THE ELMCREST PROJECT: AN EVALUATION OF GROUP THERAPEUTIC TECHNIQUES IN DEVELOPING RESILIENCY IN CHILDREN WHO HAVE BEEN EXPOSED TO WOMEN ABUSE IN THE HOME

by

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ABSTRACT

The author discusses the impact on children who are exposed to woman abuse in the home. Research indicates that these children demonstrate a high frequency of externalizing and internalizing behavior difficulties. However, not all children who grow up in maritally violent homes are behaviorally disturbed nor do all become involved in abusive relationships as adults. Adjustment problems of children who have been subject to various traumas have been shown to be highly variable. The research on “resilient” children emphasizes the importance of including the protective and vulnerability factors both within the child and his/her environment to explain this difference in response to adversity. This paper suggests that children’s resiliency might be enhanced through their participation in a group treatment model of intervention. The Elmcrest Project is presented as such a model and the author’s experience co-facilitating the Fall, 1998 “Lunch Group” is described.
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INTRODUCTION

Following completion of course work requirements for the Master of Social Work Program at the University of Northern British Columbia, I received permission from the University to complete a practicum out of the province. The practicum placement was one of general clinical work, but much of my work during it was related to woman abuse issues. My assigned duties included an opportunity to explore the impact on children of exposure to woman abuse in their homes. It is on this area that I have chosen to focus this report.

The report begins with a general explanation and background in Chapter 1 regarding choice of location and the relevance of my specific personal and professional background to working in the area of woman abuse. Chapter 2 gives a brief overview of the literature regarding woman abuse and this serves as a backdrop to Chapter 3, where the available literature regarding the effects on children exposed to woman abuse between their parents, or caregivers, is reviewed. Chapter 4 discusses the concept of emotional resiliency and how it might be therapeutically enhanced by having children participate in a group treatment/education program. In Chapter 5 the Elmcrest Project an example of such a model and my experience co-facilitating its Fall, 1998 “Lunch Group” are discussed. Finally, in Chapter 6 I present an evaluation of the Program and my conclusions and recommendations regarding further initiatives when working with children who have been exposed to woman abuse.
Chapter 1

This chapter offers a description of the Family Services of Peel, the site of my practicum, as well as an overview of my experiences during the field activities that I was assigned during the practicum. I have also included both my relevant professional and personal background as this might be of interest to the reader and germane to this report.

Background

There were several reasons why I chose the practicum route over my previously intended choice of a thesis. I was moving to Ontario from a small town in rural British Columbia where I had lived and practiced social work for the previous twenty years. I knew I would eventually be seeking employment in Toronto and I would have a better chance of being successful if I became familiar with local and regional resources, the relevant provincial government policies and became part of a professional network. I believed I could begin to accomplish these goals during a practicum. As well, I was more than a little overwhelmed to be moving away from what was a very comfortable and secure job as an administrator to a large urban centre where I wanted a position as a front line counsellor. I hoped that being an intern would give me a needed transition period to adapt to the changes in my status and security, as well as increase my confidence to be able to do so.

There was another reason as well. For some time I had been very attracted to working with children and I very much wanted to gain additional clinical experience in this area. I had become interested in exploring issues regarding the effects of exposure to
woman abuse on children, and wanted to explore how the emotional resilience of children having such experiences might be therapeutically enhanced.

I have had several years of previous experience in facilitating both assaultive men’s treatment programs and psycho-educational/support programs for abused women. This experience, as well as my academic studies, have indicated that perpetrators and victims of wife assault have often been victimized themselves as children, either directly or by being exposed to woman abuse, as discussed more fully in chapter 2. However, I am also aware that others who have had very similar experiences as children have become neither perpetrators nor victims of domestic violence as adults. What are the protective and vulnerability factors both in the individual child and his/her environment that increase or decrease the risk of future abusive behaviour and, or, victimization? Can children who have been exposed to this form of violence be therapeutically “inoculated” or “vaccinated,” against future experience as either a victim or a perpetrator? If such preventative measures are possible, then working with children who had been exposed to woman abuse could be a practical and effective method of reducing woman abuse in the home in future generations. As the reduction of family violence has long been a primary professional interest for me, I was very motivated to find out if this was the case.

The following is an exploration of my experience and learning during my practicum placement with The Family Services of Peel in Ontario from August to December, 1998. While I had the opportunity to work in several areas during this time, it was my work with the children who participated in the Elmcrest Project that will be strongly emphasized in this report. This involvement with the Elmcrest Project gave me
the most opportunity for new learning. The privilege of working with these children was both highly enjoyable and rewarding, and has resulted in my strong interest in continuing to work clinically with children in the future. I recognize that my experience during the practicum was but the beginning steps on the road to such a practice, however it has motivated me to continue with the journey.

**The Practicum Site**

In seeking a practicum placement, I contacted three agencies in the Toronto area that I had learned worked with families who had experienced family violence. I was interviewed and accepted as a practicum student at each of the agencies. My choice was The Family Services of Peel. This non-profit, non-governmental agency was established in 1971 for the purpose of providing professional counselling and learning for living services to the citizens of the Peel region. Initially funded by the United Way, the Agency currently receives 51% of its funds from fees for service, 22% from various government sources and 27% from United Way. It has offices in three communities within the region, in Mississauga, Brampton and Malton. The Agency is accredited by Family Services of Ontario, Ontario Association of Credit Counselling Services and Family Services Canada (Family Services of Peel, 1998).

I chose this agency for several reasons. The programs offered by the agency were an excellent “fit” with my learning objectives. The agency has several programs addressing family violence, including a program for children who have witnessed woman abuse. Their multiplicity of services at the Family Service of Peel and their willingness for me to have a very diversified practicum experience was a key advantage for me. I was also impressed by the level of professionalism demonstrated by the agency staff. Having
worked without supervision for many years, I wanted the experience of having my work scrutinized and evaluated by colleagues who were qualified and competent. The Family Services of Peel have supervision staff who have been accredited by the University of Toronto and Wilfrid Laurier University as practicum supervisors. As a well-established organization, the staff enjoy a credible reputation in the community and are well connected with the other resources; their reputation as a professional counselling service is excellent. A copy of the agency brochure is included in the Appendix.

My work as a co-facilitator in three separate programs (assaultive men’s treatment program, women’s support/educational program and the child witness program) was supervised by the lead facilitator of each individual program. Supervising my casework with individuals and couples and my overall supervisor was Ms. Louise Brophy, M.S.W., C.S.W., a staff member of the “Individual, Couple, Family Program.” I was also encouraged to seek supervision from any of the senior staff. I am truly appreciative of the support and encouragement I received from all of these individuals.

Summary of Field Activities

During the practicum weeks, I carried a general counselling caseload of individuals and couples who presented many different intrapersonal and interpersonal difficulties. It had been several years since I worked with couples. My supervisor was able to suggest a variety of readings and shared her own experience and expertise to bring me “up to speed”. Casework was discussed with colleagues informally during private meetings and in regularly scheduled team meetings. I also participated in regularly scheduled peer review meetings when counselling staff presented either their video-taped sessions or were observed behind one way mirrors by other team members. My clinical
work was supervised by Louise Brophy, M.S.W. The supervision included the critique of several interview tapes and weekly meetings.

My past training and experience in the area of family violence was further enhanced during the practicum by my involvement with the agency’s treatment program for abusive men. Although I have had nine years of experience facilitating similar programs, my experience and learning was enhanced by co-facilitating this group using a different model to those I previously used. The policies regarding the treatment program varied from those in British Columbia. The system that determines eligibility is more complex, having several “paths” facilitating inclusion. Also, the program facilitators have minimal control over choice of inclusion and the reporting requirements are very different, including much less contact with the group participant’s probation officers. Typically, the sessions of an assaultive men’s treatment program are two hours in length in Ontario, where three hours is the standard in British Columbia. This results in less program content in the Ontario programs.

The use of interpreters and ensuring that the participants are receiving the content of the program was a new challenge. The wide variety of ethnicity within the group was also an excellent opportunity for learning. I also conducted mandatory partner checks of the spouses and ex-spouses of the men in the program, not only for the group I was co-facilitating, but also for the group being held at another of the agency’s offices. This work required becoming familiar with referral resources and their policies in both communities. Last, but not least, I learned a great deal from Mr. Peter Dominic, M.A., who co-facilitated the program and supervised my work in it. I am grateful for the opportunity to learn from this excellent therapist. Working within this different system
was an opportunity for new and enhanced learning both in program content and the skills I had acquired in my experience in delivering similar programs elsewhere.

In the last month of my practicum, as my caseload began to decrease in preparation for my leaving the agency, I co-facilitated a weekly support program for women who were either in the process of leaving or had recently left an abusive relationship. Most of the participants were in crisis and the group was an “open” one with continuous intake. The women currently residing in a local shelter attended, as well as women who had recently moved from the shelter and continue to need support. There was no set curriculum and the facilitators had to be prepared to discuss any issue that any member of the group presented. The catchment population was very diverse in socio-economic status as well as cultural background. Group meetings were held at a woman’s shelter. This gave me the opportunity to become familiar with an important community resource and to be acquainted with its staff, thus enhancing my professional network. Participating in the group was an extremely positive experience for me. The facilitator of the group, Ms. Heather Park, M.S.W. is an effective and dedicated therapist and my own skills improved under her role-modeling. On occasion, Ms. Park was unable to attend the weekly session and I facilitated the group on my own; I was pleased to receive this vote of confidence.

Of all the above programs, it was my work with the children’s program that I found most rewarding both professionally and personally. Co-facilitating the Elmcrest Project, the school-based program for children who have witnessed family violence for students of the Elmcrest Public School, was a sheer delight. Prior to being offered a placement at the Family Services of Peel, I had met with was Mr. Jody Levac, M.S.W.
Mr. Levac had been co-facilitating the Elmcrest Project or the "Lunch Group" for several years as well as facilitating the abusive men’s treatment program and has a keen interest in family violence issues. He also carries a general caseload of individual, couples and family clients. His energy, enthusiasm, and commitment are absolutely remarkable and I benefited greatly from working with him in this program.

**Relevant Professional and Academic Experience**

Over the past several years my commitment to contribute towards the work of decreasing woman abuse has become somewhat of a professional passion. I worked diligently for improved services in my former community. This included facilitating training programs for front line service providers and serving on many committees promoting and overseeing related services. I administered several programs aimed at reducing violence towards women as the executive director of a multi-social service agency and was a direct service provider in both treatment programs for abusive men and in support/education groups for female survivors.

My interest and commitment was further enhanced through my learning at the University of Northern British Columbia. During my studies, my professional and personal belief that women and children are marginalized to an intolerable degree in our society was definitely confirmed. I feel an obligation as both a member of the social work profession and of my community to participate in the reduction of abuse women and children.

Prior to deciding to move to Ontario, I had planned to complete research on the long-term effects on female adults who had witnessed woman abuse when they were children. The literature study that I had begun to prepare to do this research was very
helpful in my work with the Elmcrest Project. During the practicum, I continued to research material relating to normal childhood development, theories regarding the effects of witnessing spousal assault of their mothers or female caregivers, resiliency and different treatment modalities. This research later specifically became focused on group treatment for children to facilitate satisfactory work in the program.

**Relevant Personal Background**

I include the following information to acknowledge to the reader that my research into and experience working with family violence issues may not always have been objective, but perspective. I acknowledge my awareness that there is no doubt that my personal background has had a significant affect on my work. My personal history includes the experience of being exposed to the physical and emotional assaults of my mother by my father, and the direct emotional and physical abuse by both parents on my siblings and myself. While neither I, nor any of my four siblings, have become either victims or perpetrators of family violence as adults, I know that the effects of these experiences were profound and long lasting. My personal experience, and my contacts with clients who had also been exposed as children to woman abuse, has created a curiosity as to what factors mediated the effects of such experiences and how such children can be most effectively helped to reach their full potential as emotionally healthy individuals. I include this information because my value system includes the belief that a counselor must continually strive towards being self-aware of their own issues, actively growth seeking, emotionally healthy and working and living in an ethical manner. Much of my "research" both cognitive and experiential this past year has been my attempt to do so.
The balance of this paper reports on my review of the literature regarding the related topics of children's exposure to woman abuse. It includes how the presence or absence of resiliency vulnerability and protective factors which may mediate such effects, and my participation in a program that attempts to enhance the resiliency of children who have had this experience.
Chapter 2

This chapter presents an overview of woman abuse. Violence against women of all socio-economic and cultural groups has been acknowledged as one of the most pervasive and serious problems in today's society. This chapter is by no means an exhaustive litany, but rather a summary of the findings of the literature review regarding violence against women which was undertaken for the purposes of this practicum report. A brief discussion regarding the historical context of spousal abuse is given followed by present-day global and Canadian situations. Woman abuse continues to affect a very large number of both adults and children throughout the world today albeit in the face of more recognition of the issues and attempts to improve the role and status of women.

Brief History of Violence Against Women

It is difficult to understand the present-day abuse against women without examining the history that has shaped current Canadian laws and perceptions regarding women's rights in our society. Throughout world history women have been subjected to the whims and brutality of men who sought to have power and control over them. The systematic, social reinforcement of violence against women is not a recent social phenomenon, rather violence against wives has consistently been legally, socially, and religiously sanctioned throughout history. Gender-based violence is the ultimate extension of gender discrimination and the belief that women are innately subordinate to men (Schornstein, 1997, p. 14).

Ancient history reveals that violence against one's wife was not only condoned but also expected. Cross-cultural and historical accounts cite examples from the first known written laws. In 2500 B.C. if a wife talked back to her husband, he could engrave
her name on a brick and use the brick to hit her (Bell, 1992). Wife beating and wife killing were rights of Greek and Roman men (Office for the Prevention of Family Violence, 1991). In ancient Egypt, it is said that no self-respected man would have allowed his wife to speak out against him without bashing her teeth in with a brick (Patton, 1994). The Council of Toledo in AD 400 affirmed the rights of members of the clergy to beat their wives. The right evolved from ecclesiastical law to common law as men were given the authority to punish their wives physically (Mann, 1994). In the middle ages, church and state accepted that a wife was the property of her husband, and wives could be bought and sold, and they could be burned at the stake for scolding, nagging or talking back to their husbands (Office for the Prevention of Family Violence, 1991).

While Canada is a culturally diverse country, its laws are based on Judeo-Christian principles. The Bible, the foundation of all Judeo-Christian ideology, contains many stories which depict women negatively. For example, in the Bible’s story of the creation of humankind, Eve is portrayed as the temptress who leads Adam into evil. It was she who listened to the serpent and took a bite of the fruit of the tree of knowledge in disobedience to God’s mandate and convinced Adam to do the same. This behavior it is written brought about the knowledge of good and evil and brought about God’s wrath. (Genesis 2:15; 3:2-20). Schorstein (1997) writes, “In powerful biblical stories, women have been cast in the roles of the seductress, the virgin, the holy mother, and the whore. These images have served as the basis for the most common expectations of what women are to be and not to be in our society” (p.14-15).
Throughout history, the Christian Church has been a significant factor in promoting the discrimination of women. Its traditions reflect the historical perception that women are chattels—the property first of their fathers and then of their husbands. At traditional wedding ceremonies, a father “gives” his daughter to the bridegroom. Until very recently, wedding vows made by the bride included “to love, honor and obey... till death do us part.” The groom has never been expected to promise a lifetime subjugation and therefore words of obedience were never included.

According to English common law, marriage made husband and wife into one person in the eyes of the law—the husband. The very being or legal existence of the woman was suspended, or incorporated and consolidated into that of the husband. A wife could not sue or be sued, could not testify for or against her husband and could not inherit property. Originally, family matters were adjudicated by church courts. After the courts separated from the church, wife beating remained sanctioned under the law on religious grounds, and legal justification for such abuse in present times still finds its basis in religious principle. In discussing this issue, Schornstein, 1997 writes.

Simone de Beauvoir (1949/1974) succinctly described the inherent conflict between Christianity, feminism, and the law: ‘Man enjoys the great advantage of having a god endorse the code he writes; and since man exercises a Sovereign authority over women, it is especially fortunate the authority has been vested in him by the Supreme Being’ (p. 15).

Throughout the seventeenth, eighteenth and nineteenth centuries, there was little objection within the community to a man using force against his wife as long as he did not exceed certain explicit limits. For example, in 1767 a British court rules that a man could “chastise his wife with a whip or rattan no wider than his thumb” thus the phrase, "the rule of thumb." In addition, a husband had the power to decide what behavior(s) of
his wife constituted a punishable offence (Ontario Women’s Directorate, 1992). In the nineteenth century a judge stated, “If no permanent injury has been inflicted...by the husband, it is better to draw the curtain, shut out the public gaze and leave the parties to forget and forgive” (Office for the Prevention of Family Violence, 1991, p. 12).

It has only been during the last century that men have been denied the legal right to beat their wives in the more "advanced" countries of Britain, Canada and the United States (Dobash & Dobash, 1979). Specific to Canada, more recent changes include: that a spouse could be granted a divorce because of physical or mental cruelty (1968); that a husband could be charged with sexually assaulting his wife (1983); that police forces across the country were instructed to lay charges of assault against offenders in cases of “domestic dispute” when there was evidence an assault had taken place (1983). Previously, it has been the victim’s responsibility to lay charges (Office for the Prevention of Family Violence, 1991).

**The Present Global Status of Women**

The list of human rights violations against women by men is seemingly unending in every country in the world.

Violence against women is the most pervasive human rights issue in the world. Amnesty International reports violations continue to occur in every region of the world and under every system of government. The violation of women’s human rights through abuses, exploitation, discrimination and murder constitutes a civil emergency in every country of this planet (Schmidt, 1995, p. 14).

At present the United Nations Human Rights Commission to adopt a resolution identifying the rape of women as a war crime. This proposed resolution is in response to the 50,000 Croatian and Muslim women who have been raped by Bosnian Serb soldiers as a systematic strategy of war. Schmidt (1995) argues that,
The sexuality of terrorism brings its reality into our own communities. Our daily lives are full of images of sexuality and violence presented as the epitome of male power. The common norm of sex as violence and violence as sexy helps destroy clear thinking about the differences between pain and pleasure. More and more, men feel powerful in giving pain and as a gender class, women are often the targets of the profound fear and hatred, brokenness and alienation experienced in our human race (p. 15).

The international abuse and denigration of women serves economic purposes as well as political. Rosemary Brown, in a speech at the 1991 Women In A Violent Society Conference, quoted a 1980 United Nations report which stated that women comprise one half of the world’s population, they are responsible for two thirds of the work, earn one tenth of the income and own one percent of the property (McDowell, 1991).

Eliminating violence against women continues to be a priority of the United Nations. At its sixth session (Vienna April/May 1997) the United Nations Commission on Crime Prevention and Criminal Justice adopted a draft resolution on the elimination of violence against women, proposing it for adoption by the Economic and Social Council (ECOSOC) and eventually by the General Assembly. The resolution calls upon Member States to review and evaluate criminal law and practice to determine if they have a negative impact on women, and if so, to modify them to ensure that women are treated fairly by the criminal justice system. The resolution further urges Member States to develop and promote crime prevention strategies that reflect the realities of women’s lives and address their distinct needs (International Centre for Criminal Law Reform and Criminal Justice Policy, 1997).

The Present Economic Status of Canadian Women

The Canadian Panel on Violence Against Women's Changing the landscape: ending violence--achieving equality (1993) informs us that the average annual wage of women full-time workers in 1991 was $26,842, for men it was $38,567; three out of four earners in the 10 lowest paying occupations are women, eight out of ten earners in the highest paying occupations are men; on average, Canadian women have higher education
than do the men; despite this, only 7% of all full professors at Canadian universities were women. In 1994, B.C. women earned 69.5% of their male counterparts’ salaries (Ministry of Women’s equality, 1996). There is a bumper sticker, which reads, "Most women are one man away from welfare" which sums up the reality of economic violence that exists for the majority of women in Canada. On every front, the global picture for women is bleak indeed. I would contend that our international economic system is dependent on the cheap labor of women. Marx suggested that religion served to help keep the masses from uprising and destroying the capitalistic system. Could the same purpose be served by patriarchy (a society based on a form of social organization in which power held by and transferred through males)?

**Violence Against Canadian Women**

A generation ago, few recognized wife assault as a social problem in Canada. Twenty years ago it was ignored in academic texts and it went unrecorded by police forces. Men were rarely arrested for beating their wives. It was the women's movement that was responsible for bringing family violence into public awareness (Dutton, 1995).

So, how are women presently treated in Canada, one of the most advanced liberal democracies in the world? The Violence Against Women Survey completed in 1993 by Statistics Canada found that: one in two Canadian women (51%) experiences at least one incident of male violence after age sixteen; twenty-five percent of Canadian women have experienced physical or sexual violence at the hands of a marital or common-law partner; of these one in three are beaten daily or weekly; forty-two percent of girls under the age of sixteen have been sexually abused; ninety percent of the victims of sexual assault in Canada are women; ninety percent of disabled women have been sexually assaulted. A women is raped every seventeen minutes in Canada. One in four Canadian females will be raped sometime in her life. Twenty-one percent of women abused by a current or previous spouse were assaulted while pregnant. One in three women in violent relationships fears for her life due to the severity of the violence. Battery is the single
major cause of injury to women, more significant than auto accidents, rapes or muggings. Every day of the year in this country, women are being maligned, humiliated, screamed at, threatened, pushed, kicked, punched, assaulted, beaten, raped, physically threatened and physically tortured. An average of two a week die.

As horrifying as these statistics are, it is important to remember that families and family problems continue to reside in the private, rather than public domain. So it can be assumed that the actual incidence of wife assault and other forms of violence against females is consistently under-reported. Statistics Canada (1993) reports that forty-four percent of the women who reported having been sexually assaulted in the survey had not reported it to the authorities, citing a distrust of the criminal justice system as their reason. Statistics Canada (1998) report that there were 21,901 cases of spousal assault recorded in a sample of 154 police departments across the country in 1996, with eighty-nine percent of the reported victims being female.

So prevalent are acts of violence towards women that in 1990, the Federal, Provincial and Territorial Ministers Responsible for the Status of Women made a declaration outlining the seriousness of violence against women (described by one official as "a war against women"), and supporting efforts to achieve a society free from violence.

The abuse and even murder of women is so common, such an "everyday" experience that it begins to be experienced by men, and by women themselves as "normal." Until it happens to us, or someone we are close to, we have learned to deny the reality of the situation. We distance ourselves from the knowing, wanting to believe it only happens to "others" who are different in some significant way from us. How else do we explain our lack of outrage when the news reporter tells us that another school girl "has disappeared" while walking home, or another wife was murdered after asking for protection from the police, or another child has been raped and murdered? We don't even note the names and few of us can even remember the incident we read about two days
ago in the paper or heard about on the evening news. There are so many. Contrast this with the world’s reaction of horror to learning one wife in United States had cut off her husband’s penis. I suspect that most can recall the name Bobbitt. It is estimated that twenty percent of all emergency surgery performed on females in Ontario is because they were assaulted (Ontario Women’s Directorate, 1992). Why are none of them news? They certainly are not given movie contracts and invited to be a guest on talk shows!

Possible Explanations for Male Aggression Towards Their Partners

Despite the overwhelming evidence to the contrary, our society seemingly continues to have a vested interest in not recognizing the magnitude of the problem that men are violent to women. This attitude has included mental health professionals throughout the world. Increased awareness and concern has been relatively recent. “This has not been because of the growing concern of our profession, rather it has been forced upon us by the women’s movement” (Symonds, 1979, p. 161).

Traditional explanations given in the past by psychologists, psychiatrists and psychoanalysts for woman abuse were often to pathologize the female victims. It was believed that women were beaten mainly because they seek out relationships with aggressive, assaultive men; this is due to the inherent masochism tendencies in all women. They stayed in these relationships because it gave them satisfaction to suffer. This is essentially the theory of masochism and an important part of Freud’s theory of feminine psychology. Later theories developed that the explanation that wife assault was the result of interpersonal dynamics and interacting personality patterns. This was the dependent personality interacts with the aggressive, arrogant, vindictive personality in a mutually satisfying way (Ibid., p. 162).

In the past we have as a society sought to distance ourselves from the victims, seeing them as somehow responsible for their own suffering, and to some degree this continues. In recent years as wife abuse has begun to be seen as both a serious social problem and as a crime, wife abusers were begun to be seen as reprehensible for their
actions. The shroud of family secrecy no longer is perceived as being more important than the individual welfare of family members. To many in the mental health field and society in general, it is individual men have become to be viewed as the problem. Thus we can collectively continue to believe that violence is done to "others" by men who are "abnormal" or "dysfunctional" or "animals" or "madmen." We can separate "them" from "us." The following are psychological theories, which attempt to explain why men in our society abuse their partners.

One explanation for aggression by males towards female partners is the "Brain Damage Theory." (Elliott, 1977). This supposes that occurrences of explosive rage, or episodic dyscontrol were caused by an electronic microstorm in the limbic system, the "ancient" part of the brain situated in the brainstem that is believed by some to be the seat of the emotion. According to Frank Elliott (1977) a leading supporter of this theory, the most common "organic" condition associated with intimate violence is temporal lobe epilepsy. This condition could have been caused by any early trauma to the brain such as an interruption to the oxygen supply during birth or infancy or other traumatic scars. Elliott also believed that metabolic disorders such hypoglycemia could also trigger intimate rage.

In The batterer: A psychological profile. Dutton (1995) discussed a 1989 study that found that 61 percent of men assessed for out-patient treatment for wife assault had received prior head injuries. However he concluded that neurological explanations for abuse cannot be supported in the majority of cases because most men only are violent in intimate relationships and typically the violence occurs in private. It therefore cannot be considered "uncontrolled." Episodic dyscontrol or intermittent explosive disorder would lead us to expect random times for attacks that could occur just as easily in public as in private. Wife assault is not a haphazard act (Dutton, 1995, p. 14-15).

Another theory used to explain violence against females by their partners in an intimate relationship is based on sociobiology. This discipline suggests that human social
behaviors, including male aggression towards a female mate, are genetically encoded and are inherited through a process of natural selection; abuse is seen as a man’s way to dominate and intimate female partners in order to guarantee reproductive and sexual exclusivity. A man hits his intimate partner in order to satisfy the biological imperative that his genes be passed along to the next generation. Why then are not all men assaultive? Why are so many women assaulted while pregnant? How do we explain abuse in same sex relationships? How could any treatment be effective—how could any men cease being assaultive? (p.65-67).

Bandura (1979) suggests that social learning theory may be an explanation for wife assault. This theory examines how habitual actions, such as violence, are acquired through observation of others, and how these are maintained by social payoffs called rewards. Assaultive men are believed to copy or model their behavior on violence they observed in their families of origin. Research has demonstrated that witnessing their father assault their mother does make it more likely that when grown these males will assault their partners. According to Bandura the "rewards" for assaultive men are that they "win" arguments that may have been going badly for them. Faced with what they believe are their wives' superior verbal and emotional skills, they use their advantage of physical superiority. They feel agenetic; that is, they act out and control the situation the way they believe men are supposed to behave. Social learning theory has advantages over the other explanations of wife assault: It accounts for individual variations in behavior, and it relates wife assault to a large body of general studies on aggression. "Holes" in the theory include the suggestion that violence is triggered by an external event—in many cases the men internally generate the tension, creating the event that triggers the violence. In addition, observational learning does not lead to violence in the linear fashion that this theory predicts. Aggression by either parent toward the other can increase violence and victimization by both sons and daughters. However, many children who witness parental violence are not assaultive to their partners.
Something more complex that mere copying of actions is going on. Abusive men experience, profound depressions, delusional jealousy, and disproportionate rage—all in an intimate context. How does one model the inner experience of depression? A deeper, more pervasive form of personality disturbance seems to be at work that what social learning theory would describe" (Bandura, p. 73).

In my opinion, it is patently nonsensical to continue to perceive the violence against women to be the result of individual physiology or pathology, or even that it is "a family problem." Such explanations cannot be supported by the sheer numbers of victims and perpetrators. At what point do sociologists decide that a behavior is normal rather than deviant? If men who abuse women are not abnormal, what other explanations for the phenomenon are there? Many believe that violence is a learned behavior. While the family is a crucial component in the production of a male who is abusive to a woman or women, the media, the military, male peer groups, sport, and pornography are also key elements in the social construction of violent men (Thorne-Finch, 1992).

A feminist political gender analysis has reframed the problem of violence against women as one of misuse of power by men who have been socialized into believing they have the right to control the women in their lives, even through violent means. Although this analysis acknowledges that women sometimes abuse other women, children and men, the underbelly of interpersonal violence is seen as the socialized androcentric need for power (Walker, 1989, p. 695).

Perhaps, the most important question to ask is "Who benefits from misogyny?" Few would argue that we do not live in a patriarchal society. Patriarchy is the only experience we as humans have within the context of our memories and those of our parents and our grandparents. Men’s power and control tactics continue and patriarchy continues. Men abuse because they can. They are not only physically more powerful than women but they have male privilege, economic power, support in the community at large and protection from other men to abuse (Thorne-Finch, 1992, Jones, 1994). Held (1993) refers to the contemporary form of male dominance in advanced capitalist societies.
such as ours as "public patriarchy." She contends that, "Men still have much control over women in family situations, but the primary social mechanisms of control...lie in state regulations and the influence the media exert in sustaining the dominance of men" (p.6).

**How Can It Continue?**

Social response to battered and raped women has historically been one of doubt and disbelief. In the way of response and reform, little has been done to make men who rape and batter accountable for these crimes. This social silence around violence against women has become a deafening roar of denial. Criminal prosecution is the only way to establish that sexual and physical abuse are criminal activities. Without legal sanctions neither protection nor accountability is established. As an example, the 1993 Statistics Canada national survey "Violence Against Women Survey" reported that only one in ten sexual assaults is ever reported to police, only one in 100 cases of date rape is reported. Thorne-Finch (1992) reports that in only one of every twenty reported rapes in Canada is a suspect arrested, and in only one of every thirty incidents is a suspect prosecuted, with half of them being convicted. In theory, the situation should be different with spousal assault. For example, British Columbia has had a mandatory arrest policy of domestic abuse complaints since 1993. However, a study conducted by the Feminist Research, Education, Development and Action Centre at Simon Fraser University in 1993 found that the police forces are not making arrests in nearly 50 per cent of complaints despite the directive (Pemberton, 1997, April 5 issue, p. A15). As would be expected, B.C. Attorney-General Ujjal Dosanjh is quoted as "(being) aware some police officers are not as rigorous in applying the policy as they should be" and he suggested improving training. The response to this stance from Bonnie Agnew of the Vancouver Rape Relief and Women's Shelter was that since she started working in this field 25 years ago, politicians have always talked about improving police training, but nothing has yet changed. She argues, "We need the authority of the Attorney-General to tell police they must take action--believe the women and do your job, investigate" (Ibid.).
My own experience as a therapist in a mandated treatment program for assaultive men has made me question if we get even a fifty percent rate of arrest. In the absence of accountability, abuse continues. Criminal prosecution is the only way to establish that sexual and physical abuse are criminal activities. Without legal sanctions neither protection nor accountability is established. Further, such sanctions must be made known. Justice must not only be done, but seen to be done. Why are the names of men who assault their partners not named in our local newspaper when they are for other assaults for example?

Working with individual pathology is not enough, we cannot continue to "fix" the problem of male violence against women one man at a time. The personal is political. It is the social context from which violence, as are all other inequalities, including those of sexism, heterosexism, racism and classism in each of us, is created. Raising public awareness of both the causes and costs of violence against women requires a great deal of work in both private and public sectors. It is only by identifying and categorizing the individual personal issues of women in the home, the workplace and the community as a result of men's power over them, that they can be politically addressed.

The "bottom line" is that our society, through numerous vehicles, too often creates violent men.

Throughout history, men have had things their way, thanks in large part to their strategic use of coercion and violence. And history, as we know, is written by the victors, not the vanquished. Thus, men who shape events also define them. When men and women experience an interchange differently, it's men who specify what happened. When men and women look at an event differently, it's men who apply the label. Men are privileged to call an assault an "argument," or rape "making love." Battered women in particular find their violent and terrifying world tamed-domesticated-transformed by gray flannel nametags into a benign, cheery, and vaguely titillating place. They say it makes them crazy (Jones, 1994, p. 107)
Violence against women in relationships exists in all socio-economic and cultural groups, and it has been acknowledged as one of the most pervasive and serious problems in today's society. Despite a plethora of research on the causes, results of, and the costs of woman abuse, it does not appear to be decreasing and few would argue that it affects far too many lives. It is increasingly being recognized that there is a profound negative effect on children who witness their mother being assaulted. The next chapter will review the literature on the effects on children of being exposed to woman abuse.
Chapter 3

Women are not the only victims of family violence. This chapter provides a review of the literature regarding the relatively recent recognition that the children of these women are also often profoundly affected, too often "the forgotten victims." The possible negative effects on children resulting from their exposure to woman abuse are also reviewed.

Recognition That Children Are Affected by Exposure to Wife Assault

Twice in the last thirty-five years social reform movements have called public attention to the problem of family violence and initiated legislative and public policy changes. While programs for the prevention of cruelty to children have existed for over 100 years (Gordon, 1988), it was not until the 1960s that the battered child was "rediscovered." As a result of the groundswell of public concern that occurred, legislation in United States and Canada made it mandatory for abuse and neglect of children to be reported (Helfer & Kempe, Eds., 1968).

In the last twenty to twenty-five years, primarily as a result of the women's movement, the "secret" of wife beating has been exposed (Schechter, 1982). Even more recent is the recognition that children who are exposed to woman abuse are also victims of their mother being assaulted. It is only in the approximately last 15 years that researchers and policy analysts have begun to focus on them (Blackwell, 1992). Up until the present generation of children, violence in the home was considered either a shameful family secret or acceptable behavior within a patriarchal society. As described in the previous chapter, the former myth that almost all homes were safe and secure havens for children has now been shattered.
Existing social and legal services that offer protection and support to the victims of wife assault and/or their children were not widely available until approximately the early 1990's. Although there has been research published on the subject of wife assault in the past twenty years, few researchers have considered the impact of this behavior on the children who witness it. Most of the early literature focused instead on the incidence of violence against women and the inadequate response of community agencies represented by the justice, health, and social service systems (Walker, 1979). Until the past decade or so, the needs of children in these families were rarely considered. Except when children were physically abused as well, they were considered by service providers to be part of the battered woman's responsibility and added to the complexity of finding safety, appropriate housing, and financial support. Until this relatively recent recognition of the trauma they experience, children who witnessed woman abuse were often the “forgotten victims.”

Child advocates, clinicians and researchers who have worked with and studied battered women were the first to report on their children (Dobash & Dobash, 1979; Hilberman & Munson, 1977; Jaffe, Wolfe & Wilson, 1986). These authors described emotional and physical difficulties experienced by children residing in shelters, concluding that children who had been exposed to woman abuse are at risk for developing behavioral and emotional problems. While no one child who has experienced living in a family in which they witnessed violence reacts in exactly the same way as another, and there are many variations based on age, gender and circumstances, the following is a summary of possible effects of exposure to interparental violence on children.
Direct and Indirect Impact on Children Exposed to Woman Abuse

A man who abuses his wife will not necessarily physically abuse his children directly, but researchers estimate the extent of overlap between wife assault and child physical abuse is significant. Strauss & Gelles (1990) reported on researchers Herskowitz & Seck (1990) who reviewed two hundred substantiated child abuse reports by the Massachusetts Department of Social Services. They found that in thirty percent of the case records adult domestic violence was a factor in the home. The same source also reported a national survey of over 6,000 American families in which it was found that fifty percent of the men who frequently assaulted their wives also frequently abused their children. The report included that “the rate of child abuse by those (mothers) who have been beaten is at least double that of mothers whose husbands did not assault them” (p. 409). The findings confirmed those of several previous studies. Lenore Walker (1984), for example, also noted the association between domestic violence and child abuse. In interviews with four hundred battered women, she found that fifty-three percent of the fathers and twenty-eight percent of the mothers abused their children (p. 59). Canadian publications report similar results. Leighton (1989) reported that, “In a Canada-wide study of assaulted women, women reported that their partners had abused their children (26%), psychologically (48%) and sexually (7%)” (p. 41).

While children living in a home where there is violence between adults are two to three times more likely to be abused than other children, they may also be injured when they are not the direct targets (Berry, 1998). For example, they may be hurt when furniture or other large objects are thrown or turned over and they are “in the line of fire.” Babies and toddlers have been severely injured when their mother is assaulted while
holding them in her arms. Older children often try to intervene, and one study found that 62 percent of sons over fourteen who tried to do so were hurt trying to protect their mothers (Ibid.).

Based on the above noted studies among others, it can be estimated that between thirty and seventy percent of children living in families where domestic violence is occurring are not directly physically abused by either parent. Are these children still adversely affected? The answer appears to be yes. Recent studies, primarily of children who have accompanied their mothers to shelters, show that children exposed to wife assault are as traumatized as children who are physically abused themselves (Jaffe, Wolfe & Wilson, 1990). Other authors of controlled studies based on community samples have revealed more pronounced differences between children who have observed interparental violence and those who have been directly victimized. Generally, it was found that those who had been exposed exhibited a level of adjustment that was “somewhat in between” that of children who had been physically abused or who had been physically abused and witnessed interparental abuse, but it was worse than that of children in comparison or control groups (Margolin, 1998).

Jaffe et al. (1990) report that while most parents involved in an abusive relationship believe their children do not know about the abuse, studies have shown that almost all children of abused women could describe details of violent incidents. The National Clearinghouse on Family Violence (1996) estimates that between forty and eighty percent of children of abused women have been present and watched their mother being assaulted. Children may be exposed to abuse and violence not only by being present during the assault, but also by hearing the screams, sounds of blows, and other
noises resulting from the assault from another room, or by witnessing the after effects of an assault, such as visible injury to the mother or damage to the home. Exposure to abuse and violence means being aware of the incidents, but does not require seeing the abusive incidents. For this reason, the term “exposure to abuse” may be preferable to “witnessing abuse.”

It is clear from the available research that exposure to domestic violence is related to having a negative effect on a child’s well-being. Their physical health may be affected; they tend to exhibit behaviour problems and psychological adjustment difficulties. Both physical and intellectual growth may be slowed in children from violent homes (Berry, 1998).

Some children react to the exposure by accepting the stereotypical role of a passive victim. They may have somatic complaints (headaches, stomach aches and nausea). Some have sleep disturbances, including insomnia, nightmares and bed-wetting; others develop eating problems, either over or under eating. Being sick may be a form of escape from their violent home life. When you are ill, you are not expected to participate in the world around you. Being sick may get you extra love and attention. Such illnesses are not imaginary, but are the result of stress or poor care at home. Often their medical problems may not be correctly diagnosed because the physician is unaware of the child’s sense of safety and well-being (Jones-Farrow & Blackwell, 1993).

Children may blame themselves for the violence, or devote all their own energy to whatever they think will keep their parents from fighting. Some children, typically the oldest sibling become overly responsible for the other children, assuming their mother’s role. Many of these children grow up without a childhood, spending their time worrying
about safety, trying to protect the mother from the father and shield the younger children from the violence. Such children grow up quickly and may even seem positively affected by their exposure to violence, modeling perfectionist behavior, including excelling in their school studies. The reality is that many of these children remain emotionally deprived and suffer serious psychological problem later (Ibid).

Most often children find that they cannot control their parent’s behaviour, they may then perceive they are incapable of influencing their life circumstances, resulting in a poor sense of self-empowerment. Most children living in violent homes feel that they have a shameful secret to hide, that they are somehow different than other children. It has been hypothesized that such children may well experience repeated criticisms and unrealistic expectations. When these expectations cannot be met, children may blame themselves, thereby further weakening their self-esteem. Self-esteem and locus of control have been identified as being mediating factors children’s behavioural, academic and social adjustment under stress (Moore, Pepler, Weinberg, Hammond, Waddel & Weiser, 1990).

Several studies have indicated that such children demonstrate a high frequency of externalizing behavior problems, including acting out aggressively, seeking attention and bullying their peers. Lehmann (1995) states that these children who demonstrate externalizing behaviour problems frequently experience Posttraumatic Stress Disorder (PTSD). Symptoms include re-experiencing the trauma (nightmares, intrusive thoughts or images, flashbacks); fear, anxiety, tension and hyper-vigilance; irritability and outbursts of anger and aggression; and efforts to avoid being reminded of the abuse (National Clearinghouse on Family Violence, 1996). Other sources suggest that the behavioural
effects may include withdrawal, delinquent behaviour/rebelliousness, non-compliance, poor impulse control, truancy, running away, substance abuse, inappropriate sexual behaviour, aggression with peers, isolation, fewer interests and social activities, noncompliance with authority figures, destructive behaviour, conflict with the law, poor academic performances or highly developed traits of perfectionism which can even lead to suicide (Hershorn & Rosenbaum, 1985; Wolfe, Zak, Wilson, & Jaffe 1986; Jaffe, Wolfe, & Wilson, 1990; Blackwell, 1992; Berry, 1998).

Internalizing behavior/emotional problems such as elevated rates of feelings of powerlessness, depression, withdrawal, low self esteem, pseudomaturity, poor concentration, anxiety, fantasizing, lethargy, extreme loneliness and fear, denial of feelings, and somatic complaints may also occur (Davis & Carson, 1987; Christopoulos, C., Cohn, D., Shaw, D. Joyce, S., Sullivan-Hanson, J. Kraft, S. & Emery R., 1987; Hughes, 1988; Hughes, Parkinson & Vargo, 1989; Jaffe et al. 1990; Berry, 1998). Peled and Davis (1995) in their review of the research, note evidence of increased problems of internalization, externalization, anxiety, aggression, and depression, along with reduced social competence, lower verbal, cognitive and motor abilities, and lower self-esteem, as compared to children who were not exposed to violence in their homes.

The impact on education and social skills of child witnesses to wife assault may be profound given the above noted effects. The National Clearinghouse of Family Violence (1996) states that children who witness their mother being abused by their father or other male partner tend to have lowered school achievement. They may have increased school absences because they are needed to look after siblings when the mother is incapacitated, or they refuse to go to school because they do not want to be
separated from their mother. At all ages, they may not pay attention at times or be withdrawn when they are at school and/or they may be aggressive to school staff or other students (p.3).

Research reported by Pepler, Moore, Mae & Kates (1989) and Wolfe, Jaffe, Wilson & Zak, (1985), concludes that children from violent homes tend to have lowered social skills than their peers. Jaffé et al. (1990) suggest that children who have experienced living in abuse homes are often socially isolated and be taught to be secretive about the abuse. Children in violent homes often live in a constant state of uncertainty and instability. In one study of children living in battered women’s shelters, eight-five percent had been sent away with friends or relatives during the previous year, and seventy-five percent of those over fifteen had run away twice. Again, feelings of low self-esteem, shame and insecurity are very common. These feelings, of course, tend to not improve one’s level of social comfort (Berry, 1998).

Most human learning is based on modeling, especially in childhood. The most powerful teaching tool for children is their parents’ example. Boys may learn that men have the right to beat women; girls may learn that is appropriate for women to accept abuse. It is not surprising that children from violent homes seldom have learned constructive methods of resolving conflicts, and tend to choose either passive or aggressive strategies when trying to resolve disputes. Children from violent homes also show problems with empathy and trouble developing intimate relationships (Berry, 1998).
**Effect On Relationships With Others**

**Mother-child relationships**

As might well be expected there is evidence that child witnesses to wife assault are more likely than comparison children to have mothers who report a high degree of personal, stressful symptoms. “Depressive symptomatology in mothers is considered to be a particularly salient risk factor for children’s functioning in four areas: externalizing problems, internalizing problems, prosocial behaviour and cognitive functioning” (Moore et al., 1990, p. 20). Victimization may well result in the impairment of the ability of the mother to emotionally respond to her child(ren). Emotional responsiveness is an important correlate of children’s social and emotional development. Lack of parental sensitivity and responsiveness may increase children’s risk of internalizing and externalizing problems (Ibid.) Other researchers have suggested that being abused may interfere with mother-child interactions and parenting skills by disrupting maternal attention and monitoring skills (Dumas, Gibson & Albin, 1989) or as a result of a heightened state of self-focused attention by mothers (Lee & Gotlib, 1989). Several other researchers have found that interspousal violence is highly correlated with parent-child aggression (Straus, Gelles & Steinmetz, 1980). When this aggression takes the form of emotional abuse, it may be particularly damaging to children. Moore et al. (1990) cite Garbarino and Stocking (1980) as suggesting that, “...emotional abuse underlies all other forms of child maltreatment and may be the most damaging form of abuse in terms of later functioning” (p. 20).
Relationships With Siblings

Sibling relationships offer children the opportunity to develop positive interpersonal skills including how to handle conflict and control aggression. Interparental violence and parent child aggression on any one or all of the children would likely have an effect on sibling relationships and the overall family interaction patterns. Brody & Stoneman (1988) suggest that parental disagreements, lack of affection between parents, low marital satisfaction and family conflict were all associated with high levels of negative and aggressive behaviours between siblings.

Peer Relationships

Peer relationships are very important in a child’s life in that children with poor peer relationships have been shown to be at risk for later personal adjustment problems (Parker & Asher, 1987). I was unable to find research to indicate how the peer relationships of children who are exposed to woman abuse are affected. However, it would seem likely they would have more difficulty with peer relationships, given that children who are aggressive towards their peers are likely to be rejected and have difficulty in peer interactions. Also, we know that the prevalence of aggression is correlated with the experience of exposure.

As already discussed, children from violent homes have internalizing problems such as anxiety, depression and lack of involvement with others; these too may well have the effect on a child’s peer relationships. Further, the shame of family violence may discourage children from interacting with other children, not wanting to invite other youngsters to their home for example. Poor peer relationships at school may also relate to academic problems. Parker and Asher (1987) speculate that because academic pursuits
take place in a social context, inadequate peer relationships could impede academic progress. Conversely, academic success is one of the factors that relates to peer group acceptance and may strengthen children's coping capabilities (Rutter, 1987).

**Age Specific Effects**

The literature does suggest that there are age specific effects of witnessing their mothers being assaulted. For example, The National Clearinghouse on Family Violence (1996) suggests that very young children, even infants, are seriously effected, and may suffer disruption of normal sleeping patterns, weight gain and excessive crying (p.3). Also, pre-schoolers display effects such as anxiety, clingingness and aggressive behaviour. Children beyond the infant or pre-school age often feel responsible to try to intervene in the abuse situations. Children aged six to ten tend to have school and peer relationship difficulties (p.4).

To date, studies regarding witnessing family violence have focused on its more immediate effect on children and youth. Significant literature regarding the long term effects of children witnessing violence has been hard to find. Exceptions are case studies of battered women and their families in the early literature referred to by researchers such as Jaffe, Wolfe & Wilson (1990). They contend that children from violent homes are being taught that violence is an effective way to gain power and control over others; and further, that such children are more prone to accept excuses for violent behaviour, and have increased risk of acting aggressively toward peers and adults. These case studies made indirect references to the children witnessing violence and began to suggest several areas of concern. A boy who witnesses his father assaulting his mother for example, is learning that violence is acceptable behavior and that is an integral part of intimate
relationships. A girl who witnesses her mother being assaulted by her father is learning about victimization and the extent to which men can use violence and fear to exert power and control over family members. Boys and girls who live with violence are experiencing significant emotional trauma. Rather than having families that offer security and nurturing, these children experience fear, anxiety, confusion, anger, and the disruptions in lives that are the aftermath of violent episodes.

More recently, these experiences and their consequences are being labeled by many child abuse specialists as emotional abuse or psychological maltreatment. In a later publication, Sudermann and Jaffe (1998) suggest that girls who witness violence have a greater tendency to become withdrawn and depressed, while boys have a greater tendency to act aggressively. However, these problems are present in both boys and girls. The same authors further suggest that witnessing violence greatly increases the chances that a boy will grow up to act violently with dating and/or marital partners. For girls, it increases the chances that she will accept violence which occurs in her dating and/or marital relationships. Berry (1998) also voices these concerns,

Perhaps the most disturbing effect of family violence is the way in which it teaches children that this is the way a family functions—that violence is an acceptable way to solve problems, that men should dominate and abuse women, that women should submit. Children from violent homes have a much greater chance of growing up to be abusers or victims themselves, thus perpetuating the cycle of violence over and over through the generations. According to one major research study, sons who witnessed their father’s violence had 1,000 percent higher battering rate as adults than sons who did not witness violence (p. 121).

While the literature suggests that these issues are problematic, I have been unable to find other studies to examine the effect of witnessing violence as children on adults, with the exception of studies showing that 75% of assaultive men witnessed violence between parents when they were children (Blackwell, 1992).
Effects on the Children of Women Who Leave

If the mother takes her children and leaves the relationship, the children suffer disruption of their home, routine, and relationships with their friends, extended family, father, and often their school. Children whose parents are separated as a result of wife assault may be pre-occupied with fear that violence will re-occur and are often aware of threats and attempts at renewed contact, or stalking, by their fathers. While the children may be relieved to be in a safer place; they may be confused with ambivalent feelings towards both their father—they may miss him and worry about his well-being, but also be afraid of him. They may also have mixed feelings towards their mothers, feeling sympathetic and supportive of her, but also feel resentful and disrespectful towards her as a result of their opinions about her choices, or even angry, blaming her for the assaults on herself or them. As well, the trauma and stress experienced by the mother may well result in her being abusive or neglectful to her children or handicap her from being loving and nurturing to her children (National Clearinghouse on Family Violence, 1996).

A Caution Regarding the Generalization of Research

Davis, Hale & Snelling (1996) make a valid point when they bring to our attention that generalizations about child witnesses may unintentionally contribute to the identification of these children as a deviant population and that caution must be used interpreting research findings and in communicating these to broader audiences. In support of this plea for caution, they state,

Research in this area has mostly studied child residents of shelters, or children who have previously stayed at a shelter. When research focuses on children during the time of a shelter stay, the children are at a crisis point in their family lives. For this reason, their behaviour and emotional problems may be atypical or exacerbated relative to their usual behaviour. Generalizations about children who are exposed to violence are limited by the restricted sample used in most
investigations. There are many children exposed to violence who never have contact with a shelter, and little is known about their characteristics. It may be that those children and their families are qualitatively different from those children who do have shelter contact (p. 10).

**Conclusion**

Evidence is becoming more available regarding the immediate and short term consequences for children of being exposed to family violence. Much of it however is in the form of anecdotal reports based on observations of children who accompany their mothers to shelters and in studies in which it was often very difficult to control the multitude of variables that either exacerbate or buffer the effects of such exposure. There are also a very wide range of severity of effects reported. For example, Trickett & Schellenbach, (1998) indicate that some children survive relatively unscathed. Whereas Dr. Richard Gelles, one of the leading authorities in the study of domestic violence has been quoted as stating that the worst thing that can happen to children is to grow up in an abusive family (Berry, 1998, p. 117). Others urge caution regarding making any generalizations regarding the effects on children to exposure to woman abuse because of the restricted sampling that many studies to date have used in their investigations.

Notwithstanding the above caution regarding the over-generalization of the research, there can be little doubt that children exposed to woman abuse are negatively affected. Further research into the effects of children being exposed to woman abuse has been identified as a high priority in the efforts to stop family violence. This is because the long term effects of exposure to domestic violence may lead to the perpetuation of violence over several generations of families (Moore, Pepler, Weinberg, Hammond, Waddell & Weiser (1990). In particular, there have been recent attempts to examine what factors mediate the effects of such exposure, which are telling in terms of how exposed
children might be best helped--their trauma best mitigated, and their emotional resiliency best enhanced. These will be discussed in the following chapter.
Chapter 4

The following chapter examines the issue of emotional resiliency and the mediating variables that ameliorate or aggravate a child’s response to a high-risk situation such as exposure to woman abuse. I also discuss possible methods whereby social workers and others might facilitate positive changes in children’s attitudes and skills that will likely enhance their emotional resiliency and ultimately, their level of well-being.

Background to Emotional Resiliency

While most experts now agree that marital violence has a deleterious impact on children's adjustment, current findings suggest that not all children are affected to the same degree. Peled and Davis (1995) point out that it is not a simple matter to determine that exposure to violence causes behavioural problems or psychological adjustment difficulties because not all forms of domestic violence are the same, nor are all children similarly affected. Not all children who grow up in a violent home are behaviourally disturbed; similarly these behaviours can also be found in children who have not been exposed to violence. Many factors may influence the child’s level of emotional resiliency.

Research has shown that children who have been subject to various traumas, including witnessing violence between their parents or caregivers, have highly variable levels of adjustment. It is important to identify the mitigating variables referred to in the literature as protective or vulnerability factors that may ameliorate or aggravate the child’s response to a high-risk situations which include exposure to family violence, specifically wife assault (Moore, Pepler, Weinberg, Hammond, Waddell & Weiser, 1990).

Resiliency: Definition

The professional literature does not have a single accepted definition of resiliency; for the purpose of this paper it will be defined as “...unusually good
adaptation in the face of severe stress and, or, the ability of the stressed person to rebound to the pre-stress level of adaptation” (Steinhauer, P., 1996, p. 2). This implies that the resilient child has gradually, over time, developed the resources needed to cope, even to become stronger, while rising to the challenge of difficult conditions.

Interest in resilience has grown rapidly because this quality plays a key role in understanding healthy development under conditions that favor developmental failure (Wyman et al., 1991). As a counsellor, I have wondered many times why some people are able to “bounce back” more quickly than others from seemingly similar devastating effects of traumas. I think that Ernest Hemingway was right when he wrote in Farewell to Arms, “The world breaks everyone, and afterward some are strong in the broken places” (Butler, 1997, p. 24). Individuals do vary in their ability not only to survive, but to thrive post childhood traumas. What separates them from those who become severely damaged adults despite being seemingly no more privileged or less stressed?

This question is another version of “nature vs. nurture” debate. Research on resilience has not resolved this old debate. What it has accomplished is to provide clues to how children become resilient. This disagrees with culture’s conventional wisdom that the nuclear family’s influence is paramount; that early trauma can’t be undone; that adversity always damages rather than challenges; and that children from sufficiently troubled families are pretty well doomed. Rather, data has begun to emerge from a handful of longitudinal studies that indicate that none of these statements are necessarily true. Perhaps the most famous is a forty year study (from 1955 to 1995) of 210 “high risk” children born on the Hawaiian island of Kauai by Dr. Emmy Werner. The children were classified as “high-risk” because they had been exposed before the age of two to at least four risk factors: poverty; perinatal health problems or congenital handicaps; mothers with low levels of education; and familial alcoholism, violence, instability, discord or mental illness. Most of these children were born to poor, unskilled sugar-plantation workers of Japanese, Filipino, Hawaiian, Portuguese, Polynesian and mixed racial
descent. Some parents were alcoholic or mentally ill, and many had no more than three to five years of formal education. The children were followed up at ages one, two, ten, eighteen, thirty-two and forty years of age. The results were reported to be that of the 210 subjects, 138 had done “as badly as expected by the age of 18, becoming pregnant as teenagers, needing mental health services or getting in trouble in school or with the law. The remaining 72 (one of three) “developed into competent, confident and caring young adults who...loved well, worked well, played well, and expected well”. All but two of this group by age forty were still living successful lives (Butler, 1997, p. 25-26). In further discussing this and other longitudinal studies, Butler contends that,

...resilient people do not make it on inborn strengths, fierce independence and rugged individualism alone. What we call resilience is turning out to be an interactive and systemic phenomenon, the produce of a complex relationship of inner strengths and outer help throughout a person’s life span. Resilience is not only an individual matter. It is the outward and visible sign of a web of relationships and experiences that teach people mastery, doggedness, love, moral courage and hope (p. 26)

Research on “stress resistant” or “resilient” children has indicated a need to emphasize the importance of examining mediating factors, both in the individual child and in their environment, in order to explain why some children appear to function well and other children less well in the face of adversity (Luthar & Zigler, 1991; Werner & Smith, 1982; O’Keefe, 1994). These mediating variables, referred to in the literature as protective or vulnerability factors, may ameliorate or aggravate the child’s response to a high-risk situation (Rutter, 1978).

Protective Factors

There are many sources of resiliency which allow some children to transcend adversity and these are often mutually reinforcing. Three dimensions of protective factors have been identified: child-based factors (e.g. temperament, positive self-esteem), family factors (e.g. warmth, caring, support), and broader community/environmental factors (e.g. extended family, school) (Garmezy, 1985; Garmezy and Tellegen, 1984; Masten and
Garmezy, 1985; O'Keefe, 1994). Steinhauer (1996) suggests that the protective triad—individual opportunities, close family ties and external support systems, including their school and the community may counteract high levels of chronic stress and adversity in a child's life. He perceives these protective factors to include: the child's genetic makeup and health, the "goodness of fit" between child and parents, the capacities of the parents—as individuals and as a couple—to support optimal development, the level of chronic stress—environmental, interpersonal or psychological—experienced by the family and the child, and the perspectives of the parents and the child when confronted with stress.

There are protective personal characteristics that help some cope with, and even grow stronger, during periods of high levels of chronic stress and, or, adversity. These characteristics include: being social competent including the ability to recruit support and elicit caring, the skills to be a creative problem-solver, the ability to rebound and persevere in the face of hardships, able to tolerate frustration and even initial defeat, possess a sense of autonomy, confidence and optimism, having a sense of meaning and purpose to life, and having healthy self-esteem (Steinhauer, (1996), Garmezy, (1985), Williams, Wiebe & Smith, (1992)).

Moore et al. (1990) identify having self-esteem and an internal locus of control as being important factors within the child to mediate their behavioural, academic and social adjustment under conditions of stress. These two factors are likely to be issues for children exposed to woman abuse in the home given the data discussed in the previous chapter which showed that children living in violent homes are likely to have lower self-esteem and feel that they are incapable of influencing their life circumstances.

Another common experience associated with the development of protective personal qualities is having a secure attachment within a cohesive and supportive family or other supportive environment, such as a school. These traits are often shaped and strengthened by the child's early experiences in their primary learning environments. If
the child forms a secure attachment to an emotionally responsive caregiver, for example, the child is much more likely to learn to trust others. A child’s sense of competence results when he or she receives support, encouragement and opportunities to experience competency by caregivers (Levac, 1998). Protective factors in families and schools that foster resiliency include caring and support and high but achievable expectations. Additional factors include opportunities for children to participate and contribute, and in families, the strength to endure and cope despite chronic stress and repeated crises (Steinhauer, 1996). Butler (1997) reports that Werner’s study found that the children who were most adept at recruiting surrogate caregivers and adult mentors were the ones who eventually looked the most resilient and self-reliant (p. 27).

Individuals, settings, and activities can also serve as protective factors for children. The community and broader society within which children live, learn, and play can provide a protective buffer by promoting positive values of equity, solidarity, non-violence and individual and collective responsibility for children. Children and families benefit from communities that celebrate diversity, foster community development, ensure a variety of individual and family supports, and increase a sense of belonging, well-being, acceptance and stability (Levac, 1998). Wolfe et al., (1985) found that children whose mothers cope especially well and have strong social support would fare better. Other variables determining the extent of trauma include whether the child has other areas of strength (school, social relationships, sports activities) which appear to decrease the effect of witnessing violence between their parents or caregivers (National Clearinghouse on Family Violence, 1996).

**Vulnerability Factors**

Much of the research regarding vulnerability factors which diminish resiliency has been in the area of poverty (Steinhauer, 1996). The effects of poverty on children is briefly explored here for the additional reason that there may be a significant correlation between poverty and exposure to woman abuse. Studies regarding the undermining
effect of poverty on children have shown that its effect is cumulative. Children growing up in poverty show almost three and one-half times the conduct disorders, almost twice the chronic illness, and more than twice the rate of school problems, hyperactivity and emotional disorders than those who are not poor (Ross, Shillington & Lochhead, 1994). It has been concluded that the deeper the level of poverty, the higher the incidence of violence in children (three times greater in girls; five times greater in boys) (Tremblay, Pihl, Vitaro, & Dobkin, 1994). Steinhauser, (1996) makes the important point that, “However, it is more the degree of inequity—that is, the extent of the gap between rich and poor in a society—and the degree of powerlessness and lack of control over one’s life rather than the economic deprivation itself that most strongly undermines physical and mental health” (p. 7).

There are many different kinds and degrees of disadvantage. Poverty is likely to increase parental stress and family tension in many ways. It serves as a source of stress in its own right. It erodes parents’ limited psychosocial resources and magnifies interpersonal and psychological problems. It aggravates parenting problem and lessens opportunities for temporary escape from sources of stress (Rutter, 1979). But evidence is mounting that, even for poor children, it is the combined effects of multiple environmental stresses and the clustered effects of psychosocial deprivations that often coexist with poverty—particularly maternal depression, parental substance abuse, parental violence and paternal criminality—rather than just low income, that undermine competence and resiliency (Ontario Mental Health Foundation, 1994, pp. 12-14).

Children do not have to be poor to be disadvantaged. Children of chronically neglectful, conflicted, violent and abusive families are also disadvantaged, whether they are poor or not. The need for both parents to work, higher levels of marriage breakdown and the mobility of families has resulted in decreased availability of extended family to assist with child care. This has left many parents with less time and energy to devote to
parenting. These factors have all been identified as contributing to the creation of disadvantaged children (Steinhauer, 1996).

The literature identifies many biological, familial and environment risks that are inherent in disadvantage which has the potential to undermine the achievement of competence and resiliency in children. Many of the factors that have been identified could possibly, or are likely, to be present in a family where there is woman abuse. Steinhauer's (1996) list of biological factors includes the following: premature birth, low birth weight (possibly as a result of physical abuse during pregnancy). Social factors include the isolation, lack of psychosocial support and chronic high stress and abuse of the mother during pregnancy. Consistently neglectful or abusive parenting (i.e. chronic stress) during the first one to two years of life may also be associated with permanent brain damage. Decreased secure attachment to a primary caregiver may result in increased anxiety in a child. This has the effect of he or she practicing avoidance to decrease the anxiety. While avoidance decreases anxiety, it does so in ways that keep the infant from developing more effective coping strategies. The lack of effective coping strategies denies the child a sense of mastery, favours habitual avoidance and predisposes the child to the development of anxiety disorders. While secure, involved, sensitively attuned parenting may help children develop more effective means of coping, it is less likely that this will be present if there is violence in the home. The strongest single familial factor protecting the potential for resiliency during infancy and early childhood is anything that supports the establishment of a secure attachment to a primary caregiver. Generally a secure attachment is favoured by a relaxed, secure supported mother. It is logical that being the victim of abuse by her partner is likely to undermine the potential for a mother for her full involvement with and sensitive attunement to the developing infant. Parental preoccupation and withdrawal or episodes of unpredictable, erratic or hostile parental behaviour that frightens the infant also has a negative effect (pp. 9-17).
A lack of marital harmony reduces the capacity for resiliency in children as such conflict makes consistent expectations and regular follow-through by both parents less likely, thereby predisposing children to poor impulse control and poor socialization (Fergusson, Horwood & Lynskey, 1992). Further, Steinhauer (1996) states that,

As well as raising the level of family tension, marital conflict affects children in a number of ways. It polarizes parents, which invariably undermines consistency. It also “triangulates” one or more children who are trapped between the conflicting expectations of the battling parents. If the conflict is sufficiently intense or chronic, it may precipitate family violence, and that will increase the risk that the child will become aggressive, lower his or her capacity for empathy, and increase his or her vulnerability to psychiatric disorders and anti-social behaviour, even if the child is not the one being abused (p. 18).

Severe and, or, chronic marital conflict, including woman abuse may result in marriage breakdown. Children whose parents are divorced or separated have possible additional vulnerability factors that tend to decrease their emotional resiliency. These include possible emotional and, or, physical abandonment by the non-custodial parent. The financial status of the single parent family, usually headed by the mother, very likely to decrease. This often has the effect of reducing the child’s access to activities such as sports, lessons in the arts, clubs that are potential sources of enhanced self-esteem. It also decreases the chances of the child finding appropriate role-models and supportive mentors. Single parents are less likely to have the time and energy to give as much quality time and attention to their children as those who have a supportive co-parent. Being raised in a reconstituted family is also considered a vulnerability factor (Steinhauer, 1996).

Other factors that have been identified as likely to decrease the development of resiliency in children. These include poor school performance or failure and inadequate control over aggression--these frequently coexist and potentiate each other (Tremblay, R.
Pihl, R., Vitaro, F. & Dobkin, P., 1994). Peer relationships are also considered important in that they provide another chance for children to learn the interpersonal skills that are important to social competence. If these are lacking, it can undermine the child’s mastery of problem-solving, self-esteem and control over emotions, including aggression (Jones & Offord, 1989).

**The Promotion of Resiliency in Children Who Have Been Exposed to Woman Abuse**

The growing awareness of how exposure to woman abuse may affect children has not been matched by the development of specialized programs for the children. While recognizing the need for programs for children, lack of secure funding has prevented the development of them in many, if not most, communities in Canada (National Clearinghouse on Family Violence, 1996).

Experts in child and youth mental health have identified prevention, early intervention, and holistic approaches as critical ingredients of effective services for children. *Making Services Work for People* (1997), is a social service framework adopted by the Ontario Ministry of Community and Social Service. *Reinvestment Strategy for Children and Youth* (1998), a related document, outlines Ontario’s current public policy on children and youth. Both of these documents identify children who are exposed to family violence as a group at high risk for problematic outcomes. They also have identified these children as needing prevention and early intervention services, recognizing that appropriate intervention is an effective way to reduce the likelihood and magnitude of later, long-term problems.
**Group Treatment for Children Who Witness Woman Abuse**

The prevalence of wife assault and the serious effects on children of witnessing it make it an important issue in the children’s mental health field. The idea for group treatment of children who have witnessed woman abuse appears to have emerged from the research of Peter Jaffe, the Director of the London Family Court Clinic. His research found that children who witnessed violence against their mothers were at risk of problems in emotional and behavioural adjustment, even when they had not been directly abused themselves (Jaffe, Wolfe & Wilson, 1990). Peled and Edleson (1995) have also determined that children can benefit significantly from participating in group situations.

Steinhauer (1996) among others previously noted, recognizes that peer relationships are highly important to children. The choice of peers can be a strong influence supporting either prosocial or antisocial attitudes and behaviour. Positive peer relationships can also help the child move toward increasing independence. Such relationships can be facilitated in a group setting.

Group recreational activities may be a significant source not only of fun, but of skills that in themselves can help children succeed in spite of disadvantage (Kellam, 1990). Successful experiences with peers help children learn to follow rules and take turns. For socialized children, group activities can offer an antidote to boredom and important opportunities for the successful sublimation of aggression. Well-supervised group activities offer not only all of the above, they also provide another opportunity for an ongoing association with a mentor. This experience is frequently found in the history of children who achieve resiliency in the face of disadvantage (Ibid).
The above mentioned Reinvestment Strategy (1998) recognizes that counseling for children exposed to family violence should be delivered in a treatment-oriented, client-centered fashion. The document also suggests that most commonly programs provide this treatment in a group format. There is an acknowledgment that support groups, led by trained professionals or other experienced group facilitators, as being beneficial to children and youth from families where there has been violence or abuse. The document clearly supports a group model for most children exposed to woman abuse.

However, the policy document also recognizes that group treatment is not always appropriate. Depending on the child's level of adjustment to the trauma they have experienced, individual treatment may be needed for depression, fear/anxiety, post-traumatic stress disorder and aggressive behaviour toward self or others. Family therapy also may be deemed to be a more appropriate treatment, again depending on individual and family circumstances.

Davis, Hale & Snelling (1996) suggest that there are other factors that may counter-indicate a group treatment/education model. These include recognition that delivery of services may be extremely limited or non-existent in rural or remote locations. Transportation and travel time are often significant issues for rural women and their children if they wish to access urban services, especially if compounded by economic dependency. Privacy and anonymity in smaller communities may also add to the difficulty of accessing services. Cultural and linguistic accessibility are additional issues that need to be addressed (p. 11-12).
Group Intervention Approaches

As mentioned earlier, available programming is far short of meeting the need for it. However in recognition of the needs of children exposed to violence, a variety of programming has been developed in Canada. While there are some limitations to group treatment/education models, the concept is supported by many, including Jaffe, Wolfe & Wilson (1990). They suggest that this form of treatment has both proven to be effective, has the benefit of being more cost effective and is less labour intensive than individual therapy. Group programming deals with children at different levels of intervention: educational, psycho-educational, and treatment focused. The following is a short review of these group approaches.

The educational/curriculum approaches are most often used by school boards, schools and teachers. These offer opportunities to introduce violence prevention policies and practices. Schools are seen as appropriate settings for prevention programs because, in part, most children can be reached in a school setting. While most initiatives address such issues as student-to-student violence, some available materials also provide education related to exposure to violence at home. For the most part, however, the focus of most of these programs is prevention. For children who live, or have lived, in violent families, their level of exposure puts them beyond the need for prevention, and instead in need of intervention and treatment. Although some broad-based programs are also designed to engage in interventions, the direct service then moves away from curriculum approaches and toward more individualized service to particular children in need (Davis, Hale & Snelling, 1996, p. 12).
Psycho-educational, or support group, approaches provide education and support for children identified as having been exposed to violence. Such programs have been outlined in the literature by Peled and Davis (1995) and Wilson, Cameron, Jaffe and Wolfe (1986). This type of program tends to be of relatively short duration. Most often these programs are approximately ten weeks, with meetings held once a week. They most often follow a prescribed format, and typically involve highly structured group activities (Ibid., p. 12-13).

A treatment approach is again most commonly provided in a group format when the target group is for children exposed to family violence. A treatment approach is less structured than the typical psycho-educational group, but instead is more responsive to the issues raised by the group participants. It is operated from a client-centered, process-group orientation. While it does focus on particular issues that are common to children exposed to violence, it would have the flexibility in the group process so that emerging issues for the children could be addressed also (Ibid. p. 13).

**Common Features of Groups for Children Exposed to Woman Abuse**

A review of the literature suggests that groups have been offered in shelters, safe-homes, family court clinics and outpatient social service agencies (some of which focus exclusively on domestic violence). These programs most often reported 60 to 90 minute group sessions that met weekly for six to ten weeks. The ages of child participants varied from one to sixteen years, but most groups focused on the four to thirteen year olds who were divided into groups according to developmental abilities. Reported groups also appeared to be small; membership in most cases ranged from three to six children (Peled & Edelson, 1995).
The majority of these programs used structured sessions with specific goals and educational activities designed to achieve these goals. The commonly stated goals include: to provide the children with the opportunity to process and understand the violence and abuse that they have been exposed to; to facilitate the children's ability to identify and express their feelings surrounding violence, separation, shame, guilt, loss, anger and further; to understand that their feelings are very important and normal under the circumstances; to give children opportunities and skills to deal with their feelings in a constructive manner; to improve their communication, problem-solving and conflict resolution skills; to develop social support networks; to develop safety plans to help children make safe choices for personal protection in the event of further violence; to create a safe predictable environment for children to disclose; and offer strategies to enhance esteem. These goals were achieved through a variety of structured educational and play activities that included presentations, discussions, modeling, role-playing, art projects, homework assignments (Peled & Edleson, 1995, Loosley, 1997, Catholic Family Services, 1998, Family Services of Peel, 1998).

Conclusion

It is my opinion, after reviewing the literature and having my own professional experience that the concept of emotional resiliency is very relevant when working to assist children in overcoming disadvantage. Group treatment/education models have shown themselves to be effective in working specifically to enhance and facilitate the skills and attitudes that promote emotional resiliency in children that have been exposed to woman abuse in the home for some children.
Chapter 5

In this chapter I will discuss the Elmcrest Project, also known as “The Lunch Group.” During my practicum with the Family Services of Peel I was assigned to be a co-facilitator of this program. As I indicated earlier in this report, my motivation to work in this program was extremely high, and having the opportunity to do so was instrumental in my choice of a practicum placement. The opportunity to work with Mr. Levac was another very positive factor. Despite our official roles as supervisor and student, Mr. Levac strongly encouraged me to be fully involved in all aspects of the program and jointly responsible for its delivery. The following is a description of the Elmcrest Project including a report on the Fall, 1998 “Lunch Group” which I co-facilitated.

The Elmcrest Project

Model and Purpose:

The Elmcrest Project is funded for children who have witnessed violence in their home. In 1998, the program was funded by the Ministry of Community and Social Services (MCSS). It is administered and staffed by The Family Services of Peel with the collaboration of the Elmcrest Elementary School in Mississauga. It is a neighbourhood, collaborative, cost sharing program. The school provides the facility, case finding and consultation as well as administrative support. The Family Services of Peel provides program staffing, supervision, administration (Family Services of Peel, 1998). In my opinion it would be considered to have a treatment approach.

This program was initially presented three years ago at the request of the Elmcrest School staff because of the difficulties many of their students were demonstrating. The Family Services of Peel were requested to offer a group program for children who had been exposed to violence. Another reason for choosing the Elmcrest School as the site for the initial pilot project was because it is in a “mixed neighbourhood.” While surrounded by middle class single-family homes, there are
several low cost and subsidized housing units in its catchment area. The school's total population of 380 includes children from diverse socio-economic class and culturally diverse families. The School staff are extremely supportive of the Lunch Group and believe previous programs have been of significant benefit to their students who have participated in the past.

The program is preventative in nature. It was designed to address the amelioration of the effects of witnessing (seeing, and/or hearing) wife assault on the children and to enhance their emotional resiliency. The concept of the program is based on two premises: first, it is well known that children who witness family violence are ashamed and bound by family secrets; and second, bringing the children to socialize with children of similar background over the lunch period would decrease isolation and normalize their experiences in a safe/protective environment.

The eight weekly sessions are held over the children's lunch hour, plus an extra 15 minutes. The structured sessions last one hour, followed by fifteen minutes of play, usually outside, to “blow off steam” so that they will be emotionally ready to return to the classroom (Levac, 1998).

Objectives/Goals

The ultimate goal of the program is to reduce the likelihood of perpetuating the cycle of abuse/violence in the children's adult lives, as either victims or perpetrators. In the short and medium term, outcome goals for the children in the program include: breaking the secret of violence in the home, understanding violence and abuse, promoting healthy emotional expression, enhancing personal safety knowledge, developing internal and external resources for coping with problems, improving interpersonal relations, increasing self-esteem and reducing difficult behaviours. The specific goals of the program are as follows:

- To expand the children's ways at problem solving that they do not rely on the use of violence or force;
• To teach the children healthy coping skills that address their own safety and protection;
• To provide children the opportunity to receive support from their peers;
• To validate and normalize their experiences;
• To facilitate children’s expression of feelings in constructive ways;
• To stimulate a sense of hope and competence. (Levac, 1998).

Hypothesis

• It is well known that children who witness family violence are ashamed and bound by family secrets. Bringing the children to socialize over the lunch period would decrease isolation and normalize their experiences in a safe/protective environment.
• That children brought together would learn that they are not to blame for their parents problems.
• That children would improve their stated approaches to handling conflict with peers and learn to use non-violent conflict resolution strategies.
• That children would learn that listening to others as well as talking about their feelings is important and valued. Group would give them a valuable experience to talk about how they feel, validate how they feel and improve their view of self (Ibid.).

Identification, Referral, Screening

Prior to our first meeting with administration and school support staff members, they had, as a team, prepared a list of possible candidates including children who had been suggested by the teachers. The referring staff members are aware, either from official school records, or information they have received from the children, or by other means, that the child is currently, or has in the past, been exposed to interparental violence, or that some other serious traumatic event has occurred in the child’s life.

At a joint meeting of the group facilitators and the school’s administration and support staff, we discussed the 24 possible participants on their prepared list. There was an open discussion led by the principal regarding the child’s history, present situation,
problematic behaviours being demonstrated, other support available to the child, level of group readiness, as well as other germane issues shared in the group meeting. There was also discussion regarding the need to have the group gender balanced and the children participating at a similar stage of development to promote group cohesiveness.

Yakom (1985) states, "The therapist’s paramount task is to create a group which coheres" (p. 265). Cohesion is achieved through stable attendance, group acceptance, support and safety. It is reflected through group rapport, affective sharing and self-exploration. A cohesive group is more able to express and accommodate a range of feelings and is more conducive for influencing change (Davis, Hale & Snelling, 1996).

So, while the referred children’s histories in many cases were very poignant, some heart-breaking, even to someone who has heard many stories of childhood trauma and neglect, there were obviously other factors to be considered in choosing the composition of the group. Other factors we considered during screening and intake processes, included level of difficulty relating to others, communicating or achieving intimacy, ego strengths, gender and attention deficit hyperactivity disorder (AD/HD) symptomatology.

The challenge facing us was to ensure that those children most in need of treatment not be screened out, while simultaneously taking care not to sabotage the group’s potential effectiveness for all the participants. Nine children for possible inclusion were chosen, allowing one “spare” in case a child chose not to attend and, or, their parent did not give permission for their participation.

The custodial caregivers of the screened children were then sent a letter from the school requesting written permission for their child to be included in the program. There is a signature line for the custodial caregiver to sign permission and it is requested that this be returned to the school (Appendix II). No child can participate without the written consent of his or her custodial parent. The parents of the children and their individual teachers were invited to participate in the program by attending pre and post interviews.
with the facilitators, as well as having voluntary contact during the program to share information regarding the children’s progress, program content or any related concerns.

The selected children were interviewed by Mr. Levac and myself in short, individual, informal meetings. The children were told about the group, asked questions to help us to ensure individual suitability and their willingness to participate. The children were not specifically told that the group was for children who had been exposed to violence or experienced trauma, but rather that it was where we would be “…having fun and learning to do things that teach them new skills that would help them…” Children were encouraged to ask questions about the group and activities they would be doing. Only one child expressed that he did not really want to participate, and this was accepted without any pressure for him to change his decision.

The Facilitators

From my research of the literature regarding similar groups, I was aware that the facilitators play a primary role in modeling the critical elements of healthy interactions: respect, active listening, negotiation and problem-solving was confirmed in pre-group discussions with Mr. Levac, the co-facilitator of the program. The relationship between the facilitators is a critical reference point and their relationship cannot be understated. While I officially participated in the group as a student, Mr. Levac thought it essential that we modeled an egalitarian relationship. My being significantly older and having more years of experience, as well as the mutual respect we gave to one another’s work, allowed for equal participation. We met prior to each group to plan the programming of each session, and after each session for not only de-briefing to discuss the session, but also our own issues and concerns that had arisen because of what had transpired during the group.

While group work is a process which is never static but constantly shifting, changing and developing, I found that working with children in the here-and-now, demanded an even more constant state of readiness along with a high degree of flexibility
than my previous work with adult groups. I was very sensitive to their individual issues and vulnerability. Awareness of transference and counter-transference phenomena combined with the differential use of self was very much required. My own childhood experiences were at times facilitative of the work, and at other times, barriers to be overcome. There were several times I became “triggered” by events or feelings described by one of the children. I worked very hard to be honest and genuine with the children and be completely “present.” In truth, I had to work at not over-identifying with at least one of the participants and becoming emotionally enmeshed with her and others. To do this, I needed to be as self-aware and open to discussing these issues with my co-facilitator/supervisor. He was, in turn, very supportive and facilitative of my work. The supervision very definitely enhanced my professional growth. It is my considered opinion that I was a capable and effective facilitator. Together we did model the mutual respect, trust, open and honest communication, sharing and comfort in addressing disagreement in the group, all of which is advocated in the literature as being important (Davis, Hale & Snelling, 1996).

The Participants

The Fall 1998 “Lunch Group” consisted of four boys and four girls. The children were all between seven and nine years of age, with four children enrolled in grade three, three in grade four, and one in grade five. Six of the children were Caucasian, one was Indo-Canadian and one was of mixed race. Six of the eight children were reported as living in poverty. Of the eight children, three lived with both birth parents, two lived with their single birth mother, one with their single birth father, and two had been apprehended from their birth parents, one of these had recently been adopted, the other was in the home of a relative.

All of the children chosen to participate in the group portrayed a sense of emotional vulnerability, often reflecting an impaired self-image. They all had an aura of sadness, displayed by some with a mask of anger, by others, demonstrating avoidance
and withdrawal. Behavioural presentations included aggressiveness, eating disorders, hyperactivity, withdrawal, anxiety, extreme shyness, fantasizing, and many more. Cognitively we watched them struggle to make sense out of the frequently confusing and often frightening world they lived in.

In this report the children have been given pseudonyms and identifying details have been omitted to protect their confidentiality. The following is a summary of the information received by the group facilitators on each participant and observations, regarding their experience in the Program.

- **Female Child #1 “Ashley”**

  Ashley is an attractive, sturdy eight year old who is enrolled in grade three. At the referral meeting with the school staff we were given the following information regarding her personal and family history. Ashley was recently adopted by a pastor and her husband. The couple had planned to adopt both her and her only sibling, “James” who is approximately one year older than Ashley. However, his extreme acting out had recently necessitated institutional care. His behavior included exposing himself to other children and inappropriate touching of other children, including Ashley. She had been recently informed that her brother would not be adopted and would not be returning to her new family unit. Prior to the placement with the adoptive parents both children had been apprehended by the Children’s Aid Society and placed in foster care. It was also reported to us that Ashley’s mother is a heroin addict who abandoned the children when Ashley was two years of age. The children had witnessed the physical and emotional abuse of their mother by their father prior to her departure. They then spent two years in their father’s care prior to the apprehension. School staff also reported that Ashley’s birth father is a motor cycle gang member who, when he had custody, often left the children alone. He is reported to have brought prostitutes to the family home, and that the children had witnessed adult sexual activities, both “live performances” and pornographic videos. It has been established that James was sexually molested; it is
unknown whether Ashley was also sexually abused. Ashley is very emotionally attached to her brother; in the past she has perceived him as being her caregiver, protector and the one constant in her life.

In a pre-group interview, Ashley’s adopted parents appeared to be extremely supportive of her. At present Ashley is the only child in the home; they are in the process of adopting another child. They have an adult son who lives independently. They told us that Ashley has received therapy in the preceding year; they also participated in family therapy with her. They take her to visit her brother approximately once a month. The parents describe these visits as hurtful to Ashley because her brother is not very responsive to her. They expressed uncertainty whether she misses him or not, as she had not discussed her feelings regarding her brother with them. The parents, as well as the school staff, told us that she did not talk about her brother, and they thought it unlikely she would discuss him with us. Concerns expressed by school staff included that Ashley tends to isolate herself socially, often appeared lethargic, had poor concentration, displays signs of depression and fearfulness. They further expressed that they believed she had internalized her anger, and often had expressed that she felt worthless and sad.

A comparison of her responses on the pre and post group questionnaire would seemingly indicate that Ashley did receive some benefit from her participation. Her answer to the question, “What do you do when you feel sad or upset?” on the pre test was, “I would want to be by myself and colour and draw;” on the post test it was, “Talk to someone, color or draw and cry.” During the group sessions the children were encouraged to seek someone they could trust to confide in if they were troubled and were shown the benefits of expressing their feelings in a multitude of ways, including crying was discussed. Ashley’s self perception of her ability to talk about her feelings and to listen was “good” at the completion of the group sessions. Ashley listed as the most important things she learned in the group as being: “bullying, sharing, no shouting or
yelling, caring about others and don't hurt others.” What she did not like was “when the group ended, want long time.”

The group leaders observed an increased ability to trust, less sense of isolation, and perhaps embarrassment regarding her family background in noting what Ashley chose to discuss in the group and her increasing level of comfort when participating in the activities and discussions. Hearing other children talk about their issues and histories was very helpful to many of the children including Ashley. This growth is also indicated in the change of response to the question, “How many people feel the way you do?” On the pre group test she wrote “No one;” her post group response to this question was, “Most people.” The group leaders further observed that Ashley’s confidence level increased significantly during the group sessions. She appeared to become more outgoing, willing to risk sharing her feelings and thoughts. It was interesting to note that Ashley did talk about her brother in almost every session. However, the exercise of drawing their families was very difficult for Ashley. She was unable to complete the picture; she paced the room and tried to distract herself by other activities to alleviate her discomfort. Given her history, her explanation that, “I don’t know what to draw” was totally understandable. Who should she include—her brother who no longer lives with her, her birth parents, the grown son of her adopted parents, her adopted parents?

During check-ins Ashley usually expressed that she was feeling “happy.” She would excitedly and joyfully talk about pleasant events—visits with extended family, being in the school concert, visiting her brother.

In the closing session, the leaders gave Ashley a certificate recognizing her, “Enthusiasm, openness and spirit” and discussed how and why we chose these qualities to acknowledge. Ashley is a resilient child who has a lovely spirit—her ability to feel and express joy and happiness, her flexibility, her level of confidence and self-esteem are extraordinary given her history. The results of a comparison of the pre and post group responses, observed behaviour during group sessions, reports from school staff and the
post group interview with her parents support the conclusion that Ashley benefited from
her participation in the group.

- Female Child #2 “Brittany”

Brittany is eight and is in grade four. She is an overweight child with a
"wandering eye." School officials reported that they suspect that she may have been
sexually abused, although there has not been a disclosure. She is also reported as being
fixated on bodily functions, and makes “fart” noises in an attempt to amuse her
classmates. They further report that in their opinion Brittany lacks social skills, is
emotionally immature and has very low self-esteem.

In the pre group interview she told the group leaders that she is a victim of much
teasing by other children. Her only playmate is a five-year old girl. She also told us in
the interview that she is afraid of her father, that he has a bad temper and that he had
abused her pet dog, necessitating it being given away. She stated, “I try and get along
with everyone, but they don’t like me.” She appeared to the group leaders to very
emotionally “needy,” desperately wanting to be liked and accepted. Neither of her
parents attended the pre or post interviews.

The pre and post questionnaires completed by Brittany are interesting. She
indicates that she perceives that her ability to talk about her feelings has increased to
“good” from “not good” yet in listing what she does when she feels sad or upset she does
not indicate significant change. In her pre group response she writes, “I just go sit by
myself and play with toys” and in the post group response she writes, “listen to music and
read a book.” She lists “listening” as one of the most important things that she learned in
the group, but must have decided she was not a good listener because she rates herself as
“good” in the pre group test and “not good” in her post group response.

Brittany enjoyed the group sessions, often the first to arrive and very reluctant to
leave. She expressed her disappointment when the sessions were over. She worked very
hard at “fitting in” with the other children, again very eager to be liked and accepted. It
was apparent that she had a “crush” on one of the boys in the group and she confided this to the female group leader during a private moment. There was no sense of any hope that he might like her as well. Brittany talked about her embarrassment over “having my eye” and being overweight during group sessions. The group leaders worked hard at attempting to facilitate some enhancement of her level of self-esteem and confidence and there were some signs that this had been successful. At every session, treats were offered to the children after they finished eating their bagged lunches. Brittany always was very polite when she consistently asked for seconds and thirds. We did not observe her attempting to steal food, as she was reported to have done in the past. From our observations, it would appear that Brittany uses food to reduce emotional hunger. Brittany does not seem to have a supportive adult in her life. Stories she related regarding her family indicate a lack of cohesion and attention directed towards Brittany. Given what we learned about the family dynamics from Brittany, it would seem that the father has been violent in the past and the rest of the family, including her mother, are under inordinate stress and tension anticipating the next incident. Brittany seems to be a very lonely, isolated child with no firm boundaries, rather desperately seeking attention and approval. It is wished that she had someone in her life that would, or could be emotionally supportive on an on-going basis.

The group leaders in the closing exercise gave Britanny a certificate honouring her “bravery, confidence and politeness.” During the group sessions we noted that she was honest (to a painful degree sometimes), that she used self-deprecating humor to try and win acceptance and that she was an extremely polite child who did her best to be friendly to everyone. We wish that Brittany could receive the on-going support and encouragement that she needs to become more emotionally resilient.

- **Male Child #1 “Adam”**

The school staff related in the pre-screening interview that Adam is in grade four and has one sibling, a younger brother who also attends Elmcrest. His parents are
separated and his father has primary custody; his mother lives in British Columbia. Mother has an alcohol/drug addiction. Adam is an attractive, bright, personable boy, with much natural charm. As a natural leader, the other children often took their cue from him, modeling their attitudes and behaviours of his.

From what Adam told in the screening interview, we know he keenly missed his mother. He explained that he "only talks to her three times a week." She visits the children every three to four weeks. In his pre and post responses, it would appear that Adam increased his coping strategies for when he is sad or upset. In the pre test he wrote, "I go and talk to somebody;" his post group response was, "I cry (underlined), I work on my models and I talk to my friend’s mother." He did not change his responses to any of the self-rating questions, rating his ability as a listener as being "not good," his ability to talk about his feelings as "good" and that "no one" felt the way he does in both the pre and post questionnaires.

During the group sessions, it was very clear that Adam was grieving his mother’s absence from the home. If there was an impending visit it was a good week, no visit anticipated a "hard" week. On one occasion he spoke of the reconciliation of a friend’s parents in a very wistful voice. His social skills are exceptional; he speaks in a very engaging and even humorous manner about his social activities, toys, hobbies, sport activities, etc. which the children found to be very entertaining. On several occasions, he initiated discussions regarding painful issues. The other children were very attentive to him, and it was very obvious that he had charisma and significant leadership potential. However, when he extremely upset, he found it too difficult to talk in the group. One week, we were informed by the school counseling staff person that Adam’s mother had visited the school because she believed the staff should know that she had "screwed up". During her visit the previous weekend, rather than spend time with her sons, she had "partied," and had used recreational drugs. She had apologized to Adam and his brother. During the check-in Adam did not lie by omission or commission, rather he said,
“Something really bad happened and I don’t want to talk about it.” Later he was able to talk to me in private, but only to confirm that he was very upset and “Everyone is mad at my Mom because she did something really bad.” His ambivalent feelings towards his mother were discussed, and I made attempts to demonstrate empathy and to normalize the reality that “good people sometimes do bad things.” It is unclear whether Adam left the encounter feeling any better emotionally. It was apparent from all reports, including Adam’s, that he took responsibility for his younger brother. He is very protective of him. Adam has wonderful survival skills including the ability to find needed support outside his immediate family. For example, he spoke of going to his friend’s mother when he needed help or when he was missing his own mother.

In the closing exercise, Adam’s certificate recognized his “Honesty, humor and leadership.” We talked about his extraordinary leadership abilities and interpersonal skills. We reminded him that he had often been the first to speak of painful happenings, that he was very entertaining and that others want to be his friend because he was fun to be with. He is a good athlete and participates in many sports. We also told him that in our opinion he asked very good questions and that he often came up with really good ideas and gave examples of these.

Adam’s father attended the post group meeting. It appeared that he was expecting our report of his son’s participation to be negative. Adam, too, was extremely apprehensive when he saw that his father was meeting with the group leaders. In the interview we did our best to encourage Adam’s father to see his son’s positive qualities and to encourage him to be empathetic to his son.

Certainly it would appear that Adam is a “resilient” survivor, however it may well be that his confidant, coping persona is only a mask and underneath is a very vulnerable child.
Female Child #3 “Christine”

Christine is in grade 5. A slight, attractive girl, she appears to be younger than her stated age of nine years. She has two older sisters. The school staff told the group leaders that she had been absent from school 93 days last year, because she had lice and her parents had not treated it adequately. Recently, she had again begun to miss school after school staff had found her hair and skin to be re-infested. They also informed us that Christine’s mother suffers from agoraphobia and may have other mental health problems and that her maternal grandmother also has a history of mental illness. Father is in the home, but it was their understanding that there was severe marital conflict. Christine is very poorly dressed (ripped, dirty clothes), and almost never has a lunch. She is teased by other children, because of her clothing and the lice.

Christine’s responses to the pre and post questions indicate that she increased her coping strategies for when she was sad or upset. Her pre group answer was “Don’t know” and “don’t talk back;” her post group response was, “Take it out on sisters, punch my pillow, yell, talk to mom or dad or my sister about how I feel.” She rated her ability to talk about her feelings as “good” post group, up from “not good” pre group. Her self-rating regarding her ability as a listener remained “good.”

Initially, shy and somewhat withdrawn, Christine soon became one of the leaders in the group. She consistently demonstrated a feisty temperament. Her spirited defense of anyone who she perceived as being treated unfairly demonstrated her caring nature. For example, when another child from an identifiable minority told a story of how neighborhood teens often threw eggs at her house “because we are different,” Christine immediately and accurately label the actions when she stated, “That’s racism.” On another occasion when a child said that violence was mostly caused by “blacks” she rebuked the speaker by inquiring, “Well C.C. is black—is he bad?” She also spoke of situations in her home which she did not see as “fair.” “Being fair” is a very important value to Christine. She can be very vocal and strong-minded if she perceives she is the
victim of unfair treatment and told us of incidents where she felt she had been mistreated. She also demonstrated self-awareness in that she was able to look at her own behaviour honestly and take responsibility for it, for example picking on her older sisters when she was upset about something.

As mentioned previously, there were concerns that Christine might be neglected. The lice, her grooming, her clothes and the fact that she seldom had a lunch caused sufficient concern that the school asked Children’s Aid to investigate. This occurred during the group program, so it was a concern for the group leaders as well. In the end, the Children’s Aid investigator determined that there was insufficient grounds for apprehension, however did instruct the parents that they were to clean the house, as it did not meet “community standards” and improve their care of the children. Follow-up visits were scheduled to ensure compliance. The parents’ response was to threaten to move from the jurisdiction. Christine did get much needed new shoes following the investigation. I always brought extra lunch in case any child did not have food. The first couple of weeks Christine was reluctant to take any food, but later it became the norm that she accepted the lunch. All of this was handled as discretely as possible, so as to not embarrass her.

At the final group meeting, Christine was given a certificate honouring her caring, determination and sense of equality. We wanted to reinforce as much as possible her strength and her spirit, believing it is these qualities which she will need to use in the future. This child has so much potential; if she can survive emotionally until she can take care of herself physically and emotionally I believe it will be realized. Christine appears to be an emotionally resilient child.

Several weeks after the completion of the group I learned that Christine and her siblings had been apprehended by the Children’s Aid Society and placed in a foster home. The social worker involved told Mr. Levac that one of the few personal possessions she took from her home was the Lunch Group certificate.
• Male Child #2 "Bradley"

Brad is in grade three, and is small and thin. Pre-screening information from the school staff included that he and his younger sister attend school under an assumed name. They were informed that the mother had recently fled from an abusive husband. The father has been jailed in the past for assault of another man. Bradley told us that his father "was mean to my mother and mean to me." The family is on assistance and his home life is reported by the school, as being "chaotic." Brad told us several other men that were "my Mom's friends" periodically live in the home.

Brad’s responses on the pre and post group questionnaire show some changes in self-perception and an increased repertoire of coping strategies for when he is upset or sad. On the post group test he rated his ability to talk about his feelings as being "not good," on the pre group he rated himself as "very good." His self-rating of himself as a listener on the pre group test was "very good," on the post group test it was "good." While this might be interpreted as a decrease in self-measurement, I believe in Brad’s case it indicates an increase in self-awareness. After observing his behaviours in the group sessions, I would agree with his post group evaluations. It is my opinion that prior to participating in the group, Brad did not know that he has difficulty talking about feelings, perhaps he did not even understand what feelings were; and he had a much clearer idea of what listening skills were after his participation. In the pre group test he wrote that "I go play Nintendo" and "I am going to never play with them" as responses to "What do you do when you feel sad or upset?" His post group response was, "Play Nintendo and punch out something (Teddy, Tweedy Bird, pillow). Our observation that Brad’s self esteem had been enhanced during the group was confirmed by other responses on the post group questionnaire. He indicated that he thought "most people" felt the way he did. He wrote that "I share and am generous" in response to, "What did you learn about yourself in the group?" And one of the responses to the question, "Name
three most important things you learned while in group” was “Everyone (is) different and that’s okay.”

Brad also indicates on his evaluation form that he “liked it all” which confirms our observations that he enjoyed and benefited from his participation. A very real benefit that occurred for him was that he and another male participant became friends. Brad’s social skills are not such that he makes friends easily. Having the opportunity to get acquainted with other children that he perceives as being similar to him (i.e. also feeling they are an outsider, different) was very valuable. As the weeks went by, we saw Brad become more confident, more outgoing, and more able to take risks in offering his friendship. The protective environment of the group allowed him to “shine” more than he would in a less homogeneous grouping of children.

During the program the group leaders attempted to enhance the participants self-esteem. Whenever efforts were directed towards Brad, he almost seemed to preen! Brad often made jokes and acted the clown to entertain the other children. At the last class, the certificate given to Brad honoured his, “Enthusiasm, entertainment and charm.” We wanted to reinforce his efforts to be friendly and outgoing and spoke of how likeable we thought he was, and how he had a very good sense of humour. While, I think the group was beneficial, the group was too short for Brad to make really significant advances in becoming more emotionally resilient. The support of a supportive, appropriate male role model would be wonderful for Bradley. He became visibly attached to the male group leader. One suggestion would be for him to become involved in a program such as Big Brothers for example.

- Male Child #3: “C.C.”

C.C. is a beautiful child, his father is Caucasian, his mother Afro-Canadian. There have been many losses in this child’s life. In the pre-screening meeting with school staff we were told that he was abandoned as an infant by his mother. His father lost legal custody of the child to C.C.’s grandmother as a result of his neglect of the child. The
grandmother has been raising C.C. him with the assistance of her daughter, a single mother of one. At the time of intake the grandmother had terminal cancer and there was much concern that C.C. would need extra support when she died. His aunt came to the pre-screening interview and told us that her mother was not expected to live very long, and that his father, and her brother, in anticipation of his mother’s death was preparing to fight her for custody. The father had a long history of violence and substance abuse. The aunt presented that C.C. was very afraid of his father. She said that for many months after his grandmother was successful in obtaining custody of C.C., he would only travel in the car if he was allowed to lay on the back floor, because he was afraid that his father might see him through the car window and try and get him back. C.C., we were told, had been consulted as to where he would want to live if “something happened to Grandmom” and he had indicated that he wanted to be with his aunt. The grandmother had recently signed documents transferring custody of C.C. to his aunt on her death. The aunt appeared to be very solicitous of C.C. and his well being.

C.C. was very brave during “check-ins” in that he often had very sad things to tell the group about, including when his grandmother died, and while he consistently wanted to go last, he would speak of things that were troublesome for him. His aunt was in contact with the group leaders during the program and was very pleased that he spoke of his grandmother, as he was very reluctant to talk about his feelings ordinarily. His “skin being dark” was a major issue for C.C. because his grandmother, aunt and cousin were Caucasian. He was also able to talk about this in-group. At one session another child said, “It is always black people who do bad things.” Another youngster reprimanded her by saying, “C.C. is black and he’s not bad, right?” This brought nods and expressions of agreement from all the children and seemed to be a “meaningful moment” for C.C.

The responses on C.C.’s pre and post group questionnaire indicate that he did increase his coping strategies when having to deal with negative feelings. His response on the pre group questionnaire to the question, “What do you do when you feel sad and
upset?” was simply, “Don’t know.” His post group response to the same question was, “Go to my room, hug my pillow, play SEGA and video games, be alone.” He demonstrates increased confidence in his skill level when listening and expressing his feelings by rating himself “very good” post group. Increased confidence is also reflected in his response to “What did you learn about yourself?” when he wrote, “I’m different than other people and that’s okay/my skin is darker.”

C.C. was going through a very difficult period during the group sessions. His grandmother’s grave illness and death with the attending anxiety regarding his custody was a lot for anyone to handle, let alone a young child. He spoke of his grandmother’s cancer in the group and told the group himself when she died and how he felt. He was extremely brave in discussing these issues, as it was not easy for him. On his post group evaluation he wrote that what he liked least about the group was, “Talking—the check-ins (were) hard—wanted to go last.” The day after his grandmother died, his aunt spoke to us and told us he had expressed his desire to tell the group the next day. It was his aunt’s perception that his wish was a significant indication of how much trust C.C. had in the leaders and how important the group had become to him.

On C.C.’s certificate we wrote of his “gentleness, strength and courage. We talked about how he was consistently very polite and considerate, never pushy or aggressive, but assertive. How he seemed to be very sensitive to others feelings very patient when others made mistakes. We believed he was also very brave; and we were glad that he could talk about painful or sad events to others. C.C. is a very remarkable child, one that I will never forget I am sure.

- Female Child #4: “Dal”

Dal is in grade four. The school staff told us that this child was Indo-Canadian, extremely quiet, that she steals, that she is very accident prone, and that she is often kept out of school to help clean house. Dal has an older brother and a younger sister. From
their contacts with the family, the school thought it very probable that Dal was the least favored child in the family and they believed she was emotionally abused by her parents.

That hers is a very traditional Indian family was confirmed by information given to us by Dal and her mother. Dal told us that her paternal grandparents and an uncle live in the house. She has an older brother and a younger sister. She is a very slight girl, with a lovely smile and a very sweet disposition. Noticing a fresh graze on her face, we asked what happened and she told us her brother hurt her. She related that he is allowed to hit her, or do anything he wants to her, if she fights back, then she is punished by her parents. We also asked about the housework, who helps with the chores, etc. Dal told us that only her mother and she did any housework, and her mother often needed her help. Her description of the amount of work she does was shocking to the leaders given her age and stature. Dal told us that neither her grandmother nor male members of the household do any household chores. Dal was always very polite, as trust grew, she shared more and more in the group and with the leaders. Her packed lunch often consisted of cold frozen french fries. No thefts were reported during the group meetings by school staff, nor did we see any sign of this activity. This child was perceived by the group leaders as possibly being vulnerable to future victimization because of her emotional neediness, wanting approval, affection and attention. While wanting to be sensitive to issues of cross cultural differences, it is difficult to refrain from noting that the messages to his child from her family is consistently that she is inferior to a male child, and women are inferior to men which may well impede healthy self esteem for her.

Dal’s mother came to see us for an exit interview. It was apparent that she thought she was meeting regarding another issue (parents having to pay to have their children not go home at lunch time) initially. She presented a negative viewpoint when discussing Dal, and this was countered by our very real appreciation of her many fine qualities. Mother did acknowledge that, “Dal’s nice—she helps me” which was her only positive response to what we had to say about her daughter. Given this opening, we
discussed with her the roles of males and females in their culture compared to Canadian culture. She expressed that she did not think it was fair that Dal had to do so much, but she did need her to help, as no one else in the house was about to. “Besides Dal wants to help me.”

A comparison of Dal’s pre and post group questionnaire responses indicates that she had increased her coping strategies when she felt sad or upset from reading to colouring, drawing and reading. In self-appraisal of her perception of her abilities to both listen and to express her feelings she went from considering herself as being “good” to being “very good.”

Her comments regarding what she learned are telling, “Racism is not ok” and “It is not ok for my brother to bully me.” She expressed as well that, “My feelings are important” and “I am brave.” She informed us that she liked the group very much, especially the check-ins and the group leaders.

On Dal’s certificate we celebrated her “Courage, strength and gentleness.” She has all of these in abundance. Her courage in discussing incidents of racial abuse that she has experienced was exceptional. Initially, shy and quiet, over the weeks she became more assertive, although consistently soft-spoken and very gentle. When she talked of the bullying by her brother she was so quietly accepting, it was unnerving to the writer. I hope I am wrong in my fears that Dal will be continue to be victimized because of her gender, the culture she is being raised within and by her gentle nature.

- Male Child #4: “David”

David is in grade three. The school counselor informed us that “he comes from chaos.” She believes he demonstrates inappropriate sexual knowledge and it is suspected that he may have been molested. Cursing and other inappropriate communication with other children was described. We were also told that David was “disengaged” and had a very low affect, that he had nervous mannerisms. Both parents are in the home, and it is believed that the children (David has two younger sisters) have witnessed wife assault.
David missed the first session, however quickly became an active group member. He and another male participant became friends, which was very important to David. The sense that the group leaders had was that David was a very lonely child, who found it difficult to make friends. There was no problem with the way he spoke to other group members, no swearing or aggressiveness that we had been told to expect.

It is our perception that David benefited from his participation. On his post group evaluation he stated that what he liked about the group was “everything/making friends.” He is another child that one wishes there could be ongoing support for him; the program made a start, but future support and encouragement is very much needed.

David’s responses to the pre and post group responses show an enhancement of his self-perception and an increase in coping strategies for when he had negative emotions. He upgraded his self-rating for his listening skills and for his ability to talk about his feelings to “good.”

We chose to highlight David’s qualities of “Imagination, politeness and quiet leadership” in our closing exercise. In our discussion of him we wanted to reinforce for him that he was able to take on a leadership role and were able to give him instances of when he had done this. He had been brave in what he had chosen to share with the group, becoming more open during the program.

**The Group Process**

The following section focuses on the previously stated goals of the program and addresses the processes derived from them. Check-ins, check-outs, art activities, role-playing, brainstorming, small group activities and discussions were used in working with the children to accomplish the objectives of the program.

**Understanding Violence and Abuse**

“Breaking the secret” is a widely used metaphor for a common goal of intervention with victims of family violence. The phrase alludes to the tangible, solid nature of the emotional isolation that many children of abused women appear to
experience and to the work required in dealing with it. This process is considered essential so that other necessary work can proceed. This goal is complex and includes three group processes, each with complementary outcomes. They are: 1. defining abuse/violence, understanding that it is not acceptable and that it is not the child's fault; 2. It's okay to feel and express feelings and 3. Sharing personal experiences so that each child can realize that they are not the only one. A framework was provided through which the children could begin to share and understand their various experiences. Common ground was identified in regard to the abuse they had directly or indirectly experienced. Concepts of physical, emotional and sexual abuse as well as the dynamics of power and control were introduced. Efforts to enhance recognition and understanding of the power and control dynamic and its role in perpetuating violence and abuse are considered to be integral to the group’s work. The children were encouraged to explore these patterns within their families and themselves. The overall goal for the group process is the creation of an environment which liberates participants from feelings of secrecy, shame, and guilt. Helping the children gain understanding that all of us are responsible for our behaviour and that others do not “make us” behave, and therefore the victim is not responsible for the abuse is a key message we wanted each child to receive. Hearing other’s stories helped to de-stigmatize their experience in living in their family situations. To find that they are not the only person who lives, or has lived in fear, greatly decreased some of the children’s’ sense of isolation and accompanying shame.

Several children in the group had been victims of bullying, some had bullied others. Our discussions and exercises on how to avoid bullying seemed to be significant to several participants. The children particularly enjoyed one of the activities we did in reference to this topic. They were divided into two teams and requested to come up with a situation demonstrating bullying and then demonstrating how to put into practice some of the strategies we had discussed previously. The scenarios were videotaped and then screened and critiqued by them. The children all enjoyed this exercise very much, they
had lots of fun, and there were many opportunities for the facilitators to reinforce individual and group efforts.

**Promoting Healthy Emotional Expression**

We worked hard at fostering an environment which normalized expression of feelings, promoting a culture of greater sensitivity and understanding for the children. Creating norms within the group that encourages personal expression produces a new reference for future relations. The norms that we instituted through the group structure included regular check-ins, group endorsed “rules” (“what’s said here, stays here”, listening politely to one another, no put-downs, the right to pass, being respectful, no abuse) and the ongoing dynamics of the group process.

As might well be expected, many of the group participants had committed significant time and energy to denying, avoiding or dissociating from their feelings. A crucial group task was to re-introduce the children to the many faces of their emotions within a safe, supportive environment, providing a vocabulary for those, and assisting them in understanding how each individual may express his or her feelings differently. One of the most useful exercises we did to promote the understanding and expression of feelings was “The Feeling Game.” The children responded very positively to this simple game. Feeling words were printed on pieces of paper and put into a bag. The child picked a piece of paper and acted out the feeling with the other children guessing what the feeling was. Whoever was the first to guess was “up” next. A couple of the children identified “The Feeling Game” as their favorite activity at the end of the program. Of course, each one’s participation gave the facilitators an opportunity to encourage and reinforce their efforts.

Discussions were also held regarding physiological responses to negative feelings, relating these to warning signs while exploring alternative choices in behaviour. While this was done to facilitate the child acquiring new and enhanced coping strategies it was also done to foster a sense of responsibility for their actions. And, again to reinforce that
everyone is responsible for their actions and thus hopefully give the child the message that neither they, nor anyone else, was responsible for a perpetrator's abusive behaviour.

Enhancing Personal Safety Knowledge

As discussed previously, when examining, discussing and sharing abuse experiences, a critical group task becomes renegotiating responsibility for the abuse or violence. Some children may blame themselves. For example, "Mom and Dad were fighting because of me. If I hadn't been bad, Dad wouldn't have been mad and hit her." Others may see themselves as being responsible to stop violence by appeasing the aggressor or somehow rescuing their mother and, or their siblings. The inability to do so may result in the self-perception that they are responsible for the abuse. Children often have strong loyalties to the alleged perpetrator, with the need to cling to rationalizations for their actions. We wanted to give the participants opportunities to share and explore their feelings and thoughts regarding these issues so that greater understanding and clarity might be achieved. We used corrective messages and re-framing responsibility in an attempt to dismantle cognitive distortions that existed. Through re-examining what they perceived as "normal" and introducing a new set of standards by our spoken and unspoken messages, we hoped to create a new baseline for what is acceptable in how we all should be treated and how we in turn treat others.

We discussed whom the children could turn to if they felt unsafe or needed to talk. We described resources and the children were given instructions on how to access assistance in emergency situations and printed information they took away with them. Safety plans were developed by each child regarding what they could do the next time they felt that either they or their mother was in danger. Options were brainstormed as a group and included calling 911 or the Children's Helpline or crisis line, going to their room, calling a supportive relative, going to a friends or neighbours and asking them for help, speaking to a teacher or social worker at school, hiding, distracting self with music, reading, speaking to their priest/pastor. The children each discussed out loud their plan
for such a future event and wrote on a form their plans, including needed telephone
numbers and this was kept by the child to take home.

**Developing Internal and External Resources for Coping with Problems**

We talked a lot about “choices” in the program in an effort to empower the
children to effect change in their lives. We wanted them to receive the strong message
that the power to do so exists within each of them, give them opportunities to explore
their options for asserting their power and introduce tools for change. Role-playing,
group discussions, brainstorming were used to facilitate the acquisition of individual
coping strategies. Every attempt was made to reinforce the individual strengths and
capabilities of each child, which we hoped would encourage them to grow emotionally
and be safer.

**Improving Interpersonal Relations**

The group setting provided an available and willing peer support network as well
as an arena for testing new skills and strategies. Members did offer support and
encouragement to one another. These interactions were strongly encouraged and
reinforced when they did occur. Because the group milieu does act as a social
microcosm, we anticipated the emergence of power and control dynamics. There were no
physical altercations during the sessions, however it was necessary for us to negotiate
appropriate interventions and processing on occasion. For the most part, the dynamics
were played out within the boundaries of the group providing the participants with
additional learning, both experiential and cognitive, as well as a new frame of reference
for interpersonal relations. We encouraged the children to practice conflict resolution
and problem-solving strategies. Here and now situations regarding choice of activities,
whose turn it was to speak, and so on, were used as opportunities to practice new and
enhanced skills.

There were many opportunities for the children to develop empathy for one
another. These were “magic moments” for me, perhaps none as touching as those when
they were particularly supportive of one another. For example, when one child correctly labeled abuse directed at our Indo-Canadian child as "racism," the sub-text was that her family was "okay," and it was the bullies whose behaviour was unacceptable, racism was "very bad." There were many other incidents when the children demonstrated empathy, acceptance and, or, lack of judgement regarding another's need to share the facilitator's lunch because she consistently didn't have a lunch, or when one boy brought in his Halloween candy to share with everyone, or when they were careful to be "fair" in making decisions regarding group procedures. Many of the children were typically "loners" outside of the group, having the opportunity to relate to one another, even to make friends with another person, was very important to them. One boy told us that the most important thing he found out about himself during the program was, "I am like (another boy)." Learning that others are "like them" under their various masks was an important lesson for many in the group. It was noteworthy that several children changed their responses on the pre and post group query, "How many people feel the way you do?" from "No one" to "Most people."

Increasing Self-Esteem

Children of abused women often feel disempowered, several of these children had multiple trauma experiences, for example being directly abused either physically or sexually as well as being exposed to woman abuse. My contact with the children confirmed the findings in the literature that many of them felt they were different from other children. We hoped that their participation in the group would enhance their sense of personal power and self-esteem. Strengthening children's self-esteem is directly influenced by two processes that lead to one general outcome goal: positive affirmation and validation of feelings and thoughts---I am good, special and loveable, and I deserve the best (Peled & Edleson, 1995).

General supportive and validating interactions with group leaders occurred throughout the group. The facilitators both approached the group and its participants with
sincere respect for the experiences that shaped them. While we both wished they had not been victimized, we did not want to perceive them as the “walking wounded.” They are survivors, not victims. All the children had wonderful qualities. We emphasized their personal strengths as well as celebrating their uniqueness throughout the sessions. We actively discouraged put-downs of self or others, reframing negative comments of others and perceptions of self. At the final session, we gave each child a certificate of appreciation for their participation and for the unique qualities and gifts they brought to the group. We spoke warmly of each child in front of their peers to remind them of how very special each was.

Children’s self-esteem may be strengthened also through the achievement of other group goals. In reality, many of the group goals are interdependent. For example, the process of breaking the secret tends to reduce children’s shame, guilt, and isolation associated with the violence; learning to protect themselves is empowering to children and confidence in their own skills is strengthened; positive experiences in the group usually translates into a positive experience of themselves, of their capacities to be respected and cared for and to be part of a positive, enjoyable interaction.

Reducing Difficult Behaviours

As one would expect the children in this group demonstrated individual responses to their exposure to violence and abuse. They demonstrated behaviours that ranged from mimicking bullying to striving diligently for perfectionism. Within the group process, the children were invited to examine their familiar ways of viewing their world and interacting within it and encouraged to try alternative perceptions and approaches. It takes much courage to risk exposure and vulnerability; the facilitators offered guidance and support as well as other options. So that the children could begin to internalize new, and sometimes very unfamiliar ideas regarding personal safety, interpersonal relationships or self perceptions it was necessary to reinforce those messages, constantly
and consistently. Perhaps, more importantly, the group members were encouraged to actively engage in the group process, offering thoughts and suggestions.

**Conclusion**

This chapter attempted to give the reader an overview of the Elmcrest Project. The different components of the “Lunch Group” including the model, objectives, hypothesis, the screening process, the role of the facilitators, the process and the participants were discussed. The participant’s backgrounds and progress were discussed in some detail because I hoped in doing so, I would engage the reader to share more fully my experience and more importantly give the children a “voice” to the literature regarding exposure to woman abuse. My contact with these very special children deepened my knowledge and learning. They were wonderful teachers of resiliency!
Chapter 6

This chapter discusses the instruments used to measure the impact of the participation of children who attended the Fall, 1998 "Lunch Group." The resulting data is then summarized. The Fall, 1998 group sessions are subjectively evaluated using the "Guiding Principles" suggested by Loosley (1997) as a standard for facilitators to self-evaluate their programs. Recommendations for the Elmcrest Project are followed by "Insights for the Social Work Profession." The chapter and the report are completed with a discussion regarding my conclusions and my final comments.

Evaluation Instruments and Method

Pre and Post Group Questionnaires

The impact of the group sessions on the participating children was measured by pre and post group questionnaires. These were designed to specially measure the children's individual self perception of key variables related to the objectives/goals of the program. The measured key variables were: the participant's self-perceived listening skills, the participant's self reported ability to talk about their feelings, and the participant's self reported level of isolation. The post group questionnaire also included questions to elicit the children's own evaluation of their experience of participating in the Lunch Group. The instruments were designed to measure content validity, and their design is a direct reflection of group format and content.

Data for the group was collected by the group facilitators. The pre-group questionnaire was completed at the first session of the "Lunch Group." The children completed the forms by writing their responses on the form. If they had difficulty
understanding the question, it was explained by one of the group leaders. The post-group questionnaires are administered verbally during the individual exit interview held with each participant. Copies of both the pre and post group questionnaires are included in the Appendix III.

For the purposes of this study it is unfortunate that one child did not complete the pre-group questionnaire as he was absent at the first session. Given the very small sample size, this oversight impacted on the aggregate scores. A further regret was that the data was not collected on the pre and post questionnaires in a similar manner. This presented another variable that could have also undermined the reliability and validity of the data received. A further suggestion is that future group leaders should consider including questions in the pre and post group questionnaires that would further measure some of the practical skills taught in the program and the individual attitude changes and self-perceptions which may have occurred during the group sessions. For example, if the children's ability to identify appropriate strategies for handling emergency situations (calling 911 or contacting a neighbour or relative) had improved and if they could identify more positive personal qualities post group. It would also be interesting to try to evaluate would be if there had been a decrease in the extent of violence that the child condoned in his/her family during the period of the program. That is to say, would there be a difference in their responses to questions regarding whether it was appropriate for a man to strike a woman under various circumstances such as her being angry, or he drinking alcohol, or for parents to hit their children if they did not do what they were told or broke a family rule pre and post group?
Notwithstanding the above suggestions regarding changing the format of the questionnaires, the type of questionnaire presently used in the program is a standard means of program evaluation. The self-perceived skill level type measurement of approach has been widely used to measure the impact of both group and individual counseling for adults and children. Additional support exists to demonstrate that this is an appropriate approach in the context it is used within this group study, and has been used previously in similar studies (Jaffe, Wolfe & Wilson, 1986).

Teacher’s Observations/Evaluation Forms

I am aware that in previous Elmcrest Project groups, the participant children’s teachers were requested to complete pre and post group evaluations of the child’s behaviour. While we did receive a few completed forms pre-group, none were received post group. Only one teacher attended the post group interviews offered to them by the group leaders. The timing of the ending of the group may well have been significant as the days just prior to the Christmas holidays are an extremely busy time for teachers, and the last group session was the same day as the school concert! This additional source of data collection from the teachers would have been helpful and would be recommended for future groups.

Informal Subjective Evaluations

Four parents of three participating children attended post group interviews. The feedback from these individuals was generally positive regarding their child’s participation. No negative concerns or issues related to the program were voiced. Ashley’s parents both attended and expressed that they had noticed several positive changes in Ashley that they attributed to her participation. They very much appreciated
how more open she was in discussing her feelings for example. Adam, Boy #1’s father attended as well. He appeared to be surprised to receive positive feedback regarding his son. In retrospect, it seemed as though he had been confused regarding the child’s participation; I think he thought it was a form of punishment because his son had been “acting up” in school. Dal, Girl #4’s mother attended. She was confused about the group and the request for the post interview. This is understandable given that she is learning English, and had only recently moved from India. Initially, she had many negative things to say about her daughter, however our positive statements eventually encouraged her to say that her daughter “Is nice, she helps me.” We were able to use the opportunity to try and advocate for less work and more positive regard for Dal.

Again, the limited sample size and the lack of formality, including even the recording of actual statements, makes this informal subjective evaluation of minimal use for the purposes of evaluation.

There was on-going contact between the school principal, the behaviour consultant and the group leaders. The support received from all school staff was exceptional. Their very positive verbal feedback including their keen interest in having the program continue and be expanded speaks well of the work that has been done to date. A suggestion would be to capture this positive feedback in a written form so that it could be used in proposals for future funding.

**Results of Pre and Post Questionnaires**

The table and bar graphs in the Appendix V present the data obtained from the pre and post group questionnaires, specifically the three variables outlined above. A discussion of each follows.
Table 1: Tabulated Results of All Three Variables

Provides all the results measured in tabular format and includes a cumulative response to all the variables. The results indicate a significant improvement in the cumulative results of the children based on all three variables. This indicates that the group was successful in what it was attempting to do with this group of children.

Graph 1: Participant’s Self Perceived Listening Skills

Unfortunately, Boy #3 did not complete the pre-group questionnaire. Girl #2 and Boy #2 indicate that they perceive that their ability to listen had decreased one level of measurement. My observation of both of these children include they are both very shy, withdrawn children who mask their social discomfort with occasional overt acting out in an attempt to amuse their peers in the hope of gaining acceptance. I remember both received encouragement to cease distracting behaviours and listen to other participant’s or the group leaders during the sessions, and this might be reflected in their responses. As well, both of these children are extremely humble, having relatively low self-esteem. For them to verbalize that they were “very good” to two adults during an individual interview would be unlikely.

Listening to others, taking turns to talk, not interrupting, not performing distracting behaviour when others were sharing difficult thoughts and feelings were encouraged throughout the program. It is to be remembered that it is often difficult for all of us to listen to other’s expressions of pain, or to be attentive to topics that we find painful. Our natural inclination is to distract the other from such a topic, or to distract ourselves from fully listening. It would seem reasonable to assume that listening to other participants sharing their painful thoughts and feelings or to stay “tuned in” to the
facilitators when they were discussing material likely to trigger emotional responses, would be extremely difficult for these children. Learning to listen and the related ability to demonstrate empathy is a very valuable skill if we are to have positive peer social relationships. My own observation is that the listening skills of all the participants either did improve or remained the same.

Graph 2: Participant’s Self-Reported Ability to Talk About Their Feelings

Again, one participant, Boy #3, did not complete a pre-group questionnaire, however it was observed by the facilitators that this individual’s ability to discuss his feelings definitely improved. It is to be noted that Girl #1 and Boy #2 indicate that their perceived ability to discuss their feelings decreased. From observing their communication and interactions during the sessions, it could be that both children rated themselves inaccurately high in the pre group test, perhaps not fully understanding the question and/or possibly masking their feelings of inadequacy with a mask of bravado. Their responses on the post group test may reflect new self-awareness and a deeper understanding of what “talking about your feelings” implies, and that discussing negative feelings is seldom easy. The balance of the responses include one child, Boy #1, responding the same; the other four children indicating that they perceived that their ability to talk about their feelings had improved.

My observations regarding this issue include that all eight of the children became more open in group discussions, and as their sense of safety and security grew during the time in the group, all shared more of their feelings. I particularly noted this during the “check-ins.” These take place at the beginning of each group session with each participant speaking for a few minutes regarding his present feelings, any positive or
negative events that occurred in the preceding week and/or responds to a standard question given to them by the facilitators to initiate discussion. Initially, some of the participants avoided expression of negative feelings, later all were able to share very painful feelings at some point either during check-ins and other discussions.

Graph 3: Participant’s Self Reported Level of Isolation

This variable was measured by the children’s response to the question, “How many people feel the way you do?” The graph is very telling in that all the male respondents in the pre group questionnaire responded to this question with “No one.” Post group three of the boys responded with “Most People” and Boy #1 continued to feel that no others felt as he did. Towards the end of the group sessions Boy #1 experienced a very traumatic event which created significant emotional pain for him. Prior to this event, he appeared to understand that other children had, or were, experiencing similar difficulties to the ones he had with his own parents. The issue of his mother coming for a long awaited visit to him from out of the Province, only to leave and spend the weekend abusing drugs was extremely painful and shameful for him. None of the other children in the group disclosed parental drug addiction. I believe “Adam” perceived himself as the only child in the group deserted by his mother as well. In light of these factors, I think his responses are understandable, and to some degree do not accurately reflect the hard work “Adam” did during the program.

It is to be expected that boys would display gains in this area of reducing isolation as a result of participating in a group such as this. Boys from homes where there is violence have been described as displaying high number of externalized behaviours and lower social competence which results in isolation (Jaffe, Wolfe & Wilson, 1986). With
the exception of Girl #1 who reports significant change, from “No one” to “Most people” responses, the other female participants’ responses remained the same. This, result, too, could be expected given the literature that suggests that girls who have been exposed to violence show fewer adjustment difficulties, including isolation problems, than boys (Ibid.).

My own observation is that all the children’s initial perception that their feelings were “weird” and their family situation was “different” from every one else’s was positively altered to some level. I base this opinion on other responses on the post group questionnaire and on comments made during group discussions by the children. Giving and receiving support and validation from their peers was very beneficial to the children and facilitative of decreasing their sense of shame and isolation. Children made statements such as, “I didn’t know that happened in other families before” or “I’m like (name of another child), aren’t I?” The facilitators actively reinforced the normalization of feelings and family issues and difficulties while being careful not to minimize either.

**Graph #4 Cumulative Impact**

The aggregate development impact for all participants in the Elmcrest Project shows that with the exception of Boy #1 who rated himself the same on the pre and post questionnaires and Boy #2 who did not complete the pre-group questionnaire, all the other children perceive themselves to have improved in the areas measured. From these results and those of the cumulative impact in graph 4, there is a clear indication that a significant positive change did take place and could be discerned in the self-perception of the majority of the children participating as it related to the variables chosen.
Program Feedback/Comments from the Participants

The children had an opportunity to evaluate what worked and what didn’t work for them in the program. The following list provides their verbatim comments in response to the standardized questions during our exit interviews with each child.

Responses to, “Name the three most important things that you learned while in group”

- not to bully, sharing, no shouting/yelling, caring about others, don’t hurt others
- don’t be mean
- check-ins/talking about how I feel
- when you feel sad, what to do, family violence
- problem solving, bullying, listening
- know how to make a movie, how to make folders, bullying, everyone is different and that’s ok, (what it means to be) adopted
- about bullies, about family violence, like learning about stuff/that I’m like (another child in the program)
- don’t talk when someone else is talking, know when it is my turn to talk, families are different

Responses to, “What did you like least about the group?”

- when the group ended—wanted long time
- (wish we could have) make crafts to show how we feel, make a house to show family violence and another house to show a good family that there isn’t any family violence
- nothing
- nothing
- nothing
nothing
nothing—liked it all, wanted to play longer
talking about check-ins was hard—I wanted to go last

Responses to, “What did you like most about the group?”
talking about check-ins/feelings, pizza
missing 15 minutes of school, the leaders, the games, the feeling game
going outside
talking at the table
doing the family things
making the movies, playing outside, making our folders, making picture of my family, the treats
everything/making friends
having pizza, videos, feeling game
the games
Gail
Feelings (talking about)
The leaders – Gail and Jody
Making the videos

Evaluation of the Program Versus Guiding Principles

The following guiding principles identify the core concepts and principles that Loosley (1997) suggests form a basis for facilitators of programs for children who have been exposed to woman abuse to evaluate their group. Each guiding principle is followed
by my subjective analysis of the degree to which the Fall, 1998 “Lunch Group” met the criteria regarding goals, direction and accountability to the community.

“1. Is the group providing ample opportunities for children to tell their stories and be heard, believed and validated?”

**Analysis:** During every session of the Lunch Group the children were encouraged to discuss their issues, concerns and life event stories both during the check-ins, and throughout other discussion periods. The facilitators consistently ensured that each child felt heard, empathy was demonstrated, and positive reinforcement and validation was given to each child.

“2. Does the group ensure that the children know how to protect themselves emotionally and physically by developing and practicing safety plans?”

**Analysis:** One weekly session was devoted primarily to this topic. The children were given information regarding who to contact in times of emergency and how to access such services. Individual safety plans were developed using a form the children completed and took home with them. I think that had we had more time, having children do some brainstorming and/or role-playing in response to various scenarios might have been a more effective means to promote safety plans.

“3. Does the group convey the message that all types of violence and abuse are unacceptable?”

**Analysis:** Yes, I believe this message was reinforced consistently and effectively. On several occasions during discussions or someone’s check-in, the children themselves spontaneously appropriately identified and labeled behaviours as abusive or violent and unacceptable.
“4. Does the group convey that abusive behaviour is a choice and that responsibility lies with the person perpetrating the violence and abuse?”

**Analysis:** This was definitely discussed, and it was emphasized that all people, adults and children chose their behaviour. Other messages included “There is no excuse for abuse” and “It is never a child’s fault” (if parents fight or separate or if an adult is abusive).

“5. Does the group explore the expression of anger and other emotions and provide non-abusive alternatives?”

**Analysis:** I think we did a very good piece of work on these topics. This was a recurring theme during discussions. There were also exercises and activities that facilitated children expressing their feelings and actively encouraging non-abusive expression of feelings.

“6. Does this group explore alternative means of conflict resolution?”

**Analysis:** This was another area of strength in the group. Again, much discussion, conflict in the group was mediated, children were actively involved in problem-solving and negotiation skills were practiced. A very positive response was received from the children regarding an activity specifically designed to meet this need. The children broke into two small groups. Each group brainstormed a scenario involving conflict. Both teams’ role-playing of the conflict situation and its resolution was video-taped. Then the group watched each taping and came up with alternative suggestions.

“7. Does the group provide a positive environment where all the activities are learner centered and esteem building?”

**Analysis:** Every effort was made by the facilitators to ensure that this was true. The activities were chosen with great care and concern. There were many specific activities
designed to enhance self-esteem. Respect for others was consistently modeled by the facilitators, and we deliberately and consciously used encouragement to reinforce the children’s efforts, strengths and successes.

I believe the Fall, 1998 “Lunch Group” met all the criteria suggested as important by Loosley (1997) and that these evaluative criteria are an appropriate tool to be used for this purpose. While the group was of measurable benefit to the majority of the children who participated in the Fall, 1998 “Lunch Group,” my experiences as a co-facilitator would lead me to agree with Peled and Edleson (1995) who conclude their evaluation of a similar group with,

They are not going to get it all in ten weeks. Because the group is more of an Educational focus...they are more apt to get content, and depending on where they are on their healing journey...some of the spiritual healing will take place for them...But as far as “Do these kids get fixed in groups?” No, they don’t. The healing process is most probably a very long one for children exposed to violence in their homes. Short-term group programs...probably best serve as a starting point in this healing journey (p. 94).

**Recommendations for the Elmcrest Project**

The following are my recommendations to enhance the Elmcrest Project. These also include the suggestions of Mr. Levac and staff members of the Elmcrest School.

- Extension of the group by at least fifteen minutes per session to one hour and thirty-five minutes to allow for an enhancement of both content and process;
- Expansion of each group module to twelve weeks (there is a perceived need to include issues such as parents’ separation, divorce, alcohol/drug use that are frequent complexities of these children’s experiences as well as to enhance present content;
- A four session educational module be attached to each children’s group for the custodial caretakers so that information and support can be provided for them,
reinforcing the advances made by their children and enhancing their parenting and conflict resolution skills;

- Parents could be met with individually to discuss their child’s progress in the group and the group leaders suggestions of appropriate follow-up services for the child or the family;

- Provision of “reunion lunch sessions” for past participants to facilitate continued interaction between group members and to reinforce the gains made by the children. Such events would also alleviate the children’s typical reluctance for the group to end, and would be an additional opportunity for the group leaders to re-connect with the children, possibly giving them an opportunity to assess if further follow-up is necessary. On-going contact would also be beneficial to the children because it would be evidence to the children of continued care and concern for them, thus having the potential to further enhance their self-esteem and increase the credibility of caregivers in the children’s eyes, potentially increasing the likelihood that they would seek support and assistance from others in the future;

- That funding for the groups be solidified, enabling the staff of both the agency staff and the school to make long term plans for future intakes and facilitate scheduling. At present the group’s funding is precarious, and no one is sure if there will be another group. This makes planned intake difficult, but also continuity is diminished, and uncertainty decreases enthusiasm for the program;

- The program be expanded to include other schools;

- A group leader’s manual be prepared detailed enough to enable other trained facilitators from the agency to deliver the program;
• Consideration be given to have a Family Services of Peel staff member be partnered with a school support staff member, either the school social worker or the school’s behaviour consultant, to deliver the program. The benefits of this would be many. There would be less demand on Family Services of Peel’s staff time, possibly even enabling the program to expand without increased costs. The interagency partnership would facilitate an even closer relationship with the school. Also, funding sources would be more likely to fund a program that had the increased political support of the school district administration which would be facilitated if they perceived themselves as full partners in the program. Having one of the group leaders be a school staff member would also facilitate necessary follow-up and liaison with parents, teachers, administration staff, and most importantly with the children;

• As mentioned earlier, enhanced data collection would result in more reliable and valid results;

• Having school staff and parents critique the Project could provide valuable information for program planning; copies of responses could be used to strengthen funding applications;

• The content of the curriculum could be enhanced. Through my research and my work in another similar program subsequent to my involvement with the Elmcrest Project, I am aware of other exercises and resource material that would add to the present programming;

• I recommend that the present policy of providing a gender balanced team be maintained as it adds a very important dimension to the program. However, I am
aware of the shortage of appropriate male group leaders available and this might not be always possible;

- While recognizing the many issues that create multiple difficulties inherent in the process, it would be preferable if information regarding the purpose of the program and the target group could be more openly shared with the custodial caregivers and the referred children. This is very real dilemma, because sharing such knowledge would likely be a barrier to some children's participation, especially for those who are perhaps most in need of the program (presently living in violent homes and, or, do not have a supportive parent or caregiver).

- A final recommendation is that the program be available to more children. The "Lunch Group" has tremendous potential to enhance the emotional resiliency of the children who participate.

**Insights for the Social Work Profession:**

We live in a violent world. It is also a world in which women and children are marginalized to an intolerable degree. There are few social work practitioners who would disagree with these statements. I have come to believe there is a strong correlation between them. Last week there was another school shooting in the United States and many young people were murdered by two male students before they both committed suicide. This week there were many opinions being espoused in the media as to the reasons young people are becoming increasingly violent. The most predominant theme was that many children are frequent witnesses of violence: they watch it, hear about it, even play with it. Violence is a major theme for movies, television plays, music videos, cartoons, news broadcasts, song lyrics, comic books, sports, and video games. I think
there is another opportunity for exposure for many children--direct and indirect exposure to violence in the home.

Is it not logical that the experience of being a direct victim of a "caregiver" or being a witness to violent acts directed towards your mother by intimate partner would have an even more profound effect on a child than watching a staged assault of strangers? I have waited in vain this past week to hear one person on television or read of one in the newspapers suggesting a connection between youth's violent actions and the lack of peace in too many of their homes. It is my perception that we need to recognize that violence towards women and children by those who love them contributes to a violent world where no place is guaranteed to be safe, not even school. I too believe, "We could do much toward reducing violence of all kinds if only, as a society, we would communicate that we value our children and that we value women (Schmidt, 1995, p. 106).

Lewarne (1998) stated that our profession stands presently at the crossroads of a major paradigm shift in two world views from a "mechanistic model" to a more "organic model." She states that it is her opinion that we are "...moving away from the position that the individual is paramount, towards a healthy sustainable, community approach to living. A healthy society is rooted in the concept of health promotion, which is 'the process of enabling people to increase control over and improve their health' (p. 1). I agree that "Social work professionals are very well prepared to be at the forefront of this momentous change in thinking and functioning, having had years of preparedness in the roles of advocate and enabler, furthering people's self-directedness and self-empowerment" (p. 8).
I agree with the commonly quoted African proverb, “It takes a village to raise a child.” I am more hopeful that the time is coming when we will perceive that we are all responsible for the care of children, and that this will result in real commitment and action in doing so. I believe that facilitating children having a healthier and more fulfilling lives than many of their parents have, including those children raised in violent and, or, abusive homes, is a major priority and fits the “organic model” suggested by Lewarne.

I think it would be entirely appropriate for all social workers to continue to be at the forefront of ensuring children’s protection and wellbeing and ultimately decreasing the violence in our world. Towards this end, I want to encourage members of the social work profession to be aware of the issues regarding woman abuse, recognize the short and long term effects on children to the exposure to it. I want to invite them to recognize that woman abuse affects all of us in a profound way because of both its scope and its seriousness. I encourage every social worker whether their practice is in the area of research, clinical practice, teaching, advocacy, or social policy, to do all that they can to contribute towards the elimination of violence against women. As social workers we are able to support and advocate for social policy that supports the research, education, therapeutic programming, and support that address all related issues. Let’s take advantage of this time when we move from the position of the individual being paramount, and agree to accept personal responsibility to do what we can both personally and professionally to ensure that fewer children are exposed to woman abuse in the home in the future. I am further suggesting that this advocacy includes the elimination of victimization and abuse of women as it directly and indirectly affects children.
Conclusions:

There are too many children in our society who are affected by being exposed to woman abuse in the home. Thirty percent of Canadian women have reported at least one incident of physical or sexual violence at the hands of a marital partner in a national survey on violence against women conducted by Statistics Canada. Estimates of the proportion of children of abused women who are exposed to the violence range from forty to eighty percent (The National Clearinghouse on Family Violence, 1996). Researchers have found that children who are exposed to violence against their mothers are at risk to develop problems in emotional and behavioural adjustment even when they had not been directly abused themselves (Christopoulos, et al., 1987, Jaffe, Wolfe & Wilson, 1990).

Therefore, early intervention and prevention strategies that are responsive to both current and future circumstances are highly warranted. While I continue to support the need and benefit of treatment programs for adult perpetrators and survivors of woman abuse in the home, my research and my own experience, has led me to believe that if we are to address woman abuse in our society in any meaningful way, it is absolutely essential that effective programming be readily accessible to children who have been exposed to woman abuse. I conclude that it is the work with children that has the greatest potential to ultimately address the pattern of intergenerational woman abuse. Many, including Carlson (1984) agree with this stance, “…intervention with the child may, in essence, constitute the best form of primary prevention of adult domestic violence” (p. 160).
If effective intervention with these children is to occur there must be a coordinated community response. All professional and social service agency personnel need to be trained to understand the issues of woman abuse and its effects on children. My conclusion is that there is a very real need for early identification. Timely referrals for both victims and abusers must then be made to appropriate services which are both effective and available. It is necessary that the legal system and the police effectively protect women and children. Appropriate penalties and treatment for wife assault must be enforced. Further, it is essential that widespread recognition that witnessing wife assault constitutes emotional and psychological abuse for children to be protected adequately.

Professional development of teachers regarding the relevant issues, as well as the development of school protocols to deal with and assist children who witness woman abuse, is necessary to provide an effective response to these children. Schools and community resources, cooperating in awareness programs, constitute the best hope to educate all community members about the effect of witnessing abuse on families and children. Such public awareness of the issues and support for the victims is needed so that the barrier to individuals seeking and receiving assistance created by the stigma of family violence is reduced (National Clearinghouse on Family Violence, 1996). In short, it is my conclusion that our communities need all those who care for and about children to be not only concerned, but also involved.

While six of the ten Canadian provinces legislate that children who witness women abuse can be found in need of protection (Echlin & Marshall, 1995), the reality is that child protection agencies are overwhelmed with existing caseloads. It is my
perception that there are inadequate resources to cope with this category of child abuse (The National Clearinghouse on Family Violence, 1996). This must be remedied.

My research indicates that the degree to which children are affected varies significantly and mediating variables that are referred to in the literature as protective or vulnerability factors may ameliorate or aggravate the child’s response to a high-risk situations such as exposure to woman abuse in the home. Some children appear to be highly emotionally resilient, having the ability to adapt to severe stress by having developed the resources they need to cope, even to become stronger while rising to the challenge of difficult life events, others are severely traumatized with life-long effects (Garmezy, 1985, Butler, 1997, Steinhauer, 1996).

I have found that the emotional resiliency of these children can be strengthened therapeutically. Strengthening the emotional resiliency of children facilitates the potential for both their more immediate and long term wellbeing. An effective method of promoting emotional resiliency for some children is the use of a group treatment/education model (Peled & Edleson, 1995, Loosley, 1997). Such a short term treatment program can effectively serve as “a starting point in a child’s healing journey.” Programs such as the Elmcrest Project discussed in this report can be a very effective “first step” for child-aged clients. While this paper specifically discusses this form of therapy for children who have been exposed to woman abuse in the home, I would conclude that children who have experienced other stressful events might also benefit from participation in similar groups.

To those who would question the cost of providing treatment to the children who have been exposed to woman abuse, I suggest a better question would be, “Can we afford
not to?” We all have a strongly vested interest in children reaching their fullest potential. Exposure to violence has been shown to likely impede the reaching it. As well as significant intrapersonal costs to the individual child, high social and economic costs associated with inherent school difficulties, legal system involvement, psychological disorders and health problems, all of which occur at higher rates among children who are exposed to violence.

In a final conclusion, it is apparent that providing treatment for children who have been exposed to woman abuse in the home is essential as it has the potential to reduce woman abuse in future generations. While there is an obvious need for much further research in the area of how best to help children who have had such experience, programs such as The Elmcrest Project have been shown to be an effective strategy and are worthy of support.

**Final Comments:**

I have the very real sense that my past clinical work, particularly that which related to family violence, my research and learning during this graduate program, and even my childhood experiences had all helped to prepare and lead me to do the work with children who have been exposed to woman abuse. My experience of this practicum both in content and context parallel that described by the poet Goethe:

> The moment one definitely commits oneself, then Providence moves too. All sorts of things occur to help one that would never otherwise have occurred. A whole stream of events issues from the decision, raising in one’s favor all manner of unforeseen incidents and meetings and material assistance which no one could have dreamed would have come his way... (Egan, 1990, p. 311).
While I benefited greatly from all my experiences in the various programs during my practicum, my involvement with the “Lunch Group” was perhaps the most rewarding and significant. I confirmed that I enjoy working with the children very much and am drawn continue with this work in the future.
I am woman

Offering two flowers

Whose roots are twin

Justice and Hope

Let us begin.

Alice Walker
APPENDIX I

Family Services of Peel Brochure
SERVICES AVAILABLE

- Pre-Counselling Consultation.
- Individual, Couple, Family and Group Counselling.
- Credit, Debt & Budget Counselling.
- Learning for Living educational groups.
- Counselling and related services for intellectually handicapped adults.
- Family Violence.
- Resource Information and referral.
- Community organization & development.
- Workshops/Seminars for Community Groups.
- Employee Assistance Programs.

QUALITY OF SERVICE

To ensure the highest possible standards of service for our clients and community our staff are highly experienced, qualified professionals. We are an accredited member of:

- Family Service Ontario
- Family Service Canada
- The Ontario Association of Credit Counselling Services

AGENCY ADDRESSES

Mississauga 151 City Centre Drive, Suite 501, Mississauga, Ontario L5B 1M7
(905) 270-6647

Brampton 37 George Street North, Suite 301, Brampton, Ontario L6X 1R5
WELCOME

Family Services of Peel was established in 1971 as a non-profit, non-governmental Agency for the purpose of providing professional counselling and learning for living services for the people of Peel. We are strongly committed to working with you as partners in the pursuit of meaningful ways to effectively address your needs, concerns and goals.

WORKING WITH YOU

• The Group has an educational focus. It is designed to help you develop positive attitudes, knowledge and skills related to the course title and description.

• The Leader will provide information, encourage discussion, determine what is relevant and refocus the group when discussion is “off-topic”.

• The Leader will maintain confidentiality, and respect the values and beliefs of each group member. Group members will be expected to do the same.

• We count on you to take responsibility for your own learning. Participate in each session and seek clarification as you are so inclined. To gain as much as possible from the series, you will need to attend each session and be on time. High attendance also contributes to a supportive group experience for everyone. If you cannot attend a session, let your group leader know the week before, or call the office at 270-6647.

• We welcome your suggestions on how the group can be a better learning experience for you. If you are dissatisfied with the service, please speak to your group leader during group time or privately. If that doesn’t provide satisfaction, call the Learning for Living Co-ordinator at 270-6647 or the Agency’s Executive Director at 270-2250.

FEES

The cost of service must be covered as much as possible by its user. Costs not covered by user fees will be shared by the United Way and, in some instances, by an employer.

WE WOULD LIKE TO HEAR FROM YOU

Our Board of Directors, staff, and funding bodies appreciate feedback about the value of services received. Your group leader will ask for your evaluation at the end of the group. You are also welcome to call or write us, if you choose. Tell us about your service ... what was good and what could have been better.
Our offices are located:

Mississauga
151 City Centre Drive
Tel: 270-2250

Brampton
37 George Street, North
Tel: 453-7890

Other Services Available

- Domestic Violence
- Credit, Debt & Budget Counselling
- Counselling and related services for intellectually handicapped adults
- Learning for Living
- Resource information and referral
- Community organization & development
- Speaking and Advisory/Consultation
- Employee Assistance Program

A Member of:
- UNITED WAY OF PEEL
- Family Service Ontario
- Family Service Canada

Counselling for families, couples and individuals
Who & Why?

Everyone can have difficulties in relationships and in management of a variety of personal problems. Many can't handle these problems alone. They can turn to the professional counselling services offered by Family Services of Peel. People choose to use counselling for a variety of reasons: ... such as:

Marital Problems
- when couples are unable to discuss things together.
- when couples argue constantly.
- when couples are having sexual difficulties.
- when couples have decided to separate and want to do so constructively.
- when couples want assistance in decision making prior to marriage.

Family Problems
- when something is wrong between parents and children.
- when a family member is unhappy or stressed.

Individual/Personal Problems
- when individuals are feeling depressed, frightened, alienated, lonely or confused.
- when individuals want to understand their behaviour and its effect on others.
- when individuals are having problems with alcohol or drugs.
- when individuals are experiencing stress and anxiety coping with a crisis.

What?

Counselling is provided through confidential family, couple, individual and group therapy sessions which are pre-arranged by appointment. The counsellor is professionally educated at university post-graduate level for clinical social work practice. He/she has had specialized training in marital and family therapy and in related mental health fields.

How?

Call one of the Agency offices, briefly describe your problem and ask for assistance. Arrangements will be made for an appointment with a counsellor as soon as possible.

Fees

A fee is charged for this service. It is geared to income and circumstances. No one is denied a service because of inability to pay.
APPENDIX II

Letter from Elmcrest School
Permission to Attend the Lunch Group

Mr. ______:

____ has been invited to join "The Lunch Group". The Lunch Group is a pilot project run by counsellors from Family Services of Peel, Gail Gustafson and Jody Levac, in conjunction with Elmcrest Public School. The program is designed to educate children about issues and skills relevant to their day-to-day lives. It is done in a small group format to give the children an opportunity to practice the skills they learn and to give and receive information and support from their peers.

The program runs at lunch time on Wednesdays from 11:45 a.m. to 1:00 p.m. Lunch is eaten in the classroom and time is allotted for recreation. Some of the issues and skills addressed using this peer group model are: problem solving, coping skills, families - understanding changes, expressing feelings constructively. The focus of the group is on education and skills development. This is not a therapy group.

Should you require any additional information regarding the Lunch Group please call the school.

Sincerely,

D. Powell
Principal.

I give permission for ____ to attend the Lunch Group.

Signature of Parent: ___________________________ Date: ___________________________
APPENDIX III

Pre Group and Post Group Questionnaires
ELMCREST PUBLIC SCHOOL
Children's Group-Pre Test

Please take a few minutes and answer the following questions. If you have problems, please ask one of the group leaders for help.

1) What do you do when you feel sad or upset?
   A) 
   B) 
   C)

2) What would be helpful for other kids from the same situation to know?

3) How do you rate your ability to talk about your feelings?
   A) Not Good    B) Good    C) Very Good

4) How do you rate yourself as a listener?
   A) Not Good    B) Good    C) Very Good

5) How many people feel the way you do?
   A) No one    B) A few people    C) Most people    D) Everyone

Name: ____________________________
Family Services of Peel

ELMCREST PUBLIC SCHOOL
Children's Group-Post Test

Please take a few minutes and answer the following questions. If you have problems, please ask one of the group leaders for help.

1) What do you do when you feel sad or upset?
   A)  
   B)  
   C)  

2) What would be helpful for other kids from the same situation to know?

3) How do you rate your ability to talk about your feelings?
   A) Not Good   B) Good   C) Very Good

4) How do you rate yourself as a listener?
   A) Not Good   B) Good   C) Very Good

5) How many people feel the way you do?
   A) No one   B) A few people   C) Most people   D) Everyone

6) Name the three most important things that you learned while in group?
   A)  
   B)  
   C)  

7) Did you feel that your thoughts and feelings, talked about in the group, were respected?
   A) Never   B) Sometimes   C) Most times   D) Always

8) What did you learn about yourself in the group?

9) What did you like least about the group?

10) What did you like most about the group?

Name: ____________________________

Kids3.doc
33/30/98 - js/fjpforms/group/
APPENDIX IV

Teacher’s Observations/Evaluation
Family Services of Peel

Children's Lunch Group-ELMCREST Public School

Teacher's Observations/Evaluation

Date: ____________________________  Student: ____________________________

Thank you for agreeing to complete this behaviour checklist. It will provide us with useful feedback. We will be using this information to help us evaluate the program's goals and effectiveness.

The following are a list of behaviours related to the group program goals. Please rate your student in the following eight areas.

<table>
<thead>
<tr>
<th></th>
<th>POOR</th>
<th>ACCEPTABLE</th>
<th>VERY GOOD</th>
<th>EXCELLENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td></td>
<td>Knowledge of problem solving strategies</td>
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<td>2.</td>
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<tr>
<td></td>
<td>Demonstrated ability to use problem solving strategies</td>
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<td>3.</td>
<td></td>
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<tr>
<td></td>
<td>Ability to listen to others</td>
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<td>4.</td>
<td></td>
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<tr>
<td></td>
<td>Uses help Seeking Behaviour</td>
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<td>5.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Actively Participates (ie. eye contact, raises hand, engages in a wider range of activities)</td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Expresses a wide range of feelings</td>
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<td>7.</td>
<td></td>
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<tr>
<td></td>
<td>Helpful /supportive of peers</td>
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<tr>
<td>8.</td>
<td></td>
<td></td>
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<td></td>
<td>Speaks positively about self</td>
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</tbody>
</table>

OTHER OBSERVATIONS and COMMENTS

_________________________________________________________________________________________________________________________________
APPENDIX V

Results
### TABLE 1: CHANGES IN PARTICIPANT SELF-PERCEPTION PRE-TEST VS POST-TEST

<table>
<thead>
<tr>
<th>Listening Skills</th>
<th>Chart 1</th>
<th>Feelings</th>
<th>Chart 2</th>
<th>Isolation</th>
<th>Chart 3</th>
<th>Aggregate Impact</th>
<th>Chart 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHILD</td>
<td>Pre Test</td>
<td>Post Test</td>
<td>CHILD</td>
<td>Pre Test</td>
<td>Post Test</td>
<td>CHILD</td>
</tr>
<tr>
<td></td>
<td>Girl 1</td>
<td>2</td>
<td>2</td>
<td>Girl 1</td>
<td>3</td>
<td>2</td>
<td>Girl 1</td>
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<td>Girl 2</td>
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<td>Girl 3</td>
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<td>Girl 4</td>
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<td>Girl 4</td>
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<td>Girl 4</td>
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<td>Boy 4</td>
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<td></td>
<td>Girls</td>
<td>8</td>
<td>8</td>
<td>Girls</td>
<td>7</td>
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<td>16</td>
<td>All</td>
<td>13</td>
<td>18</td>
<td>All</td>
</tr>
</tbody>
</table>

Note: Boy 3 joined the group after start up and did not participate in a pre-test evaluation.
GRAPH 1: PARTICIPANTS SELF-PERCEIVED LISTENING SKILLS

<table>
<thead>
<tr>
<th>CHILD</th>
<th>Pre Test</th>
<th>Post Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girl 1</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Girl 2</td>
<td>2</td>
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<td>Girl 3</td>
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<td>Girl 4</td>
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<tr>
<td>Boy 1</td>
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<td>1</td>
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<td>Boy 2</td>
<td>3</td>
<td>2</td>
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<td>Boy 3</td>
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<td>2</td>
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<tr>
<td>Boy 4</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

(1 = Not Good, 2 = Good, 3 = Very Good)
GRAPH 2: PARTICIPANT'S SELF REPORTED ABILITY TO TALK ABOUT THEIR FEELINGS

<table>
<thead>
<tr>
<th>CHILD</th>
<th>Pre Test</th>
<th>Post Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girl 1</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Girl 2</td>
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<td>Girl 3</td>
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<td>Boy 1</td>
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<td>2</td>
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<tr>
<td>Boy 4</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

(1=Not Good, 2=Good, 3=Very Good)
GRAPH 3: PARTICIPANT'S SELF REPORTED LEVEL OF ISOLATION
(How many people feel the way you do?)
GRAPH 4: AGGREGATE DEVELOPMENT IMPACT FOR ALL PARTICIPANTS IN THE ELMCREST PROGRAM

<table>
<thead>
<tr>
<th>CHILD</th>
<th>Pre Test</th>
<th>Post Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girl 1</td>
<td>5</td>
<td>6</td>
</tr>
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<td>Girl 2</td>
<td>4</td>
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<tr>
<td>Boy 4</td>
<td>3</td>
<td>8</td>
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</table>
REFERENCES


