

Counseling Children Who Have Witnessed Domestic Violence

Overview

Violence in the home is an unspoken epidemic across, not only the nation, but the world. In the United States alone, more than 10 million people are physically abused by intimate partners annually (*National Coalition Against Domestic Violence*, 2016). Children are often present in many of these violent incidents. Nationally, 1 in 15 children are exposed violence within their nuclear family, with 90% of these children witnessing the violence in real time (*National Coalition Against Domestic Violence*, 2016). The actual prevalence of this problem may be greater due to the low-reporting of domestic violence incidents. Exposure to or witnessing violence in the home can have devastating effects for children, both physically and emotionally.

While not all children who witness domestic violence are effected in the same way, some potential symptoms may include physical health problems, sudden decrease in school performance, inability to concentrate, behavioral issues, sleeplessness, nightmares, increased aggression, generalized anxiety, sudden onset of separation anxiety, intense worry over safety or safety of a parent, and alcohol or substance use in adolescents (Margolin and Vickerman, 2011). If these symptoms go unaddressed or untreated, it may lead to adverse effects well into adulthood, including those seen in Posttraumatic Stress Disorder (Tsavoussis, Stawicki, Stoicea and Papadimos, 2014). Often times, the best way to alleviate the early symptoms is to be a support for the child, to listen empathically and without judgement. The most important messages a child can receive are as follows: 1) the violence is not your fault, 2) you could not

have done anything to prevent the violence, 3) it is not your job to fix the family, 4) your feelings are important. Not only should the child feel physically safe, but also emotionally safe to ask questions and voice concerns – even if they are questioning the victim parent.

Interventions

Oftentimes, counselors working with these children cannot change the circumstances in which they live. It takes a victim, on average, seven attempts to leave the relationship before it sticks - leaving an abusive relationship can be even more complicated when there are children involved. Therefore, interventions should focus on helping children resolve feelings toward both parents, and coping with episodes of violence within the home. If you suspect that a child is in physical danger, you should contact a supervisor or follow protocol to have the child removed from the home.

1. ABOUT YOUR FAMILY

An art therapy technique to begin gathering information on how the child views the family dynamic. In some cases, children may use different characters to describe the abuser, almost like the abusive parent has an alter ego. In other cases children may be hesitant to discuss the abuse with someone outside of the home, this activity will help the therapist gauge the child's willingness to disclose the abuse.

Materials Needed: Paper, crayons, markers, colored pencils

Instructions: Direct the child to draw their family. Pay attention to the *way* that the child draws their family - are the figures proportionate or is one parent much larger than the other? Are the

family members drawn all together, or are some family members set off by themselves? Direct the child to draw something that they like about their family, and then something that they do not like about their family. Ask the child what kinds of things the family does together. Help the child to identify how they feel when they do the things they like, versus when the family does things that they don't like. Process the drawing with the child, asking them to tell you about the drawing, describing the familial relationships.

Things to Consider: If a child does not like to draw, this same activity can be done with a sandtray, directing the child to build their family. A child may not give the therapist any indication that there is anything wrong within the family, the therapist can then ask follow questions like, “do you feel good when the family is all together? do you feel safe when the family is all together? etc.” Do not give a child limits for their drawing, if they want to draw an entire scene within the house or a landscape, ensure that they feel free to do that. If they don't want to include all family members, or just want to draw themselves, that is okay too. This activity is designed to give the therapist information about what goes on within the home, so if a child wants to exclude certain family members, it can also generate a discussion on family safety.

2. FEELINGS CHARADES¹

Depending on a child's developmental level, they may have a hard time identifying and understanding feelings. One of the easiest ways to understand feelings is to look at how others

¹ This activity was taken out of the TF-CBT workbook for clinical use only. This is a sample chapter and will not be published in the book.

Hendricks, Cohen, Mannarino, and Deblinger (n.d.)

express them. This activity is frequently used in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), an evidence-based treatment for children who have been abused themselves or who have witnessed traumatic events.

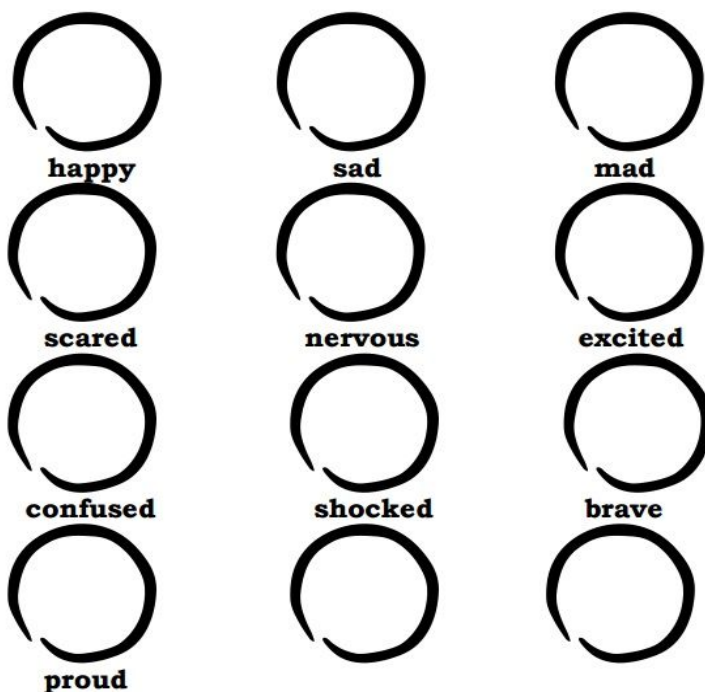
Materials Needed: Feelings chart, a pen or marker

Instructions: Start by giving the child the feelings chart with blank faces, explaining to them the purpose for identifying and understanding feelings.

Ask the child to draw each feeling onto the corresponding face. The last two are left blank for the child to draw a feeling they express frequently. You can then ask the child to point out instances

HOW DO FEELINGS SHOW ON FACES?

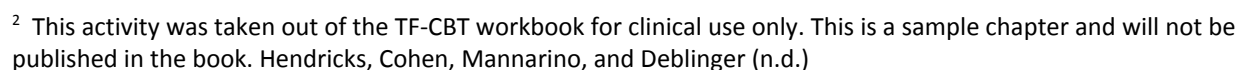
A good way to tell how we feel and how others feel is by noticing facial expressions. **Please draw the feelings in the circles to show how we express our feelings on our faces (the last two are blank for you to draw any feelings you want!):**



when they have felt different feelings, for example, start with asking them “how do you feel right now?” and have them point to the corresponding face. Ask them about the last time they saw someone express that they were scared or nervous, how did they know they were scared or nervous? When was the last time the child himself/herself was felt scared or nervous? Or confused?

Things to Consider: If a child has difficulty with this activity, work to help them with the basic emotions first: happy and sad. Therapists may also have be a little goofy during the charades in order to help the child loosen up if they're resistant to acting out the various feelings. Therapists can give another blank feelings chart for "homework" to a child to complete out of session, asking them to fill in the faces of the different feelings they recognized during that week. The chart can also be revisited in the next session when discussing specific incidents and having the child state what feeling they felt at the time on the chart.

A large part of therapy with children who have been exposed to violence in the home is helping the child develop and utilize healthy coping skills for moments when they may feel sad, afraid, or worried. This activity is designed to provide a fun and interactive way for clients to put all their coping skills together. Ideally, this activity would take place towards the



middle or end of treatment (before a trauma narrative if operating from the TF-CBT model).

Materials Needed: Construction paper, empty tissue box or shoe box, markers, stickers, glue or tape

Instructions: The therapist will start by asking the child to make a list of their healthy coping skills on a sheet of paper. Go through the resulting list with the client, making sure that all skills listed are indeed healthy coping skills, and adding any that they child may have not thought of. The child will then write each skill on a separate strip of colorful construction paper.

The therapist will then present the child with an empty tissue or shoe box. They will explain to the child that this is their feeling survival kit, and that they can pull out any of those coping skills to use when they are feeling scared or sad. Items that relieve stress for the child can also be placed in the survival kit - e.g., stress ball, fidget cube, a favorite book or picture, etc. Allow the child to decorate the outside of the box using construction paper, markers, glitter stickers, or anything else the therapist may have available. The child should make it their own. Have the child share their creation with their parent or guardian and allow them to take it home for later use. The therapist can also reference the survival kit later in treatment by asking, “think about what’s in your feeling survival kit, do you need to use any of those things now?” for example.

Things to Consider: This activity should be done after the therapist has reviewed coping skills with the client and they have found what works best for them. You should not allow a child to put anything in their survival kit that they have never tried or that you know will not work. If a child has difficulty compiling a list of coping skills, that may be an indication to the therapist to work more on developing realistic coping skills with the child. This same activity can be used

with any emotion regulation issue, like anger or impulse control.

4. DEAR PARENT

Often, a child who has experienced domestic abuse in the home may have unresolved feelings toward the abusive parent, or the victim. The child may even be a victim themselves. One of the goals of counseling children and adolescents in this situation is to provide a safe space for them to express those thoughts and feelings, and resolve them if possible. This activity works best with children ages eight or nine and above - developmentally, the client should be able to organize their thoughts, write them down and appropriately express them.

Materials Needed: Paper and pencil

Instructions: Before beginning this intervention, the therapist should have already helped the client to identify any thoughts or feelings toward either the abuser or the victim parent or guardian. The therapist will start by explaining to the client that keeping these feelings inside is usually not helpful, and the client may feel better if they can verbally express these feelings. The therapist should reiterate that therapy is a safe space for the client to express themselves, and should not encourage or force the client to share anything that they write with a parent or guardian.

Ask the client to try and write a letter to either or both parents or guardians explaining their own thoughts and feelings toward both the caretaker(s) and the situation. This is an opportunity for a child or adolescent to describe their home environment in their own words. The client should be given ample time to complete a letter and process it with the therapist. After processing the letter,

the therapist should ask the client what they want to do with the letter, giving them the option to destroy it if they want to. This activity is part of a larger framework around forgiveness, and the therapist may want to introduce this idea to the client if they are ready.

Things to Consider: A child or adolescent may want to share their letter with the caregiver, if so, the therapist should present the option for the caregiver to come into the session and have the child share their letter, preparing the caregiver on their own before this takes place. The therapist will want to ensure that the caregiver will have an appropriate response. A child may be resistant to writing their feelings down into a letter, however, the therapist can still process it verbally with them by asking questions like, “what do you think when you see your parents fighting? what do you want to happen between them? how do you feel when you see this take place?” This activity would also be appropriate in a group setting with older children who are better able to express themselves.

5. SAFETY PLANNING

This activity can be used as a crisis intervention, or to wrap up therapy with a child who has been exposed to violence in the home. This intervention is designed to help clients know what to do if they were ever to experience something like that again. It is recommended that the safe parent or caregiver be involved in this session to help develop the safety plan. Often, we do not think clearly in the midst of a crisis; having a safety plan in place makes it easier for a child to get help fast if needed.

Materials Needed: Paper and pencil -- It is best to have a safety plan template readily available

in the event that this becomes a crisis intervention.

Instructions: Start by explaining the purpose of a safety plan to the child and safe adult. This is a prohibitive measure for both the parent or caregiver and the child.

Things to Consider: Creating a safety plan may be anxiety-provoking for a child and their caregiver, the therapist should take measures to ensure that clients fully understand the necessity of a safety plan. This activity would be particularly important for a client who still resides with the abusive parent or caregiver, or has visitation. A

child should never intervene in an argument between parents or caregivers, but the risk is heightened when violence is used as a means of control. This activity should not be used with clients who do not view the abusive parent or caregiver as an abuser, as it can alienate the child further from the safe parent and the therapist.

'S SAFETY PLAN

If I need to leave an unsafe situation I will:

- ☐ Find _____ (safe adult) → If I can't find _____ (safe adult), I will go to _____ (safe place to wait for safe adult).
- ☐ If I am scared and alone, I can call _____ (2nd safe adult) at _____ (telephone number). → If I can't get in touch with _____ (2nd safe adult), I will call the police at **911**.
- ☐ If the police need my address, I will tell them _____ (address) if I am home.
- ☐ If I need to leave home, I can go to _____ (address of safe place close to home to wait for safe adult).

If the situation is very serious, I will give _____ (potential abuser) what they want to calm them down. I have to protect myself until the situation is calm again.

Telephone numbers I need to know:

- ☐ Police/Sheriff's Department (Local) - 911 or _____
- ☐ Parent/Caregiver's Work - _____
- ☐ School - _____
- ☐ Department of Social Services - _____
- ☐ Neighbors/Family Friends - _____
- ☐ Older Siblings - _____
- ☐ Safe Family Members - _____

I will keep this document in a safe place and out of reach of an unsafe person. Date: _____

Case Example

Lately, Billy's third grade teacher has noticed a change in him. Before, Billy was a bright, vibrant child - he was always running around with the other children in the class and confidently approached new situations. Now, Billy appears socially inhibited, isolating himself to the back of the classroom, and seems avoidant, even fearful of playing with the other kids. Billy's teacher has also noticed that his academic performance has slipped in the past few months. He rarely turns in homework assignments anymore, and when he does they are incomplete. Last week, one of Billy's classmates began teasing him. Billy struck the child in the face, knocking him to the ground. This was very out of character for the once playful social child - Billy's teacher sent him to visit the school counselor.

When Billy arrived in the school counselor's office, he did not say a word. The counselor attempted to ask him about the fight with his classmate, but he said nothing. He wouldn't make eye contact with the counselor and seemed uninterested in anything she had to say. The counselor then asked if he wanted her to call his parents to tell them about the fight, suddenly Billy began to cry. He begged the counselor not to call his parents. He cried, "they already fight so much." When the counselor asked about their fighting, Billy revealed that he had witnessed violence in his home, which is where he learned that aggression is a powerful tool for conflict resolution.

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