

**Suggested APA style reference:**

Vargas, L. Cataldo, J., & Dickson, S. (2005). Domestic violence and children. In G. R. Walz & R. K. Yep (Eds.), *VISTAS: Compelling perspectives on counseling, 2005* (pp.67-69). Alexandria, VA: American Counseling Association.

## Article 13

# Domestic Violence and Children

*Laurie Vargas, Jason Cataldo, and Shannon Dickson*

Domestic violence has historically been seen as a private issue between couples. Over the past decade, domestic violence has become recognized as a societal issue, affecting not only the couple but also the children living in the home environment. Although community agencies concentrate on educating and offering support to both the victim and the abuser, little support is currently offered to children (National Clearinghouse on Child Abuse and Neglect Information [NCCANI], 2003). As a result, community groups and government agencies are beginning to look more closely at the causes of violence within the home and its effects on children. With this realization, the counseling field is in a position to effect real change through the use of effective assessment measures and counseling strategies.

To better understand the effects of domestic violence on children, it is important to understand the cycle of violence. According to Lenore Walker (1979), domestic violence can be separated into three stages: First is the tension-building phase when the victim begins to feel the abuser's increasing tension. The tension-building phase ends with an explosion of violence. Second is the explosion phase which begins with an incident, also known as the trigger that can be set off by anything, everything, or nothing at all, and includes physical, emotional, sexual, financial, and spiritual abuses. Third is the loving reconciliation phase, better known as the honeymoon phase, which may include apologies or gifts from the abuser and may begin within minutes of the explosion or even several days following the incident.

Lenore Walker began the study of the cycle of violence between partners; recent studies are beginning to demonstrate the effects of domestic violence on children. Studies have shown that school-age children who witness violence exhibit a range of problem behaviors including depression, anxiety, and violence toward peers (Family Violence Prevention Fund, n.d.). Although it is difficult to determine how many children are affected by domestic violence, what is known is that they are 1,500 times more likely to be abused (Bureau of Justice Assistance, 1993). Youth are victimized in domestic violence homes by being

neglected and physically and/or sexually abused (Beeman, Hagemester, & Edleson, 1999; Carlson, 2000), and often suffer from severe stress. Children may not always witness the episodes of abuse; however, they are affected by what they hear. The children are able to feel the tension in the air just as the victim does; however, they do not understand the cycle of violence and can easily internalize their feelings about the situation. This internalization can manifest itself in the following ways: academic problems, aggression, insomnia, irritability, distractibility, and truancy (Newton, 2001). Additionally, data suggest that children who come from homes in which violence takes place are more likely to become the abuser or victim in their intimate relationships (Newton, 2001).

Children who live in homes where violence occurs cope in various ways. Some children might attempt to keep the peace at home or become high achievers in school. An older sibling might try to become the caregiver to younger siblings or might attempt to care for the adult victim, and others might attempt to become combative with the abuser in order to protect the victim. Some children might become aggressive with peers, siblings, and even the adults in the cycle, or emotionally withdraw inside the home and at school. Ways other children cope with the violence in their home include self-injurious behaviors such as cutting, drug and alcohol use, and unsafe sexual activity. Additionally, children of abused mothers are six times more likely to abuse drugs and/or alcohol, and are at a higher risk of running away (Turning Point, n.d.). Data suggest that living in homes where domestic violence occurs affects males and females differently (Turning Point, n.d.). Boys who have witnessed abuse of their mothers are 10 times more likely to abuse their female partners as adults whereas females who grow up in a home where the father assaults the mother are 651% more likely to be sexually abused than girls in non-abusive homes (Turning Point, n.d.).

An essential component of counseling children who are victims of domestic violence is the use of assessment measures. In assessing these children, using an ecological approach allows for viewing children within a context that includes their interaction among

multiple systems (e.g., home, school, peers) (Bronfenbrenner, 1979). Furthermore, it is important to create a therapeutic environment so that children will feel safe and comfortable. The use of toys, stuffed animals, games, and mutual storytelling can be powerful tools in assisting children to feel relaxed and be open to talking with an adult.

The selection of assessment measures should be both culturally and developmentally appropriate (Suzuki, Meller, & Ponterotto, 1996). It is important to note that many of the standardized measures of assessment are culturally biased and must be interpreted with caution (Suzuki et al., 1996). Therefore, it is suggested that both standardized (objective) and nonstandardized (subjective) measures be used (Smith, 2004; Sue & Sue, 2003).

The clinical interview is a nonstandardized measure that is often used in a variety of settings and is an effective way to gather information (Smith, 2004; Sue & Sue, 2003; Suzuki et al., 1996). The clinical interview with the child and the caregiver should incorporate a biopsychosocial component addressing the following areas: (a) mental status exam (MSE); (b) behavioral problems including onset, frequency, duration and intensity; (c) child's medical history; (d) school history; (e) developmental history; (f) parenting style; (g) how discipline is managed; and (h) family history of violence. It is valuable to include a parent-child observation to assess the quality of the parent-child relationship such as the Dyadic Parent-Child Interaction Observation. Furthermore, assessing the child's and caregiver's level of acculturation, cultural attitudes, values, and beliefs can provide valuable information regarding family interactions.

Objective measures that are important to include in assessing children living in homes where violence occurs are (a) behavioral measures (e.g., Child Behavior Checklist, Eyberg Child Behavior Inventory) that contain a child, parent, and teacher version; (b) the Child Abuse Potential Inventory assesses the caregiver's potential to physically abuse a child; (c) the Parenting Stress Index identifies parent-child dyads that may be experiencing stress; and (d) the Trauma Symptom Checklist-Children, designed to assess the child's current psychological symptoms patterns.

Comprehensive assessment is a necessary component in working with children living in domestic violence situations because it informs treatment decisions as well as provides important information for future intervention and prevention programs (NCCANI, 2003).

Upon completion of the assessment process, children have been readily identified for intervention and prevention strategies. Intervention allows the

children to express their feelings whereas prevention helps children understand that they can make different choices for themselves in future relationships. Group counseling for children who have witnessed domestic violence can be a powerful form of treatment as it allows children to empower themselves to be able to problem solve in a nonviolent manner.

Age appropriate groups allow children to be with peers, know that they are not alone, and process their experiences in an accepting and nonjudgmental environment. Most importantly, they learn that they are not responsible for the violence. Typically, time limited groups work more effectively when they are closed. These groups help children feel safe and provide them with opportunities to build trusting relationships with their peers. Furthermore, youth can experience sharing common problems and concerns with one another. Process groups can be effective with adolescents because this format allows youth the opportunity to explore their feelings in depth as well as learn problem solving-skills.

As a counselor, it is important to ensure children's safety and confidentiality during the counseling process. The counselor should allow the children to determine group rules that emphasize the importance of confidentiality among each other. Providing activities for each session allows the children to become involved in the counseling process in a nonthreatening manner. The purpose of the initial sessions is to focus on intervention, which includes discussing feelings about their situation, providing psychoeducational information about the cycle of violence, safety planning, and developing healthy coping strategies. Counseling techniques include the use of puppets that allow children to tell stories of how fighting happens in their homes, use of art to express emotions, and use of play to act out aggressive behaviors.

Discussion of the cycle of violence is important because children often feel confused as to why their family fights and why it seems to never end. Showing children how families cycle through the violence can begin to put into perspective what the cycle looks like in their family. At this time, it is important to allow children to discuss their thoughts, actions, and feelings regarding what they see and hear in each stage of the cycle.

When children have discussed their experience with domestic violence, future sessions must include safety planning, allowing children to state what they can do to feel safe. Children devise their own safety plans that include where they can hide and whom they can call, including law enforcement. Depending on the child's age and home experiences, some topics may require more time.

Once the group demonstrates knowledge of intervention strategies, the group then shifts its focus to prevention. Discussing anger is important to help children understand that their feelings of anger are appropriate; however, acting out in an aggressive manner is not acceptable. Children learn how important it is to express their anger and learn new ways of expressing their emotions through anger management activities. Children learn from each other how assertive communication allows them to express their feelings and desires in a certain situation. With adolescent groups, discussing gender socialization allows adolescents to question what society may tell them is appropriate behavior for males and females. It also allows them to discuss their own attitudes, values, and beliefs about what it is to be male and female. The discussion culminates in their discovery of how they might want to think or act differently.

At the conclusion of group counseling, children may have feelings of excitement as well as apprehension toward the group ending. It is the counselor's role to acknowledge each child's growth as well as review each child's safety plan. The termination process also allows children to discuss what changes they have experienced in their lives as well as what they have learned from their peers.

It is just recently that society has begun to accept the number of domestic violence victims in the United States and the harsh realities behind those numbers. What society has failed to realize and our profession is now starting to recognize are the silent victims of domestic violence, the children. Although no concrete statistic exists on the number of children suffering from the effects of domestic violence (Bureau of Justice Assistance, 1993), what does exist are the counseling strategies to allow the healing process to begin. Through sound assessment measures, and empowering intervention and prevention strategies, children are able to overcome the obstacles in their lives and break the cycle of violence.

### References

- Beeman, S. K., Hagemaster, A. K., & Edleson, J. L. (1999). Child protection and battered women services: From conflict to collaboration. *Child Maltreatment, 4*(2), 116-126.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bureau of Justice Assistance. (1993). *Family violence: Interventions for the justice system*. Washington, DC: U.S. Department of Justice.
- Carlson, B. E. (2000). Children exposed to intimate partner violence: Research findings and implications for intervention. *Trauma, Violence, and Abuse, 1*(4), 321-340.
- Family Violence Prevention Fund. (n.d.). *Promoting family and community safety*. Retrieved September 23, 2004, from <http://endabuse.org/programs/children>
- National Clearinghouse on Child Abuse and Neglect Information. (2003, August). *Children and domestic violence: A bulletin for professionals*. Retrieved September 23, 2004, from <http://nccanch.acf.hhs.gov/pubs/factsheets/domesticviolence.cfm>
- Newton, C. J. (2001, February). *Domestic Violence: An Overview*. Retrieved December 8, 2004, from <http://www.therapistfinder.net/Domestic-Violence/>
- Smith, T. B. (2004). *Practicing multiculturalism: Affirming diversity in counseling and psychology*. Upper Saddle River, NJ: Pearson Education, Inc.
- Sue, D. W., & Sue, D. (2003). *Counseling the culturally diverse: Theory and practice* (4<sup>th</sup> ed.). New York: Wiley.
- Suzuki, L. A., Meller, P. J., & Ponterotto, J. G. (Eds.). (1996). *Handbook of multicultural assessment: Clinical, psychological, and educational applications*. San Francisco: Jossey-Bass Publishers.
- Turning Point. (n.d.). *How domestic violence affects children*. Retrieved September 23, 2004, from <http://www.dbtech.net/turningpoint/children.htm>
- Walker, L.E.A. (1979). *The battered woman*. New York: Harper & Row.