

BREAKING THE CYCLE OF VIOLENCE:

How a children's story book can
contribute to early intervention

ABSTRACT

Intergenerational transmission of domestic and family violence is a complex issue that needs a wide raft of strategies to prevent. Working with children who have experienced domestic and family violence to help them avoid developing cognitive, emotional and behaviour issues into adulthood is an important part of these strategies. This research evaluated a children's storybook, *My Big Bear Story*, used by eight child counsellors with children impacted by domestic and family violence. The findings identified this book could be contributing as an early intervention tool through: 1) the bibliotherapy process; 2) therapeutic action; and 3) therapeutic strategies. Thus, the book may be a useful resource for counsellors who are working with children who have been exposed to domestic and family violence. Other potential uses of the book were also identified, including as part of family therapy, group counselling and as a primary preventative tool to enhance empathy.

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Introduction

Storybooks are an integral part of most childhoods. Even if reading books is not widely practiced at home, children are introduced to a range of books as part of their schooling to help develop their literacy and critical thinking skills. As most avid readers know, books can do more than entertain. They can teach us facts and allow us to vicariously experience other lives. Many books help us to gain insights into ourselves. It is not surprising then, that the healing qualities of books have been recognized since the nineteenth century. Unfortunately, such recognition has not been supported with much rigorous research.

This report outlines an evaluation undertaken of a specific children's book, written to reflect the voices of children who experience domestic and family violence (DFV), which is used to help children deal with the emotional trauma of such experiences through counselling. Eight counsellors who have used the book were interviewed to elicit their impressions of how the book is used and the effects the book has with their young clientele. An overall concept related to narratives supporting health was identified, with a particular focus on using the book as part early intervention; of helping young people regulate their emotions and to develop strategies that will help them go on to develop healthy relationships into their adulthood, thus breaking the cycle of intergenerational transmission of DFV. While never used in isolation, the results of this evaluation suggest *My Big Bear Story* is a valuable tool to have on the shelf of any counsellor undertaking work with children who are affected by or exposed to DFV. Furthermore, the results flag other potential avenues of use for the book, including preventative interventions to help children outside of DFV situations develop empathy and healthy relationships.

Literature review

The interconnectivity of things is clearly evident when considering the intergenerational transmission of DFV. This review of the literature outlines the effects of DFV on children and how these effects can influence adult behaviour, thus highlighting the need for early intervention as a means of breaking that cycle. It also outlines the use of bibliotherapy within DFV counselling and the potential for bibliotherapy to be used as an early intervention and preventative strategy.

The prevalence of mental health problems in children and adolescents is estimated at around 10-20% worldwide (Bayer & Rozkiewicz 2015). In an Australian longitudinal study, a number of risk factors were found to contribute to, or predict, mental health issues in young people, including harsh discipline, maternal emotional distress, and overprotective parenting (Bayer & Rozkiewicz 2015). Clearly, parenting influences early childhood experiences and these have ramifications well into adulthood. Lieberman, et al. (2011) note a 12-fold increase in risk for alcoholism, drug abuse, depression and suicide in those adults who reported childhoods that were exposed to four or more risk factors associated with child maltreatment or severe household environments. Children as young as pre-schoolers who are exposed to DFV can demonstrate a range of psychological, cognitive, behavioural, and social signs including: negative affect;

self-blame; phobias; decreased self-esteem; depression; anxiety; increased suicidal behaviours; language delays; IQ suppression; reduced memory performance; hyperactivity; reduced impulse control; temper tantrums; bullying; cruelty to animals; ambivalent relationships; diminished interpersonal skills; and the use of violence as a form of conflict resolution (Lieberman, et al., 2011; Thompson & Trice-Black 2012). Many of these issues can then contribute to poor parenting practices when these children grow into adults (Thompson & Trice-Black 2012).

While individual childhood experiences are consistently identified in the literature, Campo (2015) emphasises a number of structural risk factors also need to be considered, including low socio-economic status, gender inequality, rigid gender roles, harmful modes of masculinity, and structural inequities as drivers of DFV, and urges intergenerational transmission to be understood within its historical and social context. Campo (2015) also notes that more than a third of children who have experienced DFV do not go on to develop maladaptive behaviours or responses. However, in order to break the cycle for the remainder, it is important effective early interventions are available to those children who are experiencing or are at risk of developing mental health issues associated with their exposure to DFV.

One of the interventions used as an early intervention for a range of traumas in children outlined in the literature, particularly in psychological and counselling literature, is that of bibliotherapy. Bibliotherapy has various definitions, but essentially relates to the use of books or stories with the intent of helping an individual or group gain insight into personal problems (Allen Heath, et al. 2005, p. 564). There is a process associated with bibliotherapy that includes 3-5 stages, depending on the sources used. These include: 1) involvement (gaining the interest of the child in the story); 2) identification (with the story's main characters); 3) catharsis (a process of recognising and vicariously experiencing the character's feelings); 4) insight (into applying solutions to self); 5) universalism (recognising others also experiences these feelings and situations) (Allen Heath, et al. 2005). In a recent systematic review of bibliotherapy and its use with children and youth who have experienced trauma, DeVries, et al. (2017) note bibliotherapy has been used since the 1880s, although only labelled as such in 1916, and that this process was identified in 1950. Unfortunately, although widely used with children, bibliotherapy has not been extensively researched or evaluated (Nicholson & Pearson 2003); DeVries, et al. (2017) only found 9 research articles (one systematic literature review, and 8 observational studies, each with fewer than 20 participants). Of these, most found bibliotherapy had a positive effect on emotion, behaviour, communication skills and coping, increased empathy, increased self-esteem, expression of feelings, reduced self-blame, enhanced self-concept, better social adjustments and utilisation of supportive adults.

Bibliotherapy is used primarily as part of individual counselling (Chesley, Gillett & Wagner 2008; Allen Heath et al 2005; Tielsch-Goddard 2011), but has also been used in group sessions (Thompson & Trice-Black 2012; Nicholson & Pearson 2003). It has been specifically used as an early intervention in children who have

experienced DFV (DeVries, et al. 2017; Van Westrhenen, et al. 2017; Thompson & Trice-Black 2012). In all cases, bibliotherapy is used as part of an array of interventions (McInnis 1982; Pardeck 1990; DeVries, et al. 2017). Indeed, Allen-Health, et al. (2005) found that the small number of studies that did not support the positive effects of bibliotherapy had tended to use it in isolation.

Background

My Big Bear Story has its origins in a community project that began in 2012 when the team at Creative Regions collaborated with a small number of community agencies to identify an important community need. This was DFV. Funding was secured for a socially engaged theatre production that related to telling the stories of women who had experienced DFV (see Madsen 2017). Part of the funding was used for a children's book that not only provided an avenue for children's voices to be heard but that could be used to support the counselling of children who had also experienced DFV, and as a primary prevention tool to help children better understand emotions of themselves and others (personal communication with Cherie Curtis, author). Thus, from the very beginning the book evolved through a collaborative process involving artists (author, illustrator, Creative Regions representative) and counsellors who had extensive experience working with children who had experienced DFV. The material that formed the basis of the storybook was derived from several counsellors who provided anonymised stories of children's experiences and worksheets used to explore emotions (personal communication with Cherie Curtis, author). Once a storyline was constructed, illustrations were added. Again, each draft was circulated amongst the group of counsellors for feedback and refinement (personal communication with Jacqui Read, illustrator). It was important every detail was scrutinised to ensure children would not be re-traumatised in any way when reading the book (personal communication with Cherie Curtis, author). It took approximately 12 months from initial consultation to the launch of the book in November 2014.

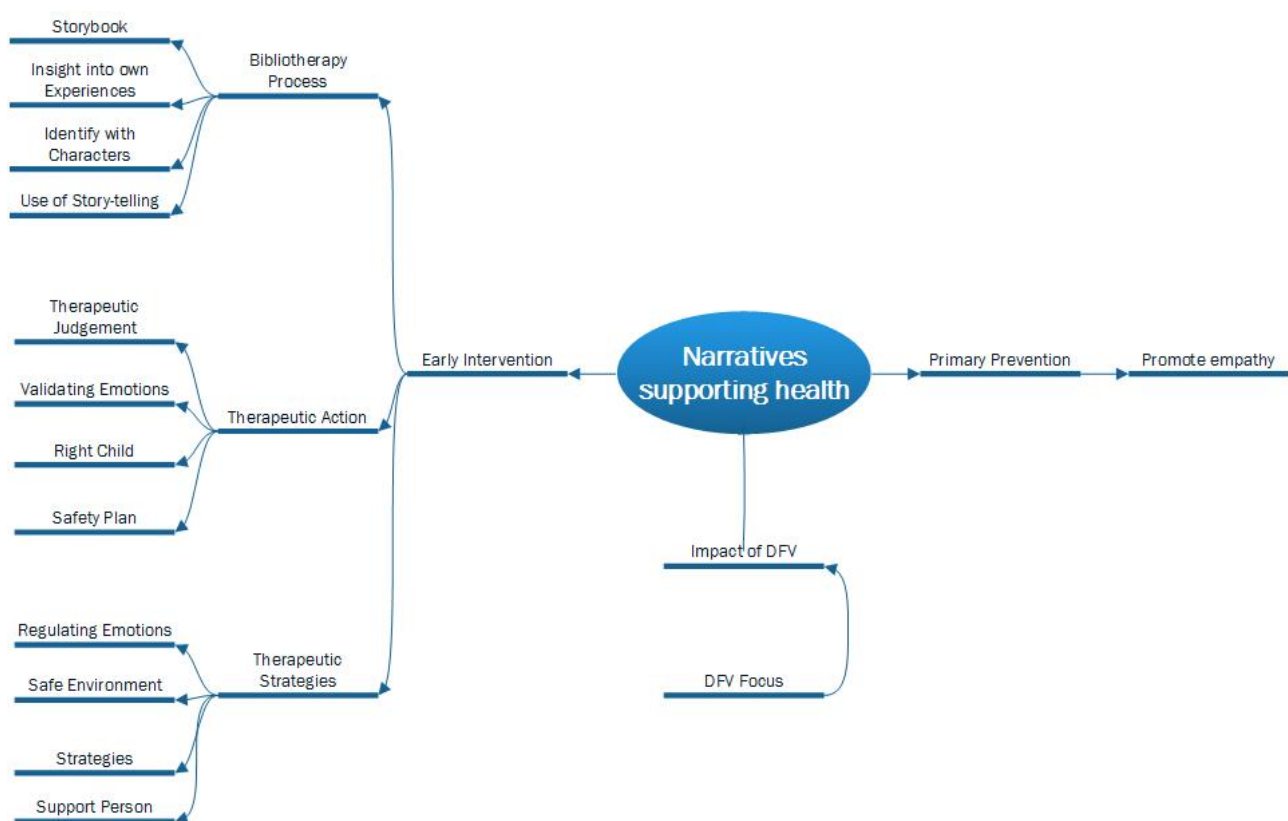
Methodology

The overarching aim of the research was to evaluate the use of arts-based interventions in delivering social and health outcomes. Specifically, the intervention was how *My Big Bear Story* is used by children's counsellors as part of early intervention strategies, and to identify potential primary prevention uses of the book. This research used case study design. The data consisted of one-on-one interviews with eight counsellors located in the Wide Bay region of Queensland. The sample was one of convenience but did include counsellors from a variety of organisations and backgrounds. While the aim was to interview face-to-face, some interviews were undertaken over the telephone for the convenience of the participants. All interviews were digitally recorded and transcribed verbatim. The transcripts were thematically analysed independently by two researchers who then collaborated and agreed on a set of codes. The transcripts were coded with the use of NVivo. Subthemes and themes were identified from across the data.

Findings

As outlined in Figure 1, three key areas of interest were identified from the thematic coding: 1) the context in which this study was undertaken (that of DFV and its effects); 2) primary prevention and possible uses of the storybook; and 3) the use of *My Big Bear Story* for early intervention. The theme of early intervention has the majority of subthemes, and will therefore, form the focus of this report, although the other subthemes will be briefly explored. Overall, the central concept identified from the analysis was 'Narratives supporting health'. The subthemes, themes and central concept are summarized in Figure 1.

Figure 1 Thematic analysis results



The theme of early intervention consists of three subthemes: bibliotherapy process, therapeutic action, and therapeutic strategies. Each will be explored separately, although there are a number of overlaps across the subthemes. Throughout this report, pseudonyms are used for the counsellors.

Bibliotherapy process

As outlined in the literature review, the bibliotherapy process has been discussed since 1950 and basically involves capturing the attention of the child in the story, identifying with the characters of the book, experiencing the emotions of those characters, recognizing these emotions within oneself and thus gaining

insight into one's own experiences (Allen Health, et al. 2005). This process was clearly identified in the interviews. The counsellors use the book in various ways to capture the child's attention:

Interactively, so read the story. How I work is I'll show some pictures and we'll work at one section of it at a time. Sometimes I've worked not from the beginning to end, so I've started almost at the end and gone backwards and [then] worked forward to the end (Cassy).

We are quite interactive with the book, so getting down and moving, it sort of keeps their attention (Robyn).

The words and pictures in the book help children to engage with the story:

I think the way that's been structured by the writer kind of sequences it, and helps children to process that, because that's been their experience (Bianca).

I think the animations. I think it's a clever idea, because those creatures are with them the whole time, like they're in the background, and then they come forward at different points in the book (Tom).

Such engagement allows the children to identify with various characters, but especially with the small bear who is the central character:

Sometimes the kids will go, 'I'm the turtle'. Then they'll identify, the poor little bear is sad (Ally).

They will also see other people in the characters:

But they will just sometimes blurt it out, well, that's what so-and-so does (Louise)

In vicariously experiencing emotions and relating these to themselves, they gain insight into their own experiences:

Help them to understand their own experiences by hearing a story that was similar to their story but wasn't about them... so they're able to link their own situations to what they were reading from the story (Bianca).

As such, the bibliotherapy process aligns well with the aims of counselling children who have experienced DFV. This becomes quite evident through the second subtheme of therapeutic action.

Therapeutic action

In this subtheme, the therapeutic process is highlighted. First, the importance of therapeutic judgement in when to use the book:

I think it comes down to the rapport you have with the children, and maybe sometimes that they might have said a couple of things about mum and dad fighting or things like that. You just use your therapeutic judgement of when it feels right, if there is a cue to use it (Ally).

I do think that it is really important for me when I am reading this, those cues, if it is, and how they are responding, so if I need to, and I think that maybe it's too soon or there's a lot of stuff going on for them, I might decide to maybe finish the book on another time... It's being really sensitive to what's going on for them (Louise).

Much of the focus of the counselling is on validating the emotions of the children and to let them know it is okay to be experiencing these feelings:

I don't like to use the word 'normalise', because we don't want to attach that to the trauma, but it does normalize, 'what I'm actually going through is normal. This is not my fault. This is something bigger than me', because a lot of children will internalize that mum and dad are fighting because I didn't eat my peas (Cassy).

Reinforcement, that constant reinforcement and validation. I think because it [book] explores feelings, which we talk a lot about, and a lot of young people and lots of people have a lot of difficulty identifying what feelings are going on, what's going on in their body (Louise).

In order to help children recognize their emotions, a lot of attention is paid to the body and how it is reacting:

I love how it [book] relates to the body, and we quite often talk to children about their body. Is there a clue around what happens to them, so it gives them indications about how they might be feeling (Jasmine).

So it's really great to refer when I'm doing like the protective behavior, working with the children, so identifying how feeling safe and unsafe in the body, and how our bodies react (Robyn).

This focus on the body then allows the children to open up about their emotions:

I think it does effectively, because it [book] does evoke that emotion, it evokes that talk, so we get the discussion and the emotion (Ally).

However, just as it is noted in the bibliotherapy literature (Allen Health et al. 2005), counsellors need to use the book flexibly to ensure it meets the needs of the individual child:

When we first got it [book], ... I started using it with every child. "We've got this book that we're going to read today', but it didn't suit every child to do that. They've all got different learning styles, and so I think I just started to look at where is the child at in the process (Bianca).

It just depends on where I think the child's at, like if they get ... because it's a bit longer than what some of my other books are, so if I know if they do have that concentration span to sit there and listen (Robyn).

Thus, when the book is used with a child who is at an appropriate stage, who is able to recognize his or her own emotions through the process of reading about the experiences of the small bear, this can lead into meaningful discussions around planning for the child's safety:

There's a nice lead up to safety planning, ... and safety isn't always ... It's emotional safety, as well. It's not just physical safety (Bianca).

Where's your safe place to go to, what's your safety net, and we'll go into some of those things quite a bit (Louise).

This leads onto the third subtheme of therapeutic strategies; that is strategies the child may take away from counselling and apply to his or her own life circumstances.

Therapeutic strategies

In order to apply the strategies successfully, the child is required to be able to regulate his or her emotions.

Often this involves working with and alongside parents/caregivers:

Evoking those emotions so that they can learn how to regulate those emotions (Ally).

Helping mum [to] walk with her child to build resources. I see that as helping mum teach the child to emotionally regulate themselves (Cassy).

It also involves ensuring the home environment is safe:

The book may not be safe for them to take home because dad or partner's going to be reactive to it, because he will see himself (Cassy).

The young person didn't have to say anything, but just held in that safe space [after book was read to child at home], and I think that that helped. That really helped in that (Louise).

Counsellors use the book to help them identify and discuss a range of strategies:

The way that the story was written then lended [sic] to being able to move children and young people into problem solving some of their situations, and identifying safety plans for themselves, and who are the people that they have that support them (Bianca).

In lots of ways, the book was used to reinforce some of the strategies we have spoken to this young person about. The concern from our point of view is this child's safety when they're on visits. We're constantly reinforcing, I think this is a good way of reinforcing, just reminding this young person, don't forget, what are those strategies that you can use (Louise).

One of the important strategies is being able to identify an appropriate support person. The book uses the analogy of a wise owl, this is seen as a particularly successful part of the storybook:

At the end when we were talking about the wise owl, and he [child] looked at me, and then he looked at the owl and then we pointed at me and he goes, 'You're the wise owl!' (Ally).

They're not alone, and there's a wise owl... We'd say, 'Who is the wise owl?' It might be a number of people, and that's often part of safety planning, as well. Who your wise owl is (Tom).

Within the context of early intervention, it is evident *My Big Bear Story* is making a contribution towards breaking the cycle of intergenerational transmission. However, this little storybook is just one tool in a suite of interventions and is never used in isolation. Of note, the book has been used outside of one-on-one counselling sessions with children who have been affected or exposed to DFV. For example, one counsellor indicated she primarily uses the book in a group counselling context with children who are learning to deal with grief. Furthermore, the impact of the book is being felt beyond its use with children. The author found a number of her middle aged friends and colleagues have experienced catharsis and insight into their own childhoods when they read the book (personal communication with Cherie Curtis). One of the counsellors interviewed for this research has used the book as part of therapy for a family, with similar results:

That particular gentleman got insight into what his stepchild was experiencing. He hadn't see it and then, of course, that opened up Pandora's Box of his stuff. That was a nice awakening for that family, out of this one little book (Cassy).

Thus, while the book was developed primarily as a tool for counselling, it has the potential to be used in other contexts such as family therapy and as a preventative strategy, potentially opening up opportunities to explore emotions in groups as part of developing healthy relationships, and for promoting empathy. These latter uses of the book are flagged here. They were mentioned fleetingly in the interviews, but most of those interviewed use the book in a therapeutic context, hence these other uses were not explored any further. However, this does suggest there is potential for further research to be done in using the book in other situations. While Creative Regions have developed an educational package to accompany the book when used in school settings, it is not clear to what extent this has been taken up in the crowded curriculum that is the reality of most schools. Again, this is an area worthy of further research.

Conclusion

Working with children who have experienced DFV is an important part of breaking the intergenerational transmission of violence in families. The situations these children find themselves in are complex and often of long-standing. Not surprisingly, the support they require is also complex with the potential to be on-going. For those working with these children, having access to a range of possible strategies and interventions is important so they are able to tailor the therapy to best suit the child. *My Big Bear Story* has been identified as a useful therapeutic tool for counsellors working with children between 4 and 12 years. While the findings from this research have highlighted the value of a well written and researched book for children who have experienced DFV, it is important to use therapeutic judgement at all times. In summary, the use of *My Big Bear Story* as an adjunct to other forms of therapy may help children gain insight into their own experiences and to develop into adults who are able to have healthy relationships.

Recommendations

Based on the findings of this research, the following recommendations are made:

- 1) *My Big Bear Story* is promoted to child counsellors as a useful bibliotherapy tool for children who have experienced domestic and family violence, provided it is used as part of normal therapeutic processes;
- 2) Further research is undertaken on other uses of *My Big Bear Story*, specifically as part of group counselling with children from non-DFV backgrounds, and as a tool to promote empathy in settings such as pre-schools and primary schools.

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