A GROUP WORK APPROACH WITH ABORIGINAL CHILDREN EXPOSED TO PARENTAL VIOLENCE

by

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A Practicum Submitted to the Faculty of Graduate Studies
in partial fulfillment of the requirements for the degree of

Master of Social Work

Department of Social Work
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THE UNIVERSITY OF MANITOBA

FACULTY OF GRADUATE STUDIES

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ABSTRACT

This practicum concentrated on a time limited, structured and closed group work approach with Aboriginal children between the ages of seven and ten years old who had been exposed to parental violence. All of the children were living in homes led by single mothers. The majority had sought refuge in women's shelters and for them the violence had stopped between five months and five years before becoming involved with this process. The treatment modality was a psychoeducational group work intervention for the children, with the inclusion of an Aboriginal tradition, a "smudge". A total of eight children were involved with this practicum and all but one child completed the group program(s). Clinical impressions suggested that some of the clients' objectives were met as many of the children were able to identify their feelings and experiences related to parental violence, to develop a personal safety plan, and seemed to experience an increase in self confidence. In general, the children seemed to benefit from a safe, fun and supportive group environment.

DEDICATION AND ACKNOWLEDGMENTS

To my mother, Evelyn Copenace for always encouraging me that education was important and valuable, and for her courage, perseverance and cultural guidance.

Miigwetch (Thank you) to my family for their support, understanding and patience during this whole process. My parents, John and Evelyn Copenace, my sisters, Hazel and Joanne, my husband, Stan Parker, my daughters, Gwen and Kara, my foster children, Aaron and Tanya, to all my extended family, mamanon (grandma)-Shawon, uncles, aunts, nieces and cousins and finally to my friends, especially to Leona Gordon who was always there to listen.

Miigwetch to Dolores Kelly, a spiritual person who told me (at the beginning of my quest for formal higher learning) to never forget who I am as an Anishinabe woman and who provided with me with advice about parts of this process.

I am grateful to my advisor and supervisor, Dr. Diane Hiebert-Murphy, who shared her insights and wisdom with me through the practicum process. I would also like to thank the members of the practicum committee. A big thanks to Linda Perry, for having a major part in steering me in this direction, for having the confidence that I could do it, and for providing me with a positive and great learning environment at the Elizabeth Hill Counselling Centre. I am also grateful to Belinda Vandenbroek, who provided me with support, guidance and information.

Appreciation also to the co-therapists who helped me in running the group, Brooke Edgeworth and Raul Dimaculangan. I would also like to thank Jean Altymyer for reading and editing portions of this document.

Miigwetch to the Ojibways of Onigaming First Nation for giving me financial support during my educational endeavour.

Finally, thank you to the children and families who participated in this practicum and who gave me a gift through the sharing their time and in helping me to learn from each and every one of them. Miigwetch!

INTRODUCTION

The impact of parental violence on children has only been researched and studied within the last twenty years or so. The overall findings from these studies seem to suggest that some of these children are negatively affected by their exposure to parental violence (Elbow, 1982; Hughes, 1988; Jaffe, Wolfe, & Wilson, 1990; Kashani & Allan, 1998; Rosenberg & Rossman, 1990; Silvern & Kaersvang, 1989; Wolfe, Jaffe, Wilson, & Zak, 1985). It is with this in mind that a process began for me, to look for and learn what these effects were, how children possibly experienced these effects, what interventions were applied to these children and how helpful they were, and specifically how all this information related to Aboriginal children, their families and communities.

What is known is that within many Aboriginal communities about 8 out of 10 women are subject to wife abuse (Dumont-Smith, 1995; Frank, 1992; LaRocque, 1994; Ontario Native Women's Association, 1989). This statistic seems to suggest that many Aboriginal children are being exposed to parental violence. Therefore, it is important to look at this issue and its impacts on the Aboriginal community.

Prior to beginning the masters of social work program, I was employed within the social services field, in varied occupations, and mainly with Aboriginal organizations. This included being a front-line child welfare worker, program consultant for an Aboriginal child welfare agency, child care worker, infant development consultant, and a community worker. During those times I was involved in a number of cases which involved parental violence and children exposed to it. I asked myself many times if this was affecting these children and how and what kinds of decisions and assistance could be

offered to them, their parents, and their communities. I wanted to become informed as to the "effects" and what treatment modalities could be helpful for this population of children and especially how this information pertained to Aboriginal children, their families and communities in which they live. This prompted me to become involved in a practicum that would pertain to the area of Aboriginal children who are exposed to parental violence and the use of a group approach as the intervention.

Information and empirical evidence of how parental violence affects Aboriginal children and what approaches to use and which ones are effective is very limited. Therefore it is important to begin to research and document the prevalence, impacts, and treatment approaches that are being used. This can then provide the general public, practitioners, and academics with information that they may find useful. It is hoped that this practicum is just part of a beginning of looking at and documenting this issue.

Personal and Client Objectives

There are several personal and client objectives which I hoped to achieve through the use of a group approach with Aboriginal children who have been exposed to parental violence. These are:

Personal objectives

1. Gain comprehensive knowledge about parental violence and more specifically, the impact on non-Aboriginal and Aboriginal children of being exposed to this type of violence within the home.
2. Learn what the literature says about the successful application of group therapy with this population.
3. Effectively implement a safe, fun and supportive group process with Aboriginal children who have been exposed to parental violence.
4. Learn to incorporate traditional Aboriginal methods within this group process.

Client objectives

1. Increase awareness about parental violence.
2. Empower the children, increase self-awareness and esteem.
3. Help maximize children's safety.
4. Eliminate self-blame for the parental violence.

LITERATURE REVIEW

Introduction

The impact on children of being exposed to parental violence is a relatively new issue that has just begun to be looked at within the social work field. It has only been within the last twenty years or so that it has come to be understood that, in general, children are negatively affected by the witnessing of parental violence (Elbow, 1982; Hughes, 1988; Jaffe et al, 1990; Kashani & Allan, 1998; Rosenberg & Rossman, 1990; Silvern & Kaersvang, 1989; Wolfe, Jaffe, Wilson, & Zak, 1985). These children have come to be called the "forgotten" and "traumatized" victims of parental violence (Elbow, 1982; Silvern & Kaersvang, 1989). Prior to this insight, many of these children were overlooked. It is only recently that researchers have documented the impact of exposure to parental violence and the need for intervention and treatment for some of these children.

Aboriginal children who have been exposed to parental violence have not yet been empirically studied (Dumont-Smith, 1995). However, authors on the subject of Aboriginal parental violence have reported that, in general, Aboriginal children are being negatively affected by being exposed to parental violence (Dumont-Smith, 1995; Frank, 1992; LaRocque, 1994; Ontario Native Women's Association, 1989). They have suggested that these children may display similar problems in behaviour as those exhibited and documented for non-Aboriginal children. Research is required within this area to gain a better understanding of these "impacts" so that healing interventions that would hopefully remedy the effects can be implemented.

Definitions

There are many definitions of parental violence. For the purposes of this practicum report, the term parental violence will refer to any physical, sexual, emotional or mental abuse that occurs between the parents of a household. Exposure to parental violence will be the witnessing, hearing or seeing the aftermath of the violence such as bruises on the victim. The term Aboriginal child will be used to refer to any First Nations, Non-status, or Metis member.

Prevalence

The abuse of women by their male partners is a major social problem within North America, and it is found across many ethnic and socioeconomic backgrounds. It is estimated that about 95% of reported parental violence is reported by women and it is usually perpetrated by men (Kashani & Allan, 1998). Kashani and Allan (1998) state that in terms of prevalence, one in five adult women has reported witnessing at least one incident of physical abuse between her parents during childhood. Other statistics suggest that at least one in ten women are abused every year by the man with whom she lives and that 500,000 Canadian households live with family violence every year (Jaffe et al., 1990). These numbers are usually higher within the Aboriginal community. A study by the Ontario Native Women's Association (1989) estimated that 8 out of 10 Aboriginal women are subject to wife abuse. Other authors have also reported similar numbers in other Aboriginal communities in Canada (Frank, 1992; LaRocque, 1994).

There are no conclusive numbers to gauge the number of children who are exposed to parental violence. In the United States, Carlson (1984) estimates that 3.3 million children per year are at risk of being exposed to parental violence. However, Straus (1992) has estimated a much higher number and has suggested that as many as 10 million children per year may be exposed to parental violence (as cited in Edleson, 1999). In spite of the inconsistencies in these numbers, what is clear is that every year, there are large numbers of non-Aboriginal and Aboriginal children who are exposed to parental violence (Dumont-Smith, 1995; Edleson, 1999).

Overview of Parental Violence

Theoretical Models of Parental Violence

There are a number of models that try to explain the problem of parental violence. These include resource theory, exchange theory, culture of violence theory, patriarchal theory, social learning theory, ecological theory, evolutionary theory, sociobiological theory and general systems theory (Levinson, 1989). Considering the number of theories that try to explain parental violence it is feasible to discuss only a few of them within this literature review. The theories that will be discussed include intergenerational transmission, a model of a cycle of violence (Walker, 1979), a feminist perspective, and *an* Aboriginal perspective. These are selected for this report because I am generally in agreement with these perspectives and find them to be the most relevant when discussing the impact of parental violence on Aboriginal children. As well, in regard to Aboriginal communities most authors on this subject seem to be in agreement that parental violence has occurred due to colonization and that it has become an

intergenerational phenomenon (Dumont-Smith, 1995; Fort Frances Tribal Area; Frank, 1992; LaRocque, 1994; McEachern, Van Winkle, & Steiner, 1998).

Intergenerational Transference .

Social learning theorists do not believe that aggression is an inner drive, and argue that aggression is both learned and takes place in a social context (Levinson, 1989). A model that is widely accepted within the social learning paradigm is termed *intergenerational transference* (Kashani & Allan, 1998; Levinson, 1989). This is where the possibility of the parental violence being passed down from generation to generation is a result of the children witnessing the parental violence (Kashani & Allan, 1998). This theory suggests that male children who witness parental violence will grow up to be perpetrators, and that female children will grow up to be victims of this parental violence. In essence, the children who witness parental violence are raised to believe that this is the norm.

There is debate around the theory of intergenerational transference. This relates in part to the fact that not all children who are witnesses to parental violence will grow up to be perpetrators or victims (Morley & Mullender, 1994). Morley and Mullender (1994) cite many problems with the assertions made on the subject of intergenerational transference. These problems include writers simply saying it exists without providing research support, some cite other authorities, and some use data from their own or other studies that have methodological flaws (Morley & Mullender, 1994). To challenge this theory, there is evidence that many children survive violent childhoods and grow up to become loving and socially productive adults (Morley & Mullender, 1994).

Cycle of Violence .

Kashani and Allan (1998) write that some of the most advanced models are the ones presented by Walker (1979) and Drake (1982) which outline a cycle of violence which has three distinct phases. Phase 1 describes the tension between the couple, and this is where arguing may occur. Phase 2 is where the violence occurs, and Phase 3 is described as a tranquil stage, usually called the "honeymoon". This is where the batterer may offer gifts, apologies, and promises to change his behaviour. These phases will continue as long as nothing changes within the relationship. In order for the violence to stop, this cycle needs to be broken.

Feminist Perspective .

Feminist perspectives on parental violence vary greatly. There are many feminist philosophies and there is no unified feminist perspective on wife abuse (Bograd, 1988). However, all feminist researchers, clinicians, and activists look at the primary question of "why do men beat their wives" (Bograd, 1988). This question is usually answered by looking at the issue from a group or societal level. Feminists seek to understand why men, in general, use force against their partners and what functions this serves for a given society in a specific sociohistorical context (Bograd, 1988).

What feminists have tended to find is that wife abuse is the result of male domination and exploitation of women (Wiehe, 1998). The main issue is that of power, which rests in the hands of men, and the purpose of this power is to control women. This has been identified in the literature as patriarchy (Dobash & Dobash, 1979; Wiehe, 1998).

This patriarchy and inequality have a long history. This was evident in British Common Law, which later influenced North American Law (Wiehe, 1988). British Common Law tried to control the extent to which men could beat their wives by imposing the rule of thumb, which said that the instrument a man used for beating his wife could be a rod not thicker than his thumb (Dobash & Dobash, 1979; Wiehe, 1998). Even though this was meant to protect women from "severe" violence perpetrated by their husbands, what it actually did was give men the legal right to beat their wives (Dobash & Dobash, 1979; Wiehe, 1998). This inequality between men and women is still evident today. Feminist theories state that some men, in order to maintain power and control in their marital relationships, continue to abuse their partners (Wiehe, 1998).

An Aboriginal Perspective .

The following will discuss *an Aboriginal perspective* on why parental violence occurs in their communities. It is only one perspective of probably many and therefore should not be taken as *the Aboriginal perspective*. There is limited literature that deals with the issue of parental violence within Aboriginal communities. The literature that exists tended to suggest that the problem of parental violence is but one of the effects of colonialism (Dumont-Smith, 1995; Fort Frances Tribal Area; Frank, 1992; LaRocque, 1994; McEachern et al, 1998). In order to understand the many difficulties in Aboriginal communities today, it is imperative that colonialism and its effects are known and understood by anyone who wishes to work with and for Aboriginal people.

The arrival of the Europeans many years ago caused the Aboriginal way of life to undergo many changes. When the Europeans arrived, they brought with them their way

of life and subjected Aboriginal people to it. The European settlers thought they were helping to "civilize" the Aboriginal people. This civilizing was through the process of assimilation. This created problems in Aboriginal communities that are thought to have previously not been there, such as parental violence. Parental violence is an issue which dates back throughout history among European populations, and most scholars of Native American cultures believe that parental violence is a relatively new phenomenon which coincides with colonial rule and the subjugation of Aboriginal people (McEachern et al., 1998). Other authors believe that parental violence did exist at European contact, but that it was greatly exacerbated by colonialism (LaRocque, 1994).

Colonialism and the accompanying patriarchal beliefs were brought to the New World by the Europeans. This included the belief that the man was the authority of his household, and he controlled the daily life and productivity for everyone in that household (McEachern et al., 1998). In Western Europe, marriage laws unambiguously recognized the family as the domain of the husband, and it forced women to conform to the husband's will, and punished both for infractions of marital vows (McEachern et al., 1998).

Today, Aboriginal people are still subject to colonialism, assimilation, racism, and deculturation. This causes oppression, a process that occurs when fear and hate force people to forget what it is like to love and be loved (Fort Frances Tribal Area). Not long ago, equality between genders, marriages and traditions for courtship were very important and had strict social codes in Aboriginal culture (Fort Frances Tribal Area). These have broken down. As a result, it has weakened the family unit that once was

strong enough to not permit or sanction parental violence. This historical reality provides a glimpse into the evolution of parental violence within Aboriginal communities and its effect on the people, and more specifically on Aboriginal children.

Conclusion .

The foregoing has attempted to provide some brief information on some of the theories that are used to try and explain why parental violence occurs. What this information seems to demonstrate is that one theory does not adequately explain the problem of parental violence. This is a complex problem that probably needs to be looked at from multiple views and dimensions.

This suggests that children who witness parental violence also need to be looked at from multiple views and dimensions. If this issue is viewed in this manner a clearer understanding of children who witness parental violence would result which would in turn affect practice. Possibly creative, new and proven interventions would arise from the use of multiple views and dimensions when looking at the problem of children who witness parental violence.

Impact of Parental Violence on Women

Women who are in violent relationships tend to exhibit behaviours and problems that are common with one another. Many of these women have had a childhood background of witnessing violence or being physically or sexually abused (Jaffe et al., 1990). The Battered Women's Syndrome (Walker, 1979) is now well accepted by most professionals working in the field and by the courts who try to understand the victim's behaviour (cited in Jaffe et al., 1990). This syndrome is illustrated by the woman's

increasing sense of helplessness and hopelessness about finding safety and ending the relationship. These feelings are further reinforced by a sense of isolation and poor self-esteem (Jaffe et al., 1990). The longer that the violence and these feelings occur, the more the woman may begin to minimize the violence and underestimate the possible fatality that may happen (Jaffe et al., 1990). Additionally, these women often lack economic and social resources which limit their choices for a safe and healthier lifestyle (Kashani & Allan, 1998). In terms of coping, these women may try to change the spouse's violent behaviour, leave the relationship, or may become violent themselves (Kashani & Allan, 1998).

Impact of Parental Violence on the Batterer

The batterers, who are usually men, also have many common characteristics although there can be many differences as well. Many of these men have been exposed to parental violence as children, and have learned that violence is the basis of having power and control within a family (Jaffe et al., 1990). Other writings have proposed that some of these men may lack the verbal skills to negotiate nonviolent conflict resolution, have poor impulse control, and a rigid style of demanding and controlling behaviours (Kashani & Allan, 1998). The dynamics of the family are that secrecy of the parental violence is very important. Many of these men also tend to isolate their spouses and children so that others may not be aware of the situation. Some possible consequences of being "found out" are that they may be charged, be imprisoned, and lose their family.

Impact of Parental Violence on Children

The literature that exists tends to suggest that many of the children who witness

parental violence are negatively affected and exhibit varying behaviour problems (Elbow, 1982; Jaffe et al., 1990; Hughes, 1988; Kashani & Allan, 1998; Rosenberg & Rossman, 1990; Silvern, & Kaersvang, 1989; Wolfe et al., 1985). Peter Jaffe and David Wolfe (1990) are well known as being the most advanced in their work and research in the area of the impact and effects on children who witness parental violence. In their research they have found that children who were exposed to parental violence experience behaviour problems in the clinical range at a rate two and half times more than that of children from nonviolent homes (Wolfe et al., 1985). It has also been documented that children are at a higher risk of being abused when there is parental violence in the home (Kashani & Allan, 1998). At least 40 to 60 per cent of children in these types of homes are physically abused (Hughes, 1982: Jaffe et al., 1990).

Exposure to Parental Violence as Trauma .

The way that these children may experience being exposed to parental violence has been likened to that of people who may or may not be directly involved in disasters or catastrophic events (Graham-Bermann & Levendosky, 1998; Rosenberg & Rossman, 1990; Silvern & Kaversang, 1989). This is referred to as trauma, which occurs when an event elicits fear, helplessness, and overstimulation, and when that event is recognized by the observer as traumatic (Graham-Bermann & Levendosky, 1998; Silvern & Kaversang, 1989). Some children, who witness the abuse of their mothers or take threats to harm or kill them seriously, may respond with signs associated with feeling overwhelmed by these traumatic events (Graham-Bermann & Levendosky, 1998).

Since there are no posttraumatic stress disorder (PTSD) criteria specific to

children in the recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), some authors such as Wolfe, Gentile, and Wolfe (1989) have tried to measure PTSD symptoms in children within their studies of posttraumatic stress (cited in Graham-Bermann & Levendosky, 1998). PTSD symptoms include recurrent and intrusive re-experiencing of the event; emotional numbing; avoidance of thoughts, feelings, or activities associated with the event; and persistent symptoms of increased arousal (Silvern & Kaversang, 1989). These symptoms are similar to what was described by Graham-Bermann and Levendosky (1998). They found that only 13% of their sample would have qualified for a PTSD diagnosis, but that 52% suffered from intrusive re-experiencing, 19% displayed traumatic avoidance, and 42% had traumatic arousal symptoms (Graham-Bermann & Levendosky, 1998). This seems to suggest that children who are exposed to parental violence may be experiencing these experiences as "trauma", which has implications for how workers should intervene with these children.

Behaviour Problems .

Regardless of the way behaviour problems are identified, the literature tends to suggest that there are usually three types of behaviour problems that children who are exposed to parental violence exhibit. These behaviour problems can be consolidated into three groups which are: externalizing problems, internalizing problems and social development problems (Jaffe et al., 1990; Kashani & Allan, 1998). The externalizing problems include anger, aggressiveness, distress, running away from home, and the use of physical violence to handle disagreements (Kashani & Allan, 1998). Internalizing problems may not be quite as visible and can include anxiety and depression (Kashani &

Allan, 1998). Social development problems can include impaired social competence such as not being able to make friends and having poor attachment to others (Jaffe et al., 1990).

Gender Differences.

Gender differences in the way that male and female children exhibit behaviour problems have been documented by authors on this subject (Edleson, 1999; Jaffe et al., 1990; Wolfe et al., 1985). Male children who have been exposed to violence tend to act out and have externalizing behaviour problems, while female children tend to have more internalizing or emotional problems (Sudermann, 1997). Both boys and girls have been found to show aggressiveness (Sudermann, 1997). The attitudes toward the approval of violence seem to also differ between the genders. Edleson (1999) documented that boys who witnessed violence were significantly more likely to approve of violence than were girls. However, studies on gender differences of children who have been exposed to violence are not definitive (Sudermann, 1997). This is probably due to a number of factors which include gender, the type, extent and persistency of parental violence witnessed, child resiliency factors and family strengths (Sudermann, 1997).

Resiliency Factors.

The degree to which an individual child exhibits these behaviors or not is dependent on a number of factors. These factors can be environmental, including social economic status, the level of life stressors and whether there is a support system (Jaffe et al, 1990). Other factors can be personality, cognitive and problem solving skills of the child, and the parent-child relationship (Edleson, 1999). If a child is equipped with a

propensity to socialize well with others and to figure out solutions to problems, she/he may be protected from some of the possible negative effects that being exposed to parental violence can produce. It is documented that a child who has a higher social economic status, few life stressors and a caring support system is more likely to cope and thus be more resilient when faced with witnessing parental violence (Kashani & Allan, 1998). Another factor is if the parent, usually the mother, continues to have a positive relationship with her child. If present, then this can moderate the impact of having been exposed to parental violence (Edleson, 1999). However, more research in this area needs to be conducted to better understand how these factors can play a role in the prevention of the possible behaviour problems that this population has been known to exhibit.

Aboriginal Children.

In regards to Aboriginal children, the literature is scarce and practically nonexistent. The impact of parental violence within Aboriginal communities in Canada has just begun to be looked at within the last 10 years or so (Dumont-Smith, 1995; Frank, 1992; LaRocque, 1994; Ontario Native Women's Association, 1989). Most of these reports have stated that many Aboriginal children are negatively affected by being exposed to parental violence, but how and to what extent is currently unknown. This is because studies on the effects of being exposed to parental violence specific to Aboriginal children are nonexistent (Dumont-Smith, 1995).

According to Dumont-Smith (1995), it is highly likely that the effects on Aboriginal children of being exposed to parental violence are similar to those experienced by the non-Aboriginal child. The Aboriginal child may grow up with

enduring feelings of depression, sadness, anger, and low self esteem, fail to achieve his/her maximum potential, and may eventually turn to alcohol and drugs for comfort and become abusers her/himself (Dumont-Smith, 1995). This description of potential problems is very similar to that documented and exhibited by non-Aboriginal children.

Overview of Research on Children Exposed to Parental Violence

In summary, caution must be used when drawing conclusions from the various studies that are currently available on children who are exposed to parental violence (Edleson, 1999). These studies have a number of methodological flaws, such as failure to differentiate abused children from those who are not abused but do witness parental violence, samples that are mainly from shelters, and reliance on mothers' reports of their children's difficulties (Edleson, 1999). In Edleson's (1999) review of studies which looked at the issue of children witnessing adult domestic violence and some behaviour problems, he found that the studies showed an association between variables, but not a cause and effect relationship. This means that it cannot be predicted with certainty that the witnessing of domestic violence will produce behaviour problems.

We also need to consider the fact that each child is a unique individual with his/her own sets of characteristics and the environments in which she/he lives. Therefore, it can be said that not all children who are exposed to parental violence will experience and exhibit behaviour problems in the same way. It is only safe to say that children who are exposed to parental violence are at a *greater risk* of presenting with some kind of behaviour problem.

In regard to Aboriginal children the literature has suggested that these children

are indeed affected in some way but to how and to what degree is not yet known (Dumont-Smith, 1995; Frank, 1992; LaRocque, 1994; Ontario Native Women's Association, 1989). What seems to be implied from the available literature is that Aboriginal children who have been exposed to parental violence need to be recognized as a population that needs to be looked at, understood and provided with assistance. Furthermore, that this assistance should entail the use of traditional Aboriginal practices and interventions (Dumont-Smith, 1995; Frank, 1992; LaRocque, 1994; Ontario Native Women's Association, 1989)..

For researchers and practitioners, what the foregoing information suggests is that more and rigorous research needs to occur to get a thorough understanding of how parental violence affects children and what interventions can and may be helpful. As stated previously, with the controversy about the number of theories that try to explain parental violence a solution might be to look at children exposed to parental violence from multiple views and dimensions, which in turn may produce better and effective practices when working with this population.

Group Work and Group Dynamics

Group Therapy

Group work with adults and children has been well validated and established by many people who work or write in this area of speciality (Corey & Corey, 1997; Fatout, 1996; Rose, 1998; Siepker, 1985; Smead, 1995; Toseland & Rivas, 1998). According to Toseland and Rivas (1998, p. 3) "group work entails the deliberate use of intervention strategies and group processes to accomplish individual, group and community goals by

using the value base and ethical practice principles of the social work profession".

The value base of group work involves those ratified by the social work code of ethics and further to that there are some values that are specific to group work practice. According to Konopka (as cited in Toseland & Rivas, 1998, pp. 7-8), these include (a) participation and positive relations among people of different color, creed, age, national origin, and social class in the group; (b) the value of cooperation and mutual decision making embodied in the principles of a participatory democracy; (c) the importance of individual initiative within the group; (d) the importance of freedom to participate, including expressing thoughts and feelings about matters of concern to individual members or the group as a whole, and having the right to be involved in the decision-making process of the group; and (e) the value of high individualization in the group so that each member's unique concerns are addressed.

After many years of leading groups, Toseland and Rivas (1998) propose that there are three values of group work which are considered to be of particular significance (Toseland & Rivas, 1998). These include the group members' ability to help one another, the group's ability to empower group members, and finally the power of groups to promote understanding among people from diverse backgrounds (Toseland & Rivas, 1998). A person who wishes to lead groups should have an understanding and belief in these values as these values are central to providing people who are in groups with a helpful and positive group experience.

History of Children's Groups

The beginnings of a model of group therapy with children is usually attributed to

Slavson who founded this intervention in the 1930s. Slavson's (1943) activity group therapy was an experiential model for children with modifiable habit, character and behaviour disorders (Siepker, 1985). This model provided an accepting atmosphere of unrestricted and un-interpreted free play and activity. The therapist assumed the role of an uninvolved, non-interpretive observer of the group (Siepker, 1985). The group process itself and members, if properly composed, were the curative forces. This initial model developed by Slavson pioneered the way for other group therapy models for children.

Since then, there have been a number of modifications and new models of group therapy for children. In the 1960s and 70s, short-term models received some attention, especially in clinic and school settings. Recent developments in group models have given rise to a greater degree of structure as illustrated by the use of assessment, intervention and evaluation procedures (Rose, 1998). Therapists are more directive in their approaches and tend to initiate clear plans of action for the group work (Rose, 1998). There is still an emphasis on socialization within the group. The group is usually structured to evolve around weekly themes that facilitate the group dynamics and learning. These groups are usually short-term in nature, as they are found to be the most appropriate and are time and resource efficient (Rose, 1998). However, children's groups can also be long term in nature. The length and type of group approach is usually dictated by the group problem, goals and composition.

Group Leadership

There are many styles of group leadership. A person's leadership style can be

thought of as a continuum of control over a group (Smead, 1995). At one end of the continuum would be a leading role, or having most of the control over the content and expectations of a session and at the other end of the continuum would be a facilitating role, or having a shared responsibility for what happens in the session and having a focus on interpersonal actions, not on content (Johnson & Johnson, 1997; Smead, 1995). Whatever style is used is probably dependent on the situation, group goals, and group composition (Johnson & Johnson, 1997).

In order to be helpful and effective, the group leader should have certain skills and characteristics. Characteristics of a group leader can include having courage, caring, sense of humour, self awareness, creativeness, energy, and a belief in the group process (Corey & Corey, 1997). The skills for being an effective group leader can involve conflict resolution, modeling, guiding, team building, confrontation, planning, consulting and using structure within the group (Corey & Corey, 1997; Kirst-Ashman & Hull, 1997; Smead, 1995). Additional skills include having a thorough knowledge of the stages of group development and dynamics as this can help the group leader to ascertain when to intervene with the group in order to help facilitate the group process (Toseland & Rivas, 1998).

In children's groups leadership characteristics, in addition to those previously mentioned, should encompass patience, caring, playfulness, good sense of humour, firmness without punitiveness, flexibility, the ability to express anger without sarcasm, and a great concern and interest in children (Corey & Corey, 1997). Other authors on children's groups (Siepker & Bandaras, 1985) have suggested that people who lead

children's groups should have the following qualities: a clear acceptance of children as people who deserve respect and courtesy from the facilitator, he/she should truly like children, he/she should be able to empathize with children through verbal and nonverbal communication and the group leader should not have a strong need to be liked by children. Having these qualities as a facilitator for children's groups should ensure a positive and fun experience for both the children and group leader.

Co-leadership is another aspect of group leadership that needs to be discussed, as co-leadership can have an impact on group development and dynamics. Co-leadership has a number of advantages: shared responsibility for the group process, a source of receiving and providing emotional support, assistance in setting limits and structures within the group, and a source of feedback and opportunities for learning from one another (Corey & Corey; Toseland & Rivas, 1998). However, co-leadership can also have disadvantages such as the expense of requiring two people, and not being able to work well with one another.

That is why it is important to ensure that there is mutual respect and trust between the co-leaders (Corey & Corey, 1997). Other components of ensuring a good co-leader relationship include being comfortable with one another's leadership style and meeting on a regular basis to discuss the group plans and progress (Corey & Corey, 1997; Toseland & Rivas, 1998). These benefits and drawbacks should be carefully considered prior to implementing a co-leadership model.

Types of Groups

There are many different types of groups that are found within the literature.

However, usually four are commonly referred to. These include task/work groups, guidance/psychoeducational groups, counselling/interpersonal problem-solving groups and psychotherapy/personality reconstruction groups (Corey & Corey, 1997; Smead, 1995). These groups differ in respect to goals, the techniques that are utilized, the role and training of the leader, the type of people who are members of the group (Corey & Corey, 1997) and the severity of the presenting issue.

The task/work group describes a wide range of groups where the application of group work principles facilitates the goals of the group (Corey & Corey, 1997; Smead, 1995). The role of the group leader is to assist these groups to enhance or perfect their performance (Corey & Corey, 1997). Examples of this type of group include task forces, committees, community organizations, study circles, and discussion and planning groups (Corey & Corey, 1997; Smead, 1995).

Guidance/psychoeducational groups are primarily about education and prevention. The role of the group leader is to educate group members who are mainly well-functioning individuals but who may lack information within a certain area (Corey & Corey, 1997). This type of group is mainly content oriented and it also uses group work dynamics and principles to bring about change (Corey & Corey, 1997; Smead, 1995). The goal of this type of group is to prevent an array of educational and psychological difficulties (Corey & Corey, 1997). Examples of this type of group would be a social skills group or a parenting group. The person who would want to lead such a group should have content knowledge in the topic area in which she/he intends to work (Corey & Corey, 1997).

Counseling/interpersonal problem-solving groups are usually referred to as "group counselling" and are significantly different from the two group previously mentioned (Smead, 1995). This type of group is primarily process oriented with little or no content; this means it involves a process and a relationship between the leader and group members (Smead, 1995). Through this group process an individual's behaviour is changed. The role of group leader is to assist the group participants resolve the usual but difficult issues of life by providing interpersonal support and enhancing problem-solving abilities and coping skills through the group process (Corey & Corey, 1997; Smead, 1995). Examples of this type of group would include divorce groups, anger management groups and grief and loss groups (Corey & Corey, 1997). The group leader should possess knowledge in the areas of human development, problem identification, and treatment of normal personal and interpersonal problems of living (Corey & Corey, 1997).

Psychotherapy/personality reconstruction groups focus on remediating the deep psychological problems that a person may have (Corey & Corey, 1997; Smead, 1995). The individual group members usually present with acute or chronic mental or emotional disorders that are evidenced by marked distress and/or impairment in functioning (Corey & Corey, 1997). The role of the group leader is to aid each individual within the group to reconstruct major personality dimensions (Corey & Corey, 1997). Examples of this type of group are usually found in clinical settings and involve traumatic life experiences (Smead, 1995). Group leaders are usually specialists in this area, have courses in abnormal psychology, psychopathology and diagnostic assessment to ensure competence

when working with this population (Corey & Corey, 1997). They should also have extensive supervised educational experiences running this type of group (Smead, 1995).

It should be noted that not all groups will fall precisely into one of the previously discussed group types. There could be a combination of two group types and this is dependent on what the group goals and objectives are. For example, you could have a therapeutic group which may include psychoeducational components.

Group Stages and Dynamics

Most groups go through an identifiable set of steps or stages. There are many authors who identify these stages (Corey & Corey, 1997; Fatout, 1996; Garland, Jones, & Kolodny, 1973; Toseland & Rivas, 1998; Tuckman, 1965; Tuckman & Jensen, 1977). The stages are named differently depending on the author. Corey and Corey (1997) name the stages of group development as (a) forming a group, (b) initial stage, (c) transition stage, (d) working stage and (e) ending a group. Garland et al. (1965) named their stages of group development as (a) pre-affiliation, (b) power and control, (c) intimacy, (d) differentiation, and (e) separation. Tuckman and Jensen (1977) revised Tuckman's initial model of group development (1965) to (a) forming, (b) norming, (c) storming, (d) performing, and (e) adjourning. Toseland and Rivas (1998) named four stages of group development as (a) planning, (b) beginning, (c) working, and (d) ending. In her work with children's groups, Fatout (1996) named the stages of group development as (a) getting acquainted, (b) establishing my place in the group, (c) working on my goals and those of other members, and (d) we prepare ourselves and end the group. According to Berman-Rossi (1992, p. 244) those theorists of group

development, despite their different emphases, are essentially in agreement that the stages of group development are orientation, dissatisfaction, resolution, production, and termination. Therefore, the stages of group development which are labeled orientation, dissatisfaction, resolution, production and termination will be presented in the following pages. The following information is primarily focused on what is suggested would occur in a therapeutic group process.

Group Stages .

Orientation is usually the first stage of group development. It is characterized by members checking out and testing the leader, other group members and the purpose of the group (Corey & Corey, 1997; Garland et al., 1973; Tuckman, 1965). This is where members learn what is expected of them and others in the group, how the group functions and how participation takes place in the group (Corey & Corey, 1997). The central issue in this first stage is the issue of trust and mistrust (Corey & Corey, 1997; Tuckman, 1965). This is where members are deciding who they can trust, if there is safety within the group, who they like or dislike in the group, and how much to get involved with the group (Corey & Corey, 1997).

Dissatisfaction is the second stage of group development. The characteristics of this stage are marked by feelings of anxiety; members form defenses in response to anxiety (Corey & Corey, 1997). This stage can also exhibit conflict and polarization around interpersonal issues (Tuckman, 1965). These behaviours can serve as resistance to group influence and group task requirements, which can delay or inhibit group development (Tuckman, 1965). This is the stage where members are concerned about

what they will think of themselves if they increase their self awareness. There is some struggle for control and power within the group, and there is observation and testing of the leader and other group members to decide if the environment is safe and if they are trustworthy (Corey & Corey, 1997).

Resolution is the third stage of group development. Resolution is the overcoming of the resistance that was encountered in the second stage (Tuckman, 1965). Group cohesion develops, new norms are adopted and new roles are taken on by the group members (Tuckman, 1965). This is where the group becomes unified and is marked by the existence of a common goal and group spirit among the members (Tuckman, 1965).

Production, the fourth stage of group development, is marked by group members developing an understanding, analysis and insight of themselves within the group process (Tuckman, 1965). The level of trust within the group is high, and the communication is open and involves intimate and accurate expressions of what is being experienced (Corey & Corey, 1997; Tuckman, 1965). Group members feel hope that they can change as they feel supported through this by the group; conflict is handled directly and appropriately; feedback by group members is given freely and accepted; and members are willing to work outside of the group to achieve behavioural changes that they have made within the group (Corey & Corey, 1997).

Termination, which is the final stage of group development, is characterized by disengagement and self-evaluation (Corey & Corey, 1997; Tuckman, 1977). Group members may feel sadness and anxiety over the "end"; they may express their fears, hopes, and concerns for one another, and talk about carrying over to their daily lives what

they learned in group (Corey & Corey, 1997). In order to assist the group through this "ending", it is important to discuss their feelings and reaction within the group, so that members can feel better prepared when the separation of the group does occur.

Group Dynamics .

Group dynamics will vary with each and every group because they are made up of varied individuals with different personalities. Group dynamics affect what is said or done, the roles that members play, and how the group relates to the leader (Smead, 1995). There are many components of group dynamics and it can consist of the group culture, norms, power, group roles and composition (Kirst-Ashman & Hull, 1997).

All groups develop a "culture" which includes the traditions, customs, values and beliefs shared by the group members (Kirst-Ashman & Hull, 1997). This culture affects how members react and interact with one another and the leader, how the work is done in the group, and how the power and status within the group is distributed (Kirst-Ashman & Hull, 1997). This group culture can be negative or positive. A positive group culture includes the free expression of ideas, open disagreement, and a safe atmosphere in which the contributions of members are respected and considered (Kirst-Ashman & Hull, 1977). The group leader can assist in the development of such a culture by telling members what is desired or expected in the group, modeling appropriate behaviour, and supporting group members as they interact within the group (Kirst-Ashman & Hull, 1997).

The most important group dynamic in children's groups is that of trust. It must develop and grow among the group members (Smead, 1995). If there is no trust in the

group, there will be no involvement, movement or growth because the group members will not feel comfortable enough to self-disclose and work on their problems (Smead, 1995). To develop trust, a group leader must be patient and use modeling skills to nurture and encourage it (Smead, 1995).

A sense of cohesion is another important dynamic (Corey & Corey, 1997; Smead, 1995). This usually develops slowly, as group members must take risks to share themselves, their experiences and their attempts at healing (Smead, 1995). Group cohesion is usually not present at the beginning of a group and grows only after members share activities, show their feelings, and discover that they have difficult experiences in common (Smead, 1995). When a sense of group cohesion is developed, one will be able to sense a spirit of cooperation, pleasure in one another's achievements, and continued movement to continue sharing and utilizing self-improvement activities (Corey & Corey, 1997; Smead, 1995).

The roles that individuals take on within a group experience are also part of group dynamics. These roles can be functional or nonfunctional and can change during the duration of the group (Corey & Corey, 1997; Kirst-Ashman & Hull, 1997). Functional roles can be the task or maintenance type and can serve to move the group process along. Nonfunctional roles are ones that serve to try and inhibit group development and dynamics.

Task roles are designed to help the group reach its goals (Kirst-Ashman & Hull, 1997). These roles have been described as the instructor, information seeker, opinion seeker, evaluator, elaborator, energizer, and recorder (Kirst-Ashman & Hull, 1997). The

instructor often explains and reminds other group members about what they have agreed to do. The information seeker often questions the leader and other group members on various topics. Opinion seekers usually want to know what other members think about an idea before they express their own opinion. The evaluator generally makes judgements about the ideas presented in group and regularly comments on the wisdom or suitability of an idea. Energizers show excitement and enthusiasm for plans and can bring other members on board. Recorders usually keep a log or record of decisions made by the group and they keep things on target (Kirst-Ashman & Hull, 1997).

Maintenance roles are concerned with improving, enhancing, or increasing group functioning (Kirst-Ashman & Hull, 1997). The roles within this area are the harmoniser, compromiser, encourager, follower, tension reliever, and listener (Kirst-Ashman & Hull, 1997). They are as described and encourage members to agree, settle, participate, follow the direction of others, use humour when appropriate and to listen carefully within the group.

As noted earlier, nonfunctional roles are ones that can derail the group process. These roles can be the scapegoat, deviant member, defensive member, quiet member and internal leader (Kirst-Ashman & Hull, 1997). A scapegoat is a person who draws the wrath of other group members and is someone to blame when things go wrong. Deviant members employ behaviours that they know are annoying to other group members, such as continuously speaking out of turn, interrupting, or refusing to participate (Kirst-Ashman & Hull, 1997). Defensive members usually do not accept any blame or responsibility for anything that goes on in the group. Quiet members do not participate

and this can inhibit other group members from getting to know them. The internal leader is usually charismatic with significant natural leadership abilities but uses it to try and wrestle control of the group from the designated group leader and use the group for his/her purposes which may be negative (Kirst-Ashman & Hull, 1997).

Group composition is another important aspect of group development and dynamics. The group leader must decide on the degree of heterogeneity or homogeneity appropriate for a given group (Kirst-Ashman & Hull, 1997). Either one has both advantages and disadvantages and there are arguments that support both. The size of the group is also an important matter that needs to be addressed, as group size can have an impact on group development and dynamics.

Homogeneity refers to the selection of group members based on their "sameness". This means that the individuals in the group are similar in terms of having the same problem, intellectual level, age level, developmental level, socioeconomic status and cultural backgrounds (Corey & Corey, 1997; Smead, 1995). One benefit of selecting a homogenous group is that the members can relate to one another; their feelings of "I am the only one" with this problem can be reduced, if not eliminated. Another benefit is the development of a great degree of cohesion within the group, which in turn facilitates an open and intense exploration of their difficulties (Corey & Corey, 1997). Limitations of homogeneity are that the group has less opportunity to learn new behaviours, interactions among members seem superficial, the group may inhibit healthy conflict and it provides less opportunity to appreciate differentness (Smead, 1995).

Heterogeneity refers to the differences among the group members (Smead, 1995).

These differences can be having different cultural backgrounds or age levels of the group members. The benefits of heterogeneity are the group members can provide a variety of opinions and new ideas, role models for different behaviors exist, feedback comes from different perceptions and the group can offer opportunities to correct distorted perceptions of self or others (Smead, 1995). The drawbacks of heterogeneity can include the group taking longer to become cohesive; it takes longer for benefits of the group experience to develop and there may be more conflict in the beginning (Smead, 1995).

Group size is also important when composing a group. The number of individuals to select for a specific group is dependent on several factors. They can include the group's tasks, the presenting problem, composition of its members, the time available and the level of interpersonal and group skills of the members (Johnson & Johnson, 1997). Large groups tend to be less popular with members because of fewer opportunities for discussion and interaction (Kirst-Ashman & Hull, 1997). Members of a large group also tend to feel inhibited and will often participate less than those of smaller groups (Johnson & Johnson, 1997). Evidence seems to suggest that the optimal size of groups might vary from four to six members (Johnson & Johnson, 1997; Kirst-Ashman & Hull, 1997).

Another factor to consider when deciding on group composition is whether the group will be open or closed. An open group means members can join at any time during the group process, and therefore is characterized by changing membership (Corey & Corey, 1997). Closed groups usually have some time limitation; members are expected to stay in the group until it ends and no new members are allowed in once it begins

(Corey & Corey, 1997). The advantage of having a closed group is that trust and safety can be developed fairly quickly with the group members, thereby creating a sense of group cohesion (Corey & Corey, 1997). There is a strength and limitation to having an open group. A strength is that change of members can provide stimulation within the group (Corey & Corey, 1997). A limitation is that group cohesion may not develop or will take longer than usual (Corey & Corey, 1997).

Group Work with Children Exposed to Parental Violence

Healing/Treatment for Children Exposed to Parental Violence

The treatment for children exposed to parental violence can occur individually, in family therapy or within a group setting (Peled & Edleson, 1995; Rosenberg & Rossman, 1990). This practicum utilized a group work intervention, therefore the focus of discussion will be on a group work approach. Currently, there is a small, but growing amount of literature on group work with children exposed to parental violence (Peled & Edleson, 1995). Many of these groups are offered within shelters or from various community social service agencies. Despite the availability of other forms of intervention, group therapy has been the most widely used and suggested form of intervention for children exposed to parental violence (Alessi & Hearn, 1984; Jaffe et al., 1990; Grusznski, Brink & Edleson, 1988; Hughes, 1982; Peled & Edleson, 1995; Rosenberg & Rossman, 1990; Wilson et al., 1989).

Group therapy for children exposed to parental violence is an attractive method of intervention as it serves a variety of needs for both the client and the agency providing the service. The groups are usually supportive and educational. In these groups, children

learn how to cope with stressors, receive social acceptance and develop competence, as they have opportunities to engage with peers (Alessi & Hearn, 1984; Grusznski et al., 1988; Loosely & Marshall, 1997; Peled & Davis, 1995; Peled & Edleson, 1995; Wilson et al., 1989). Groups are also resource efficient, as fewer therapists can work with larger numbers of children at the same time. Peled and Edleson (1995) have noted that the short-term structured format of group therapy also appears to effectively meet the basic emotional and cognitive needs of children who have been exposed to parental violence.

These group programs generally meet for a period of six to ten weeks and usually last from one to one and half hours long (Alessi & Hearn, 1984; Loosely & Rabenstein, 1997; Peled & Davis, 1995; Peled & Edleson, 1995; Wilson et al., 1989). The groups are small in number, with suggested ranges from three to nine children, who are of similar ages or developmental levels (Loosely & Rabenstein, 1997; Peled & Davis, 1995; Peled & Edleson, 1995; Wilson et al., 1989).

Each session is constructed in such a way to ensure that specific goals are met by educational activities. The major group objectives usually include defining and attributing responsibility for the violence in the family, experiencing the group as a positive and safe environment, learning self protection, learning or maximizing healthy coping skills, and increasing the child's self-esteem (Alessi & Hearn, 1984; Grusznski et al., 1988; Loosely & Marshall, 1997; Peled & Davis, 1995; Peled & Edleson, 1995). Activities used can be games, art work, stories and videos (Loosely & Marshall, 1997; Peled & Davis, 1995; Peled & Edleson, 1995). A snack is usually provided, as this contributes to the children receiving nurturance, practising social skills, and having a

positive and fun experience in the group (Loosely & Marshall, 1997; Peled & Davis, 1995; Peled & Edleson, 1995).

It has also been suggested that there be two group facilitators, a man and a woman, as this provides for safety and support between the facilitators and for the children (Grusznski et al., 1988; Loosely & Rabenstein, 1997; Peled & Davis, 1995; Peled & Edleson, 1995; Wilson et al., 1989). Co-leadership by a male and female can also be an opportunity for the modeling of positive human qualities which are not gender specific as well as positive male and female interaction, and provides both boys and girls a same-gender and other-gender group leader (Loosely & Rabenstein, 1997; Peled & Edleson, 1995). In order to maximize a positive co-leadership relationship, it is important that there is open and clear communication, regular meetings, and mutual trust and respect (Corey & Corey, 1997; Toseland & Rivas, 1998).

The evaluation of these group programs are rare and generally lack the use of rigorous designs. For example, some do not use control groups and methods of sampling are usually limited to populations that reside within shelters; therefore the results obtained can be generally viewed as inconsistent and inconclusive (Hughes, 1982; Jaffe et al., 1989; Peled & Edleson, 1992; Wagar & Rodway, 1995, Wilson et al., 1989). However, the studies that are available and which are presented seem to suggest positive results. The following studies encompass a comprehensive search and review of the literature that pertains to the evaluation of group programs that were geared towards children exposed to parental violence. Cassady, Allen, Lyon, and McGeehan (1987) indicated that after the group program the children exhibited better social skills,

screamed less, and reported fewer physical complaints (as cited in Barnett, Miller-Perrin, & Perrin, 1997). Gentry and Eaddy (1980) found that the children after the group treatment had in increase in self-esteem, were able to trust, and developed conflict resolution skills (as cited in Barnett et al., 1997). As well, Grusznski et al. (1988) and Peled and Edleson (1992) reported that children after completion of a group program resulted in a decrease in physical symptoms, feelings of blame and acceptance of violence. Jaffe et al. (1990) note that they have begun to evaluate the impact of group counselling and have found some encouraging results, in that, after the completion of the program the majority of mothers (88%) reported that they had perceived a positive change in their child's behaviour. Peled and Edleson (1995) have documented that these short term programs, using the processes that they have described, could achieve the specific goals that are aimed for. Additionally, Wagar and Rodway (1995), who used a research design consisting of treatment and control groups, found that significant results were attained regarding children's attitudes and responses to anger and sense of responsibility for the violence and for their parents following a group intervention program. This research seems to suggest that group work can be a successful intervention when working with children who have been exposed to parental violence.

Some Aboriginal Methods of Healing

Several authors on Aboriginal parental violence, have recommended that in addition to Western forms of intervention, Aboriginal people should be offered a choice of receiving traditional Aboriginal healing interventions (Dumont-Smith, 1995; Frank, 1992, Ontario Native Women's Association, 1989). These Aboriginal interventions will

vary from community to community due to the diversity of Aboriginal people and communities in Canada.

There are many groups of Aboriginal people in Canada and even those who are from the same tribe may have varying levels of connection to their culture. There are fifty-three First Nations which have their own names such as Anishinabe (Ojibway), Cree, Dene and Dakota and they all speak dozens of dialects that fall into eleven language groups (McGillivray & Comaskey, 1999). Other Aboriginal groups such as the Non-status and Metis are also diverse in their cultures and their level of connection to them.

In spite of these differences, it is possible to propose some basic common values that cross Aboriginal groups (Weaver & White, 1997). These may include an emphasis on clan, extended family or group, emphasis on sharing, non-confrontative behaviour, humility, permissiveness, and respect (Hull, 1982; Weaver & White, 1997). Among many Aboriginals, there is a holistic view of the world and of the things within or on it (Hart, 1999). This means that everything in this world is seen as connected and can be affected by another, which in a sense, seems to be a systemic way of thinking.

The importance of Aboriginal traditions as an intervention has been raised by authors who have examined parental violence in Aboriginal communities (Dumont-Smith, 1995; Frank, 1992, Ontario Native Women's Association, 1989). Such traditions include the use of elders, traditional healers, fasting, sweat lodges, participating in healing circles (Dumont-Smith, 1995) and other ceremonies such as namings and smudging. These traditional approaches offer Aboriginal people a choice in what type of

intervention is most helpful to them. According to Dumont-Smith (1995), this type of intervention should be given the same respect and recognition that is given to Western forms of treatment and medicine in society. This is not to say that all Aboriginal children or people will want or need Aboriginal healing interventions, but at the very least this form of healing should be made available to them. This can then provide the children and their parents or caregivers with a choice in selecting what type of intervention may be most helpful to them.

Another commonly used method is referred to as the medicine wheel (Hart, 1999). The medicine wheel is an ancient symbol of the universe used to help people understand things or ideas that often cannot be physically seen (Hart, 1999). The medicine wheel can be expressed in many different ways and there is no absolute version of it (Hart, 1999). According to Morrissette (1999) the medicine wheel can be used both as a framework and process. The medicine wheel is also utilized for understanding and connecting concepts such as wholeness, balance, relationships, harmony, growth and healing (Hart, 1999). Usually, the medicine wheel incorporates a holistic approach to all aspects of health: physical, spiritual, mental and emotional; it also looks at the individual in the context of the family, the family in context of the community and the community in context of the larger society and so on (Frank, 1992). When developing programs of intervention within the concept of working with all members of the family and community, it is very important to first and foremost ensure the safety of all members who may be participating in the programs. This is especially true for the "survivors" of parental violence, who are usually women and children. We need to ensure that they are

not coerced or pressured into this type of approach and that they are participating in a family approach of their "free will".

A group work approach may also be compatible with Aboriginal traditions and values (Edward & Edward, 1984; Garrett & Crutchfield, 1997; Hart, 1996; Marsiglia, Cross, & Mitchell-Enos, 1998). The use of the sharing circle, which has a group focus, has been used for many years by First Nations people as a plan for communicating, decision making and for supporting one another (Garrett & Crutchfield, 1997; Hart, 1996). To understand how a group work approach may be helpful, it is important to discuss some of this history (Hart, 1996). According to Hart (1996), First Nations in Canada are clan based, made up of groups of people who were often linked together through clan-systems, based on kinship. They came together for various reasons: economics, councils and meetings, and spiritual ceremonies (Hart, 1996). The concept of coming together as groups within Aboriginal communities is something that they have done historically and continue to this day. This seems to support the idea that a group work approach may be appropriate when working with Aboriginal people.

The only critique that can be discussed is the lack of empirical evidence regarding traditional forms of Aboriginal healing. The information that is available on these methods is usually descriptive and not based on rigorous studies. However, anecdotal and personal testimonies have supported the helpfulness and effectiveness of the various traditional healing methods that were mentioned previously. If it is culturally appropriate to empirically test the effectiveness of various traditional approaches, then research should occur to document the findings.

Summary

In summary, it would seem that group work is a sound and proven way to work with individuals who may be experiencing an array of difficulties. Group work is time and financially efficient, in that it allows a therapist to work with several people at once and this in itself can reduce financial costs as only one therapist may be paid to work with several individuals at any one time. The literature on group work seems to suggest that this method of intervention, when carefully planned and implemented by a knowledgeable group worker can be helpful and effective when assisting individuals with their difficulties (Corey & Corey, 1997; Jaffe et al., 1990; Fatout, 1996; Peled & Davis, 1995; Peled & Edleson, 1995; Smead, 1995).

It is with this information in mind that a group work approach was the intervention of choice when working with Aboriginal children who have been exposed to parental violence. In addition to its established reputation, this treatment modality appears to be compatible with Aboriginal traditions of "group work" and only through implementation, will its appropriateness and effectiveness be tested and evaluated.

THE PRACTICUM DESCRIPTION

Setting

The practicum was carried out the Elizabeth Hill Counselling Centre which is located within the downtown area of Winnipeg, Manitoba. The Elizabeth Hill Counselling Centre provides counselling services to individuals, couples, and families who reside mostly within the core area of Winnipeg. Clients are self-referred, or referred from other professionals or agencies. There are no fees charged to the clients.

All procedural and recording requirements of the Elizabeth Hill Counselling Centre were met. This included: consents; pre-group interview and screening; intake and assessment reports; process notes; and termination reports. Dr. Diane Hiebert-Murphy provided supervision, which included videotaping of group sessions and weekly supervision meetings.

Committee members included Dr. Diane Hiebert-Murphy, a professor in the Faculty of Social Work at the University of Manitoba, Linda Perry, a therapist at the Elizabeth Hill Counselling Centre and a member of the Faculty of Social Work at the University of Manitoba, and Belinda Vandenbroek, project co-ordinator of Wahbung Abinoonjiiag (Children of Tomorrow).

Referral Process

Request for referrals were made to various social service agencies. The writer and Linda Perry sent out posters and information that outlined the general criteria for referrals, the type of therapy being offered, weekly themes and goals of the group. Follow-up calls were also made to some of the organizations, to try to garner referrals

and to establish a connection with them.

The criteria for being involved in this group intervention included that the main problem for the children was that they had been exposed to parental violence within their homes, they *were not* currently in a home where parental violence continues to exist (for safety reasons) and they were residing with their parent(s) and not in an alternative care placement. Additional criteria were that the clients were Aboriginal children, who were between the ages of seven and ten years, and were developmentally within that age range. They could be of either gender.

The parents also had to be motivated and committed to attending a concurrent parent group and then following that, a parent-child group. This was not part of the practicum therefore it will not be thoroughly discussed, other than to say that this was an important piece of the overall therapy that was provided to these children and their families.

Referrals were received mainly from a residential program for women and children dealing with violence and one from an elementary public school. Many of these families had been receiving individual counselling before beginning the group program. Therefore, the readiness to be part of a group process was determined by their therapists/workers and themselves. Even though information was sent out to numerous agencies in Winnipeg, there was limited response from them. The writer speculates that this could have occurred for a number of reasons such as, the criteria involved or agencies running their own groups dealing with the same issue and population. The criteria for this group excluded a number of potential participants including non-

Aboriginal children exposed to parental violence and both Aboriginal and non-Aboriginal children in alternative care arrangements. There was no specific feedback from the various social services agencies about the limited response.

Client Selection

The children and their parents were seen for a screening and assessment interview. This included part of a session with the child and parent to discuss the group and for the parent to discuss an incident of parental violence to which their child may have been exposed. According to the literature this provides an opportunity for the parent to give "permission" to his/her child to begin to acknowledge and talk about the violence (Peled & Davis, 1995). This was also an opportunity to determine their readiness, motivation and commitment to being involved in the group program. To assist the children in feeling comfortable with the therapist and office setting, they were given a tour of the EHCC, provided with information about the group process and objectives in a way that was geared to their developmental level and some toys and drawing utensils were also used to engage them. Following this the child was engaged with in a discussion of what the group was about, if she/he had any questions or concerns about it and if it was something that she/he would like to be a part of. During this time pre-test measures were filled out with the children and parents. These measures included the Child Behaviour Checklist (Achenbach, 1991) and the Piers-Harris Children's Self Concept Scale (Piers, 1984).

For the first group program, four children were referred and selected as they fit the criteria. They included: three First Nation children, and one Metis child (all self-

identified in this way). There were two boys and two girls with an age range of between eight and ten years old. The second group program received referrals for four children and they were all selected as they fit the criteria. This group was comprised of three First Nation children and one Metis child (all self-identified in this way). There were three girls and one boy with an age range between seven and eight years old.

Group Goals

The overall goal of the group was to provide the children with a safe, supportive and fun group environment. Additional goals for the group members were to educate and support them about parental violence, to begin to "talk about" their experiences and exposure to parental violence, to eliminate self blame for the parental violence, to increase their self awareness and confidence, and to maximize their personal safety.

Overview of Group Intervention

The method of intervention was a psycho-educational group program, that was closed, structured and time limited, and with the assistance of a co-therapist. Two separate groups were implemented. The first group ran for seven weeks from October to December, 1999, with the assistance of a female co-therapist. The second group ran for eight weeks from January to March, 2000, with the assistance of a male co-therapist. Each group session was held at weekly intervals for a duration of 90 minutes. A snack was provided to children at each group session.

The weekly themes focused on establishing trust and a feeling of safety within the group; the expression of feelings, including anger; defining violence and responsibility for violence; improving communication, problem solving and cognitive coping skills;

increasing self-esteem; developing social support networks; developing safety plans (Peled & Edleson, 1995); and creating awareness and pride about their cultural identity. Generally, the layout of the sessions was: smudge; check-in; discussion or activity; journalling; snack; and sharing with parents what we did in group (for a further description of the sessions see Appendix A).

In this specific group work approach an Aboriginal tradition that was utilized was a "smudge". This was done prior to the beginning of each group session. This involved the use of one or more of four traditional medicines: cedar, sage, sweet grass and tobacco. Each of these medicines are believed to have healing and cleansing powers for the person being smudged. The smudge is a process to create a clear mind and an "open heart" to accept the teachings and support, to be physically and spiritually cleansed for what the person was about to partake in and to give offerings to the spirits.

One of the weekly themes within the group sessions focused on "identity" for these children and how and what they thought about being an Aboriginal person. This provided the children with an opportunity to discuss what this meant to each of them. It was also an opportunity to participate in activities that began to teach them about their culture or to reinforce any prior learning. This hopefully assisted them to take pride in their Aboriginal heritage.

The use of a "smudge" and coming together within a "circle" was selected as an incorporation of Aboriginal culture within the group because the children and parents were comfortable with it. As well, many Aboriginal groups use a "smudge" for individual use or at gatherings therefore it *may be* a common tradition among Aboriginal

people. Finally, the group process itself can be likened to traditional uses of group practice such as through the use of "sharing circle" or "sweat lodge". The sharing circle and sweat lodge both involve a group of people coming together to talk about their "pain" and ultimately to gain "healing" from these practices.

The parents were involved in a parent group, which ran concurrently with the children's group. Throughout the time of the group therapy, the parents were provided with updates and general information regarding their child's progress. This was important because it has been found that a number of unintended outcomes, both positive and negative, can come out of these types of children's groups (Peled & Edleson, 1995). These outcomes may include children not talking to parents about what is said in the group because of rules around confidentiality, and children being more assertive (Peled & Edleson, 1995). Therefore, it is important that the parents be provided with this type of information so that they can be prepared to deal with these outcomes if and when they arise.

Evaluation Plan

In order to assess the effectiveness of the intervention the clients completed pre- and post-test measures. These measures included the Child Behaviour Checklist (Achenbach, 1991), the Pier-Harris Children's Self Concept Scale (Piers-Harris, 1969; Piers, 1984) and a qualitative feedback questionnaire (see Appendix B). The filling out of these measures was done at the intake interviews and within two weeks after completion of the group programs.

Child Behaviour Checklist

The Child Behavior Checklist (CBCL) was utilized to evaluate the group intervention. This measure was used to determine what type of behavior difficulties the children were experiencing and as well to document any behavior changes that may have occurred after the intervention of group therapy. The CBCL has been used in a number of studies regarding children who witness parental violence and has been found to be a good measure of externalizing, internalizing and social development problems (Kashani & Allan, 1998).

The CBCL is a standardized instrument on which the parent or caregiver records the behavior and social competence of the child (Achenbach, 1991). The CBCL consists of 113 items using a three point scale including "not true", "very true" and "often true". This measure is supposed to take 20 minutes to complete and requires a grade 5 reading level (Achenbach, 1991).

Studies in the area of externalizing and internalizing behavior problems have typically used the CBCL (Achenbach, 1991; Kashani & Allan, 1998). It is good for small sample research as client data can be compared with the measure's well established norms by age and gender. The CBCL has been used throughout the world and has shown high inter-interviewer and test and re-test reliabilities which "were supported by intra-class correlations in the .90s for the mean item scores obtained by different interviewers and for reports by parents on two occasions 7 days apart" (Achenbach, 1991, p. 81). The manual also reports on the content, construct and criterion-related validity of the CBCL scores (Achenbach, 1991). The empirical strength of this measure is impressive.

Critiques of the CBCL are relatively minute. Using the parent or caregiver as the key informant does present some risks. There may be some difficulty with parents accurately estimating their child's behaviour based on a three point scale, as this does not give them an opportunity to provide qualitative information or for example, does one incident mean 1 or 2. Parent reports may not always be truly reflective of their child's behaviour and this could be for a number of reasons such as the level of stressors in their lives, having a "bad day" , and being influenced by their values and expectations of what their child's behaviour should entail.

Piers-Harris Children's Self Concept Scale

The second measure used was the Piers-Harris Children's Self-Concept Scale (PHSCS), which is a brief self-report quantitative measure to help in the assessment of self-concept in children and adolescents (Piers, 1984). The Piers-Harris measures self concept of the child in six areas: Behaviour; Intellectual and School Status; Physical Appearance and Attribute; Anxiety; Popularity; and Happiness. It is an 80 item self-report questionnaire, with yes or no answers, is recommended for use with children aged 7-18 years, and requires at least a grade three reading level (Piers-Harris, 1969). It is considered to be highly reliable (Cosden, 1986; Piers, 1984).

The test-retest reliability coefficients of the Piers-Harris range from .42 to .96 and internal consistency estimates for the total score range from .88 to .93 (Piers, 1984). Estimates for content, criterion-related, and construct validity of the Piers-Harris have been obtained from a number of empirical studies, and seem to suggest that it has moderate to high correlations for the entire scale (Piers-Harris, 1969, p. 67). It would

appear that the Piers-Harris is a good measure for evaluating the level of self-concept with children and adolescents between the ages of 7 and 18 years. This measure has also been recommended for use as a screening tool for at-risk children, and as a pre and post measure in studies of factors affecting self-esteem and in evaluating the relationship of other factors to self-esteem (Cosden, 1986).

There are a number of limitations to using this measure. One concern is the inherent risks of using self-report measures. This includes answering questions in a way that is socially desirable and acceptable (Piers, 1984). Secondly, according to Cosden (1986), there is limited generalizability of the normative data because the normative sample was not broad based nor demographically stratified as the scores were standardized thirty years ago on 1,183 children in grades 4 to 12 within one school district in Pennsylvania.

Client Feedback Questionnaire

A final method to evaluate the intervention was the use of a qualitative client feedback questionnaire (see Appendix B). The children and the parents were asked to complete this questionnaire after the final group session. Separate questionnaires were used with parents and children and were geared to the level of these two groups. This ensured that the children and parents involved in this practicum had their views about the intervention considered.

THE GROUP EXPERIENCE AND ANALYSIS

Group One

This first group ran for seven weekly sessions from October to December 1999. This time frame was selected so that the group would not run into the Christmas holidays. Fatout (1996) has suggested that group schedules be arranged so that there are little or no breaks. This ensures continuity of a group and if this occurs it may result in good attendance and positive group dynamics. The attendance of the group members was consistent and the dynamics of the group seemed to develop fairly positively. There were 7 group sessions and the weekly themes were: getting to know one another, what is abuse? , feelings, violence in families, self identity and esteem, safety planning and the end and wrap up. It was comprised of 4 Aboriginal children one of whom dropped out after the first week.

Group Member Profiles

"Jody" is a 10-year-old Status Indian female who had been exposed to parental violence, with the last incident occurring approximately a year ago. This parental violence had occurred between her biological mother and father. Jody and her mother had been receiving individual therapy at the EHCC. In discussions with the mother it was felt that they could benefit from a group experience. The mother and Jody both agreed to become involved with the group however, after the first session they did not return. After contacting the mother, she revealed that she was not ready for a group experience and therefore decided to withdraw Jody and herself from it.

"John" is an 8-year-old Status Indian who had been exhibiting aggressive

behaviour both at school and home. John had been exposed to parental violence about five years ago and it was then that the mother ended her relationship with John's biological father. However, on a summer visit, which occurred in the last year, John had been further exposed to his father's violence. School personnel referred John to the group program and after contacts with his mother regarding the group she felt that both could benefit from becoming involved. John completed the children's group program and subsequent parent-child group program.

"Mike" is a 10-year-old status Indian male child who had been exposed to parental violence in the home. This had occurred with his biological parents who are now separated and with his mother's subsequent partners. The last incident occurred approximately a year ago. Mike was referred to the group program due to concerns about his "bullying" behaviour toward his younger siblings. Both Mike and his mother agreed to be part of the group program. Mike completed the children's group and subsequent parent-child group program.

"Lita" is a 10-year-old Metis female child who was exposed to parental violence in the home. According to the mother this occurred when Lita was an infant and with the mother perpetrating the violence toward Lita's biological father. Lita's biological mother and father have been separated for several years. Lita's mother subsequently remarried and left this partner approximately five months before beginning the group program. They sought refuge at a women's shelter. However, the mother alternated between saying that there was violence to no violence with the second husband. Lita was receiving individual therapy at the EHCC for aggressive behaviour when the therapist

and the family felt that they could benefit from the group program. Lita completed both the children's and subsequent parent-child group program.

Planning

The planning for the group began several weeks prior to implementing it. This included developing and sending out posters and information about the group program to several social service agencies in Winnipeg and subsequent contacts to some of these agencies to let them know about the group. There were also meetings with other workers who would be involved in this practicum and many hours were spent on the content and review of possible group processes that might occur in the group sessions. I also had to schedule the space and room that would be required for the children's group. The space that was available for the children's group was a large room that was divided in half. One half had tables and chairs for when we did writing or drawing and the other half had sofas and a spot on the floor for our smudge and check-in. This room seemed appropriate but the only distractions were the glass walls that surrounded the room. People who would walk by were easily noticeable. However, the space and atmosphere seemed conducive for this group. According to authors on group work, planning is a very important part and should be done carefully and thoughtfully (Corey & Corey, 1997; Fatout, 1996; Smead, 1995; Toseland & Rivas, 1998).

An important piece of this group program was to implement Aboriginal approaches and practices. This was done by incorporating the use of a "smudge", coming together within a "circle" and having one of the weekly themes focus on self identity. This theme was used for the group members to be exposed to and take pride in

their Aboriginal identities and cultures.

The initial contacts with the children and families were made and subsequent screening interviews were scheduled with them. This first interview was to ascertain their suitability and motivation for attending the group program (Fatout, 1996; Loosely & Rabenstein, 1997; Peled & Davis, 1995). It was also a time to let the children and parents know about the group including the frequency, length, a general layout of the group, type of measures being used, and the use of videotaping for supervision purposes. Consent forms were also signed during this interview.

The first part of the interview included both Linda Perry and I. We were the interviewers for the child and parent. A major reason for this was for the parent to talk about the parental violence and in doing so gave permission for the child to also talk about being exposed to parental violence. According to authors on this subject this is an important way to proceed as the child may be more willing to share his/her experiences with being exposed to parental violence (Loosely & Rabenstein, 1997; Peled & Davis, 1995). This did seem to have this type of effect with some of the children. Once they heard their mothers talk about a violent incident some of the children seemed to agree and in some instances elaborated on the incident. However, others did not begin to share their experiences with parental violence until they established trust within the group.

The second half of the initial interview involved separate interviews with the child and parent. I spent the next thirty to forty-five minutes alone with the child while Linda Perry was with the mother. This was done to try to establish some connection with them and to fill out the measures that were used in this practicum. Most of the children

seemed to be a bit anxious with this but went with me to a separate room. Once alone a conversation was initiated with the children and most were able to ask questions about the group such as "what are we going to do" and "how many other kids will be there". This first interview also allowed time for me to play with the children and they appeared to get enjoyment and comfort from this. Each child chose to do something. Two children wanted to play store and two wanted to draw. The play seemed to have the effect on the children of becoming more comfortable and at ease with the situation. Some authors on this subject have advocated for incorporating a time for play within a group (Corey & Corey, 1997; Fatout, 1996). Toward the end of the interview all the children indicated that they were willing to be part of the group program.

Prior to this initial meeting, telephone contacts were made with the mothers of each child to arrange appointment times. Collateral contacts were made to referral sources or other service providers who were involved with the children and families. This was to ensure that we were aware of one another and to share with each other what service was being provided for the families.

Stage 1: Getting Acquainted

At the beginning of a group both the group worker and members enter with feelings of anxiety and curiosity of what the group experience might entail. Fatout (1996) points out that in the initial sessions of a children's group there are feelings of anxiety, excitement, anticipation, uncertainty and self-consciousness. This occurs because the group members start to assess each other and the group workers to determine if and where they fit in the group. These feelings are usually present because for most of

the group members this may be a new experience for them. Group workers may also experience anxiety as well. They may wonder what this group experience may entail and may ask themselves or their colleagues "Can I or we handle this group" and "Will it get better or worse".

This first stage generally involves getting acquainted with one another, the group worker, the environment and group expectations (Corey & Corey, 1997; Fatout, 1996; Toseland & Rivas, 1998). The group workers tried to accommodate these processes by using activities that were as nonthreatening as possible.

The first part of each session involved the use of a "smudge". This was used to expose the group members to an Aboriginal tradition and to create an atmosphere of comfort, listening and learning for the session. Most of the group members looked forward to this opening exercise and some even lead the "smudge" in subsequent sessions. According to several authors, Aboriginal traditions and practices should be offered and implemented in any work with Aboriginal people (Dumont-Smith, 1995; Frank, 1992, Hart, 1996; Ontario Native Women's Association, 1989). The use of a smudge did seem to produce feelings of pride for what the Aboriginal culture can provide to help in healing and it seemed to have a comforting effect for the majority of the group members. For others, it created an awareness of the smudge and for other group members it reinforced what they were already learning at home or in their communities. For example, Mike stated that he used the smudge at home and knew what the medicines were for and he even knew how to get the smudge ready. Mike seemed proud that he could share this knowledge with the group.

For the first session, other activities included introductions by use of a ball that each member could roll to other member or workers and then asking them a question. The group workers modeled this for the children. The type of question asked included "what is your favourite food or color". Another strategy to try and develop sharing and trust within the group was for the workers to explain the reason for this group which was that it was for children who had been exposed to parental violence and this was their group to work through some of their difficulties that they may have experienced due to this experience (Loosely & Rabenstein, 1997; Peled & Davis, 1995). Using language that the children could understand was also important and if they did not understand they were encouraged to ask what it meant. These techniques seemed to have a positive effect on the group as one group member clearly acknowledged the parental violence. This risk taking showed to the other group members that talking about the parental violence was okay.

One child was very late coming to the first session and had to be coaxed into joining the group. She was very quiet but participated in all the activities planned for the session. This child did not return for subsequent sessions. According to the literature it is important to talk about absences or withdrawals from the group in order for the other group members and workers to process their feelings around this (Lampel, 1985; Smead, 1995; Toseland & Rivas, 1998). This was done with the remaining group members and it seemed to satisfy the needs of these remaining members to know that this member was not returning to the group.

The development of group rules was used to show to the children that this was

their group and that coming up with the rules and consequences of breaking these rules could empower them (Peled & Davis, 1995). Each child came up with rules and consequences for the group and these seemed to be appropriate and realistic for this children's group. These rules were incorporated into the group program. This seemed to have the effect of showing the children that were indeed part of this group and that they had some decision-making power about how the group would be implemented.

The first few sessions revolved around the themes of developing trust within the group, building relationships within the group, and testing the limits of the group (Fatout, 1996). The developing of trust was done by the members talking about themselves and their experiences and seeing what the reactions would be from other group members and workers. Once they knew that their comments would be accepted, with support, the members seemed to share more with the group. For example, one child talked about his fathers drinking and violent behaviour, with the other children listening intently. This seemed to indicate to him that the other children were listening and empathetic towards him. Another child also shared his experience about his mother being physically assaulted by her partner. The other children responded by focusing their attention on him and by validating his feelings such as "I would have been scared too".

Another important part of the group experience was ensuring that snack was given out on a consistent basis. Snack seemed to be very important for this group as they looked forward to it and even initiated discussions about what the group would be having for a snack at a particular session. According to the literature (Loosely & Rabenstein, 1997; Peled & Davis, 1995) the giving out of a snack is very important and provides

satisfaction, nurturance and promotes social interactions among group members. This seemed to have a positive effect on the children as they seemed to receive nurturance and engaged in positive social interactions, while snacking, with other group members.

The use of fun activities was also a major motivator in this group. The members seemed to learn more from these types of activities and enjoyed doing them. In retrospect, incorporating fun and play within any children's group is important as it keeps their attention and gives them a break (Fatout, 1996) and a way to process the more serious discussions around the issue of parental violence. Although it was not used in this group, a physical break should have been implemented. The use of a physical break may have been helpful because at times the children became restless and wanted to move around. If a physical break had been incorporated this could have been a time for the group workers to show the children relaxation techniques such as stretching exercises or movement to music. Teaching relaxation techniques to the children may have provided them with an additional way to cope when feeling stressed.

Stage 2: Establishing My Place in the Group

This stage is usually marked by members establishing the patterns of relationships with other group members and it is during this phase that there may be struggles for power and control that may result in hostility and conflict (Fatout, 1996). This is where the children begin to actively test the limits of group behaviour and the environment (Fatout, 1996). This was demonstrated in this group particulary by two of the members Lita and John. There was hostility and conflict between these two members and this situation had to be mediated by the group workers within the group. This may

have been due to both these children having strong leadership tendencies. These leadership skills included being vocal during the group and volunteering to do things within the group. Therefore there may have been a struggle for who was going to be seen as the "leader" of this group. In retrospect, it was apparent that this group had two strong leaders within the group. Strategies used to overcome the conflict included distributing responsibilities among the group members and talking about and processing the conflict with the entire group. This seemed to be helpful in that members liked being responsible for some parts of the group session and were able to share the responsibilities. This included handing out the snack or checking off on the agenda what we had already accomplished in the group. The discussion of the conflict within the group was not always successful but at times the other group member, Mike who became the harmoniser, was able to provide ideas about how to resolve the conflict and once this occurred the group usually resolved it.

Other ways of testing included the members expressing unhappiness with the structure and organization of the group. Members asked questions or made statements such as "How come we have to do this" or "I don't want to talk anymore, can't we just play?". When a group is going through this phase, it is important for members to be involved in a decision-making process to resolve some of these issues (Fatout, 1996). The group workers attempted to do a decision-making process when members expressed unhappiness about the group structure. For example, when one member did not want to participate in an activity, group leaders initiated a discussion of how we should proceed. The other members decided that we should go on with the activity and made it clear that

the other member could participate when and if she was ready. This child usually joined in with this activity soon after we started and was accepted without any incident by the other members and workers. Another incident occurred where there were only a certain number of cookies available for the members and they had to decide how they would divide them among themselves. Initially, the children would want more for themselves but after discussing the fairness of equal distribution and feelings that might arise out of this, the children eventually decided to distribute the cookies equally among the members who were present.

The breaking of rules was another issue with this group. The consequences that members had suggested became unrealistic for this group. This was the use of a time-out when a rule was broken. However, this could not be enforced as the group workers were usually too busy with the other members to make sure the time-out was fulfilled. In retrospect, this form of consequence was more of a punishment and better compliance of the group rules could have been established by the use of a reward system for appropriate behaviours within the group.

The resolution of these conflicts had a major impact on the movement of the group members to other group stages. As the members begin to find their place within the group and become more trusting of one another, the group workers and the situation they are then ready to move onto the next group phase (Corey & Corey, 1997; Fatout, 1996; Toseland & Rivas, 1998). This occurred when Lita and John were able to share the role of being the leader within the group and when Mike became the harmoniser and encourager of the group.

Stage 3: Working on My Goals and Those of Other Members

The characteristic of the group members during this stage has been described by Levine (1979) as "everyone who is part of this mutual process feels accepted and included in the group, shares in the power and affect of the group, participates in the process of give and take and develops initial empathy" (as cited in Fatout, 1996 p. 12). The group workers accomplished this by providing modeling of these behaviours and supporting the members to bring out these behaviours (Fatout, 1996). This focus on feelings and behaviours helps to increase the involvement and relationships between the group members. This is done so that the group's potential for goal achievement can be realized (Corey & Corey, 1997; Fatout, 1996).

In this group the number of conflicts seemed to increase but seemed to be resolved fairly quickly among the group members. This was usually accomplished by the other group member intervening or by the group workers intervening when it was deemed necessary. When members shared about a particular experience with parental violence other members were able to listen and asked how the child felt about it or stated how they might have felt. Other times these remarks were met with silence but the children listened attentively to what a member was sharing. These were the times that the group workers modeled for them what empathy and support looked and sounded like. An instance of this occurred when one member shared about how afraid and angry he felt when his mother was being abused by her partner. The other members responded by asking how he felt and stating that they would have probably felt the same way. The workers went further and complimented the member who had shared for his courage to

tell his story and reinforced that the feelings experienced were "normal". This seemed to indicate that the members were working on their goals of being in the group. The group members had developed the trust and confidence to share their stories around being exposed to parental violence and they seemed to be developing and using healthier ways of coping with this experience. Another example of working on goals involved increasing each child's personal safety. This was done by getting them to develop their own personal safety plan. Each child was able to do this. The children's personal safety plan were developed in a way that would meet their own individual needs and comfort levels. One child stated that he felt more comfortable in going next door to a trusted neighbour rather than calling police whereas another child felt comfortable in calling 911. The children also seemed to experience an increase in self-esteem in that as the sessions progressed they were able to accept and give compliments to one another and to the workers. An example of this was during our first session Mike did not like his drawings and threw them away but in subsequent sessions was able to accept a compliment and kept his drawings in his journal.

Stage 4: We Prepare Ourselves and End the Group

This stage is signified by the ending and separation of the group. This is where it is hoped that what they were exposed to in the group program will be carried on in their environments (Corey & Corey, 1997; Fatout, 1996; Toseland & Rivas, 1998). This ending may be a very emotional process for the children as they may no longer see the group workers or members (Fatout, 1996).

For this group it was a separation of the children's group but a movement

together into the parent-child group. This was a different kind of ending in that the children would not be together alone but would continue with one another, one of the facilitators and with their parents. The children voiced concerns over the other facilitator not continuing on with them, saying things such as "I want you to come with us" or "I will miss you". These anticipated feelings of sadness and ambivalence were processed in the group by having discussions about who they would be continuing with and why, how many more sessions were left, how they felt about it, and what we would plan for our final session. The members did express feelings of sadness of no longer being able to be together with this group but there were also some feelings of happiness that they had finished with this group and seemed excited about beginning the parent-child group.

The children's individual and group accomplishments were stated to them at the final group session by the workers. For Lita this entailed her commitment to the group which was evidenced by excellent attendance, for John it was his courage to share his experiences with parental violence and for Mike his thoughtfulness and ideas which helped in the group's movement were highlighted. This seemed to have the effect on the children of being "proud" of what they learned and accomplished in the group. Fun activities were planned for the final session which each member suggested. The group seemed to enjoy and relish these fun activities. Ending on a positive note and having a party seemed to provide an atmosphere that the children and their parents who were involved in the groups would remember.

Findings of Pre- and Post-Measures

The use of three measures were implemented at pre- and post-test to assist in

evaluating the helpfulness of the group intervention. The following will provide a review of the findings of these measures.

Child Behaviour Checklist .

A summary of the parent assessments of their children at pre- and post-test are shown in Table 1. The CBCL was completed at the initial interview and at a follow-up interview that occurred within two weeks after the completion of the children's group program. All but two of the parents completed the pre-test and all but one parent completed the post-test CBCL. One child dropped out from the group.

The T scores of the CBCL above 70 are considered to be clinically significant which is greater than the 98th percentile. T scores between 67 and 70 are borderline clinically significant and are between the 95th and 98th percentile. For the CBCL there were some reported T scores which fell into the clinically significant range (i.e., above 70). T scores for Lita and John on the internalizing, externalizing and total problem scales were in the clinically significant or borderline range at pre-test. Pre-test T scores were not available for Mike and Jody dropped out of the group therefore there are no pre- or post-test T scores available for Jody. The findings for Lita and John are not surprising given the literature which indicates that children exposed to parental violence are more likely to present with behavioural, emotional, and social problems (Elbow, 1982; Hughes, 1988; Jaffe, Wolfe, & Wilson, 1990; Kashani & Allan, 1998; Rosenberg & Rossman, 1990; Silvern, & Kaersvang, 1989; Wolfe, Jaffe, Wilson, & Zak, 1985).

Table 1

T Scores for the CBCL at Pre- and Post-Test

		Internalizing	Externalizing	Total Problem
Lita	Pre-test	85	78	**80**
	Post-test	75	74	**75**
John	Pre-test	75	68	**75**
	Post-test	49	50	54
Mike	Pre-test	n/a	n/a	n/a
	Post-test	59	50	64
Jody	Pre-test	n/a	n/a	n/a
	Post-test	n/a	n/a	n/a

Notes: Scores in bold indicate a clinically significant score on the total problem scale

According to Achenbach (1991) it is possible to compare the pre- and post-test CBCL outcomes for this group using the group members' T scores for internalizing, externalizing and total problem scales even though there were multiple age and sex differences within the group. This provides for an assessment of the effect of the group intervention upon the difficulties experienced by some of these children who were exposed to parental violence.

Lita's T scores pre- and post-test for internalizing problems dropped from 85 to 75, externalizing problems dropped from 78 to 74, and the total problem fell from 80 to 75. What these T scores seem to indicate is that there appeared to be differences from the pre- to post-test scores. Even though Lita's post-test T scores were still in the clinically significant range there definitely was a positive movement of T scores. What this seems to indicate is that the group intervention did appear to have an impact on Lita's behaviour problems.

John's T scores pre- and post-test for internalizing fell from 75 to 49, externalizing problems dropped from 68 to 50 and the total problem scores went from 75 to 54. These T scores seem to indicate that there was a large positive difference at post-test and that these were now in the normal range. The T scores appear to indicate that the group intervention did have a positive impact on John's behaviour problems.

For Mike, T scores were only available at post-test therefore no comparison can be made. However, Mike's post-test T scores for internalizing, externalizing and total problem seem to indicate that they were all within the normal range.

In summary, when comparing individual scores for the children for the CBCL at

pre- and post-test there appeared to be a difference which was in a positive direction. What this seems to suggest is that the group intervention did have a positive effect on decreasing these group members internalizing and externalizing problems. However, these findings should be viewed with caution as these changes could have occurred due to other influences.

Piers-Harris Children's Self-Concept Scale .

The PHSCS is a self-report measure that looks at children's feeling about themselves. This was completed at the initial interviews and at the final group session. The children were told to try to answer the questions honestly and that there were no right or wrong answers. Table 2 provides a summary of the group members T scores at pre- and post-test.

There are two validity indexes which are intended to deal with the validity threats that are inherent in a self report measure. The inconsistency index helps to detect random responses by the child. A raw score of 6 or more on this index may show that a child may be responding randomly to at least some of the items (Piers, 1984). There were no raw scores over 6 from these group members. The response bias index determines the agreement and negative response patterns of the children filling out the measure. If the index value is greater than 52 or less than 24 this may indicate that the child has responded in that way (Piers, 1984). There was one member in this group whose index values are of concern. Therefore the validity of this child's PHSCS should be questioned.

Table 2

T Scores for the PHSCS Pre- and Post-Test

		I	II	III	IV	V	VI	Total
Lita	Pre-test	39	50	60	47	44	52	48
	Post-test	50	50	60	49	52	63	55
John	Pre-test	47	63	64	52	39	56	55*
	Post-test	47	45	53	38	29	36	45*
Mike	Pre-test	59	63	53	55	51	56	60
	Post-test	59	70	64	63	61	63	65
Jody	Pre-test	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Post-test	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Notes: Cluster headings; I= Behaviour, II= Intellectual and school status, III= Physical appearance and attributes, IV= Anxiety, V= Popularity, VI= Happiness and satisfaction.

*= Responses having validity concerns

Another validity concern is that of social desirability which is when the child tries to describe him/herself in a positive way. For the PHSCS total scores which are 1.5 standard deviations or more in a positive direction may indicate that a child may be responding in a way that makes them socially desirable (Piers, 1984). There were no responses that indicated that social desirability was of concern in interpreting the results.

In the PHSCS clinically significant scores are below the 16th and higher than the 84th percentiles (Piers, 1984). Average scores are between the 31st and 70th percentiles. The T scores for the PHSCS indicate that T scores between 45 and greater than 70 are termed average to very much above average whereas T scores below 44 are considered to be below average. There were no total T scores which were considered clinically significant.

Lita's total T scores from pre- to post-test went from 48 to 55, which seems to indicate an increase. Lita had a change from 39 to 50 on Behaviour, from 44 to 52 on Popularity and from 52 to 63 on Happiness and Satisfaction. Lita appeared to show particular improvement on self-esteem related to Behaviour, Popularity, and Happiness and Satisfaction.

John's total T scores for the PHSCS went from 55 to 45 which indicates a drop in scores, however the score of 45 post-test is still within the average range. John had a change from 63 to 45 on Intellectual and School Status, 64 to 53 on Physical Appearance and Attributes, 52 to 38 on Anxiety, 39 to 29 on Popularity and 56 to 36 on Happiness and Satisfaction. This drop in Sub-scales and Total scores could be explained by the fact that John changed schools three times during the group program and this change could

have impacted on his scores.

The total T scores for Mike went from 60 to 65 which seems to indicate a positive increase. In sub-scales, Mike had a change from 63 to 70 on Intellectual and School Status, 53 to 64 on Physical Appearance and Attributes, 55 to 63 on Anxiety, 51 to 61 on Popularity and 56 to 63 on Happiness and Satisfaction. Mike seemed to show improvement in all of these areas. What these total T scores seem to indicate is that after the group program Lita, John and Mike were feeling good about themselves.

Client Feedback Questionnaire .

The group members did not fill out these feedback questionnaires. They had already begun the parent-child group when it was discovered that they had not completed these questionnaires. I felt that the children may not have been able to correctly remember how they had perceived the children's group therefore in light of this possibility the child feedback questionnaire was not administered. In retrospect, to ensure that the group members fill out the client feedback questionnaires, it should be completed in the last group session.

The parents of the group members did fill out their parent feedback questionnaires. All the respondents replied positively. They indicated that they felt their children learned a lot from the group and were happy that they had participated. All the parents indicated that they had perceived positive changes in their children's behaviour and would recommend this kind of a group to other parents and children who had been exposed to parental violence. This satisfaction seemed to be demonstrated by their high attendance. The participants often came on time and the commitment to attending the

group was high.

Summary

Overall the group intervention seemed to have a positive impact upon the children's behaviour problems as measured by the CBCL. The PHSCS seemed to also show a positive increase in their level of self concept for several of the group members. However, the success of any group is measured best by how the children and parents felt about the entire group experience. With support and guidance the children were able to begin to talk about their experiences and feelings about being exposed to parental violence and seemed to feel supported by the group. This group did appear to reach its goal of providing the children with a safe, fun and supportive group environment with the incorporation of Aboriginal traditions.

Group Two

This second group ran for eight weekly sessions from January to March 2000. There were 8 group sessions and the weekly themes were: getting to know one another, what is abuse?, feelings, violence in families, anger and conflict resolution, self identity and esteem, safety planning and the end and group wrap up. An extra session was added on anger and conflict resolution because it was felt that the children in this group may benefit from this addition. Due to the experience from group one, and considering the younger ages of the children in group two, minor modifications were made such as using play more often and having a physical break half way through each session. It was comprised of 4 Aboriginal children, all of whom completed the children's group program.

Group Member Profiles

"Gia" is an 8-year-old Metis female child who was exposed to parental violence in the home. According to the mother this occurred when Gia was an infant with the mother perpetrating the violence toward Gia's biological father. Gia's biological mother and father have been separated for a number of years. Gia's mother subsequently remarried and left this partner approximately five months prior to beginning the group program. They sought refuge at a women's shelter. However, the mother alternated from saying that there was violence to no violence with the second husband. Gia was receiving individual therapy at the EHCC for stealing when the therapist and the family felt that they could benefit from the group program. Gia completed both the children's and subsequent parent-child group program.

"Heather" is a 7-year-old Status Indian female who was exposed to parental violence about five years ago. The mother ended her relationship with Heather's biological father approximately five years ago. However, on a summer visit which occurred last year Heather was further exposed to her father's violence. The father was apparently intoxicated and was violent with others at that time. Her mother referred Heather to the group program as she felt that both could benefit from becoming involved. Heather completed the children's group program.

"Breena" is a 7-year-old Status Indian female child who was exposed to parental violence. The last known incident occurred approximately over a year ago. Breena was referred to the group program because her mother was concerned about the possible impacts the exposure to parental violence had on Breena and felt that they could benefit

from it. Breena completed both the children's and parent-child group programs.

"Tim" is a 7-year-old Status Indian male child who was exposed to parental violence. Tim was referred to the children's group program because his mother expressed interest in the group and felt that this would help them in further understanding the impacts of parental violence and in strengthening their relationship. Tim completed the children's group program.

Planning

The ages of the children in this group ranged from seven to eight years old. There were minimal changes from the format of group one and these were planned in the regular weekly meetings between the facilitators. Some of these changes included using puppets to illustrate the different types of abuse and initiating a discussion using the puppets. As well, I had to schedule the space and room that would be required for this children's group. The space that was available for the children's group was a small room which seemed to adequately meet the group needs of having a space that was fairly comfortable. In retrospect, a larger room with a table would have been more comfortable for the group.

The initial interviews were conducted in the same way as with group one. There appeared to be no differences in the way the interviews were conducted. At the end of the interview all the children indicated that they were willing to be part of the group program.

Stage 1: Getting Acquainted

The same feelings of anxiety, nervousness and curiosity experienced in group one

were present for this group as well. The same activities used in group one were implemented with this group. The use of the "smudge" and sitting together within a "circle" seemed to produce feelings of comfort and pride for the group members. The use of these traditional practices seemed to provide solace for the majority of the group members, for others it created an awareness of what some of these practices are and for some it reinforced what they were already learning at home or within their communities A modification made during check in was to let the children hold a stuffed animal which was a lamb. The use of a lamb was introduced as the children seemed to be experiencing a high level of anxiety and it was thought that the lamb might reduce the feelings of anxiety. It was observed that the use of the lamb appeared to have a positive and comforting effect on the children as they were able to participate during check in while holding the lamb. The effect of feeling safe and comfortable enabled Breena, within the first few sessions, to acknowledge the parental violence to which she had been exposed. This risk taking and atmosphere of safety demonstrated to the other group members that talking about the parental violence was okay.

The development of group rules was done with this group as well. Each child came up with rules and consequences for the group and these seemed to be appropriate and realistic for this children's group. The consequence of breaking a rule that was agreed upon by all member was that it would be talked about and resolved within the group. For this group, there was a high level of compliance to the group rules. This was markedly different from the first group. This could be explained by the group feeling that they had control over how the breaking of rules was going to be dealt with and/or by

the taking a break halfway through each session which provided release of stored up energy.

The first few sessions revolved around the themes of developing trust within the group, building relationships within the group, and testing the limits of the group (Fatout, 1996). The developing of trust was done by the members talking about themselves and their experiences and seeing what the reactions would be from other group members and workers. This was demonstrated when two of the children, Tim and Breena, during the first few sessions chose to skip check-in go round. Only after these children knew that they and their comments would be accepted by the group did they choose to join with the check-in. It was only after seeing that they could trust the group members not to embarrass them were Breena and Tim willing to take the risks of talking.

One child in the group had extreme difficulties hearing stories about parental violence and listening to topics on various types of abuse. Gia would withdraw from the group and hide behind a chair. The group workers initially "let" Gia do this along with validation of the type of feelings that tough subjects often bring out. Gia was also encouraged by the group workers to rejoin the group when she felt ready to do so. The group workers also talked about this with the group and the other members provided discussion and ideas of how they might resolve this situation. For example, statements were made such as "I think I would feel scared if I saw adults fighting" or "when Gia is ready she can join us". Eventually, Gia would return to the group and join in the activities and discussions. I believe Gia rejoined the group because she felt supported and accepted when she was going through these difficulties within the group.

As with group one, snack seemed to be important for this group. However, snack did not appear to be as significant as with group one. The group members looked forward to snack but did not dwell on it during the session. The giving out of a snack seemed to have a positive effect on the children as they seemed to receive nurturance and engaged in positive social interactions, while snacking, with other group members. Snack was also a time for the children to assume responsibilities of handing it out to the other members and workers.

Play was also used in group two and it seemed to have the same effects that occurred in group one. Props were used more with this group such as the use of stuffed animals or puppets. The children enjoyed it and seemed to remain motivated to get involved with the group activities. For this group, half way during the group session a physical break was taken and this was a time for the group workers to show and play along with the children through the use of relaxation techniques such as stretching exercises or movement to games such as "Simon says". This seemed to help the children discharge their energy and get ready to continue with the last half of the group session.

Stage 2: Establishing My Place in the Group

This stage is usually indicated by the members establishing the patterns of relationships with other group members and it is during this phase that there may be struggles for power and control that may result in hostility and conflict (Fatout, 1996). This is where the children begin to actively test the limits of group behaviour and the environment (Fatout, 1996). This was demonstrated in this group, however not as much as with group one. The struggles for power and control may not have been seen as

significantly as with group one for a number of reasons such as the group workers were exposed to it in group one and therefore were not as "surprised" or through their previous experience with group one were able to handle the struggles more effectively. For example, Gia had a difficult time sharing attention and power with the other members. Gia always wanted to volunteer to assume responsibilities in the group such as the giving out of snack and which games we should play on our break and if she did not get her way she would pout. Strategies used to overcome this were to distribute responsibilities among the group members and to talk about how we as a group can share and distribute responsibilities. This seemed helpful in that members discussed these issues within the group and all had ideas and comments related to this. The decision making of this type by all group members seem to set a norm of how responsibilities and decisions would be arrived at. For this group it was Tim and Heather who became the harmonisers as they would provide suggestions and ideas about how conflicts could possibly be dealt with.

Other ways of testing included the members expressing unhappiness with the structure and organization of the group. All the members asked questions or made statements such as "How come we have to do this" or "I don't want to do this". When a group is going through this phase, it is important for them to be involved in a decision-making process to resolve some of these issues (Fatout, 1996). The group workers attempted to do this when challenges such as this occurred. A particular incident of this occurred when Gia did not want to participate in an activity and how we should proceed was put to the floor. The other members decided that we should proceed with the activity and made it clear that Gia could participate when and if she was ready to. Gia

would join in with this activity soon after we started and was accepted without any incident by the other members and workers. Another incident occurred when Tim could not sit still with the group and began throwing a soft object around. The workers brought this to the members' and group's attention and wondered aloud what could be done about it. The other members said they knew throwing things might hurt someone and this stopped Tim from throwing the object and he joined in with the group activity. Displays of restless behaviours were also sometimes a sign to the group workers that maybe it was time for a break and one was usually initiated that involved a physical stretch.

Stage 3: Working on My Goals and Those of Other Members

In this group working on my goals was demonstrated when members shared about a particular experience with parental violence, becoming more confident that they could write in their journals and share it and in developing a personal safety plan. When a child would share an experience of parental violence the other members were able to listen and asked how the child felt about it or stated how they might have felt. Other times these remarks were met with silence but the children listened attentively to what a member was sharing. These were the times that the group workers modeled for them types of feelings might be exhibited such as being scared, sad or mad. An instance of this occurred when Breena shared about how afraid she felt when her father was abusing her mother. Tim responded by asking how she felt and that he felt the same way when something similar happened to him. The workers went further and complimented the members who had shared for their courage to tell their story and reinforced that the feelings experienced were "okay and normal".

The empathy and support also seemed to develop as the children were able to respond appropriately to situations that occurred in the group. For example, during one session a group member started to cry during the session. One of the other children was going to laugh but stopped herself very quickly when she saw the other group members looking at the crying child with empathy and concern. This was an opportune time for the group workers to let the group know that it was okay to cry and that the group could help the child through this. Another example of responding appropriately by group members was demonstrated by the group when a child seemed to be behaving inappropriately by not sitting with the group. This was brought up, talked about and resolved in the group. Also if a group member was sharing and talking about his/her experiences with parental violence the other members listened attentively and with genuine empathy and concern. This seemed to indicate that the members were working on their goals of being in the group in that they had developed the trust and confidence to share their stories around being exposed to parental violence and that they had a place and were accepted in the group. The members also may have been developing healthier ways of coping with the experience of being exposed to parental violence. They learned that they could talk about these experiences and get supported through it by the other group members and workers.

A personal safety plan was developed with this group as well. With a lot of help from the workers the children were able to develop a personal safety plan. For Gia this exercise seemed to be difficult, it was only through one on one attention that she was able to identify a person she could turn to for help. It was felt that to encourage a

stronger personal plan Gia's mother could be enlisted to help; this was done and Gia's mother agreed to help Gia develop a safety plan.

Stage 4: We Prepare Ourselves and End the Group

This stage is signified by the ending and separation of the group. This is where it is hoped that what members were exposed to in the group program will be carried on in their environments (Corey & Corey, 1997; Fatout, 1996; Toseland & Rivas, 1998). This ending may be a very emotional process for the children as they may no longer see the group workers or members (Fatout, 1996).

As with group one, it was a separation of this particular children's group but a movement together onto the parent-child group. This was a different kind of ending in that the children would no longer be alone together but would continue with each other, one of the facilitators, and with their mothers. The anticipated feelings of sadness and ambivalence about ending this group were processed in the group by having discussions about which facilitator they would be continuing on with and why, how many more sessions were left, how they felt about it, and what we could do about it and what we would plan for our final session. The facilitator who was not continuing on with the children, at the final session, provided each child with a goodbye card which included a special remark about each of the children. The members did express feelings of sadness of no longer being able to be together with this group but there were also some feelings of happiness that they had finished with this group and they seemed excited in anticipation about beginning the parent-child group with their mothers.

The group member's individual and group accomplishments were stated to them

at the final group session by the workers. For Gia it was sharing and cooperating with the other group members, for Heather it was her high level of commitment, for Breena it was her courage to share her experiences with parental violence and for Tim it was his courage and commitment to the group for sharing his experiences with the group about parental violence. This seemed to have the effect on the children of being "proud" of what they learned and accomplished in the group. Fun activities were planned for the final session which each member suggested. Each member seemed to enjoy the activities that they had planned. The group program ended on a positive note which entailed having a party and the giving out of gifts to each of the children.

Findings of Pre- and Post-Measures

The use of three measures were implemented at pre- and post-test to assist in evaluating the helpfulness of the group intervention. The following will provide a review of the findings of these measures.

Child Behaviour Checklist .

A summary of the parent assessments of their children at pre- and post-test are shown in Table 3. The CBCL was completed at the initial interview and at a follow-up interview that occurred within two weeks after the completion of the children's group program. All of the parents completed the pre- and post-test CBCL.

As noted earlier, T scores of the CBCL above 70 are considered to be clinically significant which is greater than the 98th percentile. T scores between 67 and 70 are borderline clinically significant and are between the 95th to 98th percentile. For the CBCL at the pre-test stage there were no reported T scores which fell into the clinically

Table 3

T Scores for the CBCL at Pre- and Post-Test

		Internalizing	Externalizing	Total Problem
Gia	Pre-test	66	60	65
	Post-test	64	57	63
Heather	Pre-test	48	48	50
	Post-test	33	42	37
Breena	Pre-test	43	46	47
	Post-test	39	50	42
Tim	Pre-test	53	53	58
	Post-test	71	54	**67**

Notes: Scores in bold indicate a borderline clinically significant score on the total problem scale

significant range. The majority of the scores both pre- and post-test for internalizing and externalizing problem scales were within the normal range for the members of the group. The scores in this group are pleasantly surprising given the literature which indicates that children exposed to parental violence are more likely to present with behavioural, emotional, and social problems (Elbow, 1982; Hughes, 1988; Jaffe, Wolfe, & Wilson, 1990; Kashani & Allan, 1998; Rosenberg & Rossman, 1990; Silvern, & Kaersvang, 1989; Wolfe, Jaffe, Wilson, & Zak, 1985).

Gia's T scores pre- and post-test for internalizing problems dropped from 66 to 64, externalizing dropped from 60 to 57, and the total problem scores fell from 65 to 63. What these T scores seem to indicate is that there was little difference and therefore this suggests that the group intervention did have a very small difference on Gia's behaviour problems.

Heather's T scores pre- and post-test for internalizing fell from 48 to 33, externalizing problems dropped from 48 to 42, and the total problem score went from 50 to 37. These T scores seem to indicate that there was a positive difference at post-test and the group did appear to have an impact on Heather's behaviour problems.

For Breena, T scores pre- and post-test for the internalizing sub-scale went down from 43 to 39, the externalizing sub-scale increased from 46 to 50, and for the total problem scale fell from 47 to 42. These T scores seem to suggest that the group intervention produced little change on externalizing, internalizing and total problems.

Tim's T scores pre- and post-test for internalizing increased from 53 to 71, externalizing problems rose from 53 to 54, and total problem scores increased from 58 to

67 which is considered to be borderline clinically significant as per the CBCL. Therefore, these T scores suggest that the group intervention did not have a positive impact on Tim's behaviour problems. However, these higher T scores could have occurred because Tim was experiencing personal changes and difficulties such as moving to a different place, and his mother had recently resumed drinking alcohol.

In summary, when comparing individual total problem T scores for the children for the CBCL at pre- and post-test the results appear mixed. The total problem T scores seem to suggest that the group intervention did have a positive impact on several of the group members although one group member showed an increases in problem behaviours.

Piers-Harris Children's Self-Concept Scale.

The PHSCS is a self-report measure that looks at children's feeling about themselves. This was completed at the initial interviews and within two weeks after the final group session. The children were told to try and answer the questions honestly and that there were no right or wrong answers. Table 4 provides a summary of the group members T scores at pre- and post -test.

There are two validity indexes which are intended to deal with the validity threats that are inherent in a self report measure. The inconsistency index helps to detect random responses by the child. A raw score of 6 or more on this index may indicate that a child may be responding randomly to at least some of the items (Piers, 1984). One child in this group had a raw score that seemed to indicate she was responding randomly. This could be for a number of reasons therefore the validity of these results both at pre- and post-test should be not be taken as the child's true self-concept. The response bias

Table 4

T Scores for the PHSCS Pre- and Post-Test

		I	II	III	IV	V	VI	Total
Gia	Pre-test	39	47	69	34	36	56	43*
	Post-test	47	52	64	38	39	56	52*
Heather	Pre-test	47	45	61	34	36	47	46
	Post-test	41	45	60	52	41	63	50
Breena	Pre-test	43	45	56	38	34	36	43*
	Post-test	31	43	46	31	36	32	35*
Tim	Pre-test	47	55	49	59	57	51	57
	Post-test	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Notes: Cluster headings; I= Behaviour, II= Intellectual and school status, III= Physical appearance and attributes, IV= Anxiety, V= Popularity, VI= Happiness and satisfaction.

*= Responses having validity concerns.

index determines the acquiescence and negative response patterns of the children filling out the measure (Piers, 1984). If the index value is greater than 52 or less than 24 this may indicate that the child has responded in that way (Piers, 1984). There were two group members whose responses at both pre- and post-test which are of concern.

Another validity concern is that of social desirability this is when the child tries to describe him/herself in a positive way. For the PHSCS total scores which are 1.5 standard deviations or more in a positive direction may indicate that a child may be responding in a way that makes them socially desirable (Piers, 1984). There were no responses that indicated that social desirability was a concern.

Clinically significant scores are below the 16th and higher than the 84th percentiles (Piers, 1984). Average scores are between the 31st and 70th percentiles. The T scores for the PHSCS indicate that T scores between 45 and greater than 70 are termed average to very much above average whereas T scores below 44 are considered to be below average. There were no scores which were considered clinically significant.

In PHSCS sub-scales, Gia's had a change from 39 to 47 on Behaviour, 47 to 52 on Intellectual and School Status, 69 to 64 on Physical Appearance and Attributes, 34 to 38 on Anxiety. Gia seemed to show particular improvement on self-esteem related to Behaviour, Intellectual and School Status, and Anxiety. The total T score for Gia went from a pre-test 43 to post-test 52 which indicates that she falls within the average range, however there were some concerns regarding the validity of her responses as she appeared to be responding randomly, so Gia's scores should be viewed cautiously.

Heather's sub-scale T scores changed from 47 to 41 on Behaviour, 61 to 60

Physical Appearance and Attributes, 34 to 52 on Anxiety and 36 to 41 on Happiness and Satisfaction. The drops in sub-scale T scores for the Behaviour and Physical Appearance and Attitudes sub-scales could be explained by Heather changing schools a number of times during the group program. Heather's total T scores rose from 46 to 50 which is in a positive direction. Heather's total T scores did not indicate any validity concerns therefore it appears that her level of total self concept rose after the group intervention.

For Breena, PHSCS sub-scale T scores had a change from 43 to 31 on Behaviour, 45 to 43 on Intellectual and School Status, 56 to 46 on Physical Appearance and Attributes, 38 to 31 on Anxiety, 34 to 36 on Popularity, and 36 to 32 on Happiness and Satisfaction. Breena seemed to show slight improvement on self-esteem related to Popularity. The total T scores of Breena have to viewed with caution as her responses indicated that she may have been responding randomly to the questions. Breena's total T scores went from 43 to 35 what this seems to indicate is that her level of self-concept dropped to below average.

For Tim there was no post-test sub-scale or total T scores available to compare with pre-test, therefore a comparison and analysis cannot be made. However, what can be said is that at pre-test Tim's total T score of 57 was considered to be slightly above average.

Client Feedback Questionnaire .

In the final group session the members were asked to fill out a subjective client feedback questionnaire (see Appendix B). The feedback from the group members was positive. The group members pointed out that they enjoyed the group experience and

were happy that they had participated. They liked the puppet show the most and the volcano activity. Most said they would recommend this kind of group to their friends if they had experienced the same kind of problem.

The parents of the group members filled out their parent feedback questionnaires. All the respondents replied positively. They indicated that they felt their children learned a lot from the group and were happy that they had participated. All indicated that they had perceived positive changes in their children's behaviour and would recommend this kind of a group to other parents and children who have been exposed to parental violence. Some parents also felt their children had learned a larger vocabulary of feelings and were able to talk to them about feelings. This high level of satisfaction seemed to be demonstrated by their consistent attendance. The participants often came on time and the commitment to attending the group was high.

Summary

In general, the results of the group intervention based on parent- and self-report were mixed. Several of the children showed improvement in behaviour problems and self-concept while several children showed little change or change in a negative direction. However, the success of any group is measured best by how the children and parents felt about the entire group experience. Anecdotal information seemed to suggest that the children and parents were satisfied and happy with the group program. In addition, with support and guidance, the children were able to begin to talk about their experiences and feelings about being exposed to parental violence and seemed to feel supported by the group. This group did appear to reach its goal of providing the children

with a safe, fun and supportive group environment and with the incorporation of an Aboriginal tradition.

PRACTICE AND LEARNING THEMES

The assessment and group intervention for this practicum concentrated on Aboriginal children who had been exposed to parental violence. A number of common issues appeared to emerge from this group intervention and hopefully an understanding of these themes will help in identifying and implementing creative ways of helping Aboriginal children who have been exposed to parental violence.

Importance of Working within a Systemic Perspective

In this group experience it was important to work with these children and their families with a systemic outlook. This appears to be consistent with the literature on this population (Peled & Edleson, 1995). This is because it was hoped that what they had been exposed to in the group experience would follow them into their everyday lives. The use of a systemic viewpoint is also important because many of these children had many other workers and agencies in their lives. With this group program an important piece was to ensure that the mothers of these children were also involved in a concurrent group. The concurrent groups served to complement the learning in regards to parental violence. It was important to provide service to the mother as she is a significant person in the child's life and is indeed part of the child's system.

It was important to link these parts to ensure that the various workers were all working together to assist these children in attaining healthier living. An example of this was when one of the children and her mother were receiving services from another agency. A meeting was initiated with these workers, Linda Perry, myself and the family to talk about what kinds of services were being provided to this family and to determine

if we were working on similar goals. During and after this meeting it became clear that getting together was important so that we all would know what was and was not being provided for this family.

As was noted previously in this report, a group work approach should not be seen as a panacea but it is probably a beginning toward healing for many of these children. What this implies is that the group members will probably require further assistance if they so desire, whether this occurs right after the group program or in the future. For example, one child continued to have behaviour problems after the parent-child group program and upon discussions with his parent it was decided that they might continue on with family therapy at the EHCC or elsewhere if they so desired. Therefore, this example suggests that the group worker should be familiar with all the parts that impact and affect the child and family. This would help in any future plan for referrals for further assistance.

Level of Isolation for the Children and Parents

It became apparent during the group program that many of these children and parents were highly isolated from their peers and environments. This can have a significant impact on them as the literature has stated that when people are isolated, whether emotionally or physically, it can have a negative impact on them (Kashani & Allan, 1998; Kirst-Ashman & Hull, 1997). Isolation can lead people to become socially unskilled and this then severely limits development of a support system. It is known that people with a positive support system lead healthier lives and their ability to cope with stressors is much higher than those without a positive support system (Kashani & Allan,

1998; Kirst-Ashman & Hull, 1997).

It was noted that for many of the children and parents they did not have any or many close friends or reliable and helpful family members, but that workers in the social service system had become their support system. There can be dangers in this because once these workers leave their jobs or if the children or parents no longer qualify for the service then there will be no support system to help them in times of stress. For the mothers and children that seemed to be isolated this impacted on this group intervention by the one of the mothers being reluctant to end the group or trying to remain with the Elizabeth Hill Centre by trying to be eligible for further assistance even though it may not have been helpful or even necessary for them. This high level of isolation presents a challenge for facilitators in any future work with this population. This challenge would be to try to help the mothers and children build skills in social interactions and therefore become more adept at establishing connections with their community. This would help the mothers and children develop positive support systems.

Teaching Non-violent Coping Skills in a Violent Environment

Within the group program the group workers attempted to teach and model to the child group members new ways of coping with anger and aggression. However, it soon became apparent that though these children learned these techniques it would not always be helpful in the environments in which they lived. Many of these children lived in the inner city and in environments where there were gangs. The children reported that any conflicts whether at school or in the community were dealt with mainly by physical violence. Many of the children said that in order to defend themselves and maintain their

"pride and dignity " it was necessary that they too become physically aggressive. Even though the children in the group knew that conflicts and hostility could be resolved in nonviolent ways such as with assertiveness and negotiation skills many found that this was not realistic for their environments.

This issue presents a difficult challenge to persons who work with children who live in environments such as this. I know that we do not condone violence but what are the children to do if they are being physically attacked? How do they protect themselves? These are questions that need to be explored and looked at further to determine what interventions may be helpful in assisting these children to use nonviolent coping skills when living in a violent environment.

Strengths of the Children and Mothers

There is literature that deals with the subject of a strengths perspective or stance (Saleeby, 1992). The strengths and resiliencies of the individuals involved in the group program cannot be understated. The children and their mothers despite the difficulties they have faced continue to move forward in a quest for a healthier way of life. This is what these mothers wanted for their children when they asked to be part of the group program. The mothers wanted their children to begin to talk about and overcome their problems which may have arisen from being exposed to parental violence. Many of the mothers seemed to understand what the possible negative impacts were on their children when they had been exposed to the parental violence and were now seeking assistance in attempting to remedy these.

What the mothers and children demonstrated in this group program were a

motivation and commitment to a healthier lifestyle. The mothers also appeared to have a genuine concern about assisting their children and themselves work through the difficulties of being a parental violence survivor. Though most of these families lived with incomes that were very low, had limited support systems and in "tough" neighbourhoods they still seemed hopeful that they could attain a healthier lifestyle.

Some of the strengths and resiliency that some of the children demonstrated during the group program were being vocal and assertive and having a positive relationship with his/her mother. During the group program these strengths were used to enhance the group experience, such as the children being able to say what they liked or did not like in the group and the facilitators were flexible in meeting their needs when issues like this arose. An example of this is when the group decided and vocalizing that they needed a break and it was accommodated by playing "Simon says" or another game with them. As well, for some of the children, they seemed to have a positive and strong bond with their mothers. The literature has indicated that a positive mother-child relationship can have a mediating effect when a child is exposed to violence (Edleson, 1999).

These strengths and resiliency factors are what need to be understood and focused on in order to help these children and their mothers move in a positive direction. This is not to say that any weaknesses should be overlooked but that the strengths and resiliency that the children and mothers possess could be used to overcome these.

Significance of Using *A* Traditional Aboriginal Practice

As stated earlier, authors have stated that when working with Aboriginal people it

is important to offer the traditional approaches to them (Dumont-Smith, 1995; Frank, 1992, Ontario Native Women's Association, 1989). For this group program it was important that a traditional Aboriginal practice be used. This involved the use of a smudge and how this affected the children was that they seemed to have feelings of pride that this was a practice that came from their culture and it provided an atmosphere of comfort and safety within the group. What happened as a result of this practice was that the children were able to talk about other aspects of their culture. Such as knowing what clan they belonged to and what dream catchers were for. For the children talking about these aspects seemed to instill positive feeling of being an Aboriginal person. This reinforced my belief that it is important to use culture as a means to improve self-esteem of Aboriginal children and this is turn helps them to develop a sense of community and preserve their identity as Aboriginal people. In retrospect, I am satisfied that the inclusion of the smudge in the group program was a positive step towards offering and providing traditional Aboriginal practices to these Aboriginal children.

CONCLUSIONS

What I Learned

This practicum gave me the opportunity to link theory and practice and to reflect on this process after the completion of the group program. The personal objectives were met in that I was able to research this area and through this process gained theoretical knowledge about parental violence and the impacts it is known to have on Aboriginal and non-Aboriginal children. As well, there was literature available on group therapy and how this intervention has been implemented with children who have been exposed to parental violence. Additionally, I found that through this process, a group work approach can be congruent with some traditional practices and that it appeared to be a helpful way to work with Aboriginal children who have been affected by parental violence. Finally, as the group worker, I was able to effectively implement a safe, supportive and fun group intervention with Aboriginal children who had been exposed to parental violence and through this process was able to incorporate a traditional Aboriginal method which was the use of a smudge and the coming together of Aboriginal children within a "circle".

The client objectives seemed to be met in that the children were able to share their experiences around being exposed to parental violence which appeared to alleviate some of their fears about the parental violence. The children also drew on their personal strengths to increase their self-esteem and learned ways of maximizing their personal safety. In regard to their ability to eliminate self-blame for the parental violence it is not clearly known if this happened. A longer group might have given me a greater opportunity to explore this specific area further.

I learned that working with Aboriginal children who have been exposed to parental violence is challenging and rewarding. Each member of the two groups was unique and presented with both strengths and difficulties that affected the group process. For example, children react differently when talking about the subject of parental violence; one child may appear fine with it while another child withdraws from the group. What this demonstrated to me was the importance of recognizing these aspects of each child and how these can both enhance and detract from a group experience. This demonstrated to me that a group worker should be knowledgeable about group dynamics so that she/he can intervene in a positive way when it is necessary. Another important piece of knowledge gained from the practicum was the ability to have "fun" and incorporate play within the group and ensuring that this occurred in each session. This incorporation of play seemed to have a positive effect for both the children and the facilitators in that they all were able to work through some of difficult times of the group process. An example of this was using puppets to talk about various forms of abuse. The use of puppets helped the children to learn about forms of abuse and at the same they enjoyed "the show". The fun and play also helped the group members and workers to maintain a positive energy level during this process.

The importance of working within a systemic perspective was also something that I learned within this practicum. To ensure the success of this or any other intervention it is important to make linkages with the various parts involved with each child. This may include the parents, extended family, other workers or agencies, schools, and their community. I learned how important it is to ensure that parents are involved throughout

the process. In this practicum, I was fortunate to have colleagues who took the time to run a concurrent group for the mothers. This linking ensures that these parts within this system are working together to provide the best possible services to these children and their families. Systemic approach is also important to ensure because these children and families may need further assistance once they complete the group program and therefore need to be referred to the appropriate resources.

In addition to gaining knowledge about children who have been exposed to parental violence, this practicum gave me the opportunity to further develop group work skills. Prior to becoming involved in this practicum I had little practical experience with group work. Through this practicum process, I gained enormous theoretical and practical group work experience. For example, I learned when and how to intervene when group members are experiencing difficulty in a group. I learned to recognize the group stages that the group was experiencing and how important this was for the group's movement. I learned how important it is when selecting a co-facilitator. Group two was a better experience for myself as I was now more knowledgeable about group work and dynamics and what to expect from the members, as well this co-facilitator had vast experience in working with children. The experiences of the group two co-facilitator helped both myself and the group members in that this co-facilitator was knowledgeable and shared with me what he knew about children. It was at his suggestion that we incorporated a physical break for group two.

Exposure to clinical measures was also seen as important including how this information can be used in conjunction with subjective observations to find out if an

intervention is helpful. Using the CBCL and PHSCS gave me the opportunity to learn how to implement these measures and how to analyze and interpret the data. The value of "good" supervision cannot be overemphasized because this provided me with opportunities to learn and incorporate different and previously unknown ideas and techniques into the group process. An example of this is using "I wonder" questions with the group. Supervision also provided support and encouragement for myself to get through the practicum. Finally, my strong belief in incorporating traditional Aboriginal practices within any helping processes with Aboriginal people seemed to be supported when I saw first hand how the children reacted to it. The children seemed proud and then became curious about other aspects of their Aboriginal culture.

Recommendations

When implementing a group approach a group worker should be provided with support from their agency and colleagues in order to ensure the success of such an endeavor. The EHCC and supervisor did provide me with exemplary support during this practicum and what ensued was a group program that ran fairly smoothly and both myself and the clients appeared to maintain a positive energy level throughout the process. This practicum demonstrated to me that there does seem to be a need to provide this type of group program for children aged seven years and older who have been exposed to parental violence. Currently there seems to be limited services for this population. Some recommendations that came forth from this practicum experience are:

1. Extending the length of the group from 8 to 10 weeks. This group experience seemed to support that more work could have been done as some of the children seemed

to require more time to process some of the information that they gave and received within the group.

2. Creating a better linkage with the Aboriginal people and agencies in Winnipeg as this could provide opportunities for referrals, share information, and use their expertise and resources around traditional Aboriginal practice and interventions. For example, this could entail using Aboriginal elders at some point during the group program to share traditional teachings and to provide Aboriginal role modeling to the children and parents.

3. Offering and incorporating traditional Aboriginal interventions for Aboriginal children and their families. As stated previously in this report it is important to offer traditional practices when working with an Aboriginal population as the children or parents may find this to be helpful when they are on a path of healing. Subjective observations seemed to suggest that the children enjoyed learning and talking about traditional Aboriginal practices. For example, some children shared their clan affiliations or indicated interest in learning more about clans.

4. Continue to use the model used in this practicum with this population in any future groups. As it seemed to work well for this group of children and their mothers. This model was the use of separate but concurrent groups for the children and parents and finally, a joining of the two for a final group.

5. Complete measures with the children during the last group session to ensure their completion.

Conclusion

This practicum implemented a group intervention with Aboriginal children who have been exposed to parental violence and seemed to be "successful" in that the children and their parents appeared to look forward to each succeeding group session. This group experience gave the children an opportunity to meet other children who had been exposed to parental violence and they learned that they were not alone in their experiences and feelings around this issue. It also showed to me the importance and significance of offering and incorporating traditional Aboriginal approaches when working with an Aboriginal population. As the majority of the group participants seemed to enjoy and found comfort when the smudge was implemented. As well, I learned that a group work approach seemed to "fit" and "work" for the Aboriginal children involved in this practicum. Overall, the group seemed to be a positive experience for all involved (myself included) and seemed to benefit the children and their mothers.

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Appendix A

Weekly Group Sessions

WEEK ONE: GETTING TO KNOW EACH OTHER

Goal: Get to know one another and that it is okay to talk about parental violence

1. **Smudge-** A traditional Aboriginal cleansing ceremony
2. **Introductions** a) Sit in circle, explain **check in** - every week we will sit in a circle and we will start each group by telling each other how we are feeling about coming here today (can use weather, thermometer or feelings chart to help the children)

   b) Facilitators explain purpose of group- we are here to share and help children who have experienced parental violence in their homes. Ask each member to tell his/her name and explain why she/he is here
3. **Roller ball** - Children and facilitators take turns rolling a ball to one another and can ask that person questions about him/herself (ie) What is your favourite subject in school
4. **Group rules and consequences** - Brainstorm with children and can put on poster, BUT has to have (a) confidentiality- exception if they or others are going to be hurt by information provided. Explain what we say here is private so that we can feel safe and trust in the group (b) no physical or verbal abuse (c) respect for other's opinions, feelings and personal space.
5. **Physical Break** - Second group only. Usually occurred halfway during the session to provide a much needed break for the children. This was used in the

second group and the group usually did a stretching exercise or played "Simon says" or another game that one of the children suggested.

6. **Family Drawing** - For their own and facilitators use, can choose to share with group, ask the children to draw their family doing something together that they like to do.

7. **Check out** - Journalling - Draw or write something about what you felt or thought about today. This is the child's time to process how this session has impacted on him/her. This can also be a time for one to one attention from facilitators who can go around and spend time with each child.

8. **Snack** - Gives responsibilities to the children to hand out snack to the others, provides opportunity to practice social skills with the other children and a provides a break from the program

9. **Share with parent group** - Group worker can model for them discussing what we did today and this gives the children permission to share and freedom to talk to one another and it models boundaries. Each week ask for a volunteer to share with the parents.

WEEK TWO: WHAT IS ABUSE?

Goal: To talk about different types of abuse and that abuse is not okay

1. **Smudge**

2. **Check In** a) Sit in circle

   b) review group rules and consequences

c) how do you feel about coming here today?

3. **Defining Abuse** - Where do we see violence? Write on flip chart their list. The list should include, home, schools, video games, t.v, movies, books, sports, music. Then identify with the children different types of abuse: physical, sexual and emotional. Ask children for examples and discuss **who is responsible** for the abuse/violence and can use distancing scenarios (ie) this girl's parents used to fight, can write on flip chart. Ask them which type is most hurtful? Conclude with awareness that all types of abuse are equally damaging and unacceptable, can produce same feelings and can hurt in similar ways.
4. **Activity** - Drawing a mural together on what hands can do-both positive and negative things. Promotes working together on a project.
5. **Physical Break** - Second group only.
6. **Check out** - Journalling
7. **Snack**
8. **Share with parent group**

WEEK THREE: FEELINGS

Goal: assist to identify and understand feelings and to expand children's vocabulary of feelings

1. **Smudge**
2. **Check in**
3. **Video on feelings** - Watch "Feelings: Mad, Sad and Glad" (available at the

Addictions Foundation of Manitoba Library) and then have a discussion. Provide with page of many feelings

4. **Feelings game** - Provide strips with scenarios of different feeling and ask them how they would feel and what they would do if they were in that situation.
5. **Physical Break**- Second group only
6. **Journalling**
7. **Snack**
8. **Share with parent group**

WEEK FOUR: VIOLENCE IN FAMILIES

Goal: help to talk about violence in their family, to validate their experiences and reinforce that violence happens in families.

1. **Smudge**
2. **Check in**
3. **Story** - Provide paper and crayons during movies or story and have discussion after (e.g., what does it feel like when parents fight, who is responsible for fighting and the abuse, what can parents do to stop fighting, what can children do when parents fight, is it possible to feel love, hate or anger toward a parent). Stories read included "Something is Wrong in my House" by Diane Davis (for older children) and "When Mommy got Hurt" by Ilene Lee and Kathy Sylvester.
4. **Activity** - Draw a picture about violence that happened in the child's home and can share with the group.

5. **Physical Break** - Second Group only
6. **Journalling**
7. **Snack**
8. **Share with parent group**

WEEK FIVE: ANGER & CONFLICT RESOLUTION (with the first group this was incorporated into the feelings week and for the second group this was a separate session)
Goal: to identify anger and underlying feelings and begin to learn conflict resolution skills (assertiveness and negotiation skills)

1. **Smudge**
2. **Check in** - How they are feeling today and can they remember a time in the past week when they felt angry and why. Group worker can model this for the children.
3. **Discussion**- What is anger? Is it good or not? What do you really feel? What can we do when we are angry? Practice what we can do when we are angry.
4. **Activity** - Volcano - to demonstrate what happens when anger is held in and that it can explode. Use an ice cream pail, baking soda, dish soap, vinegar, food coloring and tin foil to have a volcano shape on top of ice cream pail. While doing this have discussion with children about anger and what we can do about it. Provide with their own volcano sheet.
5. **Journalling**
6. **Snack**

7. **Share with parents**

WEEK SIX: SELF IDENTITY/ESTEEM

Goal: to help children identify who they are and what they think about that and to promote self esteem about themselves.

1. **Smudge**
2. **Check in** - Remind children of number of remaining sessions, begin termination.
3. **Activity** - The four colors of the Wheel - The children participate in a teaching of the four colors of the four nations. Then cut and paste four colors on a Medicine Wheel, make a picture of themselves and place themselves where they wish on the Wheel.
4. **Activity** - "Five things I am good at". Provide a sheet that the children can write or draw on about five things that they are good at and ask them to share with group.
5. **Physical Break** - Second group only.
6. **Journalling**
7. **Snack**
8. **Share with parent group**

WEEK SEVEN: SAFETY PLANNING

Goal: To teach children how to be safe and not get involved in the violence in the family and to identify safe places for children to go to and who to call for help when violence

occurs.

1. **Smudge**
2. **Check in** - remind about how many sessions are left, continue with termination
3. **Discussion about safety** - Write on flip chart about what is safety and ask questions to elicit conversation. For example, what do you do when parents fight, where do you go, where are safe places in your house, who can you go to, who can you call? Reinforce and validate safe choices that they identify.
3. **My personal safety plan** - Provide each child with an index card and on it they can write down who they can call and where they can go to for safety. Share with group.
4. **Physical Break** - Second group only
5. **Journalling**
6. **Snack**
7. **Share with parent group**

WEEK EIGHT: CONCLUSION

Goal: Review past sessions and provide closure to this group

1. **Smudge**
2. **Check in**- share with group about how you feel about the group ending
3. **Review of the group** - Begin discussion by talking about the first group and how each child felt about coming. Review about what we talked about and activities we did together. Ask questions about the activities. (ie) What types of abuse is

there, who is responsible for the abuse/violence, what was your favourite activity and why, what didn't you like about the group, what can we do to make group more comfortable

4. **Facilitators will share with the group** - The unique and special things that they have experienced with each child in the group. For example, their courage to talk about the violence, their strengths or commitment for coming each week.
5. **Journalling** - How they are feeling about ending of this group
6. **Client Feedback Questionnaire** - Filled out be each group member (done in second group only)
7. **Fun activities** - Identified by children in previous session
8. **Celebration with parent group** - Snack and activities the child and parent can do together, provide gifts to each member.

Appendix B

Qualitative Client Feedback Questionnaires

POST-GROUP - MOTHER'S EVALUATION

1. What did you like about child's participation in the group?

_____

_____

_____

2. How much do you think the group helped your child?

A Lot		*A Little*		*Not at All*
5	4	3	2	1

3. Have you noticed any change in your child as a result of participating in the group?

Yes No

If you answered yes, what changes did you notice?

_____

_____

4. How much information did you receive about what your child was learning and doing in the group?

A Lot		*A Little*		*Not at All*
5	4	3	2	1

5. What would you suggest should be done differently in future groups?

_____

_____

POST-GROUP - CHILDREN'S EVALUATION

1. How much did you like the group?

A Lot 5 4 *A Little* 3 2 *Not at All* 1

2. What did you like about the group?

_____

_____

_____

3. What did you **not** like about the group?

_____

_____

_____

4. How much did you learn in the group?

A Lot 5 4 *A Little* 3 2 *Not at All* 1

5. Would you tell a friend who has problems in his or her family to come to a group like this? *Yes* *No*