A process study of group therapy with children who have been exposed to violence in their family

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Abstract
The article is based on a qualitative analysis of video recordings taken during group therapy for children who had been exposed to domestic violence. The focus is on how the children communicated traumatic experiences in a group therapy context, what stimulated them to share their feelings with others and how they reacted to different therapeutic initiatives. The children told few, fragmented stories insinuating family violence, but related to the subject of violence in many other ways. In the discussion of what seemed to engage the children and strengthen their self-images three therapeutic factors are underlined: Validation, imagination and peer sharing.

Keywords: Domestic violence, group therapy for children, narratives of violence
The research literature has clearly documented domestic violence to be a serious problem across the world (Tjaden & Thoennes, 2000; Watts & Zimmerman, 2002). In recent years more attention has been given to the children who witness this violence or are directly exposed to violent behaviour themselves. Moore, Probst, Tompkins & Cuffe (2007) reported from a prevalence study in the US that 10.3% of American children lived in homes with reported violent disagreements. A Norwegian survey study called «Violence within the family» reported that yearly about 80,000 women living in partnership were exposed to violence from their partner, and that the child witnessed this in two out of five cases (Haaland, Clausen & Schei, 2005). A lot of other studies report a high number of children being affected by domestic violence (Calder, 2004; Mossige & Stefansen, 2007; Mullender, Hague, Imam, Kelly, Malos & Reagan, 2002; Rossmann, 2001; McDonald, Jouriles, Ramisetty-Mikler, Caetano & Green, 2006; Eriksson & Pringle, 2005; Øverlien, 2011). These children run an elevated risk of developing a number of cognitive, emotional, behavioural and social problems which can persist in adult age (Edleson, 1999; Grych, Jouriles, Swank, McDonald & Norwood, 2000; Onyskiw, 2003; Kernic, Wolf, Holt, McKnight, Huehner & Rivara, 2003).

The observations and reflections in this article are based on a study of group therapy for children that have been exposed to family violence. One of the objectives of group therapy with these clients is to give the children an opportunity to tell about and work through the painful experiences they are burdened with (Peled & Davis, 1995). It is a challenge, however, to achieve this objective. In different ways these children communicate fear of violence and a yearning for safety. At the same time, many of them are more afraid of being abandoned than of the violence itself (Calder, 2004; Groves, 2002; Mullender et al., 2002), they focus more on their parents than on their own feelings (Forsberg, 2005; Roseby, Johnston, Gentner & Moore, 2005), and they use much energy to think about protection (Mullender et al., 2002; Weinehall, 2005).

This is an explorative study of how the children in this study related when the subject of violence was introduced and how they communicated about it during the treatment process. The reactions are related to central ideas about the treatment of traumatised children. Implications for group therapy are discussed.

The group therapy model

Group therapy as a treatment of children and youth exposed to violence and maltreatment has been advocated by several authors (Glodich & Allan, 1998;
The participants share experiences and recognize themselves in others, receive recognition and support and learn ways to adjust socially. For some parents it seems more acceptable to let the child take part in group therapy compared to an individual therapy (Roseby et al., 2005). There are several different models for how to carry out group therapy. Common elements are the emphasis on a sharing fellowship with peers in the same situation, and a focus on working through the painful experiences.

The group therapy in this project was under the auspices of Alternative to Violence (ATV). The treatment was inspired by «A Safe Place to Grow – A Group Treatment Manual for Children in Conflicted, Violent and Separating Homes» (Roseby et al., 2005). The ATV group was headed by two therapists. One «stage-managed» the therapy while the other co-operated and played a more reflective role. The therapy lasted for eight weeks with weekly sessions of 1½ hours. In each session the therapists focused on slightly different topics related to violence: Creating a common ground of safety; exploring language and feelings connected to violence; describing relational violence inside and outside the family; exploring defence, protection and responsibility; exploring fantasies about violence; managing transition and change; saying good bye. The topics clearly overlapped from one session to another and some of them were brought up several times.

The therapeutic tools were structured activities, or exercises, in supportive interaction between the children and the therapists. There were several fixed routines. The session started with eating together while each child was asked «How was your day?» A candle was lit in front of each child and the therapists gave the children some feedback from the previous session. During the sessions the children were invited to talk about experiences with violence at home and in other places. They were also asked to imagine stories about violence involving other persons than those they were acquainted with, and to draw a cartoon, to make a role-play or a video of imagined situations. This was followed by a discussion about the presented story, how to understand what happened and what to do. Sometimes the children were invited to give meaning to general concepts associated with violence or to differentiate feelings in specific situations and rate their intensity according to scales. Furthermore they could be asked to write secret lists of wants, make pretended gift tags to persons in the family or draw the room of their dreams. Each child had a private box to keep the products that were made. Each session was ended by a ritual where the participants in pairs clapped their hands as they simultaneously recited a jingle:
«I am good enough as I am. It is not my fault». Afterwards everyone joined hands in a circle and said to his/her neighbour: «Thank you for coming today (name), you are good enough as you are».

**Method: participants, data and analysis**

The participants were two boys and four girls between the ages of 8 and 12 years, recruited through their mothers who had been exposed to serious violence from the child’s father. While participating in a group therapy the mothers were asked to consider if their child could benefit by joining a children’s group. According to the mothers each child had witnessed several episodes of violence at home. The children were told that they had been invited to the group because they had experienced violence in the home.

The data consisted of video recordings from the eight therapeutic sessions, as well as the written material produced at the sessions. The collection and analysis of data can be described as a process in five steps inspired by grounded theory (Charmaz, 2006), narrative oriented analysis (Crossley, 2000; Murray, 2008) and conversation analysis (Drew, 2008).

In the first step, two of the authors studied the video recordings independently of each other. From each session they wrote a short memo containing a short résumé of what happened. They made list of citations containing everything the children said that could be related to the subject of violence and every other description or utterance the children had about their own nuclear family: mother, father and siblings. Afterwards the observers compared the citations, and decided which of them that should be included as related to violence and as descriptions of the family. The first citation list was named «narratives about violence» and the second list «descriptions of the family». The quality of the narratives and the descriptions varied substantially.

In the second step each of the two observers studied the same recordings and wrote down statements coming from the therapists, before and after the children had voiced something related to violence. This conversation analysis was done without using the detailed coding system that often is found in this research (Drew, 2008). The main aim was to identify prompts and responses in these dialogs. The utterances, questions and comments were finally shared, compared and discussed by the two observers, who decided which of them were to be kept in the text files. In this step there were identified several avoiding responses from the children. When the therapists invited them to talk about the violence in the family the children often became silent or started to talk about
The raw material to be analyzed thus consisted of sequences of transcribed texts from the sessions. These texts contained the children’s statements about violence, the therapist’s invitations and responses to these, the children’s descriptions of close family members and their statements about participating in the group.

A third step in the process, the first author of this article read through the raw material to review the analyses so far. As this was an explorative study of a group therapy process, the intention was to ensure that the selected parts of the communication were interpreted along the same lines by the observers. Minor adjustments were done after discussions between the authors.

In the forth step the children’s narratives were analyzed according to standards often used in narrative research (Kintsch, 1977; Murray, 2008). The dimensions we used were: Clarity in composition (did the story have an exposition, a complication and a resolution), clarity in who took part in the story, and clarity in the descriptions about what happened. These dimensions were used as indicators of degree of completeness in the children’s narratives.

The fifth step was basically analytic, focusing on different aspects of the raw material. Based on the verbal utterances about violence coming from the children, we sorted out those who dealt with a story from their own family, those stories that was connected to other places in the children’s daily life, for instance at school or in the neighborhood, and finally stories based on fantasy and imagination. The quality and the content of these narratives were compared. Furthermore separate analyses were done on how the children described their family, and on how the therapists invited the children to talk about violence and the children’s responses to these invitations. And finally we sorted out the children’s utterances and reactions to the group process.

Results
The children’s stories about family violence
The analyses show that the children to a very limited degree made use of the narrative form to communicate something about violence in the home. Most often utterances about this came in connection with exercises where the children used their imagination, for instance through role-play, drawings and secret lists of wishes. A couple of times it happened during more general talks about violence. Non-verbal reactions to talks about violent events within the
family were present in a few situations. The stories were clearly more elaborated when the violence originated from other situations, especially with their peers at school or during leisure time, and when the children were invited to make up fictive stories.

Table 1. The children’s stories about violence: What or who they referred to and number of complete narratives

<table>
<thead>
<tr>
<th>Content</th>
<th>Number of times mentioned</th>
<th>Number of complete narratives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stories of violence taking place within the family</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Stories about violence at school and during leisure time</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Fictive stories about violence</td>
<td>11</td>
<td>8</td>
</tr>
</tbody>
</table>

The subject of violence dominated the agenda at every session, but the children’s stories about their experiences of family violence were few, fragmented and consisted mainly of hints. Only one of the narratives could be characterized as complete, situation-specific and explicitly describing violence:

C1: When we left the house it was because we wanted to get away from daddy. We were afraid and mummy was unhappy. So we drove fast by car with mummy to her friends’ farm. And then daddy and a friend of him arrived, they came together, and then I was really afraid. And then the friend said to mummy «Don’t stand by the window», or something like that, «because then they can see you» and we said «OK» and drew the curtain. Then they rang the doorbell and said «is mother there?». They said that they wanted to give her a flower, but they had a knife. Then mummy’s friend said «No, we don’t know where they are». Then they said «We know that she is here». «No, they are not here». And then they picked up the phone. And then they were about to come up, but they didn’t after all. And so we had to sleep there. (…).

T: Do you remember how you felt inside?

C1: Yes, because it was really scary. I was very... The first time I see daddy with a knife...

The material included three other situation-specific stories about violence in the home. These stories dealt explicitly with violence, with a perpetrator and a victim. In these cases, unlike in the above narrative, only fragments were communicated:
C: When daddy hit mummy as hard as he could I was very sad but I didn’t want to cry.

In addition to the above, nine other stories were to some degree specific but the violence was only alluded to. The children used words like «quarrelling» and «commotion» without describing explicitly what actually took place in the situation in question:

C: (…) actually I wanted to go to mummy and daddy and say that everyone can hear you.

Another characteristic was that when the stories had an actor the focus was directed at the perpetrator of the violence as the active part, while the child and mother were passive, with no influence on the situation. In two cases the children presented themselves as antagonists that influenced the situation by protecting themselves or trying to stop what was happening.

It was seldom to hear the children describe the course of events with a beginning, a complication and a resolution. Usually only the complication was communicated. No thoughts were expressed about why the violence occurred. The children hinted at violence, often without saying who was involved or who did what against whom. Some were ambiguous about who was responsible:

C: When my mother quarrelled… (Session 4)
C: Before… um my problem was… because there was something that affected my family very seriously that daddy did. (Session 8)

How the children described the family members
The children did not speak about the family more than 23 times during the sessions. Half of the stories concerned violence and the other half were events from everyday life. The stories were seldom very detailed. The main impression was that the children were rather reluctant to talk about the family at all. In the stories from everyday life little was said about the mother. It was the father who played the main role. The stories were often connected to how the children met him after being apart, what he did with them and what he gave to them. The positive feelings for the father were clearly present:

C1: What happened this week? Well, I saw my father in town.
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T: Did you? Was it a planned meeting?
C1: No, he rang me and said that he was in town and that we could buy the boots that I am wearing now.
C2: They're very smart (…)
C1: It was fun being together with him for a while in town and it was strange to go round town holding his arm, but then I had to go home. (…)
T: Was it a long time since you had seen him, talked to him?
C1: Yes, because the day he rang me he had come out (from prison).

Some children said that they missed their father and wished that he would move in again. Only in one case did a child say explicitly that he was glad that his father had moved out.

Other stories about violence outside the family
Although there were few and incomplete narratives about violence in the home the subject was nevertheless central at the therapy sessions. Most of the time was spent on talking about violence in a general way or referring to stories from outside the family life. The children took an active part in these conversations, initiating stories about dramatic situations and disputes at school or during their leisure time. The stories were more detailed than those about violence in the family and it was clear who the perpetrator was.

C1: Have had a bad day.
T: Do you want to tell about it?
C1: Yes. Someone took hold of me and tried to choke me.
T: Was there someone who tried to choke you at school?
C1: Yes. Someone called (name) (…)
C1: And then he squeezed somewhere around here so that it hurt (shows where).
C2: Was it here (points to the side of the throat)
T: Yes, it was scary (…)
C3: What were you doing?
C1: We were playing football and then I went in front of him and tackled him and then he tugged at my gloves and my jumper. And then I said that it was a free kick... (detailed description follows).

The children also made up stories about violence, often by their own initiative. These stories were also more complete narratives than those about the family.
The children often created a course of events that seemed to coincide with their own wishes. They were active protecting agents, entering the role of «good helper», and everything would turn out right in the end. The stories had a solution, as in this example from a role play discussion about a child (C1) whose father had threatened her with a knife:

C2: And then they call the police and then the police come and arrest them.
T: Who is to call the police?
C2: Her! (points to C1).
C3: C1 can call the police.
C4: I can be a secret spy and call from my mobile.
T: Do you want the police to take part in the role play?
C1: Yes.
T: OK. Then we’ll make it like that. That was a good suggestion.
(…)
C4: I thought I could be her spy who went round from house to house to see if there were any grown-ups who were quarrelling. And if there were any who were quarrelling then I’d call the police.

Some of the stories dealt with what happens when grown-ups quarrel. In contrast to the personal stories, the fictive stories could have an unambiguously negative picture of the father figure.

The children also told of violence in non-verbal ways. In one exercise where they drew the room of their dreams the children were concerned as to whether anyone should be allowed to enter the room or not. Most of the children drew the room with no door. The children demonstrated violence by shooting, clawing in the air and choking each other. Sometimes these things occurred entirely without words, just by making faces, and by movements and body language.

Thoughts and experiences of violence were also expressed in exercises where the children were asked to write lists of wants, make gift tags, produce scales of their feelings and draw strip cartoons. What the children wrote was not necessarily shared with the others in the group. These messages expressed seldom critique, but rather more a longing for peace and reunion:

C: From Daddy to me: So long. I love you much more than you realize.
The therapists' invitations to talk about violence

The therapists seldom talked directly with the children about their experiences of family violence unless the child took the initiative to do so. Often the children reacted to direct questions with silence, by changing the subject or by answering in monosyllables. In the few instances when the children did say something, this took the form of a short monologue which was further elaborated in dialogue with the therapists. Usually the other children remained silent while the story was told.

T: Now you can draw a mask to illustrate the face you show to other people when you feel quite different inside.
C: The first time I saw daddy hit mummy my face had a shocked look, with my mouth open, and afterwards it looked angry and then – Oh, no, NO! First it showed surprise and then anger and then (points to the mask).
T: How old were you the first time?
C: A year ago.
T: A year ago.
C: That is the first time I saw that I remember. But I don’t know if it has happened before.
T: Do you remember what you wanted to say? Did you show anything to the outside?
C: I was shocked and then I showed that I was angry.
T: And then you showed this (points to the mask).

There were also some cases where the therapists seized on a metaphor that the child had described. The following example is taken from an exercise where the child had formed his body into a statue.

T: Are you the statue now?
C: I am a statue that is about to fall down (C falls down).
T: And there the statue fell down (laughter)
T: Does this mean that this is what you are really like C – that you fall down a bit?
C: I have been shattered.

At the next session the therapist returned to the statue, and helped, through various inputs, to make the story more explicit:
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T: You were very good at pretending to be a statue... There are many here who see themselves as standing there like a statue, not saying anything, when things are most difficult at home.
C1: Then you shatter
T: Yes, then you shatter, that was what you said.
T: Yes.
T: Shatter into a thousand pieces and are about to fall over.
T: Shatter into a thousand pieces.
T: That was a very good picture.
C2: The heart is torn in two.

The last examples illustrate a central side of the therapists’ confirming and accepting style to the contributions from the children. In the transcripts there are a lot of incidents where the therapists validate the experiences and descriptions coming from the children, by highlighting the expressions, the drawings and the storylines coming from them. It seems to be a vital factor to engage the children in the conversation.

The therapists could also address the subject of violence in general terms by asking questions related to the meaning of words, for example «what is violence?». In some cases such questions could trigger a high level of activity on the part of the children, especially when the attention was directed to what children and others could do when violence occurred: «What are the safe things to do?», However, when generalized questions addressed subjects like blame, responsibility and shame the reactions from the children was clearly more reserved. The therapists seemed to address these topics in an attempt to place the responsibility on the persons it belonged:

T: Let us say that a daddy hits a mummy: Who of the two is responsible for the violence?
C1: For?
C2: When are we going to start filming?
T: Who is to blame? (silence).
T: If it is a daddy who hits a mummy, who is to blame for this?
(C4 lays his head on the table, the therapist repeats the question) (...)
C5: The daddy... You talked about violence a little while ago. Yesterday I saw some people on the train who were quarrelling really badly, who were two grown-ups (...).
The children avoided answering by pretending not to understand what they were being asked about, by remaining silent, by changing the subject and by giving the impression that they did not like what they were doing. In some cases the child actively defended the perpetrator of the violence:

C: It can sometimes happen that the daddies... do not really want to hit. But it can also happen in a way – I have seen it – that the situation for them has been something like «hit me if you are tough» or «hit me if you will» and so on. And then it is not always the daddy's fault – if he is forced in a way to do it, or not forced to do it. When someone says this it is pretty irritating. You see?

**Invitation to exercises related to violence**

When introducing exercises and rituals the therapists emphasized that this had to do with being exposed to violence, but without explicitly relating this to the children’s own experiences:

T: What is the same for all of you is that you have a mummy and daddy... who have quarrelled a lot and there has been trouble at home. Very many go around pondering on this and worrying about how things are for mummy and daddy. Many children... do not have time to think about themselves and who they are: What do I feel, what am I thinking, who am I? We are going to spend some time on finding this out.

During the exercises most of the children were active and often communicated various thoughts and experiences connected to the subject of violence. Most of the stories about violence in the family were triggered by the role play activities. They were especially related to safety; how to foresee violence and stop violence. The children themselves took the initiative to tell their stories, and when one child began others often followed up with similar experiences, like this discussion of a role play:

T: What is the safe thing for her to do?
C1. Go to a neighbour, call the police. (…)
C2: Yes, but you can't just go to a neighbour. Sort of, you say to the father: «Excuse me I'm just going over to our neighbour to say so».
C1: I have done that, up at mummy's place. While he was there I ran and rang to the police, didn't I.
The children's reactions to the group therapy
With the few exceptions already mentioned above, the children showed both involvement and enthusiasm at the group meetings. They were active and seemed trusting. They often asked whether they could spend time on filming, role play and drawing. They also seemed to like making lists of feelings, making rules and the «candle-lighting» ritual. The children responded less to exercises of defining words and when the therapists dwelled on the same topic for a long time. At the final session the children said what they thought about the therapy. The following four statements give a good indication of the variation in what they said:

C1: It has been really great and quite good fun. What I enjoyed most was the videos, making these and watching them. Eating pizza and making rules.
C2: I thought there would be only girls. And so I've looked forward to each session.
C3: Just like C2, I had a reason for looking forward to our meetings, to one special day a week (...). What I liked too was meeting others, making new friends...
C2: I was glad to know that I wasn’t the only person in the world who had problems.
In one sense the children said that it was not the activities alone that were important, but being able to meet other children in the same situation as themselves.

C1: We could have more meetings.
T: More meetings. How many, do you think?
C1: For a year.
C2: That we come to you forever.
C4: «Perhaps the King will come» (singing a Norwegian child song).
C5: That we never stop meeting here every Friday.
C1: That we come here twice a week for a year.
C3: No, the whole day.

In this sense the children unanimously expressed that they would like to continue to meet the participants in the group.

Discussion
Two questions will be central in this discussion. The first is how to explain that the personal stories about violence remained fragmented or mute in this study, even when the children had well-developed narrative skills in other areas? The second question is related to the first. Confronted with a reluctance to share stories, what are the implications for therapists who offer group therapy to help these children?

The scientific literature contains many explanations of the phenomenon of silence, anchored in narrative perspectives, trauma, loyalty and safety considerations.

Incomplete narratives
From a narrative standpoint, children, as part of their development, require help and support from persons around them to sort, organize and anchor their experiences in words and stories. What is communicated to the children from the people close to them, like the parents, are of prime importance for how they understand themselves and their own futures (Nelson, 2003; Fivush & McDermott Sales, 2004; Hudson, 1990). Especially when faced with situations that are unfamiliar, disturbing, and frightening do children need this communicative support so as to give meaning to what is happening (Bruner, 1990; Feldman, 1989; Mossige, Jensen, Gulbrandsen, Reichelt & Tjersland, 2005).
Violence in the home differs from other incidents because often there are not any adults present to validate the experiences and help the children to think through them. The children are at risk of developing less well organized and less exact representations of what has happened (Fivush, 1998).

With this understanding in mind, it is natural for the therapists to think that their primary task is to compensate for the lack of support by helping the children to put what has happened into words and stories. This position is close to a cognitive/psychoeducative perspective where the emphasis is placed on teaching these children to describe their own feelings, set limits between right and wrong, and place the responsibility where it belongs. The therapists play the role of normative advisers and rewriters of the stories. From the descriptions above the therapists in this study seem influenced by similar ideas. But that is not the whole story.

Traumas

Some happenings are so overwhelming, frightening and painful that the person cannot bear to retain them in his consciousness, even if they are clearly imprinted in his memory. He purely and simply refrains from bringing them to mind. This is a method of survival, not least used by children.

At other times it seems as if the children are incapable of retrieving the traumas from their memories. This may have something to do both with the coding and the storing of impressions. The remembered incidents appear in distorted or fragmented ways in their memories. This phenomenon is often described as dissociative reaction (Steele, Van der Hart & Nijenhuis, 2005). The chance of dissociative amnesia increases if the traumatic events occur often (Terr, 1990).

When therapists perceive children within this frame of reference it tends to make them proceed carefully, to respect the boundaries the children draw up, and not lead the process into something that can be overwhelming. To avoid re-traumatisation the children should be met in a way that give them the best possible control over what is happening to them. At the same time, this perspective informs the therapists to bring forth what has been suppressed, believing that it is difficult for a person to achieve better mental health without knowing more about the black holes in his or her life. The learning perspective, with emphasis on desensitization, is also relevant. A person should «visit» the frightening experiences and in this way learn to control them better.
All these attitudes were represented in the practice of this study. On one hand the therapists were careful not to force themselves on the children and paid close attention to their feedback during the sessions. On the other hand they often invited the children to describe what had happened at home and got them to take part in exercises that activated their feelings.

**Family loyalty**
When the children’s silence is considered in a family loyalty perspective, other aspects come to light. The children in this study had witnessed that the father or stepfather had violently abused the mother. Several elements in the dialogues indicate that most of them strived to maintain a neutral position towards both parents.

In such a situation the child has to relate to several issues, usually without help from others. Firstly, the two people on whom the child is most dependent are in uncompromising conflict with each other. The child may be afraid of failing one by supporting the other, or at the least being interpreted as doing so. Therefore, in order not to do anything wrong, the child chooses to remain silent. Secondly, at least one of the parents is doing something to the other which does not bear the light of day. Family violence is shameful and unmentionable (Forsberg, 2005). It is not only embarrassing but also dangerous to talk about it. Some children are not many years old before they discover that the Child Welfare Service and the police can threaten the family’s existence. Thirdly, telling about the father’s violence can represent a threat to the child about to lose the father’s love, care and support (Forsberg, 2005).

Another point related to those above is that when the child tells a story of family violence this will inevitably make the child an actor in the occurrence: «Couldn’t I have done something myself to stop this and save mummy?» Feelings of blame may intensify the reluctance to tell (Forsberg, 2005; Peled, 2000).

The therapists in this study seemed also to have the loyalty perspective in mind. An example is that they defined as normal to have both positive and negative feelings towards a father who had used violence.

**Safety**
A fourth perspective deserving special consideration is that of safety: Can the children be sure that telling about the violence will not cause the perpetrator to molest them? If they are still in contact the child may fear that the violence will increase if the perpetrator is informed. Nor is it enough that the father has
moved out. Children who have been exposed to violence can continue to feel intense fear long after the violence has ceased (Forsberg, 2001).

The children in this study were reasonably protected against new violent episodes during the period of therapy. We do not know, however, to what extent the children themselves thought the situation to be safe. The child that was most reluctant to say anything about the violence had a father that still visited the family. We have also noticed how eager the children were to participate in discussions about protection.

Another question is if the father has been sufficiently informed about the group therapy. Peled (2000) maintains that when the talks are secret the children may find it difficult to tell about the violence. Similar experiences have been reported from therapy with children suspected to have been sexual abused (Tjersland, Mossige, Gulbrandsen, Jensen & Reichelt, 2006).

The safety perspective was clearly present in the mind of the therapists in this study. They underlined the importance of not bringing any information out of the group and several times they returned to the question of protection and how to stop violence.

Integration of perspectives
This study indicates that it is important to include all the above perspectives in the meeting with children who have experienced violence in the home. It is also necessary to be aware that the various perspectives may conflict with each other. For example, if too much emphasis is placed on helping the children to develop narratives about the violence one can risk forcing on the children something they are unable to accept, partly because of overwhelming feelings connected to the situation, partly for reasons of loyalty. And, on the contrary, placing too much emphasis on loyalty may mean that episodes and experiences are not examined and validated. In addition, there is the consideration that the children must be protected in the best possible way against exposure to new violent occurrences.

The therapists find themselves in an extremely difficult area of conflict where they can easily become so taken up with one perspective that this blocks and shuts out any possibility of helping the child. A preferable way to navigate in this landscape seems to be to pay close attention to the feedback and responses that come from the children.
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**Therapeutic contributions to growth**
What elements of the group therapy can be said to have supported the growth and development for the participating children? The study does not have process and outcome measures to give precise answers to the question. However, the qualitative analyses from the interaction observed points to three aspects in the process that seemed important to the children. The key words are: Validation, imagination and peer sharing.

**Validation**
The children had plenty of opportunities to relate to the subject of violence, both by exercises and questions about concepts and feelings: «What is violence?» and «What do we feel inside us when we are afraid?» The therapists listened attentively, and responded with sensitivity to the reactions from the children. Some of the experiences were even generalized: «That’s often the case when one is faced with violence». In this sense the children received much positive confirmation of what they said and did, both at a general level, and when this was connected more specifically to violent experiences. «It’s a good idea to think through the experience; how to protect oneself. And you thought to call to someone!»

**Imagination**
The children were clearly more active when discussing violence in other arenas than the family or when violence was addressed through fictive stories, plays and strip cartoons. Bruner (1990) has pointed out that a narrative can be fictive or real without losing its power as a narrative. Stories and metaphors allow the children to distance themselves from happenings and enable them to practise possible solutions (Bettelheim, 1975; Gardner, 1993). The distance to what is problematic can be regulated and the children can tell a story without breaking any ties of loyalty. Through their imagination the children can experience an «agency», something they cannot do in the actual situation (Eskonen, 2005). They become less restrained, and they can exaggerate and test out reactions which a realistic conversation has no room for. It is reasonable to think that these experiences may have strengthened the self-images of the children in this study and made it possible for them to work through their experiences of violence.

**Peer sharing**
At the very start the children were told that they all had something in common; all of them had experienced violence in the home. They shared something that
made them different from other children. The group context allowed them to choose when to say something or to remain silent, and perhaps even more important, it gave room to listen to other children’s stories. The transcripts of the dialogues show that the children waited for each other when something was difficult to express and helped each other without taking over.

Spontaneous comments indicate that while listening to others, the children continued an inner dialogue related to their own experiences. In this sense the children worked with several stories at the same time – their own and those of others – both as listeners and as narrators.

Closing comment
The children in this project, even though reserved to talk about the violence in the family, did share a lot of experiences related to violence. They seemed to feel safe in the group and they enjoyed the fellowship with the others. The therapists had a clear focus on safety and protection. The fixed rituals seemed to strengthen the feelings of mutual trust and belonging. Furthermore, the therapists followed several strategies to validate the children’s experiences. They even acknowledged the ambivalent feelings that might be present towards the perpetrator. The variety of exercises in the group context and the attentiveness to the children’s reactions seemed also to be important factors in supporting the development of the children. This is a small explorative study. The findings should be explored in broader studies of traumatized children in group therapy.

References
A process study of group therapy with children who have been exposed to violence in their family


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