WORKING WITH CHILDREN / ADOLESCENTS WHO ARE SECONDARY VICTIMS OF CRIME: DOMESTIC VIOLENCE

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Paper presented at the Restoration for Victims of Crime Conference convened by the Australian Institute of Criminology in conjunction with Victims Referral and Assistance Service and held in Melbourne, September 1999
**Reasons for Developing Program:**

The concept of working with children as individuals who have either been victims or witnessed Family Violence is new.

Mallee Domestic Violence Service strongly identified these children as secondary victims of crime: Family Violence.

Whilst there was abundant resources and information available for supporting adult victims there were limited resources available to support children. Few of these resources had been thoroughly evaluated, so we had little idea what worked and what didn't.

Mallee Domestic Violence Service identified the need for child / adolescent specific programs. In response to these needs, we accessed funding from Victims Referral Assistance Service (VRAS) to develop these programs over a 12 month period.

**The aim of the Program:**

The aim of the program is to develop self-empowerment and self-esteem within the child by obtaining strategies to keep themselves safe, to gain knowledge about their rights, learn new skills to break the cycle of violence, and provide a safe environment for the child to validate and reframe the violence that they have experienced or witnessed.

**Strategic Approach:**

This aim is achieved by providing a co-ordinated program of individual counselling, support groups and school education programs for children at all levels of schooling.

**Process of Development:**

The process of development involved reviewing the available literature on issues for children who had witnessed / experienced family violence.

Exploring the anecdotal evidence of workers, particularly those who had worked with children in domestic violence; and attempting to identify other programs which addressed similar issues.

On completion of this initial stage, we identified key areas to be covered within the program - these included concept of family, information re the different types of domestic violence, a discussion of the cycle of violence, issues such as self-esteem, anger, anger management, feelings and protective behaviours.

The program was to have two (2) facets - counselling and support for victims / witnesses and education towards prevention of future violence.

The team members developed different activities which help children / adolescents to address these issues. These activities were written up into a program specific for each age group and setting.

The program was piloted with one (1)kinder, four (4) primary schools and two (2) secondary schools.
Each school was given the option to choose any or all parts of the program.

Group work was conducted with children who had received varying amounts of individual counselling from Mallee Domestic Violence Service. Facilitators took a narrative approach. The group developed a story in the first session and in subsequent sessions the children illustrated parts of the story and explored themes relevant to domestic violence.

Individual counselling was provided to children in three (3) categories:-

1. Those children who had contact whilst their family was in service accommodation
2. Children who were referred to the service by their caregiver, but remained in outreach, this included children whose caregiver was not receiving counselling themselves and;
3. Children who were referred to the service by schools.

Individual counselling was conducted within our accommodation, at our outreach office and at the children's schools.

At the completion of the first pilot, all programs were evaluated. Evaluation of individual counselling involved discussion with the child and their caregiver (or school) about achievements over the period of counselling.

Group participants also completed a questionnaire and their caregivers often gave informal evaluation through discussion of changes in their children's behaviour. At schools, students and teachers completed a questionnaire at the end of each program.

We found that one of the best forms of evaluation was using a video showing domestic violence in a teenage relationship, then asking the students to write their own ending. This method was very valuable for getting responses from quieter students.

As a result of these evaluations, changes were made to the initial program.

These changes included varying the length of the sessions, replacing some audiovisual material and introducing more role play and activities that involved "doing" rather than just listening.

The changes were implemented into a revised program and this program was again piloted and evaluated. At the completion of this evaluation, the program was written up, reviewed by Victims Referral Assistance Service (VRAS) and eventually published in its present form.

**Significant Issues:**

We identified a need to target younger aged children than originally thought. If there is any chance of breaking the cycle of violence, children as young as pre-school age through to grades 1-2 need to be aware of the non-acceptability of violence.

There was a need for good communication between facilitator (if not school based) and schools. It was important to know an individual schools' approach to violence prevention / intervention, if the school focus was public violence or intimate relationships and whether there were any "at risk" students.
As information was needed about the program for parents and curriculum committees we
developed a pamphlet. This generally went home with a permission note.

We found that getting parental permission for students to attend school sessions posed some
problems - did they need permission to attend the education, or only if they asked for
individually counselling afterwards? What if a child wanted individual counselling but didn't
want their caregivers to know?

What if they didn't return the permission note, could they still attend the session? By
implementing the program through their health curriculum, some schools were able to take up
a defacto role if follow-up support was needed. We met with relevant teachers prior to
commencement to discuss possible outcomes ie. School policy on disclosure and referral
procedures to Mallee Domestic Violence Service, any post sessional behaviour changes that
might take place, implementation of debriefing or relaxation for students and support or
debriefing that was available to teachers if a disclosure was made.

As the program progressed, we discovered it was best delivered prior to recess or lunch break
to allow relaxation or counselling if required after the session.

One big issue that needed to be sorted out in school education was, who was responsible for
classroom discipline? This needs to be decided before the program starts. We found that
students responded best too videos and "hands on" activities rather than relying entirely on
discussion. We also found that it was best to make direct reference to family violence in later
sessions as early introduction was intimidating to children.

Providing individual counselling in a school setting had two (2) positive benefits:-

1. Less disruptive to child's day
2. Allowed links to be forged for more holistic approach

Mallee Domestic Violence Service provided strategies and coping skills training including
resources to participants and support persons.

Confidentiality of any disclosure and follow-up support throughout the entire program was of
paramount importance.

Recommendations:

We recommend that our program be used as a starting point for those workers wishing to
implement an holistic approach to working with children / adolescents in the context of family
violence.

Our programs could initially be developed by domestic violence workers, but it is hoped that
eventually the programs will make their way into the curriculum of all levels of schooling, to
be delivered by teachers in much the same way as protective behaviours.
Presently in our own community, we have reached a point mid-way between the two. The
New South Wales Police Service have taken up our program for consolidation within their
"Police in Schools" program.
The content of our program sits well in a school curriculum which encompasses anti-violence philosophy, bullying strategies, social skills training, examination of students own relationships and emotional development.

Consideration needs to be given to delivering the program to single sex audiences, with particular emphasis on encouraging young women to examine their own ideas of what should and should not occur within a relationship. As more adolescent females have undertaken individual counselling, we have been able to introduce such analysis, with promising results.

Of particular note, but perhaps not surprising, is the difficulty in engaging male adolescents in programs across all settings. We feel that consideration needs to be given to facilitators of both genders presenting the program, with recognition that respectful interaction needs to occur between facilitators, thus modelling desire behaviour.

What we, as workers, learnt from this process was that children and adolescents are all affected by domestic violence, though to varying degrees. Gaining information about their own situation helps young people make sense of what is happening, having the opportunity to express their feelings and identifying networks gives young people a sense of regaining control. This in turn facilitates children and adolescents looking at their own behaviour and having a concept of choice over outcomes.

Our experiences support the view that attitudes towards violence maybe firmly set around age 8. If we are, then, hoping to influence attitude, programs need to be comprehensively delivered to kindergarten, prep, Year 1 and 2. By Year 3, we are, at best, hoping to shape behaviour, and therefore programs utilising peer influences may be valuable. As children move into adolescents, we again have a window of opportunity to influence their own relationships.

This program was delivered in 1998. It was intended that the group work and education programs be continued in 1999, but one of the outcomes of program delivery has been a large increase in demand for individual counselling. This demand has come through schools and by word of mouth from one parent to another. We feel, therefore, that it may be necessary to allow for any increased demand for individual counselling when communities are planning education and group work programs.

With increased demand for individual counselling, and limited resources available to provide for this increase, we have found this year that we have needed to return to schools for help. With consultation between children and schools we have worked to identify mentors within the schools for those children completing our individual counselling, yet still having limited support within their own networks. This work is as yet not formally evaluated, but results are promising.

There will always be some children and adolescents who cannot be reached through the school system. Individual counselling and group work could just as easily be delivered by youth group leaders, youth workers and other working with marginalised youth.