Child witnesses of domestic violence: the overlooked victims

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“You can tell more about a person in an hour of play than in a year of conversation”

- Plato
What is domestic violence?

• Typically violence that occurs in the home.
• Also known as intimate partner violence (IPV) or family violence.
• Defined by patterns of domination and abusive behaviours by one person to maintain power and control over another – never a one time occurrence...identifiable patterns over time.
• Different countries have different laws around DV and how to penalize it – governed by international protocols like the Violence Against Women (VAW) Act.
A significant body of South African research is built around the prevalence of PTSD symptoms and strongly suggests that they constitute a significant public health concern (Edwards, 2005; Richter, 2008; Dawes, 2004; Seedat, 2009; Cluver, 2009 etc.)

More than 10 million children in the United States are exposed to violence between their parents each year with recent estimates as high as 15.5 million that translates to 30% of the population (Koenen et al., 2003).

These figures are likely to be even higher in South Africa!

Several studies have demonstrated that 70-80% of children who live in homes of domestic violence have social, emotional, cognitive and mood problems (van der Kolk et al, 2007; Frick-Helms, 1997; Mullender et al, 2004; Huth-Bocks et al, 2001).
Intergenerational transmission of trauma...

• We also know that those who are victimized growing up or who are witness to violence, are more likely than the general population to become either victims or perpetrators when they grow up

• Bowlby said it best:

   “hurt people, hurt people”
   (including themselves)
EISH....
Post Traumatic Stress Disorder (PTSD)

DSM-IV

• Experienced an event in which the life or physical safety of oneself or other was threatened or damaged.
• The individual experienced intense fear, helplessness, or horror in response.
• The individual continues to re-experience the event after it is over.
• The individual seeks to avoid reminders of the event
• The individual exhibits signs of persistent arousal
What does this look like in children and adolescents?

- The effects of exposure in infants, toddlers, and young children can show up as low birth weight, exaggerated startle response, somatic complaints (stomach aches, headaches), regression in toileting or language, sleep disturbances (insomnia, nightmares), difficulty attaching to caregiver, hyper-vigilance, separation anxiety, or eating disorders.

- By the time children reach school age, they are often displaying either internalized (“holding things in”) or externalized (“acting out”) behaviors. Children who hold things in may appear depressed, sad, fearful, ashamed, and so on. Children who act out may lie, be aggressive or fight, talk back, perform poorly in school, be clingy, or have nightmares or insomnia.

- Adolescents who have been exposed to domestic violence may use drugs or alcohol, use or be the victims of violence in their own relationship, be harmed when they attempt to intervene in an assault, or display attitudes supporting the use of violence.
The intervention...

• Trauma Focused Cognitive Behavioural Therapy TF-CBT (documented as a best practice model for PTSD, Foa et al, 2009 ‘Effective Treatments for PTSD’).
  ✓ centers on psychoeducation regarding trauma and its effects
  ✓ teaching skills that improve affect modulation and stress management
  ✓ followed by cognitive processing interventions that challenge any distortions or false beliefs and aid in effective problem solving skills
    (http://tfcbt.musc.edu/)

• CBT has significant evidence base; is an easier therapeutic model to train on; is easily facilitated in groups.

• Creative Arts Therapies (incl. art therapy, play therapy, bibliotherapy, etc.).
“Tell me, and I forget, teach me, and I may remember involve me, and I learn”

– Benjamin Franklin
Why do the creative art therapies work?

• CAT are easily accessible for children and adolescents – they willingly engage in treatment..actually their “first language”.

• CAT offers an alternate way of accessing memories that are fragmented, implicit or split off from awareness, integrating mind and body in treatment.

• Improve bilateral stimulation and communication in combination with language.

• CAT can often lead to quicker access to the emotional core of the traumatic experience, in part through the non-threatening, safer expression that the modalities afford and their ability to bypass verbal defenses.

• With the help of a skilled professional or para-professional, clients are able to control the depth of their own processing through the artistic medium, which allows them to loosen their defenses. This combats the feeling of powerlessness that often results from trauma.

• The non-verbal nature of the CAT process transcends cultural divides and language barriers.

• CAT are particularly relevant in resource-limited settings, as they can be powerfully employed in group work.
A word on these therapies...

- Remember children not only express themselves through their play and art, they learn that way too.
- When children are having fun, they are learning...make the intervention fun and the child will learn the tools.
- Trauma work is more effective if there is an element of fun to it.
- If the child *chooses* it is *play*, if an adult *instructs*, it is *work*. Keep this in mind in terms of child centered approach to intervention (child participation model).
- Harder for adults than for children!!!
The study...

• 12 week group therapy treatment
• Brooklyn: State funded tier 1 DV shelter
• Bertrams: DSD funded private faith based NGO
• Age range of 6-13yrs (variety of developmental levels and abilities)
• Living in DV shelter as a result of extreme violence in the home (in NY in tier 1 shelter, this often meant police escort to the shelter as a result of homicidal or suicidal threat; moved to an alternate borough). Moved from variety of areas in SA.
• Measures before and after intervention with both children and mothers
  – mothers : Child Behaviour Checklist (CBCL), Post Traumatic Stress Disorder-Reaction Index Parent Version (PTSD-RI)
  – children : Children’s Depression Inventory (CDI), Post Traumatic Stress Disorder-Reaction Index Children’s Version (PTSD-RI).
• Almost **90%** children met criteria for **PTSD** before group began (to the surprise of their mothers and shelter staff); almost **70%** children met criteria for **depression** before group began.
Typical issues...

- Left ‘normal’ lives behind, including: school, pets, friends, family, community (race/cultural dynamics). High levels of loss both spoken and unspoken.
- High levels of self stigma and community stigma.
- Women typically leave abusers as a result of the children...de facto there are children in the system affected by this – highly underserved!
- Once in shelter system, great opportunity for prevention as the abuse is over for now.
- A great deal of reenactment – but also opportunities to ‘re-parent’; break the cycle and offer other choices.
- Some mothers more available than others; no available fathers in their lives...impacts especially on boys.
- Mothers also typically triggered by their male children – react strongly to aggression and often not emotionally available to boys especially.
Response drawing to ‘A Terrible Thing Happened’
Cont...
Person

In the Rain (PITR) drawing
Cont...
‘Worry Picture’

Dlamini Ayanda Grade 3K

1. When I forget

2. To do my

3. Grades homework

Constanley WORRYing!!!

4. Thinking

5. Exam papers

6. I worry that I’d go blank at the exam.

7. Worrying half

8. Made a mistake sorry!
Cont...
At the center of therapeutic work with terrified children is helping them realize that they are repeating their early experiences and helping them find new ways of coping by developing new connections between their experiences, emotions and physical reactions. Unfortunately, all too often, medications take the place of helping children acquire the skills necessary to deal with and master their uncomfortable physical sensations. To “process” their traumatic experiences, these children first need to develop a safe space where they can “look at” their traumas without repeating them and making them real once again. \(^{15}\)
Outcomes:

• Mothers given workshops on the kinds of interventions and why used with the children – use of stories, anger splats, yoga etc.
• Had art show for mothers – all artwork mounted and displayed with ‘reception’ for mothers and snacks provided. Long discussions re. artwork – ability to brief on symptoms and ways to manage them.
• PTSD-RI and CDI show significantly lowered scores across the board – some symptoms remain (ongoing work necessary for minority)
• **All** mothers report an improvement in their relationship with their child – this is corroborated by shelter staff and director (in large part because the children better able to intervene themselves when stressed, therefore less stress for stressed mother to manage).
• Children report group helped them with: understanding their bodies, feelings and thoughts; managing their behaviours and boundaries (understanding what ‘no’ means), thoughts, feelings; helping them with writing; realizing their strengths; respecting each other (and thus not hurting each other); making friends; having fun together; feeling a sense of belonging and feeling of being understood.
Why consider this sort of intervention?

• Although an intervention for children, if mothers doing poorly and not helped in understanding children’s symptoms, their children will suffer!
• Mothers have their own stress and when they are stressed, parenting is more stressful.
• Mothers actually at risk of perpetrating harm towards their children (displaced aggression).
• If mothers know some tools to manage difficult emotions in their children, and they can see that these work, they will sustain what is learnt by children in groups and parenting becomes easier.
• Helping mothers understand the language of play and non-verbal communication gave access to emotional connection that often difficult for mothers to align with (remember many mothers were children when had their first child...never got to play themselves!).
• Mothers were very moved by their children’s artwork – giving them the opportunity to see the emotion behind the behaviour and increasing mother’s empathy for their children.
• Many mothers triggered by their children and misread their behaviours and cues – this can lead to insecure attachment...when help mom understand development, can improve attachment.
“A better society should be measured by the happiness and welfare of its children”

- Nelson Mandela
Thanks

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