Table 3B) and overall with the combined groups (Table 3C).

According to several authors, the analysis of gain scores in a randomized experiment may be "less precise than either the ANCOVA or the matching or blocking analysis" (Cook and Campbell, 1979, p. 183). The authors do note, however, that in the case of a non-equivalent group design such as was used in this study "the precision of the gain score analysis is not related to the size of mean pre-test difference between groups, as is precision in the ANCOVA and blocking or matching" (Cook and Campbell, 1979, p. 183). In addition, they state that both ANOVA and the
analysis of gain scores do "not provide a test for the presence of an interaction of the treatment with the pre-test" (Cook and Campbell, 1979, p. 183). Kerlinger (1986) states that "difference or change scores should not be used" because the scores being analyzed "must be reliable enough to reflect the differences and thus to be detectable by statistical tests" (P. 311). However, Cook and Campbell (1979) suggest that the most precise analysis used for studying non-equivalent groups will depend "heavily upon the particular circumstance of the research project" (Cook and Campbell, 1979, p. 183).

Although there is literature as noted above that speaks against the use of gain score analysis and in favor of analysis of covariance this study selected a t-test analysis of change scores for the following reasons:

1) according to Campbell and Stanley (1963) "the most widely used acceptable test is to compute for each group pre-test - post-test gain scores and to compute a $t$ between experimental and control groups on these gain scores" (p. 23);

2) these same authors note that "randomized 'blocking' or 'leveling' on pre-test scores and the analysis of covariance with pre-test scores as the covariate are usually preferable to simple gain score comparisons" (p. 23). However, randomized assignment to groups in this study did not include matching and blocking because of the small sample size making it difficult to match and pair children to groups;

3) according to Kerlinger (1986) "differences between means really reflect the relation between the independent variable and the dependent variable...the greater the differences, the higher the correlation" (p. 135). In other words, the greater the differences between receiving treatment and the outcome scores on attitude and responses to anger, knowledge of support and safety skills and sense of responsibility for the violence and for the parents, the higher the correlation. Therefore, difference scores between experimental and control groups were important in noting the impact of receiving treatment on the outcome scores of the dependent variables as
compared to the impact of not receiving treatment on the outcome scores of the dependent variables; and

4) according to Fitz-Gibbon and Morris (1990) "the t-test is a test to see if there was a statistically significant difference between the mean scores of two groups. Just how different the two means turn out to be will depend on a) the size of the subgroups, and b) the variability of the scores" (p.41). These authors suggest that "the t-test is designed to help you take into account these two factors...when interpreting the difference you have observed between groups" (p. 41).

Test of Hypothesis

The next part of the analysis was comprised of independent sample t-tests on the amount of change that occurred from pretreatment to posttreatment. This was based on results from the Child Witness to Violence Questionnaire. The results of this analysis are shown in Table 3.

The research hypotheses tested were:

1) The children in the treatment group will show greater changes at posttreatment in their attitudes and responses to anger than the children in the control group.

2) The children in the treatment group will show greater changes at posttreatment in their knowledge of safety and support skills than the children in the control group.

3) The children in the treatment group will show greater changes at posttreatment in their sense of responsibility for their parents and for the violence than the children in the control group.
Table 3
T-Tests on Pre and Post Treatment Change Scores on the Child Witness to Violence Questionnaire

<table>
<thead>
<tr>
<th>Variable</th>
<th>Means</th>
<th>Standard Dev.</th>
<th>T-Value</th>
<th>Degrees of Freedom</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes and Responses to Anger</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 1</td>
<td>8.8667</td>
<td>13.233</td>
<td>3.01</td>
<td>36</td>
<td>.005**</td>
</tr>
<tr>
<td>Group 2</td>
<td>-2.7391</td>
<td>10.480</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support and Safety Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 1</td>
<td>7.9333</td>
<td>12.009</td>
<td>2.05</td>
<td>36</td>
<td>.047*</td>
</tr>
<tr>
<td>Group 2</td>
<td>-1.0435</td>
<td>13.848</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 1</td>
<td>-8.9333</td>
<td>20.593</td>
<td>-2.01</td>
<td>36</td>
<td>.051</td>
</tr>
<tr>
<td>Group 2</td>
<td>1.8696</td>
<td>12.538</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*(p < .05)
***(p < .01)
Table 3A

T-Tests on Pre and Post Treatment Scores on the Child Witness to Violence Questionnaire
Experimental Group

<table>
<thead>
<tr>
<th>Variable</th>
<th>T-Value</th>
<th>Degrees of Freedom</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes and Responses to Anger</td>
<td>3.46</td>
<td>15</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Support and Safety Skills</td>
<td>6.4</td>
<td>15</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Responsibility</td>
<td>1.03</td>
<td>15</td>
<td>&gt;.05</td>
</tr>
</tbody>
</table>
Table 3B

T-Tests on Pre and Post Treatment Scores on the Child Witness to Violence Questionnaire
Control Group

<table>
<thead>
<tr>
<th>Variable</th>
<th>T-Value</th>
<th>Degrees of Freedom</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes and Responses to Anger</td>
<td>1.33</td>
<td>21</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Support and Safety Skills</td>
<td>.41</td>
<td>21</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Responsibility</td>
<td>1.11</td>
<td>21</td>
<td>&gt;.05</td>
</tr>
</tbody>
</table>
Table 3C

T-Tests on Pre and Post Treatment Scores on the Child Witness to Violence Questionnaire
Combined Experimental and Control Group

<table>
<thead>
<tr>
<th>Variable</th>
<th>T-Value</th>
<th>Degrees of Freedom</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes and Responses to Anger</td>
<td>.1</td>
<td>36</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Support and Safety Skills</td>
<td>1.22</td>
<td>36</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Responsibility</td>
<td>1.25</td>
<td>36</td>
<td>&gt;.05</td>
</tr>
</tbody>
</table>
The null hypothesis tested were:

1) The children in the treatment group will not show greater changes at post-
treatment in their attitudes and responses to anger than the children in the control group.

2) The children in the treatment group will not show greater changes at post-
treatment in their knowledge of safety and support skills than the children in the control group.

3) The children in the treatment group will not show greater changes at post-
treatment in their sense of responsibility for their parents and for the violence than the children in the control group.

The statistical analysis indicated that the children in the experimental group showed significantly greater changes in their attitudes and responses to anger, and their knowledge of support and safety skills. From this analysis it is concluded that for children between the ages of 8-13 years who have witnessed wife abuse this program is effective in these two areas. More specifically, the results of the analysis revealed that the children in the treatment group showed greater changes from pretreatment to posttreatment than the children in the control group in attitudes and responses to anger, and their knowledge of support and safety skills. Hence, the first two hypotheses are accepted on variables one and two and the null hypothesis is accepted on variable three.

It is critical to note that in terms of the variable of responsibility, which was not significantly different, the children's scores in the treatment group were lower at posttreatment than at pretreatment and hence there was no significant difference on this variable. As previously noted by Jaffe et al. (1985-87) the issue of responsibility as measured by the Child Witness to Violence Questionnaire may not address the child's sense of responsibility yet the authors are unclear as to whether the inconsistent findings in the responsibility portion of the questionnaire are a "problem of mea-
surement and definition rather than a pattern that would emerge in future research". (p. 34) Since their study used a comparison sample of children from non-violent families who showed a high level of responsibility, it may be that children in general feel a great degree of responsibility for their parents and not just children who witness violence. In addition, it could also be that what is important is that the children have the ability to identify and express these feeling and discriminate between the parent role and the child role in the relationship.

In the study by Jaffe et al. (1988) using a comparison sample of children who had not witnessed wife abuse the authors noted that both samples of children indicated feelings of responsibility for their parents. In this study a small sample of 12 children between the ages of 8 to 13 years who had not witnessed wife abuse were recruited through 3 schools. The Conflict Tactics Scales were used to verify the teachers reports that the children had not witnessed nor experienced abuse. The purpose was to administer the Child Witness to Violence Questionnaire and assess whether these children would indicate a sense of responsibility for their parents.

The outcome of these interviews showed similar responses to the children in the post treatment sample for 8 of the 12 questions on responsibility. The children responded that they felt their parents fought about their children and that if this happened the children would feel scared, sad, mad and confused. They also stated that if a parent feels they are unhappy the children could help them feel better by listening to their problems and giving them advice or suggestions. They also indicated that they could sometimes help a 'mom' and a 'dad' when he/she is unhappy. The children noted that they sometimes worry about their 'mom' and their 'dad'.

It is interesting to note that the children who had completed treatment concurred with the sample of non-witnessing children in saying they could not do anything to prevent their parents from fighting. The children in the treatment sample stated that parents do sometimes go to their children for advice when they have
problems but agreed with the non-witnessing sample that children would not be able to help. The post-treatment sample prior to participating in the group treatment program indicated that they could prevent parents from fighting and could help parents if they needed advice. When asked if their parents asked them to do things they were not able to do the non-witnessing children stated "no" but the children in the program said "yes" both at pre-treatment and at post-treatment. In summary, the answers of those children in the control group were similar to the children in the experimental group at pre-treatment only, whereas at post-treatment the children’s answers in the pre-treatment group were more similar to a group of non-witnessing children.

In the present study the children’s scores in both the experimental group and the control group were low at pretreatment indicating a high level of responsibility. Yet at posttreatment the control group scores indicated a reduction in a sense of responsibility whereas the experimental group indicated an increased level by scoring lower at posttreatment than at pretreatment.

However, in obtaining informal feedback from the children, parents and primary therapists there were indications, particularly from the children and primary therapists that the children felt they were now able to identify and express their feelings more readily and therefore were more open at posttreatment regarding the following issues that appear in the responsibility section of the Child Witness to Violence Questionnaire: a) they do hear their parents fighting about them; b) they feel scared, confused, sad and sometimes mad when this happens; c) they now feel they can not do anything to prevent their parents from fighting; d) they do feel there are things they can do for their parents when the parents are unhappy (particularly the 'parentified child') and these things seem to make the parents feel better, e.g., listening to the parents problems and giving them suggestions; e) they also feel that they can make their parents less unhappy by doing things such as, cleaning their
room and giving the parents a hug; f) they were able to give clearer examples of when they worry about their parents e.g. when their parents drink and drive; and g) the children all expressed feelings, at posttreatment of their parents asking them to do things that they were not able to do but were unable to acknowledge or specify these things at pretreatment.

Therefore, the children were able to clearly identify what it was that they do with their parents in terms of the issues stated in the Questionnaire regarding responsibility. Some of these issues, as previously stated, may be ones that all children feel responsibility for. A critical question for this particular population in this portion of the Questionnaire was whether the children felt they were able to prevent their parents from fighting. 86 percent of the children in the treatment group at pretreatment said "Yes", whereas 98 percent at posttreatment said "No". In the control group, however, 89 percent said "Yes" at pretreatment, and 87 percent said "Yes" at posttreatment. Therefore, the group program seems to have addressed the need of the children in terms of reducing their sense of responsibility for the fighting.

**Self-report Outcomes**

The self-evaluations of the program by parents and children were analyzed by converting the data into percentage. The results of this analysis are provided in Table 4.

In the self-report evaluations by the parents and by the children the following outcomes were reported. The first question addressed whether the child enjoyed the group. 79 percent of the parents and 93 percent of the children reported answers of 'very much'; 21 percent of the parents and 7 percent of the children gave responses of 'some'. Zero percent of the parents and of the children reported 'not at all'.

With regard to what the child enjoyed most about the program, the children's first three choices were 'the other kids', 'the leaders' and the 'activities'. The parents
first three choices of what they perceived the children enjoyed were 'the other kids', 'the snacks' and 'the activities'. The third question examined what the children enjoyed least. Fifty percent of the parents responded to this question by suggesting the children's primary dislike of the group experience was 'the time of day' and 'the disclosing'. Twenty nine percent of the children responded stating they disliked 'the homework' and 'the disclosing' the most in terms of participating in the group. The other parents and children gave no reply or put in the word "nothing" for a response.

The fourth question addressed the issue of which topics the child found most helpful. The responses are listed from most to least. According to the parents, they perceived the children as benefitting most from 'identifying and expressing feelings', 'dealing with anger' and 'responsibility'. However, the parents suggested that from their child's point of view the issues of 'friendship and support', 'responsibility' and 'dealing with anger' were most useful. The children themselves related that 'dealing with anger' and 'responsibility', 'friendship and support' and 'identifying and expressing feelings' were the topics they found most helpful.

In question number five which asks if the parents felt their children had made new friends in the group, 29 percent said that their child made many new friends, 64 percent said he/she made a few new friends and 7 percent said no new friends were made at all. According to the children, 64 percent said they made many friends, 29 percent said they made a few friends and 7 percent said they made no friends at all.

When asked in question number six whether the children would make use of the new information, 50 percent of the children said often and 50 percent said sometimes. None of the children suggested that the information would not be used at all. In response to interest in a follow-up group for the child, 86 percent of parents said yes, 7 percent of the parents said no and 7 percent responded with maybe. Of the children responding, 79 percent of the children responded in the affirmative; 21 percent said no. The majority of parents (86%) stated they would recommend the group
Table 4

Self-Report Evaluations
Parents and Children

<table>
<thead>
<tr>
<th>Variable</th>
<th>Parent</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enjoyed the group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>very much</td>
<td>79%</td>
<td>93%</td>
</tr>
<tr>
<td>some</td>
<td>21%</td>
<td>7%</td>
</tr>
<tr>
<td>not at all</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Enjoyed most about the program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>kids</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>leaders</td>
<td>0</td>
<td>X</td>
</tr>
<tr>
<td>activities</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>snacks</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Enjoyed the least about the program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>time of day</td>
<td>25%</td>
<td>13%</td>
</tr>
<tr>
<td>disclosing</td>
<td>25%</td>
<td>13%</td>
</tr>
<tr>
<td>homework</td>
<td></td>
<td>16%</td>
</tr>
<tr>
<td>nothing</td>
<td>50%</td>
<td>71%</td>
</tr>
<tr>
<td>Variable</td>
<td>Parent</td>
<td>Children</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>Topics the children found most helpful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>identifying and expressing feeling</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>dealing with anger</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>responsibility</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>friendship and support</td>
<td>0</td>
<td>X</td>
</tr>
<tr>
<td>Children made with friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>many</td>
<td>29%</td>
<td>64%</td>
</tr>
<tr>
<td>few</td>
<td>64%</td>
<td>29%</td>
</tr>
<tr>
<td>no</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Would children make use of the new information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>often</td>
<td>25%</td>
<td>50%</td>
</tr>
<tr>
<td>sometimes</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>not at all</td>
<td>5%</td>
<td>0</td>
</tr>
</tbody>
</table>
to others, the other 14 percent responded with maybe. The last question addressed the parents' interest in a similar group; 79 percent said yes, 14 percent said maybe, and 7 percent said no.

It is concluded that most of the children and parents felt that the children very much enjoyed the program. The majority of children selected the other children, the leaders, and the activities as the things they enjoyed most. The parents felt that snacks should be included in what the children liked about the program. In addition, a few parents felt that the children did not like the time of day that the group was held and the disclosing necessary in the program. However, most (96%) children said there was nothing they did not like about the program. For those children who related what they did not like, the homework and the disclosing aspects of the program were identified. The parents and children both agreed that dealing with anger, responsibility, friendship and support, and identifying and expressing feelings were the topics (in order) that the children found most helpful. Most of the children said they made many new friends and all of the children said they would use the new information sometimes or often.

The majority of children and parents wanted a follow-up group, would recommend the group to others, and most of the parents wanted a similar group for themselves.

The final chapter will address additional research findings, limitations of the study, recommendations for future research, implications for clinical social work, and the conclusion.

Additional Research Findings

This research confirms the results of other studies that children who witness family violence also experience a host of other life stressors such as numerous school and residence changes, various separations from friends and male partners of their
mothers, parent/child separations and other significant stressors (MacLeod, 1987, Mulligan et al., 1990).

Walker suggests, as noted in the introduction, that "physical abuse by either parent is less important than the psychological scars" of witnessing. However, this research, as well as other studies previously noted would suggest that both witnessing and experiencing have extremely debilitating effects on these children. Considering that most (95%) of the children in this study both experienced and witnessed abuse, makes this a particularly crucial problem to be dealt with, i.e., how, where, what and with whom do children from families where violence is occurring obtain help.

To add to the list of what Walker and Jaffe suggest these children learn, the present study found that these children learn to avoid identifying feelings and, for the most part, expressing them. As one child said, "it's much easier to tune out" or another suggested that it is easier "to not feel". However, for many of these children "tuning out" at home also meant "tuning out" at school. Several children described how difficult it was to concentrate in school when "you worry so much about what happened or is going to happen at home". However, for some of the children, focusing on something else allowed them to "forget about all the crazymaking at home."

Consistent with Walker's (1979) suggestion, this study also found some children "suspending fulfillment of their needs rather than risk another confrontation". Furthermore, this study also found children who would do anything (almost in desperation) to get their needs met, including destructive behavior that eventually was detrimental to the child him/herself.

It was noted in this study that children who tended to be less aggressive in peer interaction, according to report cards and parents, appeared to exhibit more self-abusive behaviors such as picking at sores until they bled, nail biting, taking high risks in potentially dangerous situations, overeating, bedwetting, undereating, physically hurting their own body by such methods as hitting walls or head banging. Oth-
ers, who were more aggressive, were not just participants in fights but tended to pick on other children and/or provoke fights by various means. Many children noted how this provided "a relief in the tension". They seemed less clear as to whether the tension was intrapersonal or interpersonal or both.

Many of the children expressed the feeling that, although the fathers were physically abusive to the mothers, the children were angry at what they perceived as "emotional power" that the mother wielded over both the children and the father. This appeared to be the most difficult for the children to express, perhaps because of strong feelings of loyalty and betrayal, or that the physical violence is more overt and easier to identify than emotional abuse. There appeared to be even more ambivalence about whether it was "ok" to be "angry" "really angry" with their mothers for what the children identified for themselves as "betrayal", "lack of protection", "inconsistency", and a sense of the mother as being "undependable". Once given permission through role plays to identify and express these feelings, the children in all groups readily described and discussed their anger and frustration toward their mother and their father. The children perceived their mothers as being "inconsistent", "insecure", "unable to keep promises", "taking sides", and "passing on their frustration with their work and their partner to the children". One child described it as "it hurts so much when moms have to be that way, you know what - every child deserves to be born with a nice mom who doesn't hit and hurt."

The children also talked about both parents asking them to do things they were not able to do. However, most children had only the sense that it happened 'much of the time' but had difficulty describing specifics. One boy said "it happens so often that most of the time I don't feel I'm able to do much and get it right - so I learned to just do what is asked and I don't feel"

This research suggests, as does MacLeod (1987) that children are generally referred to such a program with varying degrees of coping skills, behavior adjustment
difficulties, life stressors and exposure to violence and experience of violence. As previously indicated, although only children who had witnessed wife abuse were to be referred to the program, the facilitators found out that 95 percent of the children had or were experiencing abuse of various types themselves. Consequently, how this program impacted the children varied significantly. For example, a self-report by a 9 year old child and corroborated by the child's teachers, mother and therapists found the program to be useful and important. However, because this child had experienced emotional, physical and sexual abuse, had witnessed his mother with several abusive partners in which all forms of abuse were involved (including the use of guns and knives), he was referred for further counselling both on an individual and group basis.

It was found that for most children in the study, a crucial factor appeared to be whether the children were presently living with old interactional abusive patterns and not necessarily the wife abuse itself considering most parents in this study were separated or divorced. The children were presently living with parental inconsistency, numerous moves and poor problem-solving and conflict resolution skills in their interpersonal relationships.

Jaffe et al. (1986) suggest that their program provides attitudinal change versus behavioral change. The informal feedback from schools, community social workers and primary therapists indicates that although it was not an expected outcome of the evaluation, behavior changes were noted in the children as well as attitude and feeling changes. Parents however, noted primarily attitudinal change.

The positive responses of school teachers, principals and of the children themselves in noting behavior changes may give some indication that this particular program may be of more benefit than the outcome data would indicate statistically. The instrument used in the pretreatment and posttreatment measures attitudes and responses to anger, safety skills and responsibility factors. However, other profes-
sionals and families noted above indicated that behavior changes did, in fact, occur and surmised that these changes might be a result of the children receiving support both from peers and the adult leaders around a problem that was previously considered a 'secret'.

In addition to the case studies presented, there were several behavioral changes noted by teachers, primary therapists and the group leaders with some of the children in the group program, although a behavior change measurement tool was not administered. These changes include the following: a) increased self-confidence, e.g., leadership skills; b) the ability to protect self and knowledge of rights and support systems, e.g., calling 911, using Kid's Help Phone; c) expression of feelings, e.g., more assertive in interpersonal interaction; d) increased friendship network; e) independent age appropriate decision making, e.g., what clothes to wear; f) reduced aggression, e.g., awards for appropriate play on school grounds; g) saying "no" to unhealthy situations, e.g., leaving when friends want to drink alcohol; and h) refusing to intervene when mother and father fight, e.g., going to child's room or out to play with friends.

It was noted that some siblings of the children in the groups appeared to either have less or more behavior adjustment problems than the group members. In addition, some children in families assumed roles of 'scapegoat' or 'parentified child', and some children were exposed to the abuse for longer periods of time or were at a different age when it began or ended. Furthermore, some children witnessed and experienced abuse while their siblings either witnessed or experienced the abuse. Similarly to the above named studies, it was found that those children in violent families who had some outside support system, such as a cub leader, appeared to be less debilitated in terms of behavior adjustment problems than those without outside support. As noted by Moore et al. (1990) there appears to be individual responses, coping and adaptive strategies which promote the recovery process in child witnesses
of wife abuse as compared to children whose behavioral adjustment difficulties remain the same or become worse. It was noted by the facilitators that when the children were connected with an "Aunts at Large" program or another source of support the children appeared to integrate information more quickly and maintain these changes, as noted by teachers several months after the group experience.

Group Facilitators

It is important that the evaluation of a group approach include feedback from the leaders. The leaders of the groups for this research noted several important factors. First, there is the need for leadership consistency. This client population appears to struggle with parents who present as inconsistent, have poor problem-solving skills, have rigid, stereotypic role ideals, undefined value systems, poor interpersonal communication skills and limited conflict resolution skills (Mulligan et al., 1990; MacLeod, 1987). Therefore, leaders need to provide a safe, secure environment and to role-model consistency in order that children can learn new responses and reactions to their stressful situations.

Second, the ability of the leaders to be flexible according to the make-up of the group appeared to be crucial. The individual needs within group and between groups dictated the necessity for leaders to adjust activities and learning experiences to the needs of group members (Jaffe et al., 1990).

Third, the greatest difficulty noted by both therapists was the predominant parental attitude of wanting their child 'fixed' by attending this program. Parents appeared to want to abdicate most responsibility in the ongoing family difficulties and the child's continual exposure to life stressors such as numerous moves and male partners. For example, one 10 year old child remembers, and this was confirmed by the mother, that 22 male partners have lived with he and his mother for varying periods of time since he was three years of age. Another child 12 years old had moved 20
times since he was born. Most children in the group had been to more schools than
the number of years they have been attending school. The children seemed unable
to finish one crisis before a new one was presented and, therefore, the children had
limited or no skills in working through issues or events to termination.

Fourth, the therapists found the lack of parental follow-through frustrating in
terms of the children not being on time for groups or being dropped off as much as
an hour early for the program. Most parents did not pick up their children on time
and at least 3 parents forgot their children and had to be phoned to pick them up.
Many children spoke of having to beg their parents to take them to group as the par-
ents would find numerous excuses not to take them such as shopping or sleeping.
Parents would have to be reminded more than once about home interviews and even
after reminders, some would be late arriving home or would have forgotten the ap-
pointment.

Fifth, many parents verbally indicated to the leaders on more than one occa-
sion that they did not want the children to grow up to live in a similar situation to
what they were in now. However, these same parents refused to attend therapy
themselves or went for a few sessions and then dropped out. They indicated they
wanted the children to change in spite of what they have to witness and/or experi-
ence. In addition, the primary therapists found that once the children were in the
groups, the parents cancelled their own therapy. Therefore, the therapists found it
helpful to consult with the group leaders as well as to provide consultation. Feed-
back on the children was given to the therapists during and upon completion of the
groups. The therapists said they found this was critical in terms of reinstating therapy
with the family members at a later time.

Sixth, it is important to note that a considerable proportion of parents and
children in this present study disliked the "disclosing" aspect of the program. There-
fore, program developers, group facilitators, and others involved in working with this
population need to be aware of the sensitivity of this issue. It may be that disclosing is uncomfortable for all individuals involved in therapy. On the other hand, it may be necessary to develop strategies for disclosing that are more comfortable for this particular population.

**Summary**

In summary the analysis of the change scores for the experimental and control groups in this study has demonstrated statistical significance for the variables of attitude and responses to anger and knowledge of support and safety skills. Additional research findings would suggest that perhaps the program evaluated in this study was effective in areas other than those measured by the Child Witness to Violence Questionnaire. The next chapter will address the nature of the study/results in relation to the original hypothesis, limitations of the research, recommendations for further research, implications for clinical social work, and recommendations for program change.
CHAPTER V
DISCUSSION AND CONCLUSIONS

This chapter summarizes the study and identifies the conclusions that can be drawn from the research data. Consideration is given to (a) the nature of the study/results in relation to the original hypotheses, (b) additional research findings, (c) the research limitations, (d) recommendations that can be made for further research, and (e) implications of the study for clinical social work practice.

Nature of the Study/Results in Relation to the Original Hypothesis

The original hypotheses stated that the children who received the treatment program would show greater changes in their attitudes and responses to anger, knowledge of support and safety skills and a sense of responsibility for their parents and for the violence as compared to children who do not receive the program. The present study has found significant results on the first two variables. This concurs with the studies by Jaffe et al. (1985-1987 and 1988). However, the mean differences between the pretreatment and posttreatment results are substantially higher for the present study than the results of those by Jaffe.

Further information on the research results can be gained by exploring additional similarities and differences between the above mentioned studies which utilized this particular program and the present research.

Both of the above mentioned studies provided the treatment program to children 7-13 years with 5-7 children in each group. The groups were facilitated by a male and female leader with the interviews being conducted by a research assistant who was not involved in the program itself. The present study included children 8-13 years and two female facilitators who also conducted the pretreatment and post-treatment interviews.
Similarities are found in several areas between the results of this research and the previously identified studies. First, according to Jaffe et al. (1988), the mothers of the children in the program stated that the group treatment "appeared to have no immediate impact on the children's level of emotional and behavioral problems" (p.161). In addition, the study by Jaffe et al. (1985-87) also noted that the program seems to be particularly effective in the area of knowledge of support and safety skills with children who have been witnesses to less severe violence, over a shorter length of time and with those who have fewer other life stressors. Recommendations are then made in these studies for extending the present 10 week program, adding a second stage group, and/or individual work with the children as deemed necessary. Second, parents in the comparison studies and the present study wanted more involvement with the therapists regarding their child during the program and more information about the content of each of the weekly sessions.

Third, the therapists in the studies strongly advocate for the need for flexibility in facilitating the group program both on an individual basis with the children and with the group as a whole. In addition, the therapists acknowledge a sense of "helplessness in counselling children whose parents created new crises before the old ones could be managed" (Jaffe et al., 1985-87, p.31). Fourth, informal feedback from the studies identify the importance of the group program in reducing the children's feelings of isolation and aloneness with the issue of abuse. Further to this were the mothers' positive feelings toward the program in that it provided help to their children regarding the witnessing of abuse.

Fifth, the awareness of the intergenerational component to family violence has resulted in a strong suggestion of the importance of longitudinal research with group participants to study the long term effects of the program on the children. Finally, the benefits of the program that were "observed but not formally assessed" such as the impact on the community's awareness of the issue and increased interagency
cooperation are identified. This last component will be addressed in greater detail in another section of this chapter. (Jaffe et al., 1985-1987, p.38)

It is important to note any differences between this research and the two comparison studies. First, a noted difference with the comparison studies was the impact on the children in regard to their response to the victims (mothers). In the present study the children verbalized more of the anger they felt towards their mother for what they perceived as lack of protection and inconsistency whereas the comparison sample stated that the children gained a better understanding of the victims' dilemma. Second, a higher percentage (93%) of children stated that they very much enjoyed the group program as compared to 79 percent in the comparison sample (Jaffe et al., 1985-87). Third, all studies noted similarities in the number of moves and school changes the children experienced, as well as the mother's age and the number of years of the relationship. However, in contrast the present study consisted of families with higher incomes; with substantially more separations between the parents, and with children who had witnessed more violent male role models than the comparison studies.

Fourth, most children in this research compared to the Jaffe studies did not feel their parents fought about them nor came to them for advice as suggested by the above authors. Fifth, most children said the information they learned and found most helpful was the issue of responsibility. The majority of children in the groups talked openly about not feeling responsible for the violence but did feel responsible for not being able to stop their parents from fighting once it started. As in Mulligan et al. (1990), the children felt this experience left them feeling very powerless and angry. One child's statement, which was affirmed by others, was "I wish I could video tape my parents when they are fighting and then I would make them sit and watch themselves and see what I have to see and hear all the time. Maybe then they would stop when they see how stupid they look."
Limitations of the Research

For the most accurate interpretation of the results of studies it is necessary to acknowledge the limitations. Furthermore, future research should be undertaken in order to overcome previous limitations, thereby increasing the knowledge base of the issue under study. The limitations of the study which are presented here will provide a more in-depth understanding of this research and indicate directions for future studies.

First, exact replication of this program is difficult since extraneous factors, such as the personality of and/or presentation by the facilitators, could have influenced the outcome. For example, the change in the design of the pregroup interview with the parent(s) provided more information for the leaders, which may in turn have influenced how the material was presented and the type of interaction with the children.

Second, due to the lack of experienced and available male facilitators in this area, the group facilitators in the present study consisted of 2 females rather than 1 male and 1 female. Since all but three sessions were facilitated by female leaders as compared to one male and one female this may have jeopardized some of the learning for the children in terms of role modeling. Therefore, it could be speculated that there was a deficiency in the modeling provided by this research and that male children may feel the lack of a same-sex role model. Some compensation was obtained by having two experienced male social workers co-facilitate the 3 sessions critical to role modeling. However, the facilitators noted that both male and female children found it intriguing and challenging to see female leaders who differed from their female role-models at home, e.g., assertive, consistent.

Third, pretreatment and posttreatment group interviews should perhaps have been conducted by someone other than the group facilitators to minimize researcher
bias. On the other hand, it was felt by the leaders that contact made, in the homes with these families who are generally closed and isolated (Office for the Prevention of Family Violence, 1986) provided an opportunity to make a connection with both parents and children and perhaps a stronger assurance of participation. In addition, by having the pretreatment and posttreatment questionnaires administered by an interviewer and not self-administered, the responses may have been affected by social desirability of preferred responses of both parent(s) and child(ren). As an overall notation to pretreatment measures, it should be noted that reactive measures such as administration of the questionnaire can tend to sensitize both groups to the issues and problems that are the focus of the treatment, and therefore impact the change effect (Campbell, 1957).

Fourth, the research includes only children referred by professionals, not self-referrals; therefore, the results will not be generalizable to the population as a whole, but only to the population of children who come in contact with helping professions. Future research would need to include a study of children who were self-referred through advertisements or other means. Furthermore, the subjects were those who volunteered within agency programs, and so some self-selection may bias or limit the results of the study.

Fifth, the Child Witness to Violence Questionnaire is in the process of establishing reliability and validity. Therefore, it may be seen as a limitation of the research not to have used measurement tools that have proven reliability and validity. However, as previously mentioned, this instrument appears to be the only tool specifically designed for this population and its usefulness in addressing the issues relevant to these clients may be critical in and of itself.

Sixth, a further limitation is that additional treatment was offered to some subjects in the study as noted above in the case studies. These added interventions may have impacted the posttreatment results for those children.
Finally, a particular notation can be made of the 11-13 year old group which included a hearing impaired (deaf) child who required an interpreter. The child's participation in the group consisted of the same activities as other children with the interpreter using sign language to communicate all interaction of group members including 'before meeting' discussions, snack-time and 'after meeting' camaraderie. Contact was made with the interpreter prior to the commencement of the meetings to explain the nature of the group and to gain an understanding of her role in attending the group. In addition, confidentiality and a brief overview of group dynamics with this client population was addressed. This particular child was also the only one who continued with another therapist during the course of this program. In consultation with his therapist it was decided that continued treatment for this client, in the area of adjustment to his disability, was ethically necessary. It was felt by both the facilitators and the child's therapist that the therapy would not interfere with the program. It should be noted, however, that the child requested a suspension of the primary therapy (regarding his disability) after session 5 saying it was not necessary at this point.

While all of these factors are potential limitations, it is assumed that the study conducted as described above, including the limitations, provided some insights into the effectiveness of this specific group treatment approach with children who have witnessed wife abuse. The impact of early intervention both in the short and long-term, whether pertaining to attitudes and/or behaviors, can only be validated through empirical research which notes the limitations of that research. Changes in ineffective strategies can be modified and additions and deletions can be made as necessary. Such a treatment approach, once validated in terms of overall effectiveness, can prove to be, at the very least, a first step toward providing intervention strategies with child witnesses of wife abuse.
Recommendations for Further Research

The area of how children are affected by witnessing wife abuse seems crucial to intervening successfully with intergenerational family violence (Carlson, 1984). Therefore, it is necessary that present studies and evaluations be considered in the light of identifying the nature of future research. One aim of this research was to provide enough information on both the clients and on the weekly intervention strategies used that replication of this study could provide further knowledge about the most appropriate method of working with this population. Implications for future research drawn from this study will address several specific factors.

First, as mentioned above, in previous research regarding the program for child witnesses to wife abuse by Jaffe et al., and in the present study, statistical significance was not found for the variable of responsibility. Therefore, it would be important to either revise the questionnaire to reflect more appropriate questions with regard to responsibility, or to delete the issue of responsibility from the questionnaire.

Second, would the effectiveness of this program increase if run in conjunction with a parent group as compared to the program run with no parent group? All parents may need to be receiving treatment (individual or group) concurrently with the children in order that the learning that has taken place will not be undermined in the family environment. According to Silvern and Kaersvang (1989), "Effective communication between mother and child usually requires facilitation as well as advanced preparation and support of the mother" (p. 428).

In addition, according to the parents of these children, there is a need for a program to run concurrently to address parent/child communication, knowledge of appropriate age and stage development, substance abuse, abusive relationships and topics similar to what the children are learning.
A program for parents held in conjunction with the children's groups might provide a function that Wolfe (1990) describes as two-fold; one, protection for the child by interceding with the parents and two, prevention of further abuse by enhancing the parents functioning. In addition, families in the present study who received crisis intervention, such as work directed at problem-solving skills, conflict resolution and interpersonal communication, appeared to encourage a maintenance of change in the children as noted by verbal feedback by the parents, the children and the school teachers.

Third, how would the results of this program have differed for children who were referred exhibiting behavior adjustment problems as compared to children who did not exhibit these symptoms? Perhaps if used as a preventative measure in schools or community based programs, for example, with children prior to behavioral difficulties, the program would be most effective. Adapting this program to the specific needs of each school would provide education and support to a large population of children who struggle with issues related to family violence.

Fourth, how would the results of this program differ for children who have witnessed and experienced violence compared to those who have witnessed violence only? According to research by several authors ( Hughes, 1982; Straus et al., 1980), experiencing child abuse does have detrimental effects on behavioral adjustment outcome; therefore, the combination of both may produce more challenges to such a program as this in terms of its effectiveness. In addition, would the results of this program differ depending on the type of abuse experienced and/or witnessed as compared to a control group?

It would be highly desirable to ascertain if the results of this program would differ for children who presently live in a violence free environment (having experienced and/or witnessed abuse in the past) as compared to children who continue to live in a troubled environment.
Several other issues became apparent through this research. First, as Mulligan et al. (1990) and Moore et al. (1990) suggest, some children in families with wife abuse seem "less damaged" than other children. What effect on the individual child do factors have such as the age and developmental stage of the child, the amount of violence experienced and witnessed, the role and placement of the child in the family, and the age and stage of the parents?

Fifth, would the results of this program differ if the sample was large enough to compare variables such as gender, age, socioeconomic level, frequency, intensity and duration of the abuse that the child witnessed and/or experienced? Concentration on these various factors might enable the helping professionals to work more specifically with certain dynamics and provide an understanding of the impact on the individuals involved.

Sixth, as stated in MacLeod (1987) many parents of the children in the groups experienced and witnessed the effects of wife abuse as children and therefore, what similarity is there to what their children are now experiencing? All parents of the children in this research noted childhood experiences of witnessing abuse and for most of these parents experiencing abuse as well. Although some were able to draw a parallel to what their children were experiencing, many were denying or minimizing their own children's experiences. For others, they viewed what their children were experiencing as less damaging than their own experiences because they felt their children were 'only' experiencing one type of abuse rather than many.

According to Fike (1980), individual casework practice is based on an understanding that individuals do not all change at one time but that change takes on an individualistic approach. However, Fike also suggests that for those in groups it is feasible to study relationship change between members. In addition, evaluation of group member change may need to include both grouped data designs and single-system designs for the most comprehensive change data. Therefore, evaluation of the
Child Witness Program could look at single subject data and provide information such as outcome results for each member of the group, as well as grouped data on the treatment and control group as a whole both individually and together.

The Child Witness to Violence questionnaire in reflecting a change in scores on only two issues may not give an accurate indication of the groups' overall effectiveness and, therefore, other instruments may need to be implemented such as the Achenbach Child Behavior Checklist for teachers (1986) and for parents (1983). According to Rappaport (1981), the true success of any program is shown not only in statistical outcome but also within the child's environment, e.g., school, community, home.

Seventh, this research would concur with the findings of Mulligan et al. (1990) which established the need for education and support with child witnesses of wife abuse regarding attitudes and responses to anger, healthy modes of communication, problem-solving alternatives, identification and expression of feelings, increased knowledge of safety skills and developmental issues.

Eighth, what would a follow-up study within 6 months and 12 months of treatment show in terms of maintenance of attitude change in the three areas tested as compared to a control group? Maintenance of change is crucial for any program to be effective and is necessary especially in the case of programs directed at impacting intergenerational family violence.

Ninth, without longitudinal studies it is difficult to assess the long term impact on these children when they begin dating, get married and/or have their own children. Therefore, it would appear that the need for longitudinal studies with the children in the groups is critical. Furthermore, it is important to take particular note of the developmental stages of the children, when and how the violence is most detrimental, as well as for what age group the program itself is most effective. It would also seem from the lack of programs for children, as compared to programs for the
abuser and the abused, that funding bodies are reluctant to address the needs of this population. It also may be that the professional community itself is reluctant to design and implement programs for children. Grusznski et al. (1986) suggests that "current cultural attitudes toward children imply that they are less than human and therefore, not deserving of equal recognition" (p. 442).

Implications for Clinical Social Work

To contribute to theory and practice, an evaluation of interventions that are cost effective, replicable, and essential is vital to the helping professions. The present study has added to the existing field of knowledge by the use of statistically quantifiable data rather than subjective reports.

With the recent monetary restraints for social services, in both the United States and Canada, it is clear that the social work profession will need to be more accountable to both the funder and the client and can do so by demonstrating the effectiveness of the interventions used. Consequently, increasingly more clinical practice will be directed toward providing the most effective services to the greatest number of clients within the shortest period of time.

According to Fike (1980), most social workers spend a substantial amount of their time in group work whether that be therapeutic groups or task-centered groups. Therefore, it is important for social workers to be aware of the evaluation process of the activities in which they are involved.

In the context of work with children, Rose (1985) suggests that evaluated time-limited treatment groups for children can best meet these needs through serving many clients in a high need population for the least cost, yet providing an effective service. This can be important "when children's difficulties stem from parental social problems, services provided for adults can expand to those offered to children"
(Rose, 1985). This can be done, for example, through the family service agencies and support centers for families.

In addition to the above noted difficulties that child witnesses of domestic abuse are perceived to exhibit, the likelihood of their coming into contact with community agencies such as mental health services, child protection, child abuse teams, school resource teachers and counsellors is great. Therefore, being able to provide these children with treatment that has been empirically tested seems crucial. This particular program is based on short-term treatment, with a well designed manual, thereby keeping training costs to a minimum while providing treatment for many.

As stated by MacLeod (1987) and Mulligan et al. (1990) and numerous other authors, treatment resources for this population need to incorporate a group perspective so that children will not feel they are isolated and alone with this issue. It was found in this study that many of the children had and were further encouraged to use the "Kids Help Phone" (a 1-800 telephone counselling service specifically for children) since it appeared to be the only resource children could access individually and without parental consent.

The children in the groups learned new problem-solving skills which appeared to reduce their anxiety level. As noted by the children's evaluation of the program, this group treatment "normalized" the child's feelings regarding their anxiety surrounding family violence. In addition, the group program addressed the identification and expression of feelings, drawing similarity of feelings to those of others, and enhancement of social skills particularly with appropriate peer interaction.

The results of this research have provided evidence of the effectiveness of the program under study which can enable social workers to use this approach with children in a variety of settings, i.e., hospitals, schools, family service agencies and clinics. With only minimal modifications to the program, it could be appropriate for use within the various individual settings. For example, by modifying this approach or
portions of this approach, it could be used in women’s shelters where programs are presently lacking for children (MacLeod, 1987).

Since most parents of these children were reared in similar homes and tend to struggle with the same issues as the children, these changes could also extend to include program use with both adults and children.

The social work field looks at clients in their environment; the focus of this program is to look at children in their environment and how their environment affects them. According to MacLeod (1987), the number of shelters in Canada for battered women has increased since 1979 from 71 to well over 300 today. Even if shelters required staff to have a minimum degree of the Bachelor of Social Work, most faculties/schools of social work give little, if any, attention to the issue of family violence and, in particular, wife battering. In response to a query made of social work faculties in Canadian universities regarding courses being taught about family violence, 14 schools or faculties replied. Of these responses, only half provided courses directly addressing family violence (Appendix 18). The other half of the respondents specified that the topic of family violence was covered to some extent in other courses such as those on child abuse or child welfare. Consequently, the impact on the children in these homes is not addressed to an optimal degree. Even though it is known that one of the critical cautions well stated by Silvern and Kaersvang (1989) is that "there is a great need for training in the stressful, delicate work of attending to detail without retraumatizing child victims" (p. 428) the provisions for training in the field of social work appears limited.

For therapists working with this population, some of the qualities necessary to function effectively are patience, understanding of developmental states, awareness of every child’s need to express themselves and to tell their stories, individualized expression in group activities, empathy, belief in each one’s ability and being in control but not controlling, authoritative but not authoritarian. As noted by the above au-
thors, these children have learned to be hypervigilent and to constantly react both emotionally and behaviorally to their environment or to withdraw into self-excluding their surroundings and thus precluding the ability to attend to the necessary tasks at hand. Allowing the children to talk in their own time and in their own way about their experiences, appears to be most effective in freeing them to move on to learning new and more effective modes of problem solving, safety skills and intrapersonal and interpersonal responsibility.

Parents of Child Witnesses of Abuse

The emphasis on the children making changes, whether the parents were willing to do so or not, appeared to 'free up' the children to react and interact more positively in settings other than their home. The verbal reports from the parents indicated they perceived less positive behavior change or no change at all. However, they did acknowledge that their children appeared to learn new information which they felt might be helpful in the future. The parents clearly stated in the "Parent Evaluation of the Program" that they not only found the program useful for their children but also found the information helpful for themselves. Furthermore, they strongly supported the idea of a group for parents to be run in conjunction with the children's program.

It is suggested, based on discussions with the parents and children, both before and after treatment, that perhaps the parents perceived less change than school personnel for several reasons. First, with no intervention for the parents the issue of parent/child interaction is not addressed. Second, most parents perceived their child as the problem and were unwilling to address their own issues. Therefore, if the problems in the family still exist, parents would feel that it must be caused by the 'problem child'. Third, most children felt that behavior change at home would be either not well received or would require more responsibility on their behalf because
the parents would have too high expectations on a continuing basis. Fourth, many parents were so absorbed in their own problems that they spent little or no time in parent/child interaction (MacLeod, 1987).

This study found that the children's own physical, emotional and developmental needs were not being met because the parents appeared to be so focused on their own adult relationships and so egocentric that it was difficult, if not impossible, for the adults to focus on the needs of their children. Congruent with MacLeod's (1987) study, many children assumed a "parentified" role in the family. For others, they, too, learned to become self-centered and autonomous, living in an isolated and alone manner. As one child stated, "you wake up and everyday is the same as the last, you just keep to yourself and you get by".

In doing the home visits, strong support was found for Pizzey's (1977) suggestion of parental inconsistency and the rejection experienced by the children during the violent/nonviolent cycle. For example, the rules in many households fluctuated from rigidity to overpermissiveness depending on the phase in the cycle. In addition, the children expressed strong anger toward the particular parent they felt was not protecting them from the abusive behavior of the other parent.

Another area of primary concern found in this study was that the parents tended to ignore their children, not fill them in on plans or keep them abreast of what was to be happening until the last minute. Prior to the home interviews, the facilitators instructed the parents to make the children aware of the interview, the content, the time frame, and the child's level of participation in the interview. It was found, however, that upon arrival the children did not know about the interview, who the participants were and had difficulty understanding how they were to participate in the interview. In addition, it was noted that even though the parents kept the children uninformed about such events in their lives, the parents, on the other hand, placed their children in more parental roles within the family. Many of the parents
appeared to put much of the responsibility for what happened in the family on the children with the expectation that the children understand and make the necessary adjustments to such things as the divorce, to the violence itself, and/or to the inconsistency in parenting with as little struggle as possible.

However, in the post-treatment home interview for the children involved in the experimental group, they were not only told about the interview by the parents but some parents involved the children in coordinating the time for the appointment instead of the previous authoritarian approach of not involving the child. The control groups, however, did not change such procedures.

**Impact on the Community**

The program appeared to have some far reaching effects on the schools, the primary therapists previously involved, and other professionals in the community in the following ways. Seven schools in the City of Calgary are now looking at instituting this or a similar program within the school system and have discussed the need for in-school social workers to be available for the children on an on-site basis to deal with the issues when the child is in crisis and is reaching out for support. Both Edleson (1981), and Rose (1982) note that teachers observed improvements of children in time-limited groups in school settings.

Furthermore, both principals and teachers discussed their need for providing and receiving feedback with regard to the children in their schools when work is carried on in the community. Some schools decided to look at factors in the child’s life in which they could participate to reduce the level of stress and to build self-confidence, e.g., to provide time at school to do homework for those children whose family lives are too chaotic to permit the completion of assignments. The comments from those working in the schools addressed the necessity of a holistic perspective in
dealing with the children. School personnel were encouraged by the availability of
the facilitators in addressing these issues.

It was found that children connected well with teachers and, to some extent,
peers at school until such time that the escalation of the violence at home was more
than that with which the children were able to cope. However, the eight hours a day
the children spend in the school environment with their teachers and peers seems to
be an opportunity to reenact or to make sense of the trauma at home. Therefore,
the school setting becomes a very important place for the children to express their
emotions regarding the events at home. For example, all four children who were ini-
tially designated by the schools to be held back a grade had made significant enough
improvements by the end of group that in consultation with the parents and schools,
the children were passed into the next grade and arrangements were made for tutors.
One particular child who had refused for four years to participate in classroom group
work had made such a dramatic change that he was awarded the "most improved"
medal for the year.

As in MacLeod's (1987) study, an area of concern found in this research was:
first, the need for school boards to understand the importance of adequately edu-
cating teachers; second, for teachers to be more fully aware of how they personally
impact the children; and third, for the necessity of treatment groups within the
schools so that children have an opportunity for intervention, within the system. The
school setting seems to be very critical in terms of the home and family environment
and that stress can be alleviated, to some extent, by teachers, by principals, by guid-
anse counsellors or by resource teachers who are informed and can take appropriate
steps with children and families who experience intrafamilial violence.

In all of the Child Witness to Violence questionnaires children reported that
they would tell teachers before anyone else about what goes on in their family.
Therefore, having teachers made more aware of the dynamics of family violence and
in particular wife abuse would seem essential. In this study, several teachers made contact with the facilitators regarding children in the group treatment and stated that they initially had difficulty or were uncomfortable discussing family violence with the children because of their own lack of understanding of the subject matter. To have the issue of family violence built into the curriculum is not sufficient if the choice to teach this topic is optional or if the teacher remains uninformed about how to deal with children who are exposed to such violence.

As previously noted, in the school setting, children who witnessed abuse displayed both inward and outward behaviors of aggression, sadness, pain, etc., and many times this is not noted by school personnel unless they are well aware of indicators. The alternative to educating teachers, then, is to provide referral sources that are knowledgeable and accessible when problems are diagnosed.

Many times children who are very bright and aware, are either overlooked in the school system because of behavioral adjustment problems or are ignored in terms of their academic abilities because the home situation is impacting on the child's ability to work to his/her potential (Mulligan et al., 1990). For example, in the present study, one child in grade four who was aggressive in school, had difficulties with peers, was unwilling to participate in the classroom, was unable to complete his work, and displayed a short attention span was, however, assessed by the therapists in the program to be reading at approximately a grade eight level. Initially, the school had decided that this child be held back in grade four another year. In addition to the issues regarding family violence being addressed in the program with a collaborative effort by the group facilitators, the family, the area supervisor of the school district where the child attended school, the teachers and an academic assessment scheduled for early in the next school year, the child was able to move into the next grade. In addition, the child was being recommended for a program in the school for children of divorce and the parents were scheduled to attend their own counselling.
Most children in the groups discussed having difficulty meeting and making friends at school. The children appeared to struggle with issues of trust in others and their own judgements. In addition, they seemed to struggle with issues of abandonment and lack of clear boundaries. Some statements indicating these struggles were "you can never tell with friends, as soon as something happens they’re gone", "I’m never any good at picking friends anyway so I keep to myself", "I keep wanting to be friends with everybody but nobody likes me", "every time I go to a new school I have to fight everyone cause people think I’m a nerd", "I prefer not having friends, that way you don’t get hurt", "people just use you anyway so why bother" "I want to be best friends with everyone in the group".

Perhaps seen as a safer place for change than home, the school environment appeared to impact the children’s attitudes at least in terms of peer pressure for them to adopt different behaviors. In addition, the peer support and confrontation appeared to reduce anxiety and feelings of aloneness with many children (Mulligan et al., 1990). For example, one nine year old child was physically and emotionally abusive to his mother and when positive reinforcement was not received from group members for such behavior, the child was forced to confront his actions. By the end of the ten week group the abuse had stopped and referral for the mother and all the children in the family to participate in ongoing work was recommended. With this particular intervention it is suggested that a maintenance of change can be facilitated.

Comments from other professionals in the city of Calgary were such that referrals for future programs were being made while the research was in progress; inter-agency cooperation increased in terms of focusing on the best interest of the child; consultations regarding working with this particular child population and other family members, was requested, as well as requests for information regarding research with this child witnesses of abuse program.
The results of this research is consistent with that of Jaffe’s (1988) in that there appears to be a strong need for ongoing feedback to the parents both in terms of assistance to the parents and in promoting a greater participation in encouraging the children to attend group.

Recommendations for Program Change

The program by Jaffe et al. (1986) can be enhanced by building in components that deal with empowering children and increasing their sense of internal locus of control, improving their social skills and problem-solving abilities, as well as assisting them to explore further their various gifts or talents that can provide them with a direction into which to channel energies and foster self-esteem.

According to research by Moore et al. (1990), there are at least three factors in childhood that appear to be crucial to improved or stable functioning as an adult. First, there are personal characteristics of the child such as self-sufficiency and strong communication and verbal skills since birth. Second, is the presence of a supportive, caring adult who has a significant relationship with the child. Third, is an activity, including schooling, in which the child can become involved and receive successful validation. Building such components into the existing program could enhance the child’s feelings of self-efficacy and provide an example of alternative behaviors which are in contrast to that which the child is exposed in the home. According to Moore et al. (1989), although it is not exactly clear what factors mediate how children are affected there are "some potential protective factors relating to the child’s own capacities and behaviors; the mother - child relationship; sibling relationships; and finally the broader social context of peer interactions" (pg. 5).

The referring agencies or the program facilitators need to do more indepth assessments of what has been witnessed and/or experienced by the children. Although all children in this program were referred because they had witnessed wife
abuse, the facilitators found that all of the children had not only experienced physical, sexual or emotional abuse in the past but many were still experiencing it in the present. For example, the majority of the children were being slapped, spanked, and having their hair and ears pulled by parents who considered this to be appropriate discipline. In addition, the majority of the parents understood discipline and punishment to be the same thing. Grusznski et al. (1988) suggest the need for individual interviews by the facilitators of the groups with both parents and children in doing the assessments. As previously mentioned it would also seem important to conduct groups for parents simultaneously with the children's groups.

Although the parents were interviewed using the parent/child Conflict Tactics Scales, the children were not interviewed using this or any other measure pertaining to what they perceived themselves to be witnessing and/or experiencing. It was found that parents minimized much of the abuse to the children or rationalized it as discipline.

The leaders, the children, the parents and the schools all suggested that the group should have extended beyond the 10 weeks period to perhaps 16 weeks with a gradual reduction in the frequency of meetings. Rose (1983) suggests this longer type of approach "is based on a principle of maintenance of changes" (p.486); that is, the likelihood of maintaining change increases when there has been some time to practice, in a safe environment, the new skills that have been learned.

It is also suggested that the ten week length of the program could become a difficulty when working with children who exhibit more overt behavioral adjustment problems (Jaffe et al., 1990, MacLeod, 1987). A second stage program and ongoing support could have enabled the above mentioned child to continue to implement strategies learned in the group program and to receive ongoing positive feedback to increase the child's self-esteem. Therefore, future programs should consider incorporating longer term work for those assessed to be in need of such help. According
to Jaffe et al. (1985-87), the program for child witnesses was "conceptualized as being more educational and preventive in its focus rather than therapeutic in terms of having a significant impact on major emotional and behavioral problems." It was found that children who played the 'problem child' role in the family had difficulty giving up this role when it appeared to keep communication active, and enabled the parents to focus on the child and not on themselves. For the child, this role came to be seen as preferable and he/she felt more secure than in a less 'sick' role.

Grusznski et al. (1988) note several areas that should be addressed with this population and these are consistent with the findings of the present study. First, in addition to the issue of responsibility being evaluated with a different tool, it may be that the psychoeducational phase needs to provide a much stronger focus on who is responsible for what in interpersonal relationships. A reoccurring theme of accountability and legitimacy, based on acceptance of emotions and responsibility for behavior, permeated the groups in the study. The second area deals with the issue of sharing and isolation. In the termination phase the children talked about how the group process allowed them to know that they were not alone with their problems and, consequently, felt less ashamed of themselves and their family.

Third, planning for self-protection was addressed in terms of how the children kept themselves safe, not just with the interparental fighting, but between their parents and themselves and with others in their lives such as baby-sitters, teachers, and extended family. Since most children in this population have difficulty with healthy conflict resolution and problem solving, it seems important that additional activities and suggestions for leaders in how to address this area be expanded upon in the manual. Fourth, the expression of feelings, which is critical, has been noted previously. The fifth area noted by Grusznski et al. (1988) is conflict resolution. There is no question of the need for the children to be provided with alternative modes of conflict resolution. Those identified by these authors are: a) identify the problem, b)
express how you feel about it, c) alter one's goal in a situation from forcing a change or expecting agreement to a goal of understanding the other's position. For most children their role-models have provided examples of abuse and coercion to resolve differences.

The sixth area identified by these authors is that of gender role issues. Placing two posters on the wall, one containing a list of traditional female characteristics under a male heading and vice versa, constantly stimulated discussions in all groups and challenged the more traditional beliefs the children held. The posters appeared to foster discussions around relationship issues and socialization of males and females.

Seventh, a recommendation would be to combine group members with only one year age difference and preferably in the same school setting i.e. elementary, junior high and high school. This may assist in ensuring a 'goodness-of-fit' among children's emotional and intellectual development.

The last issue - building self-esteem - had an outcome primarily noted through feedback from primary therapists and school teachers and in reading the children's report cards before and after group. Through this process, changes were noted in the children's level of confidence.

Conclusions

The present study provided the first formal evaluation of the group program developed by Jaffe et al. (1986) using a waiting list control group, an analysis of descriptive statistics and a pretreatment/posttreatment design with the latest edition of the Child Witness to Violence Questionnaire (P. Jaffe, personal communication, January, 5, 1990)

As well as determining statistical significance on two of the three variables stated in the hypotheses, there were a number of other notable benefits from this
study. More specifically this study has raised the awareness of other professionals to the impact of wife abuse on child witnesses. The enthusiasm of schools in wanting the issue of family and dating violence to be addressed with students and the requests of several schools including one inner-city school to develop programs based on a similar model for students, indicates a strong need for such an intervention. Furthermore, this may suggest not only the recognition of the need for such programs but an awareness of the number of children who can be reached, thereby incorporating a preventive as well as an interventive perspective.

The increased awareness of a number of professionals to an issue that had previously received little attention has provided for the incorporation of this program for eight to eleven year old children by an agency on an ongoing basis. This same agency used much of the program material and incorporated it into two other programs for adolescents of family violence for youth twelve to fifteen years. As well, this agency has begun a program for children five to seven year olds who have been referred because of witnessing and/or experiencing domestic abuse (Wagar, 1991).

Furthermore, the present study may provide the impetus for ongoing evaluation and research into the area of the prevention of intergenerational family violence. Future work in researching this area can address more specifically the techniques from this program that work with which type of children and what type of problem. Additionally, increasing the length of the program, providing a second stage group, as well as a follow-up component may provide indications of maintenance of change and any 'ripple effect' as a result of a child's participation in the program. According to recent studies, approximately 80 percent of male batterers grew up in families with wife abuse and 67 percent of abused women experienced similar backgrounds (Jaffe et al., 1990). Therefore, continued focus on this population is imperative in impacting intergenerational family violence. The allocation of resources for addressing the
needs of the child witnesses population is essential. Policy and program development must be founded on empirical research; therefore, continued investigation is crucial.

According to Straus et al. (1980) "each generation learns to be violent by being a participant in a violent family" (p. 121). Therefore, to break the intergenerational cycle of abuse it seems crucial to work with the children who will be the next generation of abusers and abused. Alessi and Hearn (1984) suggest that treatment programs for family members who have experienced domestic abuse have not addressed the children's needs which tend to escalate once the silence has been broken and there is community involvement.

MacLeod's (1987) study noted that "inadequate funding and limited community services for children also mean that few, if any, follow-up services are provided even for the children who stay at transition houses and so can be identified as being in need of help. Transition house workers feel that this is essential to prevent these children from repeating the pattern of violence they have witnessed" (p. 75).

According to MacLeod (1987), "more than 42,000 women stayed in crisis shelters in 1985 and they brought 55,000 children with them... (p. 113) and about the same number were turned away. Therefore the necessity of such programs as the Child Witness to Wife Abuse Program and for its evaluation is of prime importance.

This study has addressed the effectiveness of using the Child Witness to Wife Abuse Program (Jaffe et al., 1986) with children 8-13 years. The results indicated that for the children in the experimental group this program is significantly more effective than no treatment. Unintended effects on other professionals and other family members as previously noted give an additional benefit to research into the field of the intervention and prevention of intergenerational family violence.

Further formal evaluations of this program, as previously noted, and the development of additional programs are necessary to impact such a wide spread problem. The results of this study and further research can assist in the development of
new programs, in the formulations of policies regarding the area of domestic abuse and in guiding those professionals working with family members who witness and or experience abuse.
References


MacLeod, L. (1987). *Battered but not beaten...Preventing wife battering in Canada*. Ottawa: Canadian Advisory on the Status of Women.


APPENDIX 1
PRE-GROUP INTERVIEW WITH CUSTODIAL PARENT(S)

Interviewer: ___________________________ Date: ____________

1. Parent's name
   Mother________________________________________
   Father________________________________________
   Gardian________________________________________
   mother's age____  father's age____

2. Names of all children (indicate which parent they live
   with on a permanent basis and if blended family):
   a) __________________ (M) ___ (F) ___ (B) ___ Sex ___ Age ___
   b) __________________ (M) ___ (F) ___ (B) ___ Sex ___ Age ___
   c) __________________ (M) ___ (F) ___ (B) ___ Sex ___ Age ___
   d) __________________ (M) ___ (F) ___ (B) ___ Sex ___ Age ___
   e) __________________ (M) ___ (F) ___ (B) ___ Sex ___ Age ___
   f) __________________ (M) ___ (F) ___ (B) ___ Sex ___ Age ___
   g) __________________ (M) ___ (F) ___ (B) ___ Sex ___ Age ___
   (Place a star beside the name of the child in the program)

3. What is your current marital status? (Please circle)
   Single  Separated  Divorced  Married  Common-law

4. Estimated family income per year. Present $___________
   How has this changed in the last two years?___________

5(a) Is the mother employed? ______  is the father? ______
   (b) How many times has the mother changed jobs in the last
   two years?_________. Has the father?___________

6. Mother's highest level of education completed_________
   Father's highest level of education completed._________

7. Number of times the family has changed residence since
   the birth of the eldest child. _________________

8. Number of school changes ____________________________

9. Has anyone in your family sought help for family or
   personal problems?
   PERSON TYPE(ind., group) #SESSIONS APPROX.DATE
   ________________________ ____________________________
   ________________________ ____________________________
   ________________________ ____________________________
   ________________________ ____________________________

10. Has anyone in your family used the services of a shelter
    for battered women? Who?___________________________
    When?___________ With children?____________________
    Length of time?__________ No. of times?___________
    Additional names____________________________________

11. Length of the current marriage/common law relationship____
12. Number of separations between mother and father

13. Duration of most recent separation (where either mother and child, or father, left home)

14. Duration of previous separations:

15. Number of significant relationships since the birth of the child (i.e. number of male partners of mother)

16. Number of violent male models:

17. Who is the partner you are most concerned about with respect to your child's exposure to violence?

18. How close is child to:
   - Mom: 1 2 3 4 5 6 7
   - Dad: 1 2 3 4 5 6 7
     not very not very
     close close close close

19. If parents are separated, how often does the child(ren) see:
   - (a) their father
   - (b) mother's most recent partner:
     daily
     weekly
     monthly
     other (specify)
     has no contact
     daily
     weekly
     monthly
     other (specify)
     has no contact

   *COMPLETE CONFLICT TACTICS SCALES HERE*

20. What types of violence has your child most likely been exposed to between you and your partner(s)?
   - a) Verbal (e.g. yelling, threats, insults)
   - b) Physical (e.g. pushing, slapping, hitting)
   - c) Emotional (critizing, ignoring, abandoning)
   - d) Sexual (e.g. forcing or coercing one into sex)

21. Do you feel he/she generally,
   - a) hears it?
   - b) feels the tension?
   - c) witnesses it?
   - d) other?

22. How often do you feel they experience the above?
   - a) daily
   - b) weekly
   - c) biweekly
   - d) every few months
23. How does your child generally respond to the above?
   a) retreats to their room
   b) becomes involved
   c) quietly watches
   d) creates a distraction
   e) other

24. Do you feel your child has been affected by the conflict he/she has witnessed between you and your partner?
   YES____ NO____
   If so how?

25. How does the amount of physical conflict compare with that experienced prior to the PAST year:
   same amount of physical conflict
   was more physical conflict
   was less physical conflict

26. Is your current partner aware of you child’s participation in this group? YES____ NO____

27. Is he/she in agreement that your child participate? YES____ NO____

28. Is the non-custodial parent aware of the child’s participation in the group? YES____ NO____

29. Is he/she in agreement that the child participate? YES____ NO____

30. What are the primary concerns you have about your child?

31. How do you feel your child will benefit from the group?
APPENDIX 2
CHILD INTERVIEW

NAME: ___________________________ AGE: ___ DATE: __________

INTERVIEWER: ____________________ LOCATION: __________

Names of Brothers and Sisters:

a) _______________________________ Sex ___ Age ___
b) _______________________________ ___ ___
c) _______________________________ ___ ___
d) _______________________________ ___ ___
e) _______________________________ ___ ___

Number of times you have moved since the oldest child in your family was born __________________

Number of different schools you have attended _____________

Who do you live with now? Mom and Dad __________________
	Mom only __________________
	Dad only __________________
	Other (please specify) ________

If you only live with one parent, how often do you see your other parent?

No Contact __________________
Daily ________________________
Weekly ________________________
Monthly _______________________
Other (specify) ________________
**ATTITUDES AND RESPONSES TO ANGER**

1) What kinds of things make you really mad?

2) What makes children mad at other people in their family?

What might children do when they are mad at other people in their family?

3) Have you ever felt really mad at one of your friends?

   When? What did you do?

4) When you’re really mad at something or someone, do you ever:

   a) yell, scream, swear YES NO Y(=0)N(=1)
   b) fight, hit, punch
   c) talk to someone
   d) walk away
   e) go to room
   f) Other

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

   Do you also?
   a) ignore them
   b) ask them to stop
   c) tell someone
   d) threaten them
   e) hit them
   f) other

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

   Do you also?
   a) ignore them
   b) ask them to stop
   c) tell someone
   d) threaten them
   e) hit them
   f) other

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

   Do you also?
   a) ignore them
   b) ask them to stop
   c) tell someone
   d) threaten them
   e) hit them
   f) other
8) What can children do if their parents do something that they don't like?

9) If an adult other than a child's parents does something that the child doesn't like, what can the child do?

10) What do you think is the best way to deal with something when you are really mad?

11) What are your three favorite T.V. shows?

12) Of all the characters you have seen on T.V., in movies, sports or music, who would you most like to be? Why?

13) Do people in the same family sometimes hit each other? YES NO

14) Do strangers often hit each other? YES NO

15) Do you think it's alright for a man to hit a woman? YES NO

What about? a) stays out late YES NO b) house is messy YES NO c) doesn't do as told YES NO d) drinking YES NO e) self-defense YES NO f) other YES NO

16) Do you think it's alright for a woman to hit a man? YES NO

Why/why not?

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

What about? YES NO
a) stays out late
b) house is messy
c) doesn't do as told
d) drinking
e) self-defense
f) other___________

17) Do you think it’s alright for a parent to hit a child?  
YES___  NO___  
Why/ why not?  
(Elicit from child any conditions in which hitting is acceptable:)

   a) doesn't do as told  YES  NO  Y(=0)N(=1)
   b) late coming home  ___  ___  ___
   c) trouble at school  ___  ___  ___
   d) talks back  ___  ___  ___
   e) other _____________  ___  ___  ___

SAFETY SKILLS

18) What do you think a child should do if their mom and dad are arguing?______________________________
(5 blank) ___

19) Can children tell when arguing will lead to their dad hitting their mom?  YES___  NO___  Y(=1)N(=0)
   How?_______________________________________________________________________

20) Can children tell when arguing will lead to their mom hitting their dad?  YES___  NO___  ___
   How?_______________________________________________________________________
21) What should a child do if their dad is hitting their mom when they are in the same room?

<table>
<thead>
<tr>
<th>Should they:</th>
<th>YES</th>
<th>NO</th>
<th>Y(=1)N(=0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) leave/hide</td>
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<td></td>
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<tr>
<td>b) phone someone</td>
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<tr>
<td>c) run out/get someone</td>
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<td></td>
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<tr>
<td>d) ask parents to stop</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>e) act out</td>
<td></td>
<td></td>
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<tr>
<td>f) other</td>
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</table>

22. What should a child do if their dad is hitting their mom when they are in a different room?

<table>
<thead>
<tr>
<th>Should they:</th>
<th>YES</th>
<th>NO</th>
<th>Y(=1)N(=0)</th>
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<tbody>
<tr>
<td>a) leave/hide</td>
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<td>b) phone someone</td>
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<td>d) ask parents to stop</td>
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<td>e) act out</td>
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<td>f) other</td>
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</tbody>
</table>

23. What should a child do if they are hit by their mom or dad?

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<thead>
<tr>
<th>Should they:</th>
<th>YES</th>
<th>NO</th>
<th>Y(=1)N(=0)</th>
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</thead>
<tbody>
<tr>
<td>a) leave/hide</td>
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<td>d) ask parents to stop</td>
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<td>e) act out</td>
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<tr>
<td>f) other</td>
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</table>

24. What should a child do if their mom or dad are hitting their brother or sister?

<table>
<thead>
<tr>
<th>Should they:</th>
<th>YES</th>
<th>NO</th>
<th>Y(=1)N(=0)</th>
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</thead>
<tbody>
<tr>
<td>a) leave/hide</td>
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<td>f) other</td>
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</tbody>
</table>
25. Do you think a child should ever tell anybody about this? YES__ NO__ Y(=1)N(=0)  
Who?______________________________________________________

26. In an emergency (i.e. danger to self/mom) who would you call?__________________________________________________

27. Their phone number is: ______________________________________

28. What would you say? ________________________________________

RESPONSIBILITY FOR VIOLENCE

29. What do you think moms and dads fight about?

Might they sometimes fight about the following things?

a) their children __ __ Y(=0)N(=1)
b) money __ __
c) jobs __ __ d) drinking (mom or dad) __ __
e) mom or dad seeing someone else __ __
f) their brothers or sisters __ __
g) untidy house __ __ h) other__________________________

30. If parents fight about their child, how would that child feel? Y(=0)N(=1)

Would they feel? YES NO  
a) scared __ __
b) sad __ __ c) mad __ __
d) confused __ __
e) other__________________________

31. Do you think children can do anything to prevent their parents from fighting? Y(=0)N(=1)

If yes, what__________________________________________

RESPONSIBILITY FOR PARENTS

32. Can you think of any time where a child can help her/his parents?__________________________________________
33. If a parent feels unhappy, do you think a child can help them to feel better? YES__ NO__

Could the child:

a) listen to their problems YES__ NO__
b) talk to them __ __
c) give advice/suggestions __ __
d) do extra work around the house __ __
e) give them a hug __ __
f) don’t bug them __ __
g) other ____________________

34. Can a child sometimes help a mom when she is unhappy? YES__ NO__

35. Can a child sometimes help a dad when he is unhappy? YES__ NO__

36. Do parents ever go to their children when they have problems or need advice? YES__ NO__

Do you think children are able to help them? YES__ NO__

37. How old should someone be when they start:

a) cleaning their own room __
b) doing dishes __
c) cooking __
d) cleaning the house __
e) babysitting brothers or sisters by themselves __

38. Do children sometimes worry about their mom? YES__ NO__

When? ____________________________________________

39. Do children sometimes worry about their dad? YES__ NO__

When? ____________________________________________

40. Do you think moms and dads ever ask their children to do something for them that they really are not able to do? YES__ NO__

When? ____________________________________________
INFORMATION AND PERMISSION FORM (PARENT)

A group counselling program for children (aged 8 - 10 and 11 - 13) who have been exposed to serious family conflicts (such as marital violence) is being organized by Janet Wagar in partial fulfillment of a Master's Degree in Social Work at the University of Calgary.

The counselling program will consist of 10 group sessions each lasting approximately 1 1/2 hours. The sessions will involve education and group discussion about family conflict, learning to express feelings and thoughts about conflicts, discussion of how to solve problems with family and friends, and improving self-esteem. Group activities and refreshments will be provided to help maintain the interest of younger children. Some of the sessions may be videotaped or observed for future leader training purposes. (outlined separately)

In order to determine how valuable this group was for the children, the parent(s) and the child will be asked to complete a questionnaire before and after group participation. In addition the children's level of anxiety and self-concept will be measured. The parent(s) will receive some individual feedback about their child after the group is terminated.

Your participation is completely voluntary, and you are free to withdraw from the study at any time. All information obtained will remain confidential subject to provisions of the Child’s Welfare Act, which requires everyone to report to Child Welfare any case in which the child is in need of protection. All identifying information will be destroyed once the data have been gathered. If you have any questions, please feel free to inquire.
I give my permission for my child(ren) to participate in this program.

(Name)  (Signature)

Phone Number: Date:

Name(s) of child(ren)

(Witness)  (Date)

(Witness)  (Date)
APPENDIX 4
INFORMATION AND CONSENT FORM (CHILD)

A graduate student (Janet Wagar), from the University of Calgary is organizing a group counselling program for children who have watched or heard their father hurting their mother. Your parent(s) has/have given permission for you to be in this children’s group. However, because it is you who will be attending the group, it is important that you know and understand what it is you will be doing.

There will be 10 group meetings, each one for 1 and 1/2 hours. Two adults, Janet Wagar and Melanie Johannson, will be the group leaders. During the group time the leaders and the children will talk about feelings, such as anger, how people in families get along, how to solve problems, how to feel better about yourself, and how to make friends. There will be activities to do and share each week, and snacks will be provided.

The groups will be videotaped for the leaders to look at and from which the leaders can learn. No one outside of the group will be allowed to see the videotapes. When all the group meetings are finished your parents will be told about what seemed to be helpful and not helpful for you in the group. Another way to find out if the group was helpful to you will be the questionnaires that the group leaders will ask you and your parent(s) to fill out before you begin the group and when all the meetings are finished.

It is important that you attend the group each week for your own learning and for what you can share and do with other group members. The group leaders want all children to participate but will allow you to pass if you are uncomfortable in sharing at any time. It is also important that you and your parents know that you can withdraw from the program at any time.

The group leaders want to provide a place that is safe to talk and share experiences. Everything that is discussed in the group meetings is private. None of the information will be shared with anyone outside the group meetings. If, however, you have been physically or sexually hurt or live in a home that is not safe for you it is necessary that the group leaders report this to someone who can be helpful.

The information above has been carefully explained to me and I agree to participate in the group.

(name) (date)

(witness) (date)
APPENDIX 5
VIDEOTAPE CONSENT FORM

I authorize Janet Wagar and Melanie Johannson to record on videotape the group treatment in which my child will participate. The videotapes are the full responsibility of Ms. Wagar and Ms. Johannson and are to be used only to facilitate work with my child and for research purposes but not for public viewing. In addition, I understand that there is no financial compensation.

I acknowledge that the above terms have been clearly explained and that I understand and agree to the terms, as stated.

Further restrictions are listed below. (Please indicate if there are none.)

________________________________________

Signature of Parent/Legal Guardian:   Signature of Witness:  

________________________________________

Date:   Date:  

________________________________________
APPENDIX 6
Ask in Sequence 035a, 036a and (if never on both 035a, 036a) ask 037a. Then ask 035b, 036b and (if never on both 035b, 036b) ask 037b, etc.

035. No matter how well a couple get along, there are times when they disagree, get annoyed with the other person, or just have spats or fights because they're in a bad mood or tired or for some other reason. They also use many different ways of trying to settle their differences. I'm going to read some things that you and your (spouse/partner) might do when you have an argument. I would like you to tell me how many times (Once, twice, 3-5 times, 6-10 times, 11-20 times, or more than 20 times) in the past 12 months you (READ ITEM)

036. Thinking back over the last 12 months you've been together, was there ever an occasion when (your spouse/partner) (READ ITEM)? Tell me how often (he/she)...

037. (if either "never" or "don't know" on item for both 035 and 036, ask 037 for that item) Has it ever happened?

<table>
<thead>
<tr>
<th>Item</th>
<th>Respondent In Past Year</th>
<th>Spouse In Past Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Discussed an issue calmly......</td>
<td>1 2 3 4 5 6 0</td>
<td>1 2 3 4 5 6 0</td>
</tr>
<tr>
<td>B. Got information to back up your/his/her side of things.........</td>
<td>1 2 3 4 5 6 0</td>
<td>1 2 3 4 5 6 0</td>
</tr>
<tr>
<td>C. Brought in, or tried to bring in someone to help settle things......</td>
<td>1 2 3 4 5 6 0</td>
<td>1 2 3 4 5 6 0</td>
</tr>
<tr>
<td>D. Insulted or swore at him/her/you......</td>
<td>1 2 3 4 5 6 0</td>
<td>1 2 3 4 5 6 0</td>
</tr>
<tr>
<td>E. Sulked or refused to talk about an issue................</td>
<td>1 2 3 4 5 6 0</td>
<td>1 2 3 4 5 6 0</td>
</tr>
<tr>
<td>F. Stamped out of the room/house/yard.......</td>
<td>1 2 3 4 5 6 0</td>
<td>1 2 3 4 5 6 0</td>
</tr>
<tr>
<td>G. Cried................</td>
<td>1 2 3 4 5 6 0</td>
<td>1 2 3 4 5 6 0</td>
</tr>
<tr>
<td>035. Respondent</td>
<td>036. Spouse</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td><strong>In Past Year</strong></td>
<td><strong>In Past Year</strong></td>
<td></td>
</tr>
<tr>
<td>1 - Once</td>
<td>1 - Once</td>
<td></td>
</tr>
<tr>
<td>2 - Twice</td>
<td>2 - Twice</td>
<td></td>
</tr>
<tr>
<td>3 - 3-5 times</td>
<td>3 - 3-5 times</td>
<td></td>
</tr>
<tr>
<td>4 - 6-10 times</td>
<td>4 - 6-10 times</td>
<td></td>
</tr>
<tr>
<td>5 - 11-20 times</td>
<td>5 - 11-20 times</td>
<td></td>
</tr>
<tr>
<td>6 - More than 20</td>
<td>6 - More than 20</td>
<td></td>
</tr>
<tr>
<td>0 - Never (don’t read)</td>
<td>0 - Never (don’t read)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>037. For items marked “Never” on both 035 and 036: Has it ever Happened?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Yes</td>
</tr>
<tr>
<td>0 - No</td>
</tr>
</tbody>
</table>

| H. Did or said something to spite him/her/you... | 1 2 3 4 5 6 0 | 1 2 3 4 5 6 0 | 1 0 |
| I. Threatened to hit or throw something at him/her/you... | 1 2 3 4 5 6 0 | 1 2 3 4 5 6 0 | 1 0 |
| J. Threw/smashed/hit/kicked something... | 1 2 3 4 5 6 0 | 1 2 3 4 5 6 0 | 1 0 |
| K. Threw something at him/her/you... | 1 2 3 4 5 6 0 | 1 2 3 4 5 6 0 | 1 0 |
| L. Pushed/grabbed/shoved him/her/you... | 1 2 3 4 5 6 0 | 1 2 3 4 5 6 0 | 1 0 |
| M. Slapped him/her/you... | 1 2 3 4 5 6 0 | 1 2 3 4 5 6 0 | 1 0 |
| N. Kicked/bit or hit him/her/you with a fist... | 1 2 3 4 5 6 0 | 1 2 3 4 5 6 0 | 1 0 |
| O. Hit or tried to hit him/her/you with something... | 1 2 3 4 5 6 0 | 1 2 3 4 5 6 0 | 1 0 |
| P. Beat him/her/you up... | 1 2 3 4 5 6 0 | 1 2 3 4 5 6 0 | 1 0 |
| Q. Choked him/her/you... | 1 2 3 4 5 6 0 | 1 2 3 4 5 6 0 | 1 0 |
| R. Threatened him/her/you with a knife or gun... | 1 2 3 4 5 6 0 | 1 2 3 4 5 6 0 | 1 0 |
| S. Used a knife or fired a gun... | 1 2 3 4 5 6 0 | 1 2 3 4 5 6 0 | 1 0 |
APPENDIX 7
How Children are Affected by Witnessing Wife Abuse

A review of the literature found that children who have witnessed interparental violence are primarily affected in two areas. First, they tend to experience behavioral adjustment problems, low social competence, high anxiety, and poor self-concept. Second, they learn specific modes of communication and behavior in interpersonal relationships. According to Walker (1979):

"Children who live in a battering relationship experience the most insidious form of child abuse. Whether or not they are physically abused by either parent is less important than the psychological scars they bear from watching their fathers beat their mothers. They learn to become part of the dishonest conspiracy of silence. They learn to lie to prevent inappropriate behavior, and they learn to suspend fulfillment of their needs rather than risk another confrontation ... They do expend a lot of energy avoiding problems. They live in a world of make believe" (page 46).

Therefore, if not direct witnesses, children are at the very least cognizant of the violence and may experience the repercussions of this violence directly or indirectly (Emery, 1982; 1989).

It is suggested that children will exhibit difficulties in physical, emotional and social conduct, as well as deficiencies in academic skills and in motor and verbal abilities. More specifically, it would appear that for some children their primary mode of problem-solving is through the use of aggression. These behavior problems tend to permeate the child's home, school and social settings. However, not all children show behavior problems externally; some children withdraw into themselves and manifest internalized behavioral difficulties which are as important as externalized behavior in terms of formulating and evaluating intervention strategies (Davis and Carlson, 1987; Hughes, 1988). Some examples of internalized problems are depression, self mutilation (including suicide), phobias and somatic disorders, insomnia and heightened anxieties. Overt symptoms of heightened anxiety include nail biting and hair pulling, and the somatic symptoms take into account head and stomach aches. In addition are signs of eczema, hearing and speech impairments, and extreme fears (Pizzey, 1977; Hilberman and Munson, 1977-78).

Furthermore, studies such as those by Kalmuss (1984), Caroll (1977), and Gayford (1975) purport that children who grow up in families where they witness spousal abuse tend to participate in abusive relationships in adulthood. In addition, they concur with numerous other authors in suggesting that addressing the needs of these children may be the key to the prevention of intergenerational violence (Davis and Carlson, 1987; Hilberman and Munson, 1977; Pretorues, 1985; Brown, 1985; Forsstron-Cohen and Rosenbaum, 1985; Harmison, 1986; Fantuzzo and Lindquist, 1989; Hershorn and Rosenbaum, 1985; Jaffe et al, 1986; Wolfe et al, 1986).

According to Jaffe et al (1989), children who live with interparental violence have a high probability of learning that:

1) Conflict is resolved through violence;
2) The interaction of family members contains violence;
3) Societal consequences for intrafamilial violence, are minimal, if any;
4) Sexist stereotyping of roles is supported within the family unit;
5) Violence is sanctioned as a mode of stress management;

6) The abused are to acquiesce to, if not take responsibility for, the violent behavior.

The extent to which children learn these lessons is mediated by their propensity to identify with their parents and model the behavior in question. Therefore, prevention and intervention strategies that address present and future issues for these children are the current focus underlying the need to evaluate an existing intervention with this population.

**Purpose of the Program**

The purpose of the research is to evaluate the effectiveness of a group treatment program for children who have witnessed wife abuse. This program focuses on the children's attitudes about anger and aggression, their identification of feelings, their support systems, their safety and social skills, their feelings of responsibility and self-concept and the exploration of stereotypes and family dynamics. How each child responds to witnessing the violence is usually contingent upon the characteristics of the child, individual coping and adaptive strategies, their developmental stage and resources available.

Recognizing that this intervention may not result in behavioral change but rather attitude change, the authors of the program submit that this approach will be more effective with children "who display subtle, premorbid signs of adjustment problems, such as a predominant attitude of acceptance of interpersonal violence and/or coercion" (Jaffe et al, 1986). They suggest that, for children exhibiting more extreme adjustment problems, it would be appropriate that they seek a therapy of a longer term nature.

This particular program was designed to help children modify their responses and adopt new responses to past experiences; to develop new problem-solving skills for future encounters; to address interpersonal responsibilities and attitudes regarding behaviors; to examine present modes of conflict resolution and to foster self-esteem.

According to Wilson et al (1989), this treatment approach focuses on several particular issues each session. For example:
1) Provide peer support, since most children will tend to feel isolated with their problems;
2) provide a comfortable atmosphere for the expression of feelings;
3) provide an understanding of healthy and unhealthy modes of expressing and coping with anger;
4) provide the wherewithal for self-expression;
5) provide clarity of responsibility to and for behaviors in interpersonal relationships;
6) provide the children with various skills in developing and enhancing support systems;
7) provide for an understanding of individual self-concepts and to relate this to their environment;
8) provide self-confidence building exercises;
9) provide for an understanding of the various dynamics of wife abuse and violence in society; and
10) provide for an understanding of separation and loss.

**Referral and Group Procedure:**

Referrals are being requested from agencies in the City of Calgary till August 30, 1990. Agencies are being asked to refer children between the ages of 8-13 years, who
have witnessed (seen or heard) wife abuse in their home prior to the past 3 months. It is imperative that the children not be in crisis at the time of treatment as the program has a non-crisis orientation. In addition, the children should not be in treatment, thereby not confounding the effects of the group treatment. The groups will run, beginning in September, 1990 for 10 weeks, with 6-8 children per group. Children from the ages of 8-13 years will be divided into groups of 8-10 years and 11-13 years. The groups will be 1.5 hours long and held Saturdays at the Connaught community area office of the City of Calgary's Social Services Department.

One week prior to the commencement of the group, the children will be contacted by the group facilitators. Consent forms will be signed by both parents and children at this time. A follow-up session with both children and parents will be held one week after completion of the group to provide feedback.

For further information or if you have any questions please contact either of the group facilitators:

Janet Wagar 289-1895
Melanie Johannson 245-0940
APPENDIX 8
Definitions of Abuse
(Cdn. Assoc. of S.W. Admin. - Health Facilities, 1989)

Wife Abuse - physical, sexual, psychological and/or economic abuse of a woman by a common law partner or spouse in an intimate relationship.

Physical Abuse - pushing, shoving, slapping, punching, kicking, grabbing, shaking.

Emotional and Psychological Abuse - putdowns, constant criticism; threats to hurt or kill partner, children, pets; jealousy; denying the opportunity to keep friends; controlling with fear.

Sexual Abuse - forced, unwanted sex; demanding specific clothing; forced sex with objects, friends, animals; insisting partner act out pornographic fantasies; denial of partner’s sexuality.

Economic Abuse - allowing partner no money and no opportunity to improve earnings; forcing partner to account for and/or hand over every cent.

Shelters for Abused Women and their Children

Calgary Women’s Emergency 232-8717
Sheriff King Home 266-0707

Counselling
(Specializing in Family Violence)

Pastoral Institute
Anger Management 265-4980
General Hospital
Men Who Batter 268-9102
Wagar Johannson Consultants 289-1895
Support Center for Abused Women 266-4111
Child Focus Services Ltd. 283-5193
Teen Line 266-1608
Distress Center 266-1605

Readings

Ending the Violence (1986)
- Lee Bowker
Children in the Crossfire (1988)
- Marie Roy
Violent Voices (1989)
- K. Porterfield
You Can Be Free (1989)
- Ginny NiCarthy & Sue Davidson
**What**

A 10-week group counselling program, for children who have witnessed wife abuse, which focuses on attitudes and responses to anger, knowledge of safety skills and sense of responsibility for parents and for the violence (Jaffe et al, 1986).

The program will look at:

1) providing peer support for a shared problem
2) increasing expression of feelings
3) expressing and coping with anger
4) developing a sense of responsibility for behaviors
5) developing and enhancing support systems
6) building self confidence
7) understanding separation and loss
8) learning about self and relating self to the environment.
9) providing an understanding of the dynamics of wife abuse.

**Who**

Children ages 8 - 13 years who have witnessed their mother being abused by a male partner prior to the last 3 months.

**Why**

Children learn what they live and tend to participate in abusive relationships in adulthood when they grow up in families where they witness wife abuse. Children can experience both short term and long term effects.

**Examples of Externalized Behavior Adjustment Problems:**

- primary mode of problem-solving is aggression
- low social competence
- high anxiety
- poor self concept
- poor academic skills

**Examples of Internalized Behavior Adjustment Problems:**

- nail biting
- hair pulling
- eczema
- insomnia
- phobias
- somatic disorders
- hearing and speech impairments
- extreme fears
- depression
- self mutilation

**When**

March 24, 1990 for 10 weeks.
- Saturday, 1 1/2 hours per week.
- April 14 Easter - no session.

**Where**

Connaught Community Area Office
City Social Services
1403 - 11 Street S.W.
Calgary, Alberta
Phone 244-4267

**Group Leaders**

Janet Wagar, B.S.W.
Melanie Johannson, B.S.W.
TO ALL PARENTS

The enclosed is a summary assessment of your child’s participation in the group for child witnesses of wife abuse. As therapists, we felt it important that you receive some information regarding your child in group. Because we have assured the children that confidentiality will be maintained we cannot give you specifics on what your child said or did. However we do offer for you some observations of your child’s participation in the group. In addition we have noted some impressions and recommendations that we feel are important for your consideration.

For those parents requesting second stage groups for the children and educational support groups for themselves, we will be notifying them as soon as funding is available for such programs. Thank you again for your participation and valued support of this group. Please remember to make use of the services available in the City of Calgary for any information and support you may need. If future contact is needed with the facilitators they can be reached at the following offices: Melanie Johannson is a counsellor at the Sheriff King Home 266-0707 and Janet Wagar is the coordinator (as of July 9, 1990) of the Support Centre 266-4111.

Yours truly,

Janet Wagar B.S.W.          Melanie Johannson B.S.W.
CHILDREN'S GROUP - INDIVIDUAL ASSESSMENT

NAME: ________________________________

DATE OF REFERRAL: ________________________________

DATE OF GROUP: ________________________________

DATE OF RECOMMENDATIONS: ________________________________

OBSERVED FUNCTIONING IN GROUP:


IMPRESSIONS AND RECOMMENDATIONS:


GROUP FACILITATORS:

JANET WAGAR, B.S.W. - 289-1895

MELANIE JOHANNSON, B.S.W. - 245-0940
APPENDIX 10
GROUP PROGRAM FOR CHILD WITNESSES

WHERE: CONNAUGHT COMMUNITY AREA OFFICE
CITY SOCIAL SERVICES
1403 - 11 STREET S.W.
PHONE 244-4267

LEADERS: JANET WAGAR, B.S.W. PHONE: 289-1895
MELANIE JOHANNSON, B.S.W. PHONE: 245-0940

WHEN: APRIL 21 - JUNE 30, 1990
CANCELLED - MAY 19

SESSIONS:

#1 Reassurance that the children are not alone
   Establish group rules, discuss group goals and
   confidentiality
   Define family violence

#2 Labelling feelings and becoming more
   comfortable in expressing them both
   individually and in a group

#3 Dealing with anger - understanding what is
   healthy and unhealthy
   How to cope more effectively

#4 Safety skills - what to do and where to go
   and who to talk to to be safe
   Responsibility to and for with respect to
   parents, peers and themselves

#5 Social support - family and community resources
   available to help
   Film - "The Crown Prince"

#6 Social competence and self-concept
   How others see them and how they see
   themselves

#7 Help understand who is responsible for
   behaviors e.g. violent/abusive behaviors
   Strategies to use when parents fight

#8 Understanding violence/abuse - exploring what
   we watch, hear, see and do (e.g. books, t.v.)
   Understanding the cycle of violence

#9 Coping with termination, separation and loss

#10 How to achieve some feeling of control over
    themselves/ their environment and their
    relationships
PARENTS AND PARTICIPANTS: Please feel free to contact the leaders at any time with questions or concerns. In addition, it is very important that the children attend regularly for their own learning and for what they can contribute to the group itself. However, if at any time a child is unable to come to group please advise the leaders.

THOUGHT FOR THE WEEK:

Many people can know all our faults, but a true friend, a person who truly cares will show us a thousand ways that they approve of us. For who are we to be if not ourselves? We all need at least one person in our life (other than ourselves) who truly believes in who we are.

SELF-ESTEEM IS IMPORTANT:

Avoid:

1. Nagging – it can close communication. Use humor to keep the lines of communication open

2. Saying – "you are wrong", "you are ridiculous", "you are too young, too skinny, too fat, too slow, too anything". Children will feel free to express themselves if they do not feel they are always being judged.

3. Sermons (e.g. when I was a child, or you don't know how lucky you are). Children need to be allowed to express how they feel and be part of a discussion rather than a lecture.

4. Talking while stressed or angry. Allow everyone to cool down then look at the problem together.

REMEMBER YOU DO NOT HAVE ALL THE ANSWERS AND YOU DO NOT HAVE TO HAVE THEM BUT YOU DO HAVE TO HAVE OPEN LINES OF COMMUNICATION BETWEEN YOU AND YOUR CHILD TO BUILD AN ONGOING RELATIONSHIP.

Say things like:

"What do you think?"
"Thank you"
"You really are excellent at doing that"
"I’m so proud of how you can...""
"I like the way you do your hair, choose your clothes, clean your room, wash everyday, or do things without being told etc."

Focus things directly on the child. For example do not just say "I love you" – describe what it is you love about the child. OR say what it is you are proud of or happy about.
1992 December 01

Janet Wagar, M.S.W., R.S.W.
Coordinator
YWCA of Calgary
320-5 Avenue SE
Calgary, Alberta
T2G 0E5

Dear Janet:

Permission is hereby granted to use the Manual for a Group Program for Children Exposed to Wife Abuse, written and compiled by Susan Kaye Wilson, Sheila Cameron, Peter Jaffe, and David Wolfe, (September 1988) for the purposes of your thesis.

Yours very truly,

Peter G. Jaffe, Ph.D.
Executive Director
APPENDIX 11
MANUAL FOR A GROUP PROGRAM FOR
CHILDREN EXPOSED TO WIFE ABUSE

Written and compiled by

Susan Kaye Wilson
Sheila Cameron
Peter Jaffe
David Wolfe

September 1986

Funding for this project was provided by the Ministry of
Community and Social Services - Family Violence Unit
GROUP PROGRAM FOR CHILDREN EXPOSED TO WIFE ABUSE

The following program was originally designed for use when working with children who have witnessed physical violence between their parents. The use of this manual is intended for professionals working with these children. The manual was designed to address some of the concerns that this special population of children may have to cope with.

The program has been divided into ten sessions, each with their own objectives. Suggestions are provided for activities that may be helpful for the group leaders to obtain these objectives. Homework activities are also suggested to encourage the children to think about some of the issues discussed in their groups. Group leaders may wish to provide the children with a file folder to put homework assignments in.

The groups were originally designed to be run with children aged 8 - 10 and 11 - 13. Some of the activities suggested are more appropriate for one age group or the other. It has been left to the discretion of the group leaders to select the appropriate activities for their own groups.

The group program is not intended to be the only intervention for these children. Children’s needs and individual circumstances may vary but, in general, this population will require individual support and specialized staff and programs through shelters for battered women, children’s mental health centres, and boards of education.
This manual is only a starting point in developing programs that focus on the special needs of children who witness wife assault. We have leaned heavily on our clinical experience in speaking with battered women and their children as well as other authors (Garwood, 1985, Sinclair, 1985) who have worked extensively in this area. Many suggestions on structuring groups for children can be found in the literature related to programs for children struggling with parental separation and divorce.
MEETING 1

TOPIC: GENERAL INTRODUCTION

Objectives
1. Reassurance that the children are not alone - mutuality of experience.
2. Provide a non-threatening environment for the children.
3. Discussion of group goals, limits of the group's confidentiality.
4. Establish group rules.
5. Define family violence.

Method
1. Brainstorm for group rules.
2. Ask children for their expectations/wishes about the group - if the children are hesitant at replying, leaders can set up a question box for kids to put in questions of what they want from the group.
3. Paint a mural (neutral topic) to enhance group cohesion.
4. Self-disclosure and sharing - children divide into groups of 2, and fill out 1 page information sheet on each other (see attached) - report to rest of group
5. Reinforcement of groups rules:
Choices for discipline - children can be given choices as to what should happen if the previously agreed upon group rules are not followed.

Emphasize flex time: fun time and discussion time are kept separate.

6. Define and discuss different types of violence: violence in movies/T.V.; parents hitting each other; parents hitting children; children breaking objects; children hitting siblings, peers, parents; children hurting themselves.

7. Discuss establishing a "mood check" that can be briefly taken at the beginning of each session - this can be accomplished by asking the children their day was, how they are feeling, events of their week, etc.

- it is important to check for positive and negative feelings

Homework

1. Have each child take home the attached questionnaire entitled "All about me and my feelings" and return them next week.
GROUP 1

ALL ABOUT ME - Younger Group

1. My name is
2. I am _______ years old.
3. My favourite food is
4. My favourite dessert is
5. Two TV shows I like to watch are

6. My favourite rock star is
7. My favourite sport is
8. My favourite wrestler is
9. My favourite animal is
10. My favourite subject at school is
11. My least favourite subject at school is
1. My name is
2. I am
3. I live
4. I am in grade
5. I ______ school! The best thing about school for me is ________________ & __________ bugs me the most.
6. Outside of school, I like to
7. My favourite way to spend time is
8. One thing I really dislike is
9. On TV the 3 shows I most like to watch are
   because
10. In music I like
    My favourite star/video is
11. My favourite sport is
12. After I do all these, I like to pig out on my favourite food

RULES OF BRAINSTORMING

1. There should be no evaluation of ideas until after the brainstorming session.

2. Quantity is more important than quality. List as many ideas as possible in a given length of time.

3. Expand on the ideas of others. If someone else's idea prompts another in your mind, share it.

4. Zany ideas are welcome. They encourage creativity.

5. Record all ideas.
ALL ABOUT ME AND MY FEELINGS

by

1) I feel silly when

2) I feel sad when

3) I get scared when

4) I am great because

5) I am happy when

6) I get mad when

7) I am a good friend when

8) I am glad to be me because
All About Me and My Feelings

The Author

Author

Publisher

Copyright
I see silly when
I feel sad when
I get scared when
I am great because
I am happy when
I get mad when
I am a good friend when
I'm glad to be me because
MEETING 2

TOPIC: LABELLING FEELINGS

Objectives
1. Give the children tools they can use to express themselves.
2. Help the children become more comfortable with the group process, especially with expressing their feelings/opinions in the group.

Method
1. Brainstorm on the different types of feelings that one can have, and definition for "feelings".
2. Discuss/make a list of different times when you feel happy/sad/mad/afraid (can also include other types of "Feelings").
3. Make a collage on feelings where the children cut pictures out of magazines and put them into the four major feeling areas.
4. Give the children a styrofoam cup and ask them to use the cup to demonstrate the different feelings (e.g. ripping up cup, stomping on cup, turn cup inside out, etc.)
5. Have children break into pairs, ask their partners the following questions "what animal are you most like"
   "what animal is your mom most like"
   "what animal is your dad most like"
- children report answers back to the group.
6. One child lies on a large piece of paper, while other children
draw their outline.
- child writes in their own space how they view themselves (i.e.
happy, big nose, loud..)
- this exercise can be completed in one session, or a few
children in each session
7. Have the children rate on a 10 point scale, how angry (happy)
they felt in different situations.
8. Have the children take turns selecting one of the attached
"feeling" cards, read the card to the group and describe how they
would feel in a similar situation.
9. Play game entitled "Thinking, Feeling, Doing Game" - a
psychotherapeutic game for children (see reference list)

Homework
1. Have the children record their observation of a "conflict"
that they have seen on television or in real-life. Get the
children to (a) describe the events leading to the conflict; (b)
the type of conflict (i.e. verbal, physical); (c) how the
conflict was resolved; (d) how the child would have resolved the
conflict.
SITUATION CARD 1A

It is your birthday and everyone remembers, the class sings happy birthday and they make cards for you. How do you feel? How do you show this feeling?

SITUATION CARD 1A

You are the new girl in the class. At recess you wish to join a skipping game. How could you ask?

SITUATION CARD 1A

You had a lot of problems at school today. Everything seemed to go wrong. When you get home you ask your mom for a hug. How would a hug help? What could have gone wrong at school? What do you do when someone asks you for a hug?

SITUATION CARD 1B

You are playing ball and your partner keeps winning. How do you feel? What could you do better?
SITUATION CARD 1B
Mary and Rob are playing Trivial Pursuit. Mary wins the game. Rob gets up and hits Mary and says, "That's not fair. You always win!" Was Rob angry? What did Rob do to Mary? How do you think Mary felt? What do you think Mary should do?

SITUATION CARD 1B
You and your good friend are playing cards and your friend always wins. This makes you very angry. What could you do to get over your anger and keep your friend? Would it help to play a different game? Would it help to talk? Would it help to take a break?

SITUATION CARD 1B
Your two best friends leave you out of a game or go to their house to play alone together. How do you feel?

SITUATION CARD 1B
The class is putting on a play. You wish a part but do not get one. How do you feel?
SITUATION CARD 2

You try to talk to a new child in the playground at recess. She ignores you but continues to look at you. How would you react? What could her problem be? (deaf)

SITUATION CARD 2

A new child arrives at school. She is in a wheelchair. How could you help the child feel comfortable in your class?

SITUATION CARD 4B

You are watching the Grape Festival Parade with your brothers and sisters. You want the clown to come over and give you some candy. You begin waving to get his attention. Your little brother begins to cry. How do you feel? How does he feel?

SITUATION CARD 4B

When you come home from school, your babysitter asks you to clean up your room. When you stop to get a drink she starts yelling at you, calling you names, screaming, "You rotten, dumb kids, you never listen to me." How would you feel?
SITUATION CARD 5A

Your aunt, who does not get a chance to visit more than once a year, arrives at your house. She gives you a big hug and tells you how much she has missed you. How do you feel?

SITUATION CARD 5A

You fall outside at recess and skin your knees. The teacher on duty comes over and puts his arm around you. He offers to take you into the office and get you a bandaid. How do you feel?

SITUATION CARD 5A

You are building a castle at the block centre. Your friend begins tickling you and you fall over and knock down the castle. What would you do?

SITUATION CARD 5A

Your brother is going Away to camp for the summer. You have arguments at times but usually spend a lot of time together. You will miss him and you want to say goodbye to him in a special way. How could you do this?
SITUATION CARD 5A

Your younger sister tells you that she had a bad dream and is very frightened. What can you say to comfort her?

SITUATION CARD 5B

Your brother challenges you to an arm wrestling contest. He is much bigger than you. You don’t want to do it. What should you do?

SITUATION CARD 5A

Your best friend is moving to another city. You will miss her very much. How will you say goodbye to each other?

SITUATION CARD 5B

You and your friend are playing ball in the schoolyard. Another child grabs your ball. Your friend punches her. What kind of touch is this? How could you solve the problem without hurting someone?
SITUATION CARD 5B

You and your friends are playing tag. A big boy comes over and insists on playing too. He begins pushing your friends around because they don’t want to play with him. How do you feel?

SITUATION CARD SC

Your mommy takes you to the doctor because your tummy hurts. The doctor asks you to take off your shirt and sit on the table. How does that make you feel?

SITUATION CARD 5C

You have developed a bad rash while at camp. The camp’s nurse asks you to take off your T-shirt and jeans so she can examine you. How do you feel?

SITUATION CARD 7A

You are at home with a babysitter. She offers to buy you a chocolate bar if you will wash her when she has a bath. How do you feel? What would you do? How does this make you feel?
MEETING 3

TOPIC: DEALING WITH ANGER

Objectives

1. Help the children to understand healthy, unhealthy ways of dealing with anger.
2. Give the children some ideas of how they can cope more effectively with anger.

Method

1. Review events/people that have made them angry.
2. Brainstorm on healthy and unhealthy ways to deal with anger.
3. Use puppets for kids to demonstrate ways to cope with anger.
4. Give the children scenarios should include situations of conflict with peers, siblings, parents, and other adult figures (e.g. teachers). These scenarios can be used as an opportunity for the children to express their feelings about being involved in similar situations, to get the children to "problem-solve" solutions, and/or to give the children an opportunity to role-play alternative methods of handling conflict.
5. Have the children choose an animal that they are most like when they are angry, describe why they chose the animal they did.
6. Do relaxation exercises with the children (see attached). Help the children indicate they are relaxed/tense.
Homework

1. Give the children the set on "Safety Skills" to be completed for next session.
MEETING 3

Imagery-Based Relaxation
(From Koeppen, 1974)

General Considerations:

1. Tensing section should last 7-10 seconds.
2. Relaxation section should last 20-30 seconds.
3. Observe the child and make sure he is doing relaxation correctly.
4. Follow the instructions loosely; do them in a relaxed manner; use much inflection in your voice.

Forearm

Keep your elbow on your leg (or side of chair) with your palm up (make sure the child is doing this). That's right. Good. Now, pretend you have a whole lemon in your left hand. Now squeeze it hard. Try to squeeze all the juice out. Feel the tightness. Now, relax; drop the lemon. Notice how your muscles feel when you are relaxed. Breathe smoothly and note how the muscles feel. They feel so relaxed—as if the fingers could fall out. Now, take another lemon with your left hand and squeeze it. Squeeze it hard. That's right—real hard! Now, drop the lemon and relax. See how much better your hand and arm feel when they are relaxed...Sit quietly in the chair becoming relaxed. (repeat for the right hand).

Shoulders and Neck

Now pretend you are a turtle. You're sitting out on a rock by a nice peaceful pond, just relaxing in the warm sun. It feels nice and warm and safe here. Oh-oh! You sense danger. Pull your head into your house. Pull your shoulders up to your ears and push your head
down into your shoulders. Hold in tight. Tense the muscles. Relax.
The danger is past. You can come out in the warm sunshine and once
again you can relax and feel the warm sunshine. Watch out now! More
danger. Hurry, pull your head back into your house and hold it tight.
You have to be closed in tight to protect yourself. OK, you can relax
now. Bring your head out and let your shoulder relax. Notice how
much better it feels to be relaxed than to be all tight. Breathe
smoothly and deeply.

**Jaws**

You have a giant jawbreaker bubble gum in your mouth. It’s very
hard to chew. Bite down on it. Hard! Let your neck muscles help you.
Now relax. Just let your jaw hang loose. Notice how good it feels
just to let your jaw droop. Sit quietly and breathe smoothly. OK<
let’s tackle that jawbreaker again now. Bite down. Hard! Try to
squeeze it out between your teeth. That’s good. Now relax again. Just
let your jaw drop off your face. It feels so good just to let go and
not have to fight that bubble gum. Sit quietly and breathe smoothly.

**Nose**

Here comes a pesky old fly. He has landed on your nose. Try to
get him off without using your hands. That’s right, wrinkle up your
nose. Make as many wrinkles as you can. Scrunch up your nose real
hard. Good. Relax. You’ve chased him away. Now you can relax your
nose. Your face feels like you have just washed it, fresh and
relaxed. Ooops, here he comes back again. Shoo him off. Wrinkle it
real hard. Hold it as tight as you can. OK, relax. He flew away.
You can relax your face. Breathe smoothly and relax. Note how fresh
and clean your face feels.

**Forehead**

Oh-oh! This time that old fly has come back, but this time he’s on your forehead. Make lots of wrinkles. Try to catch him between all those wrinkles. Hold it tight. OK, relax. You can let go. He’s gone for good now. You can just relax and let your face go smooth now, no wrinkles anywhere. Oh, no! He’s back. Wrinkle up your forehead. Real tight! Relax, let all the muscles go, becoming smooth and relaxed. Sit quietly and breathe smoothly. Note how all of the face feels relaxed.

**Stomach**

Hey! Here comes a cute baby elephant. But he’s not watching where he’s going. He doesn’t see you lying there in the grass and he’s about to step on your stomach. Don’t move. You don’t have time to get out of the way. Just get ready for him. Make your stomach very hard. Tighten up your stomach muscles real hard. Hold it. Relax, it’s safe now. Let your stomach go soft. Let it be as relaxed as you can. That feels so much better. It feels so relaxed. Oh-oh, he’s coming this way again. Get ready. Tighten up your stomach real hard. Make your stomach into a rock. OK, he’s moving away again. You can relax now. Kind of settle down, get comfortable and relax. Notice the difference between the tight stomach and a relaxed one. That’s how we want you to feel—nice and loose and relaxed.

**Legs and Feet**

Now pretend that you are sitting barefoot in your chair and you see a dime in front of you hanging on a string in the air. Get the
dime with your toes. You'll need your legs to help you reach the dime. Now spread your toes apart and get that time. That's good.

Relax, let your feet relax. It feels so good when you are relaxed.

Feel your muscles—they are so relaxed. OK, try to get the dime once more. This time you will probably get it. Then it will be yours.

Spread your toes hard. Relax, you have the dime. Now relax. Let your feet fall to the floor. Feel your muscles relax. It feels so good to relax.
Standard (non-imagery) Relaxation Instructions
(From Jacobsen, 1938)

The procedure for this relaxation procedure should be exactly like the imagery procedure except that the imagery suggestions should be eliminated. Each muscle should be tensed for 7-10 seconds and the time in between tensing should be about 25-30 seconds. Make sure the child is doing the tensing correctly. Also, make sure that the child is sitting fairly still in the chair. If the child is moving too much explain that he can become relaxed only by sitting fairly still. The phrases listed below to be used in the relaxation part should be only suggestive and not adhered to exactly. Vary what phrases you use. Read the relaxation phrases very slowly, in a soft, relaxing tone of voice. Try to use much inflection in your voice, contrasting the tensing and relaxation segments. Have the child keep his eyes closed as much as possible (during the relaxation).

Forearm

Put your left (right) forearm on your leg or on the arm of the chair--whatever feels comfortable. In a second, I want you to ball your fist and hold it real tight until I say to stop (show the child what to do).

Now, close your eyes, and ball your fist and hold it real tight (make sure the child is doing it correctly). Hold it--feel the tension. Relax, let the muscles go (make sure the child is relaxing). Keep your eyes closed; sit quietly in the chair becoming relaxed. Just breathe smoothly and deeply becoming relaxed...Focus on how the muscles feel as they become relaxed. (Repeat the above for left hand
and do it twice for the opposite hand. Alter the relaxation phrases using such phrases as: Notice the tingling feelings in the muscles. Note how the muscles become warm and heavy.)

**Neck**

Now, switch your attention to the muscles of your neck. When I tell you to, I want you to push up your shoulders and push your chin down against your chest (show the child, if necessary.) OK, now close your eyes and tense the muscles (see if the child is doing it right.) Hold it, feel the tension. Do it real hard...Relax, let the muscles go, becoming relaxed. Note how the muscles feel as they become relaxed. Breathe smoothly and deeply, sitting quietly in the chair. (Repeat instructions)

**Nose**

Now, I want you to tense and relax the nose muscles. You have to make a funny face for this one. You have to wriggle up your nose real tight like this (show the child.) Now, close your eyes and tense the muscles of the nose. hold it real tight. Feel how tight it is. Relax. Let the muscles go, becoming relaxed. Breathe smoothly and deeply, sitting quietly in the chair. Focus on how the muscles feel as they relax. (Repeat above.)

**Forehead**

Like with the nose muscles, I want you to wrinkle up your forehead. Watch me. OK, now close your eyes, and tense the forehead muscles. Hold it real tight. Feel the tension. Relax, letting the muscles go,
becoming relaxed. Focus all your attention on the warm, heavy feeling in the muscles as they become relaxed. Sit quietly in your chair becoming relaxed. (Repeat above.)

**Stomach**

Now, I want you to focus on your stomach muscles. This will involve pushing in your stomach real tight, almost like you are pushing your bellybutton against your back. OK, tense the muscles, pushing real tight. Hold it real tight. Feel the tension. Relax. Let the muscles go, becoming relaxed. Sit quietly in your chair and focus all your attention on how the muscles are becoming relaxed. Note how the muscles are becoming warm and heavy, more and more relaxed. (Repeat above.)

**Legs**

Now, we are going to do the leg muscles. Stretch out your leg muscles and push your toes down real hard. Now, tense the muscles. Hold them real tight. Hold it, feel the tension. Relax. Sit quietly in your chair, letting the muscles become more and more relaxed. Allow the muscles to become heavier and warmer, more and more relaxed. Focus all your attention on how the muscles feel as they relax. (Repeat.)

**Jaws**

Now, I want you to focus your attention on your mouth and jaws. Grit your teeth real hard, bite down. Now, hold it tight. Real hard. Relax. Feel the difference between tensing and relaxing. Breathe smoothly and deeply, relaxing in your chair.
HOMEWORK - MEETING 3

MY SAFETY SHEET

These are people I might go to if I needed help. These people might protect me, listen to me, comfort me, cry with me, laugh with me, or just be with me to make me feel better.

AT MY SCHOOL, I COULD GO TO: IN THE COMMUNITY, I COULD GO TO:

PHONE #: PHONE #:

OF MY FRIENDS, I'D GO TO: IN MY FAMILY, I'D GO TO:

PHONE #: PHONE #:
MEETING 3 SCENARIOS

1. Boys and girls are riding home from school on a bus. A bully named Wayne grabs Paul's mittens and starts tossing them around the bus. After asking for them back and grabbing as they flew past his head, Paul managed to get only one mitten back. The bus arrives at Paul's stop and he must get off with only one mitten. However, this is also the bully Wayne's stop. After the 2 boys get off the bus, Paul goes over and punches Wayne in the eye.

2. Jane and Randy are both in grade 8 but go to different schools. They have been going out for 2 months. One day Jane walks by Randy's school and sees him holding hands with another girl, Rhonda. Jane is angry and hurt. The next day Jane sees Rhonda across the street. With the encouragement of her friends, Jane crosses the street and slaps Rhonda across the face.

3. It's Wednesday evening. Chris has a rough day at school - he did badly on a test and forgot to do homework. Chris wants to have a chance to forget about school. Mom asks about the test. Chris doesn't want to talk. Chris wants to watch a special program on TV. Mom says Chris' room is a wreck and its about time it was cleaned up. Chris just wants to get out and goes towards the door. Mom says she's had enough of this kind of behavior and stands in front of the door. Chris says "get off my back" and pushes roughly by Mom.
4. Jamie has just come in from swimming. Mom and Dad are in the kitchen arguing. Dad wants to know how come supper isn’t ready. Mom says she’s not a servant and Dad could be helping. Dad picks up some food and starts eating. Mom says he could wait so they can eat together as a family. Dad gets really angry and pitches the food at Mom. Mom starts yelling at Dad. He tells her to shut up. Jamie wants them to stop fighting.
Describe a personal situation:
MEETING 4

TOPIC: SAFETY SKILLS, CHILD ABUSE, SEXUAL ABUSE

Objectives:
2. Help children identify what they are/are not responsible for with respect to
   (a) mom and dad fighting (b) with peers (c) sexual abuse (d) taking care of
   themselves
3. Education/discussion of what kids can do/where they can go/who they can talk
   to to be safe.

Method
1. Define the different kinds of abuse.
2. Show a film on child abuse/sexual abuse
3. Role-play how to handle different violent situation (peers, parents)
4. Brainstorm on safety skills (these will be dealt with more fully at a later
   session)
5. Talk about sexual abuse, and the types of feelings that victims might have.
7. Have police officer speak at the group.
8. Arrange for a tour of the local police station, Family and Children's Services
   to provide potential resources for the children.
9. Using the attached "situation cards" have the children take turns in selecting a card, reading it to the group, and describing what they would do in a similar situation.

Homework

1. Have the children draw or describe what characteristics they would want in a person they trust.
SITUATION CARD 7A
You are on your way home from the store. A man stops in a car and asks you if you want a ride home. He also offers you candy. What would you do?

SITUATION CARD 7A
You are walking home from school. A teenager stops you. She is crying and asks you to come and help her find her lost puppy. What should you do?

SITUATION CARD 7C
You are curled up in bed. Your mommy’s friend comes up to tuck you in. He wants to crawl into bed with you and pull down your pyjamas. He says mommy says it’s OK for him to do this. How do you feel? What would you do?

SITUATION CARD 7C
A friend of your mother’s comes to visit your house. She is friendly - almost too friendly. You don’t like it when she pokes you in the ribs and tweaks your nose. What should you do?
SITUATION CARD 8

It is Friday night and Sally is being tucked into bed by her mother's friend, Frank. Tonight he puts his hand under the covers and touches her in a private place. Frank says that this was to be their "secret" and warns her not to tell or she'll get into trouble. What would you do if you were Sally?

SITUATION CARD 8

Your parents have told your babysitter that she cannot have friends over to your house while she is babysitting. One night after you go to bed, you hear the doorbell, so you get up to answer it. Your babysitter's boyfriend comes in and starts kissing and touching her. Your babysitter offers to give you some money if you keep the secret. You go back to bed and try to decide what to do.

SITUATION CARD 8

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

SITUATION CARD 8

One night a boy named Ken was home alone with a babysitter. During the evening, Bill, the babysitter, asked Ken to touch his private parts. Bill promised to let Ken stay up late if he would keep this a secret. So far Ken has not told anyone about this. What would you have done in Ken's place?
SITUATION CARD 9A
A person you have never met before comes to visit your family. This person pulls you down beside him and forces you to sit with him. How might you respond?

SITUATION CARD 9B
You are selling chocolate bars. A lady asks you to come in for a cookie. What should you do?

SITUATION CARD 9A
Your uncle, who does not get a chance to visit very often is coming to your house. When he arrives your father is very happy to see him. They hug and say hello. What kind of touch is this?

SITUATION CARD 9B
Your neighbor asks you to come in for a glass of lemonade. Should you check with your mother first? Why?
SITUATION CARD 10

You are alone in the house. A man comes to the door and asks if he can come inside to check the telephone. What would you do?

SITUATION CARD 10

A lady who lives in the townhouse next door and who knows your parents, invites you into her home. She tells you that she would like to take your picture. What would you do?

SITUATION CARD 10

John is at the movies with a friend. He is watching the film. When the man next to him put his hand on John's thigh, John froze, then said, "

SITUATION CARD 10

A teenager stops you on the street and asks you to help her look for a lost kitten. What would you do? What would you do if she starts to follow you home in her car?
SITUATION CARD 10
You are in a shopping mall with your family. You have to go to the bathroom. Should you go alone?

SITUATION CARD 10
An adult dressed in a suit approaches you on the playground. He tells you that he is a substitute teacher and asks you to come to the back of the field to help him find a lost ball. What would you do? Do people who abuse children look unusual?

SITUATION CARD 10
You are walking in the park. You pass a man leaning against a tree. As you walk by, you notice that the man is exposing himself. What would you do?

SITUATION CARD 10
You are home with a babysitter and someone you don't know phones and asks for your mother. What would you do?
SITUATION CARD 10

You are home with a babysitter. A woman comes to the door, says that her car has broken down, and asks to use the phone. What would you do?

SITUATION CARD 10

You are playing in the school yard after school. An older woman comes over to you and says, "I'm a friend of your mother's. She is sick. She asked me to pick you up after school." What would you do?

SITUATION CARD 10

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

SITUATION CARD 10

Uncle Arnold likes to give Sandra little presents and take her to the zoo. They have lots of fun together. Lately though, he has been coaxing Sandra to sit on his lap. Then he puts his hand under her skirt. She feel funny about it and tries to move away, but he keeps holding her tightly. What is Uncle Arnold doing that is wrong? What should Sandra do about Uncle Arnold's next present or invitation?
SITUATION CARD 11

Tommy is a five year old boy whose grandfather often touches him in rough and uncomfortable ways. One day Tommy's grandfather was babysitting him and he made Tommy take off his clothes even though it was not time for bed or to take a bath. Then Tommy's grandfather touched Tommy's private parts. Tommy told his mother about it but she would not listen. She told him to stop "imagining" things. What should Tommy do now?

SITUATION CARD 11

A friend of yours is very unhappy. When you ask her why, she tells you that it is a "secret". She says no one would understand and that she couldn't talk about it anyway. You are pretty sure that the problem is a serious one and you make up your mind to try to help her. 1) Why won't she talk about it? 2) What can you say to her? 3) Who should she tell?

SITUATION CARD 11

Susan has a neighbor who touches her sometimes when she does not want to be touched. One day during the summer, the lady came over while Susan was swimming. When Susan got out of the pool her neighbor wrapped a towel around her and touched her private parts. Susan felt very uncomfortable. Because this was not the first time this had happened, she decided to do something about it. What do you think she did?

SITUATION CARD 11

Your best friend tells you a "secret" about his father who has been hurting him. He shows you some bruises but asks you not to tell any other kids. What do you do?
MEETING 5

TOPIC: SOCIAL SUPPORT

Objectives:

1. Bring family violence out of the closet.
2. Focus on the children's support systems.
3. Provide information on community resources that are available to help.

Method:

1. Discuss what supports the children have used for general problems, which ones were the most helpful.
2. Discuss fears that the children may have about telling someone about their problems.
3. Discuss why some families keep family violence a secret.
4. Provide community resources that are available to help is needed.
5. Have the children describe a support system which can be used for suicidal feelings.
6. Draw a picture of themselves in a place they would most like to be.

Homework:

1. Have the children complete the attached pages entitled "Mirror, Mirror on the Wall..."
Before you read this page, have a good, long look at yourself in the nearest mirror. (I’ll bet you never realized just how good-looking you really are!) Here is a little ‘checklist’ for you.

Hair Color:                                   Height:
Eye color:                                    Weight:
Who do people say you look like:

What do you think?

There’s a lot more to you than what you see looking back at you in the mirror.
Your personality -- all the qualities that make up you -- is most important. This includes things like:

What do your friends like best about you?
What do you like best about you? (Don’t be afraid to brag a little!)

Are there things about yourself you’d like to change?

Sometimes it seems easier to find faults when we look at ourselves. We feel a little embarrassed about telling other people about the good qualities we have. Learning to appreciate the special things about yourself, your family and your friends is an important part of growing up.

A compliment is one of the nicest gifts you can give or receive. Here is one example:

The ball game is in the final inning and you’ve just been called up to bat. There are two out, your team-mate is on second, and the score is tied... the game depends on you. The pitch comes in and you swing with all you’ve got. You can’t believe your eyes as the ball sails over the fence and out of the ballpark. You round the bases and score a home run. Your team mates mob you and the coach says you are the best hitter he has seen in years -- that compliment makes you feel good all over!
MEETING 6

TOPIC: SOCIAL COMPETENCE AND SELF-CONCEPT

Objectives:

1. Emphasize positive aspects of self.
2. Give a boost to the children's confidence.
3. Help the children to explore how other people see them and how they see themselves, especially with respect to their mothers and fathers.

Method:

1. Discuss when the children feel good/bad about themselves, what has happened?
2. Working in pairs, have one child tell the second child "What I like about you is...". When the group gets back together, each child tells the group what their partner liked about them.
3. Life Puzzles:
   - each child is given 4 pieces of the same color construction paper (each child has a different color)
   - cut each piece of paper into 4 pieces - the shape of jigsaw puzzle pieces
   - child puts 1 piece at each of 4 stations around the room labelled: family, school, peers, group
   - children go to each station and discuss how they and others see them in relation to the topic of the station they are at (i.e., how does child see him/herself in relation to their family
- write down on their own puzzle piece their perceptions of self, and others’ perceptions of self in that relationship
- after they have collected their entire puzzle, talk about the children’s overall impression of their self-concept

4. If children’s parents had to describe 1 or 2 qualities that they possessed, what would they be...

5. Discuss with the children the extent to which they are the same and different from their parents.

Homework:

1. Give the children the attached scenario. Ask them to imagine that they are responding to a child their same age and sex and have the children write a one page letter responding to this scenario.
Pat is a child the same age that you are. Pat was sleeping one night when great noises were heard coming from the living room. Pat went downstairs and found that Mom and Dad were having an argument. Mom was yelling to Dad because he had come home very late without letting her know where he was. Dad was yelling at Mom because the house was untidy and his dinner wasn't ready. As Pat watched from the staircase, Dad started hitting Mom across the face. Pat was very frightened but wanted to protect Mom. Pat ran down the stairs, ran into the living room and tried to stop Dad from hitting Mom. Dad was very angry that Pat was interfering. Dad pushed Pat away so hard that Pat fell down on the floor. Dad and Mom yelled at Pat to "get lost".
MEETING 7

TOPIC: RESPONSIBILITY FOR VIOLENCE/PARENTS

Objectives:

1. Help the children understand who is responsible for the violence in the family, for their parents behavior (including their use of alcohol)
2. Provide the children with strategies that they can use when their parents are fighting.

Method:

1. Discussion on who is responsible for the violence in the family, their parents behavior, their parents use of alcohol.
2. Have the children, individually or in the group, write stories relating to responsibility issues. Have these stories read/acted out and videotaped (if possible).
3. Artwork - draw representation of the perfect Mom and Dad -- find similarities in own parents, and build on the positive characteristics.

Homework:

1. Have the children complete the worksheet containing true/false responses to myths surrounding family violence.
Following are some statements about family violence. Check off whether you think the statements are TRUE or FALSE. We will be talking about these statements at our next meeting.

1. Men who hit their wives are "crazy".
   True _____ False _____

2. Alcohol causes a man to beat his wife.
   True _____ False _____

3. Only poor women get beaten.
   True _____ False _____

4. Women do things that make the men angry, therefore they deserve what they get.
   True _____ False _____

5. Women like to be beaten.
   True _____ False _____

6. If women really didn't like to be hit, they would tell the men to stop, or they would leave the men.
   True _____ False _____

7. Men who beat their wives are a danger to the community.
   True _____ False _____

(Items taken from Sinclair (1985). Understanding Wife Assault.)
MEETING 8
UNDERSTANDING FAMILY VIOLENCE

Objectives:
1. Debunk myths about wife abuse and sexual abuse.
2. Help the children understand the cycle of violence.
3. Explore issues relating to violence on TV, videos, movies.

Method:
1. Have the children identify how their mothers and fathers handle their anger and then how they handle their own anger. Discuss intergenerational transmission of violence.
2. Discuss the children’s responses to their homework on the myths of family violence (an excerpt from Understanding Wife Assault by Deborah Sinclair is included to assist the leaders in this discussion).
3. Discuss the myths surrounding child sexual abuse (i.e., it’s the kid’s fault, wearing certain clothes means that you want to be abused, you only get abused by strangers, etc.)
4. Show the children excerpts from movies (on VCR) that depict different forms of family violence. Have the children discuss alternate ways of handling the situation.
5. Discuss the "cycle of violence" (see attached sheets for aids).
Homework:

1. Have the children complete the questionnaire entitled "Growing Up" and "Your Very First Day" with their mother/father.
MEETING 8
FAMILY VIOLENCE MYTHS

MYTH: Men who assault their wives are mentally ill.
REALITY: Wife assault is too widespread to be explained away by mental illness. Most men who assault their wives confine their violence to the privacy of their own home. The abuse is often directed to particular parts of the body that will not visibly bruise; obvious restraint and forethought is necessary to accomplish this. Violent husbands are not likely to attack their bosses when frustrated. If the man was truly mentally ill, he would lack the ability to be selective in his targets and controlled in his administration of abuse.

MYTH: Alcohol causes a man to beat his wife.
REALITY: While alcohol is often abused by the violent partner, it is not the cause of the violence. Rather, it facilitates the use of physical force by allowing the offender to abdicate responsibility for his behavior. Some men become intoxicated in order to act out their violent wishes.

MYTH: Only poor women get beaten.
REALITY: Victims of wife assault come from all walks of life -- rich/poor, black/white, rural/urban, educated/uneducated, full-time housewives/career women. There are no exceptions. However, violence in the upper classes is more likely to be hidden from public scrutiny because these women may have more to lose by exposing their situation.

MYTH: Women provoke violence.
REALITY: No woman ever deserves to be beaten, regardless of the kind of person she is. Provocation is an excuse the offender uses to avoid responsibility for his own behavior. Many people support his view by also examining the victim's behavior or personality for clues as to the cause of the assault. Excuse-making perpetuates the use of violence as an acceptable method of problem-solving and leads the offender to believe he is justified in using force to get his own way.

MYTH: Women enjoy the abuse and find it sexually stimulating.
REALITY: Women do not find pleasure in abuse, nor is it a sexual turn-on. In fact, women are terrified, horrified and disgusted when their partners turn on them. The "masochist" (someone who derives pleasure from pain or seeks it out) is often used in an irresponsible manner by uninformed people to explain the assaulted women's dilemma. Although women often return to an abusive partner, it is not the violence they are returning to but the hope that it has stopped.
Applying this label to assaulted women is demeaning and disrespectful and is one more way to blame the victim.

**MYTH:** If women were really bothered by the assault, they would speak up.

**REALITY:** Assault victims remain silent for valid reasons. They believe they and their loved ones will be at even greater risk if they disclose the abuse. They may believe the abuse is their fault so feel great shame and embarrassment. Female role conditioning, with its emphasis on passivity and compliance, perpetuates a victim position in life. Ironically, those women courageous enough to challenge the silence are often not listened to or believed anyway.

**MYTH:** Men who beat their wives are a danger to the community.

**REALITY:** Wife-beaters seldom attack anyone outside the family. They know they would not likely get away with it. They reserve their rage for their wives, realizing that the consequences will be minor. Perhaps if these men were a greater danger to the community at large, major deterrents would already be in place.

**MYTH:** Assaulted women could leave their abusive partners if they wanted to.

**REALITY:** Women remain in abusive relationships for many reasons. Some are committed to their marriages and desperately want them to be successful. They hope he will change. For others, leaving is not an option because they have no place to go nor money to live on. Poverty is a very real possibility for assaulted women, especially those with children. Fear of being further harmed keeps them imprisoned in a violent relationship. Women often describe their husband's threats to kill them if they leave.

**MYTH:** Pregnant women are protected from violent attacks.

**REALITY:** In fact, women who are pregnant are more vulnerable to violence. Many women describe the abuse starting when they were first pregnant or the violence became more severe during a pregnancy. Pregnant women have even less access to resources and thus are more dependent on their partners that at non-pregnant times. Husbands take advantage of this dependent phase knowing that their wives will be less able to counter their attacks.
The Cycle of Violence

Honeymoon

Sincerity

Respite

Loneliness

Helplessness

Lack of communication

Low self-esteem

Guilt

Tension

Jealousy

Unrealistic expectations

Stress

Rationalize

Guilt

Denial

Abuse

Crime

Battering

ABUSIVE INCIDENT

Misbelief

Loneliness

Helplessness

Lack of communication

Low self-esteem

Guilt

Tension

Jealousy

Unrealistic expectations

Violence

Anger

Lethality

Hostility

Assault

Abuse
Phase One

"STRESS"
Phase Two

"THE ABUSIVE INCIDENT"
Phase Three

"HONEYMOON"

Phase One

Phase Two

THE ABUSIVE INCIDENT
Growing Up....

You've changed and grown in many ways since that special day. Here are some milestones your mom (and dad) will remember (ask them).

The day you took your first step. (ask your mom what her reaction was).

Your first word(s) -- what were they?

For boys -- your first trip to the barber for a haircut.

Your first Christmas (were there any decorations left on the tree?)

The day your mom brought you baby sister of brother home from the hospital. (How did you feel about that?)

Your first day of school. (Do you remember your kindergarten teacher?)

Ask your mom and/or dad about the other special occasions they remember.
Your Very First Day...

There was a lot of excitement on the day you were born! You can ask your mom about her quick trip to the hospital and about how she felt the very first time she got to hold you. She will probably tell you what you looked like too — maybe a wrinkly little face and pudgy cheeks — the most beautiful baby in the nursery! You can also ask her about the day she brought you home from the hospital, your christening day and all the special times you shared in your first year.

What is your full name? ____________________________

How much did you weigh when you were born? ____________

What hospital were you born in? _______________________

What date is your birthday? ___________________________
MEETING 9

TOPIC: WISHES ABOUT THE FAMILY

Objectives:

1. Start preparing kids for termination of program.
2. Discuss issues relating to family dynamics.
3. Help children cope with the separation from one parent where applicable.

Method:

1. Discuss what the kids like to do with their Moms/Dads, and what they would like to do more of.
2. Get the kids to draw pictures of how their family was, is now, and what they would like it to be.
3. Show film on divorce.
4. Discuss whether the children want to invite parent(s) for a part of the last group. Plan activities for this e.g. have the children write down things they would like to say to their parent(s) -- these will be read anonymously to the parent(s).
5. Discuss issues relating to marital separation including:
   - visits with the non-custodial parent
   - amount of time spent with non-custodial parent
   - non-custodial parents new partner, step-children
   - wanting to get the family back together
   - conflict of loyalties between parents
   - being used as a messenger between parents
feelings of ambivalence about absent parent (e.g. I love my Dad/Mom but I hate what he/she has done to the family)
- how holidays are spent with each parent
- what some of the advantages are to living with one parent
- what some of the disadvantages are to living with one parent

6. Introduce topic to be discussed the next week: what the children want/don't want to be discussed with parent(s) in feedback session.

Homework:

1. Have the younger children answer the question "If (the two group leaders) were magic genies and could grant you any three wishes, what would your three wishes be?" Have the older children answer the question "If you were in a perfect world, where would (the two group leaders) find you in ten years? What would you be doing?"
THE FUTURE

If you were in a perfect world, where would I find you in ten years? What would you be doing? Please describe.
WISHES

If you could have 3 wishes what would they be? Please describe.

1)

2)

3)
MEETING 10
REVIEW AND TERMINATION

Objectives:
1. Review of group experiences.
2. Provide a positive termination of the group for the children.
3. Assist the children in their ability to feel some control over themselves/their environment/their relationships.

Method:
1. Discuss how the children can empower themselves (e.g. reinforce social supports, activities that make them feel good, self-esteem builders)
2. Discuss the fears that they had at the beginning of the group about the group, about themselves, each other and talk about how they feel now.
3. Acknowledge the ongoing difficulties they might have (with custodial parents, non-custodial parents, their anger control, self esteem) and review skills they have learned that might be helpful in these situations.
4. Do an exercise (pairing off or individually) about what they have learned from and liked about each other.
5. Discuss the possibility of Phase II groups.
6. Discuss how they have dealt with separation in the past from friends, when they have moved, etc. and encourage them.
Describe a personal situation:
EMOTION RATINGS

1_________________________  5_________________________  10

1_________________________  5_________________________  10

1_________________________  5_________________________  10

1_________________________  5_________________________  10

1_________________________  5_________________________  10

1_________________________  5_________________________  10

1_________________________  5_________________________  10

1_________________________  5_________________________  10

1_________________________  5_________________________  10

1_________________________  5_________________________  10

1_________________________  5_________________________  10

REMINDER:

PEOPLE CANNOT CHOOSE THE EMOTIONS THEY FEEL BUT THEY DO
CHOOSE HOW THEY WILL EXPRESS THOSE EMOTIONS.
APPENDIX 13
CONFLICT

1) The conflict I saw took place ________________________________
___________________________
___________________________

2) It started by ________________________________
___________________________
___________________________

3) The people in the conflict were (check the answers that fit)
a) yelling __
b) screaming __
c) kicking ___
d) putting the other down (insults) ___
e) swearing ___
f) making fun of the other ___
g) hitting ___
h) shoving ___
i) killing ___
j) throwing things ___
k) other (describe) ________________________________

4) How did it end? ________________________________
___________________________
___________________________

5) How would you have ended the conflict if you were involved? ________________________________
___________________________
___________________________
APPENDIX 14
"Friends for Me" Fill-In

Complete this drawing of an ideal friend for you.

Age:

Good at:

Helps me:

We play:

I like the way he/she:
"My Feelings With Friends"

Draw a line from the pictures below to where they belong in this Friends Feeling Chart.

- When I first meet a new kid I feel...
- When the other kids laugh at me I feel...
- When no one wants to play with me I feel...
- When I get into a fight with my friend I feel...

Feelings:
- happy
- sad
- excited
- angry
- afraid
- other
"My Best Friend" Path

Sometimes it's hard to find a "best" friend. But when you do, it is very special. See if you can find the line that leads you to your best friend.

My best friend

Age

Lives

Good at
"Talking to My Friends" Completion

Complete the following:

1. Which feelings do you share with your friends? Circle them below.

happy  sad  angry  proud  hurt

2. Circle the face that shows you how often you talk to your friends.

Alot  Sometimes  Hardly ever

3. Complete the sentences below by circling all the words that apply to you.

"I usually talk to my friends about my...

problems  trips  joys  other.
school work  toys  hobbies
parents  feelings  clubs
“Friends for Me” Completion

Complete the sentences below about you and friendships.

1. “A friend to me is ________________________________.”

2. “I would like to have ____________.”

3. “Most of the time I ____________________________ to be with my friends.”

4. “Friends are usually __________________________ to me.”

5. “I usually want to be with my friends when ___________ ____________________________.”

6. “Most of my friends are
   □ older
   □ the same age
   □ younger.”
The following was written as a homework assignment by a 12 year old girl named Toni in week number 7.

"Pat, I once was in your position. I didn’t like it at all and neither did my little brother! It all happened over alcohol and believe me it wasn’t very funny at all! You are lucky that your parents aren’t alcoholics like mine were. I mean, my mom isn’t now but her old boyfriend probably still is! I don’t care if he is or isn’t though! Anyways, you should go talk to someone about your parents problems. When I was going through this I also got told to "get lost", "we don’t want you" etc... It hurt me a lot inside to see my mom was getting abused and didn’t want any help! You, yourself have to be strong and disobey your parents get help! If they won’t get help then at least you can get help. You don’t want to grow up abusing people right? You don’t know how many people there really is out there that do care! Go, talk to them. Like for instance, there’s the Teen Line, Kids Help Phone, Zenith 1234, counsellors at school, your principal, teachers, etc. They all can give you advice or even help a lot with the problem. If you do talk to anyone of these people which I hope you do and they don’t help as much as you wanted them to then all you have to do is either come live with us (with parents permission), talk with you mom or this may hurt but if it has to come to this then let it but next time your dad hits your mom or they start to fight call the police and tell them your situation. They, I know for a fact can really be a lot of help! So, will you give these a try? You never know they might help out a lot! They helped me and my family realize that a kind of atmosphere like that people really don’t want or need even though you may love the person that’s abusing everyone.
CONSENT FORM (PARENT AND CHILD)

I give my consent to Janet Wagar for the reprinting of the attached work. This work was written by Toni Boss, (June, 1990) in completion of a homework assignment for a group session for children who have witnessed wife abuse. No payment for this work was offered or received, nor will be received in the future.

______________________________
CUSTODIAL PARENT

______________________________
CHILD

______________________________
JANET WAGAR
APPENDIX 16
PARENT EVALUATION OF THE PROGRAM

1) Do you feel that your child enjoyed the program? (please circle)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>some</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>very much</td>
<td></td>
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</tr>
</tbody>
</table>

2) What do you feel he/she liked best about the group? (please check)

a) the other kids
b) the activities
c) the leaders
d) the snacks
e) the films
f) other (please state)

3) What do you feel your child liked least about the group?


4) Do you feel he/she made new friends? (please circle)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>few</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>many</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

5) Which topics discussed in the group did you(p) and your child(c) find most helpful? (please check)

a) identifying and expressing feelings(p)(c)
b) dealing with anger(p)(c)
c) sexual abuse(p)(c)
d) family violence(p)(c)
e) friendship and support(p)(c)
f) responsibility(p)(c)
g) safety(p)(c)
h) other(p)(c)
6) On which of the above topics would you like more information?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

7) Would you recommend this children's support group to others? YES ___ NO ___ MAYBE ___

8) Would you encourage your children to attend a second stage group after this one, if it were available? YES ___ NO ___ MAYBE ___

9) Would you find this type of educational support group useful for you? (please check)
   a) not interested___
   b) somewhat interested___
   c) very interested____
   d) would definitely attend____

10) What topics would you like to see addressed in such a support group for adults?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

COMMENTS and/or SUGGESTIONS:______________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
APPENDIX 17
STUDENT EVALUATION OF THE PROGRAM

1) Did you enjoy the group?

1 not at all
2 some
3 very much

2) What did you like best about the group? (please check)
   a) the other kids____
   b) the activities____
   c) the snacks____
   d) the leaders____
   e) the films____
   f) other( please state)________________________

3) What did you like least about the group?___________________

4) Did you make new friends?

1 none
2 few
3 many

5) Which topics discussed in the group did you find most helpful? (please check)
   a) identifying and expressing feelings____
   b) dealing with anger____
   c) sexual abuse____
   d) family violence____
   e) friendship and support____
   f) responsibility____
   g) safety____
   h) other________________________

6) Do you think you will use any of the information you have learned in the future?

1 never
2 sometimes
3 often
7) List at least 3 things you have learned from the group that will be helpful to you.


8) If we offered you a follow-up group, to begin a couple of months from now, to look at topics that you suggest would you be interested in attending? YES ____ NO ____

If you have any other comments about the group or the leaders please feel free to write them below. They will be used to improve groups in the future.


<table>
<thead>
<tr>
<th>Name of School</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dalhousie University</td>
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<tr>
<td>Halifax, Nova Scotia</td>
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</tr>
<tr>
<td>Memorial University</td>
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<tr>
<td>Newfoundland</td>
<td></td>
</tr>
<tr>
<td>Laurentian University</td>
<td>1 course</td>
</tr>
<tr>
<td>Sudbury, Ontario</td>
<td>Abuse and Violence Within the Family</td>
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<tr>
<td>Ryerson School of Social Work</td>
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</tr>
<tr>
<td>Toronto, Ontario</td>
<td>Family Violence</td>
</tr>
<tr>
<td>Wilfred Laurier</td>
<td>1 course</td>
</tr>
<tr>
<td>Waterloo, Ontario</td>
<td>Family Violence</td>
</tr>
<tr>
<td>Carlton University</td>
<td>1 course</td>
</tr>
<tr>
<td>Ottawa, Ontario</td>
<td>Violence in the Family</td>
</tr>
<tr>
<td>University of Toronto</td>
<td>1 course</td>
</tr>
<tr>
<td></td>
<td>Violence in Relationships</td>
</tr>
<tr>
<td>McMaster University</td>
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</tr>
<tr>
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</tr>
<tr>
<td></td>
<td>Violence in the Family</td>
</tr>
<tr>
<td>Laval University</td>
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<tr>
<td>University of Regina</td>
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</tr>
<tr>
<td>University of Calgary</td>
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</tr>
<tr>
<td>University of Victoria</td>
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</tr>
<tr>
<td>University of British Columbia</td>
<td>1 course</td>
</tr>
<tr>
<td></td>
<td>Family Violence and Violence in the Family</td>
</tr>
</tbody>
</table>